

A 14-Point Checklist for Parents

If your child is experiencing difficulties or causing difficulties, here are some questions to ask yourself, your child, the people in your circle, and, once they enter the picture, mental health service providers. These aren't the only questions you might consider—I hope you'll add your own questions to this list. But these are some important questions worth pondering.

1. Is there a problem?

Let's say that your child is exhibiting some sort of behavior or having certain thoughts or feelings. First of all, is it a problem? Is it a problem that your child waits two months longer to speak than did Jane across the street? Why is that a problem as opposed to a natural difference? Is it a problem that he enthusiastically signs up for violin lessons and then wants to stop them after two weeks? Why is that a problem as opposed to a change of heart? Is it a problem that he doesn't want to sit at the dinner table where you and your mate are fighting? Why is that a problem as opposed to good common sense? You can label any of these a problem—a developmental delay, a lack of discipline, a refusal to obey—but where is the love, charity, or logic in that?

2. Has my child always been like this?

If your child has always been shy, why is it suddenly surprising that he or she is still shy now? If your child has always been bursting with energy and bouncing off the walls, why is it suddenly surprising that he or she is still full of energy and still bouncing off the walls? If your child has always been the quiet, brooding one, why is it suddenly surprising that he or she is still quiet and brooding? These may be features of your child's natural endowment or original personality or these may be features of his or her personality acquired so early on that they have pretty much always been there. Either way, there is no reason to treat your child's unique ways of being as suddenly surprising. His or her ways of being may create

difficulties and those difficulties certainly must be addressed; but that isn't to say that your child suddenly "came down" with shyness, restlessness or brooding tendencies or that those qualities or behaviors are somehow markers of a "mental disorder."

3. Have there been any big (or small) changes recently?

If a child's circumstances change, he or she is likely to react to those changes. Is your child in a new school? Doing new, harder schoolwork? Dealing with your separation or divorce? Living in a new town? Dealing with a new sibling? Did he or she move from a single room to a shared room? Have there been any changes in diet or exercise?—maybe more junk food intake than usual or less exercise during a long winter? Changes in circumstances really do matter and you should think through if there have been any changes in your child's circumstances or your family's circumstances that may be contributing to or causing your child's current distress or difficulties.

4. Is your child under stress?

You might not think that your child having a prominent part in the school play might prove a source of serious stress for him or her, but it might. The same might hold true for an upcoming piano recital, spelling bee, or other public event or competition. Is your child taking a harder math class than last year or a history or language class that requires massive memorization? Challenges of this sort and many of the other challenges of childhood and the school years produce stress and that stress is likely to play itself out as distress and difficulty. Consider the link between stress and distress in your child's life.

5. Has your child been abused or traumatized?

Trauma and abuse produce distress. If your child comes home from summer camp and seems not to be his or her usual self, wouldn't it make sense to check in with your child to see if something abusive or traumatic

occurred at camp? Has there been a death in the family, the death of one of your child's friends, or the death of a pet? Is your family life so chaotic as to rise to level of traumatic? Has someone like a difficult aging parent recently moved into your home? Looking at matters from your child's perspective, might there be issues of abuse or trauma that he or she is trying to deal with (and maybe keeping secret about)?

6. Who has the problem?

If your mate belittles your child and your child grows sad and withdrawn, your child certainly has a problem. But isn't your mate the real problem? If you are highly anxious and vigilant and your child becomes highly anxious and vigilant, your child certainly has a problem. But what's your part in the equation? If yours is a rigid and dogmatic household and your child rebels against your house rules, your child certainly has a problem. But isn't the family rigidity its own sort of problem? The question isn't about assigning blame or making anyone feel guilty. Rather it's a matter of appraising the situation honestly so that genuine answers can be found.

7. What does your child say?

Have you asked your child what's going on? Asking is very different from accusing or interrogating. Have you had a quiet, compassionate, heart-to-heart conversation with your child in which you express your worry, announce your love, listen to your child's concerns, and collaborate with him or her on creating some strategies and tactics that might help your child deal with the problems he or she is experiencing? Are you in the habit of checking in with your child to understand what he or she is thinking and feeling? If you haven't gotten into that habit, wouldn't that be a great habit to cultivate?

