



# BETTER TOGETHER:

## ANSWERS FOR PARENTS/GUARDIANS

As parents in a school community that participated in the Lifelines Suicide Prevention Program through the Mental Health Association of Monmouth County, you may be familiar with all that your school is doing to support students' mental and emotional wellness. We know the uncertainty of the last academic year may have created challenges for both you and your child(ren), and although we all hope for the best this year, some days it might be hard to know what to expect.

This booklet addresses the concerns raised by parents in Lifelines schools throughout Monmouth County. It also provides you with information about local resources available to you and your family.

### WHAT IS A COMPETENT SCHOOL COMMUNITY?

In a competent school community, all members care about the welfare of each other and they know where and how to get help if a community member is in need. Competence in a school starts at the top with the board and administration, and includes all school employees. Parents/guardians and students are a critical part of a competent school community, which is why it's important for you to understand how to address mental health challenges and find appropriate community resources for your child when necessary.

### IS THERE ANYTHING I CAN DO IF MY CHILD REFUSES TO GO TO SCHOOL?

School avoidance or refusal is a common problem, especially with elementary and middle school students. The shifting school schedules of the last academic year probably added to the problem, providing students with multiple opportunities to stay home. While a 'mental health day' off here and there may not sound like something to worry about, parents need to be careful about encouraging school absences because a pattern can emerge rather quickly.

## **If your child has started to protest going to in-person classes, what can you do?**

Don't simply hope it will get better. Be proactive! Here's a step-by-step process to try:

- 1.** If your child complains about physical symptoms like headaches or stomachaches, take them for an evaluation with your family doctor. You're demonstrating to your child that their distress is important to you and you're taking their problem seriously. Most likely, these physical complaints are a reflection of their emotional distress about school attendance, but you want to be sure there isn't something physical going on. This puts you in a good position to implement the next steps.
- 2.** Talk with your child about why they don't want to go to school. Often you will find their reasons are rooted in fear:
  - Fear something might happen to you or another family member when they are in school
  - Fear about school performance
  - Fear related to another student or teacher
- 3.** Listen to their responses. While your first reaction might be to reassure them their fears are unfounded, don't go there! Validate your understanding that their reasons may feel immobilizing to them right now.
- 4.** Assure your child that you want to help them work through their fear so they can get back to regular school attendance.

**5.** Let someone at the school know what's going on because a collaborative relationship with the school always makes things easier. If you eventually need some type of academic accommodation for your child (like a schedule change), the sooner the school is involved in problem-solving, the easier it may be to get the support you need.

**6.** Shift YOUR behavior. Experts reinforce a step-by-step approach that starts with you.

■ Stay firm! Don't give in to early morning complaining about symptoms. Asking "how do you feel today?" can set you up for problems. Just be matter of fact that the day is starting and your child needs to get ready for school.

■ Don't have a prolonged goodbye. A short and sweet "Have a good day!" avoids the opportunity for rehashing your child's reasons for school avoidance.

■ If your child stays home, don't make it a vacation day.

**7.** If the refusal has been going on for a while, consider a gradual reentry process:

■ DAY 1- get dressed for school in the morning

■ DAY 2- get dressed and drive by the school

■ DAY 3- get dressed, drive to school, and sit in the parking lot



■ DAY 4- get dressed, drive to school, sit in the parking lot, go into the school, and walk the halls

■ DAY 5- may be when your child attends their first class, favorite class, or stays in school for a half day.

8. The reintroduction to school is a gradual process that might include small reinforcements (like more phone or video time) as incentives to encourage them to meet their attendance goals.

9. At any point in the process, you might find it helpful to consult with a mental health professional, especially if your child's worries worry you! School attendance is important and refusal can escalate quickly, so the sooner you identify the problem and step up to address it, the easier the solutions may be.

## MY CHILD SEEMS TO BE HAVING INCREASED ANXIETY. WHAT'S THE BEST WAY FOR ME TO HELP THEM?

Panic attacks are like a false alarm in your body's early warning system. Lots of people have them, and although they're not dangerous and can be short-lived, they can be scary.

Technically, panic attacks are unexpected episodes of severe anxiety. The person experiencing them has the perception they have to do or face something they are unprepared for. Their body responds by setting off that

fight, flight, or freeze response that includes physical and psychological symptoms. The physical symptoms can include faintness or dizziness, shortness of breath, hyperventilation, stomach upset or nausea, heart palpitations, and fluctuations in body temperature.

There are lots of reasons your child could be experiencing panic attacks, and a consultation with a mental health professional may be the most efficient way to figure out their cause.

What's immediately important, however, is knowing how to respond when your child is having one.

■ Remain calm. Your child probably feels out of control at the moment, so your ability to remain calm and in control can be reassuring.

