

Problems your child may have

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Overview

Most parents find that their child or adolescent will behave in a problematic way at some point along the road to adulthood. Sometimes, the problematic behavior is brief or only occurs every now and then. Other times, the behavior may last for weeks or may occur frequently. In all cases, parents wonder what they should do. Should you ignore the problem and wait for the “phase” to pass? If you contact your child’s school or a mental health professional, is this an overreaction? And how do you know if your child’s behavior indicates a significant mental health concern?

If your child has behavioral or emotional problems, the problems may appear at home, or they may surface in other ways. Some children and adolescents have difficulties at school, while others may raise concerns because of the way they behave in the community or because they get into trouble with authority figures like the police. Remember that it can be useful to discuss your concerns with your spouse, a relative, or a trusted friend. In general, you should not be alarmed by moody teenager behavior that seems typical. However, if you simply dismiss your child’s behavior as a “phase” without discussing it with anyone, you may end up overlooking a problem that is more serious.

In fact, it is important to identify a mental health concern early, so that your child can receive the proper care if he or she needs it. Many behavioral and

emotional problems can be addressed with treatments that are safe and effective.

As a parent, you will want to follow a two-step approach if you are troubled by your child's behavior. First, you need to be able to recognize whether an ongoing problem exists that is affecting your child's life. Second, if such a problem does exist, you need to know how and where to find the professional mental health services that might help your child.

The goal of this chapter is to assist you with the first step of the two-step approach described above: how to recognize whether your child's behavior should raise serious concerns. Here, you will find descriptions of some of the more common child behavioral and emotional problems that parents find troubling. This information can help you decide whether you should bring your concerns to your child's pediatrician, a parent support organization, the school health professionals, or a mental health professional, all of whom can provide insights into whether your child's behavior indicates a more serious underlying problem.

In some cases, a child may be suffering from more than one emotional or behavioral problem or may be diagnosed as having more than one mental health illness. This can make the situation more complex and confusing for everyone involved. By being aware of possible symptoms and problems early on, you may be able to help sort out your child's problem at a later stage.

Advocacy Tip

If you are worried about your child's behavior, start keeping notes about specific moments when the behavior occurs. Later on, it may be important to know exactly what happened and when.

Symptoms and possible diagnoses

1. Overactivity and inattentiveness

General information

Many children of varying ages have difficulty paying attention, controlling their high energy levels, and/or doing what they have been told to do. This is entirely normal in most cases. In particular, if your child is young (ages three to five), he or she may have a lot of energy and may sometimes seem inattentive and overactive. However, if your child's inattentiveness and overactivity persist over time and appear to interfere with his or her learning and social relationships, this may be cause for concern.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

Inattention

- often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- often has difficulty staying focused on tasks or play activities, and is easily distracted
- often does not seem to listen when spoken to directly
- often does not follow through on instructions (even if he or she understands them) and fails to finish schoolwork, chores, or duties in the workplace
- often has difficulty organizing tasks and activities
- often avoids, dislikes, or is reluctant to engage in tasks that require a focused mental effort (such as schoolwork or homework)

- often loses things necessary for tasks or activities (such as toys, school assignments, pencils, books, or tools)
- often is forgetful in daily activities

Overactive

- often fidgets with hands or feet or squirms in seat
- often leaves seat in classroom or in other situations where children are expected to remain seated
- often runs about or climbs on things in situations where this is inappropriate
- often has difficulty playing quietly
- often is “on the go” or acting as if driven by a motor
- often talks excessively
- often blurts out answers before questions have been completed
- often has difficulty waiting for his or her turn
- often interrupts others during conversations or games

Possible diagnoses

Since many children—especially young ones—may behave like this, you should try and determine whether your child’s behavior seems to occur too frequently and appears to be interfering with his or her ability to learn and form social connections. If the behavior is severe enough to trouble you, it is possible that your child may have a medical condition or a learning disorder, Attention Deficit Hyperactivity Disorder (ADHD), or an anxiety or mood disorder.

Advocacy Tip

Be careful not to jump to conclusions about your child’s behavior. A hasty diagnosis may be incorrect and can lead you in the wrong direction in terms of the treatment your child needs.

Medical condition and/or learning disorder

Your child may have a medical condition (such as bad eyesight or hearing) or a learning disorder. These can make children restless and impatient, particularly in a learning environment where they are having difficulty keeping up with other students.

Attention Deficit Hyperactivity Disorder (ADHD)

Your child may have ADHD, which is found in approximately three to five percent of school-age children. A child who has ADHD is unable to stay focused on tasks at home or at school and has problems with learning, making friends, and developing self-esteem.

Anxiety and/or mood disorder

Your child may have an anxiety or mood disorder that is making it hard for him or her to pay attention, sit still, and/or complete tasks. These disorders are discussed in Sections 2 and 3 of this chapter.

