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Parent Radar

Our instincts tell us when something's not right with our kids. We place a hand on a toddler's forehead if she seems more lethargic than usual and ask ourselves, "Could she be coming down with a fever?"

In the same way, parent intuition can alert us to the symptoms of a psychological problem. In this case, it's a child's behavior rather than a spike in temperature that causes us to become concerned. If only we had a mental health thermometer in our medicine cabinets.

"The doctor was amazed that I picked up on the signs so early," recalls Lisa, whose daughter, Laura, has been struggling with behavioral issues at home and at school and is currently awaiting diagnosis. "But she's my child and I know her better than anyone."

> You know your child better than anyone. The most important tool you have is your instinct.
>
> **Mark, father of Dawson, who has been diagnosed with reactive attachment disorder, anxiety disorder, and moderate developmental disability**

You may be reading this book because you're worried about your child. You may be wondering if the behavior you've noticed lately is something all children go through—or is it a symptom of something more worrisome? You may find yourself wavering back and forth on this question, sometimes thinking yes and sometimes thinking no, and sometimes feeling unsure. You may feel like your parent radar is permanently stuck in the worry zone, but you're not quite sure why.

Why You May Be Worried

Those First Moments of Worry

Some parents can date their first nagging concerns back to when their children were still babies.

"With Aiden, I knew something was wrong from when he was an infant," recalls his mother, Tara. Aiden has since been diagnosed with autism and ODD. "He just never stopped crying. He would cry for 10 or 11 hours a day, every day. That continued until he was almost 1 year old. Doctors told me he was just really colicky. He was also really, really active; and the older he got, the more violent he got. He would throw himself into things: the couch, the wall, the floor."

Karen, whose son Spencer was diagnosed with pervasive development disorder not otherwise specified (PDD-NOS),* had a similar experience: "I remember Spencer being 8 months old and having tantrums that were so violent he would bang his head on the floor until he vomited. The more I tried to subdue him, the more his rage escalated. I knew that this was outside the range of normal. Our doctor brushed off my concerns by saying, 'He'll grow out of it.' Actually, he grew into it, and as he got bigger, the rage got bigger too." It was only after Karen insisted on a referral to a developmental pediatrician that things started to get better for her son: "He was the first person to agree that there might be an issue other than the terrible twos."

School-Related Worries and Concerns

Other parents don't notice any worrisome symptoms until after their child has started school.

"I first began to suspect that there was an issue when Will was constantly sent home from first grade for uncontrollable behavior," recalls Christine, his mother. "When Will was suspended in second grade for hurting another child, we knew for sure that there was an issue." A short time later, Will was diagnosed with severe ADHD and an anxiety disorder.

"Skyler had always been a happy child, but that changed fairly significantly when he ran into the 'wall' of the structure and expectations of school," recalls Leigh, whose son has been diagnosed with ADHD, anxiety, and depression. "The things he normally liked to do became frustrating for him and he retreated into himself. When forced to engage with

* The diagnosis of PDD-NOS, like that of Asperger syndrome, has been eliminated from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) and replaced by "autism spectrum disorder."

others in a context in which he was uncomfortable, he would become quite agitated and respond in inappropriate ways. We sought professional help when Skyler was 6 years old. He had been suspended from school for an incident involving frustration tolerance and self-control and, as a result, he attempted suicide."

Triggering Events

Some parents can pinpoint a particular event that seemed to trigger a child's difficulties. Kate remembers her son Tony showing signs of depression in the aftermath of his father's death. He was just 7 years old at the time. "He would cry at night, after the first year, that he was forgetting his dad."

More often than not, however, there isn't any clearly identifiable trigger. A cluster of worrisome symptoms develops over a period of time. Or a crisis occurs, demanding immediate attention.

The Frequency of Symptoms

It might not be the symptom alone but the frequency of the symptom that suggests a problem. For example, although many preschoolers are given to temper tantrums, the frequency and intensity of tantrums in children of that age may be a warning sign of a possible problem. A study published in a 2012 issue of *The Journal of Child Psychology and Psychiatry* reported that while 80% of preschoolers had thrown one or more temper tantrums in the previous month, fewer than 10% of preschoolers threw tantrums on a daily basis. What's more, the researchers found that there was more likely to be cause for concern if children had a temper tantrum when they were being cared for by an adult who was not their parent, if they destroyed objects during a tantrum, if there was no apparent reason for the tantrum, if the tantrum was prolonged, or if the preschooler became violent during the tantrum (hitting, biting, or kicking someone else).