■ Encourage your child to take deep breaths and demonstrate how to do this. There are lots of tips available online that review strategies for deep breathing, but the simplest technique is inhaling from your abdomen to the count of three, holding the breath to the count of three, then slowly exhaling for that three count. Changing the rhythm of breathing sends a message to the brain to calm down. And remember, the brain is the source of those anxious symptoms!

■ Explain to your child the reason this breathing technique is helpful. This gives them a logical explanation for this simple strategy and, as you know, kids are better at replicating behaviors when they understand why they are doing them.

■ Other distracting strategies can also work because they take the brain's attention and divert it to something else. Activities that engage one of the five senses tend to work really well as distractors.



## Here's a brief list that you and your child can add to:

- Exercising
- Eating a snack
- Playing a game
- Talking on the phone
- Taking a shower or a bath
- Changing physical location
- Playing with a pet
- Drinking water

If your child is experiencing panic attacks at school, work with them to create a list of simple distractors they can do in the classroom. Your school counselor can help with that and can also provide a safe space where your child can go if the symptoms get too overwhelming.

Finally, seeking professional help can give both you and your child more tools to manage and prevent panic attacks in the first place!

## HOW DO I KNOW WHEN I NEED TO SEEK PROFESSIONAL HELP FOR MY CHILD?

This is a frequent parental question, and the answer isn't as difficult as it may seem. Think about your child's physical health and ask the same question, "when does my child need to go to the doctor or dentist?" How would you answer? Most likely, you would say something along the lines of "they don't seem to act

like themselves, they're complaining of feeling bad, say they're feeling pain, look pale, have a fever." Initially, you try to manage on your own. You recommend rest, fluids, etc. but at some point, if things don't improve, you decide you need medical intervention.

Intervention for emotional changes works the same way. You will notice your child is not themselves or they will share this with you. There's a change in their behavior, their mood, appearance, something that's different from as little as what you observed two weeks ago.

■ The first thing you're going to do is ask about it: "Hey, I've noticed you don't seem like yourself. You're moping around, hardly eating, and seem like you have no energy. You're picking fights with your sister and that's not like you. How are you doing?"

■ Be clear about what you've observed. Often, we shorthand our concerns with a simple "I'm worried about you," but it's much more effective if you can give specific examples about the behaviors that are concerning you.

■ Listen to your child and ask questions about anything they say that's vague or you don't understand ("I'm not sure what you mean by depressed. Can you explain that to me?")

■ Accept what they say and don't minimize their distress. As parents, we are often tempted to do anything to make our children feel better, even if it's as simple as reassuring them that they'll feel better after a good night's sleep. Listen and try to understand the source of your child's emotional pain.

■ Ask if there's anything you can do to help them. They may be able to give you some suggestions about how to help them manage what's upsetting them ... or they may not.



■ If you have **any** concerns that your child may be thinking about taking their life, you **MUST** ask the question. Take a deep breath and say something like: "You know when people feel the way you have just described, sometimes they think life isn't worth living anymore. I wonder if you've ever had those thoughts?"

■ Listen to their answer and stay calm if they say "yes". Even if they deny suicidal feelings, you've got to keep it on your parental radar.

■ This is the point at which you may decide you want to get another set of eyes on your child, the same way you would consult with your pediatrician if your child's worrisome symptoms had been going on for a while, seemed serious, and you weren't sure what to do to help them feel better.

## SO, WHAT DO YOU DO WHEN YOU NEED A LITTLE BIT OF EXTRA HELP?

**The following are Monmouth County specific resources that may fit the needs of your child and your family:**

### New Jersey Children's System of Care (CSOC)

The New Jersey Children's System of Care (CSOC) is a division of the New Jersey Department of Children and Families. CSOC provides support to youth with behavioral health or developmental disability diagnoses whether or not they are involved with child protective services. It also provides coordinated access to substance use treatment services for eligible youth.

**PerformCare** contracts with the State of New Jersey's Department of Children and Families to facilitate residents' access to publicly funded services for youth up to age 21 through the statewide New Jersey Children's System of Care (CSOC). PerformCare provides a family-centered, community-focused single point of entry for New Jersey's eligible children and families to obtain available behavioral health, substance use treatment, and developmental disability services.

### Specific services offered through CSOC:

■ **Mobile Response and Stabilization Services (MRSS)** - If your child is in crisis and experiencing escalating emotional/behavioral health symptoms, PerformCare can send a clinician to your home or to an agreed upon location in the community within an hour, to help stabilize the situation and to offer additional services, as needed. PerformCare can also help you locate the nearest psychiatric screening center or contact emergency services.

■ **BioPsychoSocial (BPS) Assessment** - A BPS is a one-time, in-home assessment that is completed by an independently licensed clinician and, upon completion, is submitted to PerformCare for review and determination of appropriate behavioral health services. A BPS may be offered if a youth has no current treatment provider and if the youth has moderate to severe emotional/behavior health concerns that do not require immediate assistance through MRSS.