2. Extreme anxiety or fear

General information

Almost every parent has had to comfort a child after a nightmare or an episode where a child is afraid of the dark, of monsters, or of everyday activities like speaking in front of his or her classmates. These anxieties are quite common during childhood and adolescence. As your child grows and develops, he or she is bound to have occasional fears and worries. However, if

these fears and worries seem excessive, and/or if they cause your child to feel extremely upset and to have trouble functioning on a daily basis, you may want to take a closer look at the problem.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often feels shaky, restless, or tired
- often experiences shortness of breath, a very rapid heart rate, and/or cold and sweaty hands
- often complains of stomach pain, headache, and/or dizziness
- often seems “edgy” or irritable, and has difficulty concentrating and/or falling asleep
- often worries too much, broods over things, and feels very nervous
- often feels as though every situation will end badly
- often speaks of feeling helpless or powerless
- often has trouble sleeping alone and experiences frequent nighttime fears and/or nightmares
- often resists going to school
- often argues with others and frequently stirs up conflict

Advocacy Tip

You know how your child behaves at home—but you also need to know how he or she behaves at school, both in class and out. Talking with teachers, coaches, and administrators can be helpful.

Advocacy Tip

It is important to try and encourage your child to talk with you about emotions and problems. As your child grows older, he or she may need help and support when coping with social situations.

Possible diagnoses

If your child or adolescent is behaving this way on a frequent basis, he or she could be suffering from a medical condition or a serious anxiety disorder. Although anxiety disorders are common and come in a variety of shapes and sizes, some are more serious than others. If your child is having a lot of trouble just getting through the day, this is cause for concern.

Medical condition

Your child may have a medical condition—such as hyperthyroidism or hypoglycemia (these terms are defined in the Glossary at the end of this Guide)—that produces symptoms similar to the symptoms of an anxiety disorder. Substance abuse also results in similar symptoms.

Anxiety disorder

Your child may have a serious anxiety disorder that is causing feelings of excessive fear (a phobia) or panic. A disorder like this can affect your child's self-esteem, social development, and academic performance.

3. Extreme sadness and despair

General information

Most children, especially teenagers, go through ups and downs as they grow older. As a parent, you learn to expect these mood swings. However, if your child appears to feel sad and “low” for weeks at a time and has trouble

snapping out of it, the problem may be more than just a bad mood. You should pay close attention to this, because your child might be suffering from a very serious condition.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often seems downhearted, irritable, and/or bored
- often talks about feeling hopeless or sad
- has less interest in activities, even those he or she once enjoyed
- seems to have less energy and/or seems to be going through frequent severe mood swings
- seems to spend less time with friends and has less interest in relationships of any kind
- often has trouble communicating or is reluctant to talk
- seems to feel isolated, lonely, and self-critical
- often has trouble concentrating and is not performing well in school
- often seems hostile or angry and is very sensitive to rejection
- often complains of headaches or stomach pains
- makes a major change in eating or sleeping habits
- often throws temper tantrums, and the tantrums are increasing in length and intensity
- talks about running away from home and/or tries to do it
- mentions suicide and/or other self-destructive behavior

Possible diagnoses

If your child seems unable to break free from intense feelings of sadness and despair, and if these feelings persist for several weeks, he or she may be suffering from a serious depression or a bipolar disorder. It is important to determine this as soon as possible, to reduce the risk of harm to your child. Also, if your child's condition is identified and treated early, he or she is more likely to recover quickly.

Depression

Your child may be experiencing depression, which is a complex illness with many possible causes, including stress and biology (when it is a trait that runs in the family). Depression can lead to poor academic performance, social isolation, family problems, and—in extreme cases—suicide.

Bipolar disorder

Your child may have a bipolar disorder, which is a kind of depression. Children with this disorder go through periods of being very depressed followed by periods of being extremely irritable and are likely to have temper tantrums.

Advocacy Tip

Once you receive a diagnosis from a qualified professional who has thoroughly examined your child, make sure you understand and agree with the opinion. Ask questions! Even doctors can be wrong.