A child who is experiencing severe tantrums may end up being diagnosed with an impulse control disorder. According to research conducted by the National Institute of Mental Health (NIMH), impulse control disorders have the earliest age of onset of all the psychiatric disorders, with onset typically occurring between the ages of 7 and 15. ADHD (which is also considered to be a neurodevelopmental disorder) tends to become a problem during the primary school years. ODD, conduct disorder, and intermittent explosive disorder (behavioral disorders) tend to show up a little later on, during the preteen and teen years. Note: Some children with extreme irritability and severe tantrums meet the criteria for a brand-new diagnosis—disruptive mood dysregulation disorder (DMDD). It was added

to DSM-5 to describe children who would otherwise meet the criteria for a bipolar diagnosis except for the fact that they aren't subject to manias or hypomanias.

Anxiety disorders also tend to have their onset during childhood and adolescence, typically between the ages of 6 and 21. Phobias and separation anxiety disorder tend to be a problem for younger children, while other types of anxiety disorders, such as panic disorder, generalized anxiety disorder, and posttraumatic stress disorder (PTSD), tend to be more of a problem for slightly older children and teens.

Alison chose to seek help for her daughter, Charlotte (who was ultimately diagnosed with an anxiety disorder), after noticing a pattern of worrisome behaviors. "She had several symptoms that together made me concerned: a tendency to scratch at her face, nail biting, chewing at her clothes and anything else she could get her hands on, difficulty with separating at night, difficulty sleeping, difficulty sleeping on her own, and an unwillingness to participate in [Girl Scout] activities outside of the regular weekly meeting, even though she loves [Girl Scouts]."

Other types of disorders begin to show up during the teen years. Mood disorders become more prevalent starting in the early teens, and substance abuse disorders and eating disorders become more of a concern starting in the midteens. Psychotic disorders rarely occur before age fourteen but become significantly more prevalent between the ages of 15 and 17. And personality disorders, which involve an enduring pattern of distress and difficulty functioning, are typically diagnosed during adolescence or early adulthood.

Changes in Behavior

Joanne, whose son William has been diagnosed with major depressive disorder (MDD), a type of mood disorder, sprang into action after noticing some troubling changes in her son's behavior. "William started hanging around with a different group of friends," she recalls. "He came home drunk for the first time at age 15. His art and drawings were all of a sudden private. When I found his art book, I discovered that the drawings had become very dark; the style had changed completely. He was drawing faceless boys, cut and bleeding, decorated—I suspected—with real blood. He started writing out lyrics to sad and violent songs. He stopped being able to sleep at night or get up in the morning. He started challenging my husband at every turn. He stopped doing his homework. This all happened very quickly. He was not the same person. I took him to our doctor for an assessment."

Andrew, whose son David has been diagnosed with schizophrenia, recalls a similar downward spiral. "Around ninth grade, David began to skip classes. He was hanging around with a friend who seemed to have a disregard for adult authority. Later, we found out that substance use—marijuana, cough syrup concoctions—was also beginning to happen. Things went missing and were likely sold to get substances. In 10th grade, David became more angry and withdrawn. He was beginning to show signs of verbal aggression as well and this was quite disturbing as it seemed so alien in our household, given the values we tried to pass on as parents. . . . Around this time, there were also a couple of violent situations where David struck me in moments of conflict."

Sometimes the signs that a young person is struggling aren't immediately apparent. A young person may engage in self-harm without anyone knowing. Self-harm may involve self-injury (cutting, burning, stabbing, running out in front of cars), self-poisoning (overdosing on medication or consuming toxic substances), and risk-taking or otherwise health-harming behaviors (substance abuse, food restriction, unsafe sex).