8. What do other people say?

Have you checked in with the people in your circle: your mate, your other

children, your parents, and anyone else who knows your child well? What are their thoughts about what's going on? They may have nothing useful or productive to offer or they may have some very important insights into what's happening. Ask the people who know your child what they think. Make a special effort to check in with those people who seem the most levelheaded to you and whose opinions you respect the most.

9. Do you feel kindly toward your child?

Human beings do not automatically love other human beings. Nor is love a stable, impregnable sort of thing. You may have lost patience with your child, feel oppressed by him or her, or in some other way have lost that loving feeling. Do you soften in his or her presence and want to hug your child or do you harden in his or her presence and do some scolding? What child wouldn't grow sadder or angrier if he or she felt that what he or she got from a parent wasn't love but criticism or even revulsion? Think whether a softening and a more loving attitude might amount to great medicine.

10. Are you quick to accept labels for yourself?

How do you describe your own difficulties to yourself and to others? Do you say things like, "Oh, I have ADD and Bobby does too," "Depression runs in our family," or "We can't seem to get Sally's anxiety meds right—but I have the same problem myself"? If this is the way you speak and the way you conceptualize your difficulties and the difficulties of others, I would suggest that you educate yourself about alternate visions that reject the idea that because you have a certain experience, say of anxiety, you have a "mental disorder" and must take "medication" for that so-called mental disorder. I would ask you to be a little less quick to accept such labels for yourself or for your children and to do some "due diligence" research in this area.

11. Has your child had a full medical workup recently?

What if your child's school difficulties have to do with poor eyesight or poor hearing? What if his or her lethargy, pain complaints, or sleeplessness are symptoms of a medical condition? Make sure that you rule out genuine organic and biological causes for the "symptoms" that your child is displaying before supposing that they are "symptoms" of a "mental disorder." Of course the root causes of human behaviors are not so easily traced back to medical conditions even when such conditions exist; but as possibly frustrating as the experience may prove, make sure that a medical workup is part of your plan to help your child with his or her current distress or difficulties.

12. What sort of help are you looking for?

You may decide that you alone can't do enough to help your child reduce his or her experience of distress. Where should you turn for help? It amounts to a very different decision to take your child to a child psychologist whose specialty is talk and who uses techniques like play therapy or to a psychiatrist who routinely "diagnoses mental disorders" and who then "prescribes medication." There are many types of helpers out there, from peer counselor to school counselor to mentor to dietician to family therapist to residential treatment specialist to clinical psychologist to psychiatrist, and each comes at human challenges from a different angle. Educate yourself as to what these different service providers actually provide and decide which sort of service makes the most sense to you.

13. A question to ask a mental health service provider: what is the rationale for labeling my child with a mental disorder and prescribing chemicals?

If a mental health professional would like to give your child a mental disorder label, for instance the label ADHD, inquire as to his or her rationale for doing so. Ask questions like, "By 'mental disorder' do you mean 'medical issue'?" If you do not mean 'medical issue,' why do you want to prescribe medicine to my child? If you do mean 'medical issue,'

please explain to me what the medical issue is and what the evidence for it is.” There are many more questions you might want to ask so as to satisfy yourself that the idea of “diagnosing and treating mental disorders” makes sense to you. Many pieces in our Parent Resource Section speak to these issues and can help you formulate the questions you might want to ask.

14. Is my child actually getting better?

Say that your child is placed on so-called psychiatric medication and his or her situation worsens. You will then be faced with the following very difficult questions. Is your child’s condition actually worsening and is the so-called medication proving ineffective (and therefore perhaps ought to be changed or increased, which is likely what your child’s psychiatrist will recommend)? Or is it the case that the so-called medication is actually causing the worsening (there is ample evidence that this can happen)? If your child’s situation doesn’t improve you are caught in the predicament of trying to figure out what’s going on with your child and also needing to appraise the effectiveness or dangerousness of the help being offered your child.

The above fourteen questions are a sizeable number of questions and, if you tackle them, will involve some perhaps painful self-reflection and a lot of investigating. But endeavoring to answer them will help you better understand what’s really going on with your child and what will genuinely help him or her deal with his or her distress or difficulties.

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