■ **Care Management Organization (CMO)** - CMO is a higher level of behavioral health service that CSOC provides for youth ages 5-21 that are displaying/experiencing significant emotional and behavioral health concerns that place them at risk of removal from the home or psychiatric hospitalization. CMO has the ability to connect your family to services in the home, or to out of home services if needed. These intensive, therapeutic services work to stabilize youth and allow them to remain safely in the home and community.

■ **Outpatient Therapy** - Outpatient Therapy is provided by a licensed professional in an office or clinical setting. This type of therapy can be tailored to the needs of the youth and include individual, group and family sessions based on the presenting problem.

**Families can contact PerformCare for assistance for youth with:**

- Emotional and behavioral disorders
- School attendance or behavioral concerns
- Substance use
- Intellectual or developmental disabilities

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**PerformCare can be reached at 877-652-7624  
24 hours a day, 7 days a week.**

## Family Crisis Intervention Unit (FCIU)

The Family Crisis Intervention Unit (FCIU) at the Mental Health Association of Monmouth County provides services to youth ages 10-17.

FCIU provides the family with a Crisis Clinician, who reports to the child's home within 24-hours of referral. An assessment is conducted, and family therapy and support are provided. Additionally, the Crisis Clinician may refer the child/adolescent to receive one-on-one support from a Wraparound Therapist who would meet with the child. Wraparound services can be conducted at the Mental Health Association of Monmouth County offices, in a child's home, in the community, or in the child's school.

FCIU referrals are accepted from both school staff and directly from parents or other community agencies. FCIU supports youth in struggling with mental and emotional wellness, parent/child conflict, school avoidance, and juvenile justice concerns.

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**FCIU can be reached at 732-542-2444 or parents can access a 24-hour hotline at 732-996-7645.**

## Psychiatric Emergency Screening Service (PESS) at Monmouth Medical

Should your child need an immediate assessment for risk to self or others, the child clinicians at Monmouth Medical are sometimes able to coordinate visits to your home or via telehealth to help reduce the fear and anxiety associated with bringing your child to a psychiatric emergency room. These clinicians will screen your child for risk and make appropriate recommendations or suggestions for treatment. This may include outpatient therapy, group programs, case management organizations, intensive outpatient programming, Partial Hospitalization or hospitalization.

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**Monmouth Medical Center is a state-designed emergency screening service for Monmouth County. Crisis intervention, stabilization, mobile outreach, crisis hotline, and family crisis services are provided. Services can be accessed through the Emergency Department or by calling the crisis hotline at 732-923-6999.**



## Other Types of Mental Health Support Programs

Other programs for families, children and adolescents include:

- Private Practitioners
- Group Programs
- IOP – Intensive Outpatient Programs
- Partial Hospitalization Programs

Parents who notice a change in their child or need additional support may seek out therapy from private practitioners, including licensed counselors, social workers, psychologists, or psychiatrists. Some therapists may be contracted through your insurance, while others may be entirely out of network. Your school may already have a list of private practitioners in your area who specialize in your area of concern.

Group therapy may also be beneficial to your child, especially if they are struggling with grief, anxiety, or need to develop stronger social skills.

Sometimes our children need a little more than what a private practitioner can provide and are referred to either an Intensive Outpatient Program or a Partial Hospitalization Program. An Intensive Outpatient Program is a group that meets for a few hours after school or during the evening more than once a week. IOPs are typically used in connection with other support services, such as individual therapy or medication management, for a collaborative and comprehensive approach to treating the child's challenges. A Partial Hospitalization Program is when a child needs more support during the overall school day. Youth who qualify for partial hospitalization programming usually need additional and more intensive therapeutic services beyond what an IOP or private practitioner can provide at that time. They may be experiencing psychiatric or other mental health symptoms that are negatively impacting their ability to function daily.

## FROM PARENTS LIKE YOU...

"I was reluctant to make the call for services, but someone close to us knew our struggles and urged us to call. It took a while for the services to finally get set up in place, but ultimately they helped us move from constant crisis to living normally with a child with mental health challenges. They provided us with an incredible therapist who really clicked with my child (after my child rejected the first one), and the case manager was a tremendous support to me and my husband. We even utilized family therapy for me and my child. Those sessions were very helpful."

"When our child was first referred to a partial hospitalization program, I was feeling pretty angry at my child at first (for not pulling it together). While in the family sessions, we came to realize just how much our child was struggling and learned that they really could not help themselves. Without the help and support provided from this program, we might be in bad shape as a family. I was afraid of what behaviors my child would be exposed to while there. Looking back, clearly my child and my family really benefited from the services provided. It helped us as parents understand and stop taking our child's behavior personally. Before we got this help, we lived in the world of denial and fear. Now, we have solutions and support."



Mental Health Association  
of Monmouth County

*An Affiliate of*

**MHA**  
Mental Health America

The Mental Health Association  
of Monmouth County (MHAMC) is

**HERE TO HELP.**

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and Community Partnerships*

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