Self-harm is more common than most people realize. A study of nonsuicidal self-injury rates in children and youth ages 7 through 16 found that 9% of girls and 6.7% of boys had self-injurious thoughts and/or engaged in self-injurious behaviors. The study, which was published in the July 2012 issue of the medical journal *Pediatrics,* noted that ninth-grade girls were most at risk and that they were most likely to resort to cutting themselves as a means of self-injury.

The incidence of suicidal thinking and behavior is even more disturbing. Researchers have found that one in four adolescents reports suicidal thoughts or attempts and that there is a peak in suicidal thinking between the ages of 14 and 18 years. And, tragically, those thoughts can all too easily translate to action: according to NAMI, suicide is the second-leading cause of death in young people ages 15 through 24 and the third-leading cause of death in children and youth ages 10 through 24.

These statistics may leave you feeling frightened and helpless—but you don't have to feel that way. There are things you can do to reduce the likelihood that your child will attempt suicide. The most powerful things you can do are to consistently stress how much you value your child's life (sometimes suicidal people think they will be doing friends and family members a favor by taking their own life because they feel that they have become a burden to others), help your child develop resiliency and coping skills (be in good physical and psychological health, know when and how to ask for help), and help your child develop a solid network of support (support from family and friends, access to community supports). Don't be

afraid to talk to your teenager about suicide for fear of planting the idea in his head. He will be safer if he knows that he can come to you to talk about whatever is on his mind, even his darkest and most despairing thoughts. Besides, not talking about suicide doesn't make suicidal thoughts go away. It simply drives those thoughts underground.

Dawne knew it was time to act on the nagging doubts she had been harboring for a while about her son Peter's behavior when he threatened to harm himself. Peter was subsequently diagnosed with a nonspecific pervasive personality disorder with some characteristics similar to Asperger syndrome (a condition now diagnosed as autism spectrum disorder), as well as anxiety. "When he was nine, he had a really bad meltdown in which he threatened to cut his throat with a knife," she recalls. "That's when I knew he needed help. I called a number for a counseling service I had been considering and, when I told them what he'd said, they told me to take him to the hospital right away."

When Others Raise the Alarm

Sometimes, it's a third party who alerts a parent to the fact that there's a serious problem.

That's how Micheline discovered that her son Sean, who has been diagnosed with ADHD after an earlier diagnosis of anxiety and OCD, had been cutting himself. "When he was 13, we were called by the principal, who indicated she had heard from a friend of Sean's that he was cutting the tops of his thighs. We looked him over and were heartbroken. There were several fresh marks as well as scars."

The Feeling That Something Is Wrong

Sometimes it's our own nagging feeling that something isn't right that motivates us to dig a little deeper—to find out what's really going on.

That's how things played out for Lily and her daughter, Asia, who was ultimately diagnosed with borderline personality disorder (BPD): "One evening, my daughter was supposed to be at a friend's house and I was planning to go out for dinner," Lily recalls. "For some reason—perhaps I'd forgotten something—I returned home. As soon as I got in the house, I had a feeling my daughter was there and that something was terribly wrong. Perhaps I'd heard something without being conscious of it, or perhaps 'mother's intuition' really exists. Either way, I started searching for her—searching rooms and then, when I didn't find her, searching under beds and in closets. I found her in a closet, covered in her own blood. She'd

been slashing her arms with a knife after someone she thought was a friend had rejected her. She wasn't crying, just trembling like she was chilled, in shock. That was when I knew that we needed help. Before then, she had told me about her feelings of hopelessness and anxiety, and I had chalked it up to being a teenager—partly because I had experienced the same feelings at the same age. It would be another couple of years before I realized that I was mentally ill as a teenager as well. In those days, it was just called *rebellion*—being a bad kid."

It's hard not to blame yourself if you feel like you missed some clues that might have encouraged you to seek help for your child sooner rather than later. It may be helpful to remind yourself that you did the best you could with the information you had at the time. What more can we ask of ourselves, really?

As these stories suggest, the symptoms of mental illness are different in children than they are in adults and can differ depending on age and stage of development. Children are constantly changing—and their circumstances are constantly changing too. A lot of teenagers who wouldn't meet the diagnostic criteria for any disorder still manage to exhibit a lot of very worrisome symptoms—symptoms that may ebb and flow as a child matures or situations change. This can make it difficult to pinpoint the nature of a particular mental, emotional, or behavioral disorder in a particular child. On pages 18–19 are some symptoms you should be alert to.

