



Your Child's Mental Health

"IS MY CHILD NORMAL?"

In my work as a child clinical psychologist, I routinely am asked this question by friends, family members and clients. While I always steer my fellow parents away from using the word "normal," I understand that they are essentially asking me: Is my child OK?

They find it reassuring to learn that many different behaviors that their children have engaged in (as crazy as they might make their parents) do fall within the range of common childhood struggles. Some situations, however, can worsen if not addressed early. Both parents and children with these struggles can benefit immensely from preventive services and interventions. So, after 10 years of people asking me if their children are "normal," I offer a few frequent situations that, while common, need to be monitored.

Situation 1: My child is 2-years-old and not talking yet.

First, it is important to figure out what "talking" means. Is your child saying only one word occasionally, or is he stringing two-word phrases together already? Alternatively, is she not saying any understandable words at all? The distinction is important given the language milestones that professionals use to gauge a child's language progression. Many times, late talkers are just that: late talkers. There are, however, certain clinical clues that might suggest a problem. While these clues differ for different ages, some prompt concern. These include a lack of connection with adults around 6 to 9 months of age and the inability to speak at least 50 words or any two-word combinations at 24 months. Finally, there really is no disadvantage in seeking a language evaluation if you are unsure of your child's progress. It is better to receive early intervention, if needed, than to take a wait-and-see approach.

Situation 2: My child has trouble paying attention.

The image of a hyperactive child is what most people think of when they hear Attention-Deficit Hyperactivity Disorder (ADHD). Yet the disorder can actually occur without the "H" or hyperactivity part. This makes the condition less likely to be noticed. In addition, ADHD can be severe or mild, so an evaluation is crucial if *persistent* issues of attention are evident in *more* than one setting.

Situation 3: My kids seem to fight all the time.

Like it or not, sibling rivalry and competition are alive and well and both are extremely common. Mix in different temperaments and personalities and daily arguments will occur. If children are using physical aggression towards one another or extreme bullying behavior, however, some assistance is needed. It's possible that the children are expressing or reflecting some displaced tension in the house. Remember that home is supposed to be a safe place for children, not a battlefield where they are constantly on the defensive.

Situation 4: My teenager and I fight all the time.

Yes, the teenage years are lovely, and, yes, you can trust your teenager to... well, be a teenager. So get ready. Despite arguments, if you are still able to have occasions of open communication as well as times of enjoyment with each other, those positive moments will go a long way toward maintaining a healthy relationship with your child. A word to the wise, however. If your pre-teen is very oppositional and unmanageable prior to the teenage years, the situation will likely worsen when he or she becomes a teenager. Early professional assistance may therefore prove beneficial and will pay dividends in household peace – and parental peace of mind.

Situation 5: It seems like my child is moody all the time.

As a parent, you know your child the best. Indeed, there are some children who are born with temperaments that are less adaptable to change. These moodier children will require some expertise on your part to help them manage daily ups and downs so that they can learn emotional management skills of their own. There are many books on childhood temperament that can help. On the other

hand, if your child's moodiness is an abrupt change from his or her previous behavior, some investigation is required on your part. Is something happening at school that is persistently stressing him out? Is there some change at home that might be affecting your child? Behavior is how most children express themselves, so any changes in behavior should be examined.

Although there are other situations that may prompt parents to question if professional assistance is needed, it is usually better to take a preventive stance. We should all approach our children's mental health similarly to the way we address their physical health: preventive care can lessen future interventions. Although stigma still exists regarding psychological assistance, perhaps one day we will reach, as a community, a point where seeking preventive, psychological care is as common as a child's annual physical check-up.

And our children will be better for it. 

EDITOR'S NOTE: Dr. Aranda is a bilingual licensed clinical psychologist who specializes in psychological and educational evaluations and treating children and adolescents. She can be found at www.helpingtampafamilies.com.

Foot & Ankle Center

OF TAMPA BAY

Westchase Office
St. Joseph's Outpatient Center
10909 W. Linebaugh Ave. #108

(813) 855-3606

We accept Medicare
assignment and most insurances.



J. Russell Lowrey, D.P.M.

Fellow,
American College of
Foot and Ankle Surgeons

www.DrLowrey.com

- Heel Pain
- Diabetic Foot Care
- Ingrown Toenails
- Pediatrics
- Fractures
- Wound Care
- Bunions
- Hammertoes