4. Problems with food or fear of being too fat

General information

In today's world, nearly everyone feels pressure to be thin, and this pressure is sometimes difficult for teenagers to handle. Your child may become very careful about what he or she eats, and may also become extremely interested in exercise. Most of the time, you do not need to worry about this. However, if your child seems overly obsessed with food and weight, if he or she frequently disappears after eating, or is becoming painfully thin, this is cause for concern. Your child's health may be in serious danger.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often expresses an intense fear of being fat
- feels fat even if he or she is underweight
- is not able to maintain a healthy weight for his or her height
- has stopped getting her period
- has a low sense of self-esteem
- often talks about feeling worthless because of his or her weight
- often eats and then vomits to get rid of the food
- often eats and then exercises much more than is typical
- seems to be increasingly isolated from friends and family
- often prepares food as if carrying out a ritual (may cut food up into tiny pieces, for example)
- often prepares food for others in a very careful way, but may not eat any of this food

Possible diagnoses

Many people are concerned about their bodies and their weight. In a small number of cases, this concern becomes extreme and may turn in to an eating disorder, which can be a very serious illness. If your child is behaving this way on a frequent basis, it is time to explore the problem. It is important to catch this illness as early as possible, because early treatment of an eating disorder usually leads to a faster recovery.

Eating disorders

There are four different types of eating disorders, and all of them are dangerous. You have probably heard of these two types: *Anorexia Nervosa* and *Bulimia Nervosa*. A child suffering from Anorexia will be terrified of gaining weight and may count every calorie, eat only tiny amounts, and even weigh his or her food. A child suffering from Bulimia will appear to eat normal or even large amounts of food but will secretly try to find ways to “purge” the food, such as by vomiting it back up. For more information about these eating disorders (and others), see the Glossary at the end of this Guide.

Girls are more likely to develop eating disorders, but boys—especially competitive athletes—can develop them, too. If your child has an eating disorder, both you and your child may end up confused, frustrated, and unhappy. More importantly, these disorders can lead to severe weight loss, various health problems, and even death.

Advocacy Tip

When you discuss these behaviors with your child, try to avoid using labels and medical terms. For example, “mood swings” is a less frightening term than “bipolar disorder.”

5. Problems that arise after a traumatic event

General information

When a child goes through a traumatic event, he or she is likely to have a reaction, and the reaction can lead to emotional and/or physical problems. This is a normal response. If your child has lived through a traumatic experience—such as a violent event in the home or the neighborhood, a painful medical procedure, a shooting or similar emergency at school, or sexual or physical abuse—it is important to help him or her deal with any problems that may follow. Support from family members and friends can make a big difference.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

Infants and toddlers up to age 2.5 years

- seems more irritable than usual
- seems more clingy than usual
- cries more often than usual

Children ages 3 to 5 years

- often seems to feel helpless and powerless
- often seems to feel that the world is not a safe place
- often has a hard time being away from you (the parent)
- has more nightmares than usual

- seems fearful and anxious
- talks about the traumatic event, telling the story over and over
- acts out the traumatic event

Children ages 6 to 12 years

- has more difficulty concentrating in school than usual
- has more difficulty sleeping than usual
- seems fearful and anxious
- talks about the traumatic event, telling the story frequently
- acts out the traumatic event and/or makes drawings of it
- complains of aches and pains when nothing is wrong

Children ages 13 to 18 years

- seems fearful and anxious
- connects the traumatic event to feelings of sadness, anger, guilt, and/or revenge
- seems to need to talk about the traumatic event
- seems more irritable than usual
- withdraws from family and friends
- has more difficulty focusing in school than usual
- has more trouble sleeping than usual

Possible diagnoses

These symptoms are usually a normal reaction to a stressful and/or traumatic event. In most cases, the reaction is only a short-term reaction, and (with some help from family and friends) the symptoms will go away over time. In some

cases, the reaction is more severe. If your child's symptoms do not go away over time, he or she may have Post-Traumatic Stress Disorder.

Short-term reaction to trauma

If your child has experienced a stressful or upsetting event and shows some of the symptoms listed above, you can help by answering his or her questions, getting the family back into daily routines, and offering extra attention and affection.

Post-Traumatic Stress Disorder (PTSD)

A child with PTSD will show symptoms for longer than a month and will also start having more severe problems at home, in school, and with friends. He or she may express extreme fear, may begin avoiding people and places that are reminders of the event, and/or may become extremely withdrawn. If this is happening to your child, you will probably need to find help outside of the family.

6. Extreme anger or defiance

General information

Most children begin to rebel a little against their parents, usually as they enter their teenage years. You may learn that your child has been caught shoplifting or has been fighting with a schoolmate. He or she may sometimes

Advocacy Tip

Even a very young child can have a mental health illness. Instead of avoiding or ignoring a problem your young child may be having, try finding a way to discuss the problem with him or her.

lie to you or refuse to do what you ask. In many cases, teenage rebellion is not cause for alarm. However, if your child is acting very aggressive on a frequent basis or is being destructive, you may have a more serious problem on your hands.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- often loses his or her temper
- often gets into arguments with you or other adults
- refuses to follow the rules set by you or other adults
- seems interested in annoying people on purpose
- often blames others for his or her misbehavior
- is easily annoyed by other people
- often seems angry and resentful
- often seems full of bitterness and eager to lash out at someone
- has caused or seems likely to cause damage to property
- has caused or seems likely to cause physical harm to a person or animal

Possible diagnoses

Many children and teenagers get angry at adults, misbehave, and refuse to obey their parents. However, if your child's hostile behavior seems extreme to you, and if these behaviors continue for six months or longer, then you may want to explore the problem. Your child may have a developmental problem or a behavior disorder called Oppositional Defiant Disorder.