If your parent radar is telling you to be concerned, then some follow-up is called for. While you are the expert on your own child, other people have expertise, experience, and perspectives that might be helpful too. What you're looking for is evidence that your child's behavior is interfering with her ability to function—and what you're witnessing goes beyond a single bad day.

What Can You Do If You Are Worried That There May Be a Problem?

Talk to Other People

You might want to start with other people who know your child well: this could include other family members, your child's teachers or coaches, and close friends of the family—people whose opinion you trust. Ask if they have noticed the same or other worrisome symptoms or behaviors in your child. You can start these types of conversations with a simple question, such as "Do you think I need to worry about Jason's temper tantrums?" or "Do you think I should be concerned about Rachel's crying spells?"

The Warning Signs of Potential Mental Health Problems in Children and Adolescents

A checklist based on the following is available to be downloaded at *www.guilford.com/douglas-forms* and can be kept with your child's records.

In Infants

- Your baby doesn't turn to you for comfort.
- Your baby doesn't demonstrate affection.
- Your baby ignores you, avoids you, or demonstrates a lot of anger after you've been away from her.
- Your baby doesn't seem interested in "talking" with people or making eye contact.
- Your baby is just as affectionate with strangers as she is with people she knows well—and she has reached the age (8 to 18 months) at which stranger anxiety typically becomes a problem.
- Your baby doesn't look to you for reassurance when she is exploring her environment (a behavior known as *social referencing*, which typically emerges at around 9 months old) *or* your baby doesn't explore her environment at all.
- Your baby doesn't seem to understand that he can turn to you for help.
- Your baby doesn't seem to understand that she can do some things on her own.

In Children and Teenagers

- Your child is having more difficulty at school.
- Your child is hitting or bullying other children.
- Your child is attempting to injure himself.
- Your child is threatening to run away.
- Your child is avoiding friends and family.
- Your child is experiencing frequent mood swings (mood swings that seem to be something more than the moment-to-moment shifts in mood that are typical of the teenage years).
- Your child is experiencing intense emotions (extreme fear, angry outbursts).
- Your child is lacking in energy or motivation.
- Your child is no longer pursuing hobbies or interests he used to enjoy.
- Your child is having difficulty concentrating.
- Your child is having difficulty sleeping or having a lot of nightmares.
- Your child is experiencing a lot of physical complaints.
- Your child is neglecting her appearance.

- Your child is obsessed with his weight, shape, or appearance.
- Your child is eating significantly more or less than usual.
- Your child is consuming a lot of alcohol or using drugs—or your child is experimenting with alcohol before reaching high school age.

Note. Your child may exhibit one of these symptoms or a number of symptoms. You know your child best. What you are looking for are changes in your child's usual behavior or a discrepancy between the types of behaviors you would expect to see in a child at a particular developmental stage and what you are observing in your child. Don't forget to take into account other factors that can have an impact on your child's social and emotional development, at least over the short term: being born prematurely, losing a primary caregiver or experiencing another similarly traumatic event, or having a history of significant medical interventions.

Sources: Data from *KeltyMentalHealth.ca*, "What Is Infant Mental Health?"; *Kidsmentalhealth.ca*, "Mental Health Disorders in Children and Youth: Identifying the Signs"; National Institute of Mental Health, "Treatment of Children with Mental Illness."

Talk to Your Child

You might want to talk to your child, depending on her age, about your concerns. Ask your child how she is feeling these days. Let your child know that you care, and ask what you can do to help. If you're concerned that your child could be experiencing suicidal feelings, confront the issue directly. Ask your child, "Do you ever have thoughts and feelings about death?" "Do you ever wish that you wouldn't wake up or that everything (and everyone) would go away?" If your child admits to having such feelings, resist the temptation to hit the panic button yourself and to seek immediate reassurance from your child that she wouldn't actually follow through on those feelings. Saying something like "But you'd never actually hurt yourself, right? You know what that would do to your family" will only make your child feel bad for worrying you and encourage her to hide her feelings from you in the future. It doesn't deal with the underlying problem. A better approach is to acknowledge what your child is saying, to let your child know that you care, and to make a commitment to seek help: "I am sorry you are feeling so bad. I love you. We're going to get you some help."

