



When to Refer to Mental Health Counseling

An important guideline for determining whether or not signs of distress indicate problems beyond the range of normal is the extent to which the child's developmental progress and adjustment are being significantly interfered with.

The focus should not be on the presence of a symptom or behavior, but on its frequency, duration and/or increase in severity. If any of the following behaviors continue for several months or worsen, given a child's usual way of behaving, that child likely needs professional help.

Also, keep in mind that it is generally advisable to seek counseling as a preventive measure.

Academic/Intellectual:

Persisting school difficulties or serious academic reversal can be a sign of poor adaptation to a major family change. This may evidence itself as: procrastination, inability to concentrate and get things done, repeated attempts to obtain deadline extensions or postpone required activities, academic performance not being consistent with abilities, excessive absences, increased tardiness, or disturbing material in assignments.

Emotional:

It is “normal” for a child to feel a wide range of different feelings as they move through the grief process. If these feelings persist or worsen, however, they should be checked out. This may evidence itself as: depressed or apathetic mood; no longer laughing; frequent crying; angry or aggressive behaviors; appearing overly anxious, worried or fearful; inappropriate or exaggerated reactions to situations; clinging to a parent; phobic behavior about going to school; persistent difficulty in talking about the family change; or an inability to stop thinking about it.

Physical:

Persisting difficulties in sleeping and/or eating patterns may need to be evaluated. While these difficulties can be common during the initial stages of a major family change, professional attention is warranted if they persist for a number of months. This may evidence itself as: difficulty falling asleep, early morning awakening, persisting nightmares, overeating, or poor appetite.

Some children express their grief through physical complaints such as headaches or stomach trouble, or find that a preexisting physical condition worsens which, obviously, would require medical attention.

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Social:

A dramatic and persisting change in social behavior and friendships is also a cause for concern. This may evidence itself as: the child wanting to be by him- or herself (when this pattern was not present prior), lack of an enjoyable relationship with at least one friend, reluctance to have parents meet new friends, inappropriate irritability or anger with others, disruptive social behavior, frequently getting into fights, destroying property, or talking about or threatening to harm oneself or others (which should always be taken seriously).

Is it normal grief or clinical depression?

Kuperman and Stewart, authors of “Grief and depression,” in the book, *Behavioral problems in childhood: A primary care approach* (New York: Grune & Stratton, 1981) suggest that grieving children will continue to enjoy pleasurable activities from time to time, whereas depressed children typically do not. They also state that depressed children often express feelings of worthlessness, whereas lack of self-esteem is not usually seen among children who are grieving normally.

Another good benchmark is the frequency, duration and intensity of the child’s reaction. Typically, reactions decrease over several weeks after a major family change, but holidays and milestones, such as graduations or getting an award, can trigger the grief all over again. These subsequent reactions should be less intense and of shorter duration than the original one.

School difficulties, of course, are another important indicator. While it’s understandable that a child’s grades might drop during the first year, if they continue to drop thereafter or if they drop to such an extent that the child is at risk for not moving onto the next grade, then that might also indicate a depression problem.