Developmental problems and/or family tension

It is possible that your child's behavior is the result of developmental problems or problems at home. A child who is having a hard time keeping up in school, or who has trouble expressing himself or herself, may feel more hostile than most children. A child who is enduring family problems may also feel hostile and act more aggressively.

Oppositional Defiant Disorder (mild)

A child with mild Oppositional Defiant Disorder may behave well at school, and may also behave well with friends, but will misbehave frequently while at home. If your child has this disorder, he or she may argue excessively with you, use offensive language, or refuse to obey your rules. He or she may be feeling unusually angry and resentful. It is important for you to try and understand why your child feels this way.

Oppositional Defiant Disorder (severe)

A child with severe Oppositional Defiant Disorder has the problems described above and is also likely to cause harm to people, property, and/or animals. He or she may become very destructive and may also start having problems at school. In extreme situations like these, your child may be dangerous to others and will probably need professional help.

Advocacy Tip

Whenever you have a gut feeling that your child may be having trouble of some kind, it's better to trust this feeling, even if your friends or family members don't share your concern.

7. Tendency to use drugs or alcohol

General information

Some teenagers experiment with alcohol and drugs. In some cases, children begin using drugs or alcohol on a frequent basis.

Often, a child who is using drugs or alcohol will try very hard to hide this from his or her parents. If you think your child might be developing a problem with drugs or alcohol, it is important to keep in mind that he or she may have an underlying emotional problem that is causing or contributing to the substance abuse. When you address the issue of substance abuse with your child, be sure also to try and address any mental health problems he or she may be having.

Checklist of symptoms and effects

Consider whether your child is behaving in any of the following ways:

- is very irritable and/or seems to be going through a change in personality
- often starts arguments and/or behaves irresponsibly (stays out late at night, for example, or breaks limits you have set)
- is missing school and/or neglecting schoolwork
- often shows poor judgment and a negative attitude
- often seems "out of it," sluggish, and not really aware of what's going on or seems unnaturally energetic and excited
- often has glazed eyes or reddened eyes
- often has trouble waking up

- often gets a bloody nose
- has stained fingers or visible needle marks (or “tracks”)

Possible diagnoses

If your child is engaging in excessive use of substances such as drugs or alcohol, this may be evidence of an addiction—and addictions are generally treatable. However, a drug or alcohol addiction is frequently a sign that something else is wrong. Your child may be depressed or traumatized, for example. You may need to explore his or her state of mind and mental well-being in order to determine what steps to take next.

Advocacy Tip

Remember to get involved and stay involved if you think your child needs help. Ask questions, write everything down, be organized, and be prepared to advocate for your child.

**Summary
and things
to remember**

You have now reviewed a variety of child behavioral and emotional symptoms—the symptoms that most often trouble parents (*please see the chart on page 26*). This is step one of the two-step approach described at the beginning of this chapter. With the information you find here, you will be able to make a more informed decision about whether your child's behavior indicates a serious problem. If you decide that your child might need professional help, Chapter 2 will be useful because it explores the question of where and how you can find services for your child.

Remember that nearly all children and teenagers go through rough spots as they mature, and most of them also get into unhappy conflicts with their parents. It is important to observe your child's behavior carefully and discuss it with people you trust before you jump to any conclusions. In the long run, your child may or may not need professional services—but he or she will always benefit from the love and understanding you can offer.

**Symptoms
& possible
diagnoses**

Symptoms	Possible Diagnoses
Overactivity and inattentiveness	<ul style="list-style-type: none">■ Medical condition or learning disorder■ Attention Deficit Hyperactivity Disorder (ADHD)■ Anxiety or mood disorder
Extreme anxiety or fear	<ul style="list-style-type: none">■ Medical condition■ Anxiety disorder
Extreme sadness and despair	<ul style="list-style-type: none">■ Depression■ Bipolar disorder
Problems with food or fear of being too fat	<ul style="list-style-type: none">■ Eating disorder
Problems after a traumatic event	<ul style="list-style-type: none">■ Short term reaction to trauma■ Post-Traumatic Stress Disorder (PTSD)
Extreme anger or defiance	<ul style="list-style-type: none">■ Developmental problems or family tension■ Oppositional defiant disorder (mild or severe)
Tendency to use drugs or alcohol	<ul style="list-style-type: none">■ Drug or alcohol addiction■ Depression or traumatization