Of course, if your child is expressing suicidal thoughts, it is important to seek help immediately, by heading for the closest hospital (ideally one that has a pediatric psychiatric unit, if there is one in your area) or by calling 911 (if you are dealing with a crisis situation). Peer support is critical for teenagers, so you may want to ask your teenager if he would like to take a friend with him to the assessment, if you're heading for the hospital. If your child is in crisis and you don't feel that it would be safe for you to attempt to take your child to the hospital yourself, call 911 and ask for a police

officer trained in mental health (ideally one who has taken crisis intervention training to learn how to deescalate situations in which an individual is extremely agitated and potentially violent).

See a Doctor

Set up an appointment to discuss your concerns and to have your child assessed by his pediatrician or other primary care provider. The doctor either will be able to assess your child or will refer your child to another health care professional or agency for a more comprehensive assessment. (See Chapter 2 for more detailed information about obtaining a diagnosis for your child.) Having your child assessed by a health care professional can also help identify and address any medical conditions that might be contributing to your child's distress. Ann's daughter Eleanor exhibited extreme behavior as a means of coping with debilitating physical pain from her digestive disorder. "She would be asking for something that was physically impossible," Ann recalls. "She spent 3 hours one day screaming at me to put her boots on so that we could go to the park *when her boots were already on*. And when I tried to take her boots off so that I could put them back on, she kicked me in the face."

Speak Up

This is where your input becomes extremely valuable. You can zero in on worrisome changes you may have noticed in your child's behavior—they could be the symptoms in the checklist on pages 18–19, or anything else that your gut instinct is telling you to pay attention to. Make a point of raising these issues with your child's doctor.

Spend some time preparing for your child's initial consultation. You can help the person who is conducting the assessment—your child's pediatrician or a specialist in children's mental health—to decide whether or not there is cause for concern (and whether additional referrals or a full assessment should be recommended) by jotting down a few notes about your child's symptoms and behavior and taking these notes with you to your child's appointment. The purpose of a mental health assessment is to answer two key questions: Does this child have a disorder and, if so, what is the correct diagnosis? The person conducting this assessment will rely on the information you and your child are able to provide: your responses to questionnaires and rating scales, existing information that provides insights into your child's functioning and psychological health (for example, report cards and the results of any psychological or educational testing conducted to date), an observation of your child's behavior, and interviews conducted

with both your child and you. The more information you can provide about your child's academic achievement, relationships (both within the family and with friends), leisure activities, and level of functioning and self-care, the more accurate the resulting diagnosis will be.

In preparation for your appointment, you may want to make note of:

- The types of symptoms that your child is exhibiting (and how long and how often he has been exhibiting these symptoms), and whether you have noticed any sudden changes in his level of functioning.
- Whether you've noticed any particular patterns associated with these symptoms (times of day and any suspected triggers).
- The types of settings that are the most difficult for your child.
- Any events or circumstances that may have contributed to your child's difficulties (if applicable)—perhaps situations of change, grief, or loss, or an incident that was traumatic for your child.
- How you have tried to help your child (both what's worked and what hasn't worked). What parenting strategies have you tried at home? What types of programs and services have you accessed in an effort to support your child? What medications have been tried?

Try to obtain your child's input into these questions, both so that you can gain valuable insights into what he is thinking and feeling and so that you can encourage him to play an active role in managing his own mental health, right from day one. And be sure to let your child know that he is not alone in dealing with these challenges. You will be there for him because you care.

Make this information the first entry in a journal you use to keep track of your child's symptoms and behaviors. You'll also want to start a binder to keep track of correspondence with health care providers, copies of assessments and other documents related to your child's treatment history, copies of report cards, and other information that you will want to be able to access quickly and easily. See Chapter 4 for more advice on what to store in the binder, how to connect with parent support groups, and how to advocate for your child.

> Focus less on the diagnosis and more on helping your kid with whatever symptoms he or she is facing right now. . . . At every appointment with every clinician, bring up the issue of treatment. What can we do right now to help my child while the assessments are ongoing? Focus on what is really making your child suffer and be a broken record about it. You need help now with these symptoms. You can't wait.
>
> **Alison, mother of Charlotte, who has been diagnosed with an anxiety disorder**

How You May Be Feeling

The early days when you first begin to suspect that your child may have a mental health or developmental challenge tend to be particularly stressful. You still don't know for certain what your child is dealing with, so it's too soon to channel your emotions into action. This can leave you feeling anxious, frustrated, and helpless. You may feel as though your entire life is on hold while you wait for answers.

That was certainly the case for Christine, mother of Will. "Prediagnosis, before I understood what was going on, my mental health definitely suffered," she recalls. "I was constantly anxious, didn't sleep, didn't have time for exercise, and stopped seeing friends and extended family. I just didn't have the energy or strength to deal with what Will was going through and to maintain friendships at the same time. I became very isolated, with my husband and my children being the only people I saw most days. I quit volunteering at the school because it was too stressful to see Will struggling so much in the classroom and with his peers. I work as a freelance writer and editor from home and, for the first time ever, I had to quit a stressful job in the middle of it because I couldn't handle the additional anxiety. I permanently damaged my relationship with that client. I also cut back on my hours, from 35 hours per week to about 25. I just felt that I was dealing with too much to continue working full-time."

Mark, whose son Dawson was diagnosed with reactive attachment disorder, an anxiety disorder, and moderate developmental disability 5 years after his adoption, recalls a time when his son's mental illness became the sole focus of his life: "There was a long period of time—probably about a year in length—when I couldn't focus on anything else. I had to be ready to drop everything if Dawson needed me. It was the hardest year ever. I took a leave of absence from my job at one point because I couldn't concentrate on anything other than what was going to get my son through this."

Leigh, mother of Skyler, can relate to those feelings—feelings that continued as her son moved into the diagnosis and treatment phase. "Providing the required emotional support for a child with mental health issues is exhausting for a parent. *Exhausting*," she explains. "I felt like I was on 'hyperalert' all the time, just waiting for the next incident. I was overwhelmed with the need to schedule appointments with pediatricians, psychologists, psychiatrists, and so on. It consumed my life. Everything else took a back seat: my marriage, my older son, my work, my extended family. It was easier to shut down and just deal with what was happening at any particular moment."

Feelings of exhaustion quickly become the new normal.

"I haven't slept through the night since my son was born 11 years ago," says Tara, mother of Aiden, and of Owen, who has been diagnosed with anxiety and ADHD. "I am on medication for depression. I am overweight because I stress-eat and self-medicate with food. Ice cream is my drug of choice."

"Sophie has sleep issues, and often, as many as two nights a week, she will have me awake from 2 to 5 A.M.," says Sandra, her mother. Sophie was diagnosed as having moderate autism with global developmental delays. "Yet we still get up at 7 to start our day. It affects the rest of my day, being tired, not having energy to work out, eating poorly to try to get extra energy."

"Adam often wakes us up during the night and early mornings," says his mother, Tami. Adam has been diagnosed with ADHD. "Sometimes he will go downstairs at 4 A.M. and turn on the TV, and we have to go tell him to go back to bed. Sometimes he rages and throws things or slams doors. Because I do not function well without sleep, I often end up going to bed around 9 P.M., shortly after Adam does, which cuts into my alone time with my husband."

Other common emotions include grief, anxiety, guilt, sadness, and anger.

"I am feeling a lot like I did when Veronica first fell ill as a toddler: a lot of uncertainty and fear for the future—no guideposts, no moorings either. Drifting in a sea of grief and anxiety," says Sarah, whose daughter has been diagnosed with Asperger syndrome and an anxiety disorder.

"Because my son had made a suicide attempt, I was terrified," recalls Leigh, mother of Skyler. "I remember wondering, 'Can I leave him alone? Do I have to put my house on lockdown? Do I need to hide every sharp object? What about the car keys? Can I sleep? Is he safe?' Anxiety became my new life partner."

> Remember, when you are feeling sorry for yourself because it's hard to have a child with mental illness, that it's even harder to be a child with mental illness.
>
> **Michelle, whose son John was diagnosed with depression with suicidal thoughts and whose son Martin was diagnosed with generalized anxiety disorder**

"We have suffered depression ourselves because we have felt like failures," says Owen's mother, Claire, whose son—now a young adult—has been diagnosed with bipolar disorder, a personality disorder, and extreme anxiety. "We have felt hopeless at times because mental illness does not go away. It is something you will be dealing with for the rest of your child's life. It has made me feel jealous of families who seem to have no issues."

"I emotionally died for some time," says Jackie, whose two sons, David and John, have been diagnosed with psychosis. "I went into mourning: I mourned for everything they had lost—the life they probably would not have anymore."

Mark, Dawson's father, has struggled with a lot of anger. "I am so angry about what was done to my son before we adopted him," he explains. "I am angry at the system that took so long to diagnose him—that took that much time away from him and his life. I guess if I really think about it, I am angry at myself too. I sometimes feel that what I can do isn't enough."

It's not unusual to experience a smorgasbord of emotions, sometimes at the same time. You may feel pushed to your limits and beyond—a feeling that Lisa, mother of Laura, readily admits to experiencing: "I have found patience I never knew I had. I have also, sadly, found depths of anger I never thought I was capable of when Laura's pushing the last button and it's 10 P.M."

It's not unusual for us to become frustrated, irritated, and impatient at times with the behaviors that now seem to be typical. For example, David can become rude and demanding very quickly. He escalates into anger very easily, and his ability to reason is quite limited. He does not seem to be aware of social etiquette. This can create awkward situations. On the one hand, we are sympathetic to the way schizophrenia impairs him socially and emotionally, but at times we treat him as if he should know better. It's a tricky balance because, to some degree, he can improve some of his behavior, but, overall, he seems to have a certain baseline of functioning that is dictated by the illness. We know that being informed and staying informed about the illness keeps us better aware of what to expect and thus how to best respond. Sometimes our less than desirable responses are likely connected to our own grief and anger about seeing our child afflicted with a horrible illness and knowing his future is very altered because of that. Being self-aware, often helped by talking to a professional, has enabled us to not confuse our own baggage with our feelings about our child.

Andrew, father of David, who has been diagnosed with schizophrenia

Taking Care of Yourself

It may seem self-indulgent to think about taking care of yourself when your child is struggling with a mental or developmental challenge. After all, shouldn't your child be your top priority—your only priority—right now?

Actually, *you* need to be your top priority, because, without you, your child will be lost.

"Doing something for yourself to make sure you can cope is as important for your child's well-being as doing something directly for the child," insists Sandra, mother of Sophie.

Marie, whose son David has been diagnosed with the severe combined form of ADHD, sensory integration disorder, and two learning disabilities (one in math and one in writing), agrees. "Take care of yourself," she insists. "If you don't, you can't help anyone else."

So what does it mean to take care of yourself? Here are a few gifts you can give yourself that will end up benefiting everyone in your family.

Find Acceptance

Accept your situation for what it is, so that you can begin to work within that reality. A study related to autism conducted by researchers at York University and the Centre for Addiction and Mental Health in Toronto, Canada, concluded that "for problems that are chronic and difficult to address, psychological acceptance may be an important factor in coping for parents of young people" with autism spectrum disorder. Likewise, Pat Harvey and Jeanine A. Penzo, coauthors of *Parenting a Child Who Has Intense Emotions: Dialectical Behavior Therapy Skills to Help Your Child Regulate Emotional Outbursts and Aggressive Behaviors*, suggest that parents focus on accepting their child for who she is while, at the same time, working on behaviors that are a challenge to both of you—and that they extend the same spirit of kindness and compassion to themselves. "You and your child are doing (and have done) the best that you can, *and* you can both learn new skills to do even better," they write.

Give Forgiveness

You're not perfect, and you don't have all the answers. You can forgive yourself for being a gloriously imperfect work in progress, just like your child. This sure beats being unkind to yourself for not being able to meet your own impossible and unrealistic standards. That kind of thinking simply puts you on the fast track to burnout and depression, which won't do you or your child any good. (Trust me on this one: I've been there.) So learn to practice self-compassion, which means "treat[ing] ourselves with the same kindness, caring, and compassion we would show to a good friend, or even a stranger for that matter," according to psychologist Kristin Neff, author of *Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind*, one of my all-time favorite books.

Work off Stress, Have Fun

As the parent of a child who is struggling with mental health or development problems, you may have to make a conscious decision to shift out of what one mother describes as "survival mode." Mary, mother of Janine (who has a mild intellectual disability and is on the autism spectrum) and Fiona (who has been diagnosed with bipolar disorder), explains: "For years, I was in survival mode and, unfortunately, that included not eating that well and gaining a lot of weight. I did not beat myself up about it, because I knew it was a coping mechanism and my focus was on the health and welfare of the children. When my third and youngest child was about three, I decided that I wanted to try to get into better shape. I started to get up very early to exercise. I have kept this up for over a decade. At one point I used to get up at 4 A.M. and run. Now I go to a local gym every morning at a more reasonable hour (6 A.M.). I still find myself seeking solace in carbs, but I feel better about myself. Exercise has been a good stress release."

Marie, mother of David, has found a soul-nourishing combo in yoga and cycling: "I started a yoga practice three times a week. I also cycle to work a few times a week."

Doing something creative is what keeps Laura going. Her son, Gabriel, has been diagnosed with Asperger syndrome (now simply referred to as autism spectrum disorder) and is currently being assessed for OCD. "I like to spend a bit of time each day doing something creative," she explains. "This helps keep me balanced. When we have a crazy-busy week and I don't get to do these things, I really start to feel the imbalance." Her advice to other parents? "It's easy to put yourself on the back burner, but you'll be a better parent (and person) if you take the time to look after yourself."

Stay Connected

Andrew, father of David, has relied on a number of different strategies over the years to try to make life better for himself, his wife, and their other children, despite the worry and heartache associated with David's schizophrenia. He explains: "We tried to keep our work and family lives going as much as possible. We tried to tend to our other children's needs as best we could. We preserved our routines at home as much as possible. We sought help through our social circle. I got support from my colleagues at the time, who are social workers. My wife and I sought out a kindly psychiatrist, who saw us as a couple to work on the challenges of maintaining an ongoing connection with David. We also attended a weekly parent support group, which lasted a few months. And we attended as many appointments with David as we could to work with the professionals who were seeing him at

the time. Both of us sought out ways to stay physically fit with regular exercise. One thing we got into more was dancing together to good old rock 'n' roll in our sunroom. That lifted our spirits at times. I play guitar and continued my playing alone or with a band I've been in for many years. We attend a vibrant church community on a fairly regular basis with many friends there. We knew people were praying for us. We resisted the urge to isolate or pull back at times. We keep trying to reach out and stay connected as best we can to family and friends. I've shared our story with a few people at work when it comes up. All of this connection and activity has helped us keep the awfulness of David's illness from overtaking our lives, individually and as a family. It has given us recreation, fun, and joy along with a sense of being cared for."

That may be a goal you feel you can set for yourself right now, during these wrenching and wretched early days—to keep the awfulness of your child's illness from overtaking your life, leaving room for hope and peace to take root. And if you feel like you might lose sight of this goal, ask a friend to remind you—or even take you—to do something for just 5 minutes a day that doesn't involve your child, so that you can focus, however briefly, on nurturing yourself.

Finding help for your child and working through his problems is more like a marathon than a sprint, and it will be run on a route with lots of loops and curves and hills and valleys. The one thing you know is that you have left the starting gate now and made your first positive progress. But you are in it for the long haul, so don't wait for your child's problems to be resolved before you start living the life you want. Start living it right now, accepting what is while striving for what is *possible*.

> When my parents were still able to, I used to have them come and help with the kids so I could escape with a girlfriend for a few days. It was heaven. The memories still sustain me. But my parents' health is failing and I haven't been able to get away for the last 5 years. Exercise is key for me, and so is having a purpose other than being a parent and running around to school and medical appointments. For me, that purpose is working in a field that allows me to help others.
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> **Mary, mother of Janine, who has a mild intellectual disability and is on the autism spectrum, and Fiona, who has been diagnosed with bipolar disorder**

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