HELP
For Your Child

THE HOW WE TREAT SERIES

How We Treat

Depression & Anxiety · Autism
ADHD · Emotional Outbursts

DR. JOHN CAROSSO, PSY.D.
HelpForYourChild.com

HELP For Your Child

Table of Contents

Introduction

This “How We Treat” series targets the five most common reasons parents seek my help for their children. What are the five most common issues? Drumroll please… childhood depression, anxiety, autism, ADHD, and explosive outbursts. This series highlights each of these challenges and provides a parent-friendly description of the condition, its causes, and a step-by-step approach to how it's best treated.

I trust you'll find this series to be informative and helpful in managing your child. Feel free to see more of my articles at HelpForYourChild.com, where you can also schedule an appointment. You can reach out to me for help at drcarosso@helpforyourchild.com. May God richly bless you and your family.

— Dr. John Carosso, Psy.D.

CHAPTER 1

How We Treat Depression & Anxiety

Depression & Anxiety

As one would expect given my occupation, I'm often approached by teens and their parents about feelings of depression and anxiety. It's troubling to see a child or teenager struggling, but it's uplifting to know that there are practical and very effective strategies to improve the situation. Let's review them now.

What Causes Depression and Anxiety?

First, let's review what causes depression and bouts of anxiety. This is a complicated topic, but we can simplify it. There are three primary or motivating factors — situational, genetic, and biochemical.

Situational

There may be a situation or a series of events that lead to a feeling of loss, and this loss contributes to feelings of depression — the loss of a loved one, a relationship, or self-worth, among other things. In terms of anxiety, there are situations the person finds anxiety-provoking, from problems anyone would see as problematic to mundane events that are nevertheless anxiety-provoking.

Genetic

Depression, mood disorders, or anxiety run in the family, and the child or youth is subsequently vulnerable or predisposed to having issues with his or her mood. Depression or anxiety usually surfaces during a time of stress, but it can also manifest out of the blue without an observable cause. Depression and generalized anxiety can persist for days, weeks, or longer — acute panic attacks, however, only last a few minutes.

Bio-Chemical

You may hear that depression or anxiety is caused by a biochemical imbalance. Research suggests that manipulation of specific neurotransmitters can improve depression and anxiety, hence antidepressant/antianxiety medications. There's ongoing debate about which comes first — the imbalance, the genetic vulnerability, or the negative situation — but we know that for some people, increasing the abundance of certain neurotransmitters makes them feel better.

What Are the Best Treatment Strategies?

The protocol for treating depression or anxiety targets the following. Let's look at each of these.

- What a person thinks
- What a person does
- Nutrition, and activity level
- How we breathe
- How we validate
- A person's connection with God
- Medication

What a Person Is Thinking

You've probably heard of cognitive-behavioral therapy, considered the clinical standard of care for depression and anxiety. The first word, 'cognitive,' refers to what we think. People who struggle with depression and anxiety tend to have depressing and anxiety-provoking thoughts — lots of 'what-ifs,' catastrophizing, and perceiving one minor setback as a generalized failure. The remedy is to attack those thoughts and replace maladaptive thinking with more accurate, healthy self-talk. A therapist can help bolster healthy thinking, and at home we can post notes with lists of healthy thinking on the bedroom wall to remind us of

successes — evidence to support “I got this!!”

What a Person Is Doing

The second part of cognitive-behavioral therapy, the ‘behavioral’ part, refers to what a person does or how they behave. The strategies here are endless — simply getting out of bed, attending to grooming and hygiene, hanging out with good friends, joining a club, going to church, or going for a walk. This step involves doing the exact opposite of whatever the depression or anxiety is telling us to do. The positive impact is also greatly enhanced by doing for other people — reading stories to younger kids, visiting a nursing home, volunteering at an animal shelter, whatever floats your boat.

How We Breathe

You might be confused: why include ‘breathing’ on this list? A primary symptom of a panic attack is disturbed breathing, or hyperventilating. Surprisingly, when we control our breathing, we can control how we feel. The regimen is called mindful breathing, and here's how it looks:

1. Breathe in through your nose — a very deep breath that takes 3–4 seconds to completely breathe in.
2. Once you inhale completely through your nose, hold that breath for 2 seconds.
3. Breathe out through the mouth, very slowly and completely.
4. Once completely exhaled, hold for a count of 2 seconds.
5. Then breathe in again through the nose, repeating the process four times.

You'll find mindful breathing to be very calming; it slows things down, like rebooting a computer. It can be accompanied by closing one's eyes and imagining a peaceful, pleasant place. With practice, you can move more quickly into a deeper state of relaxation — in the moment of anxiety, or throughout the day to lower baseline anxiety. Give it a try!

Exercise and Nutrition

I suppose this falls in the 'doing' category, but I'll present it separately. We're referring to taking care of our bodies. If we don't eat right and exercise, we're going to feel bad. The research is abundantly clear that remaining active, and even moving into an elevated aerobic pace, is a wonderful antidote to anxiety and depression.

Validation

A powerful way to help somebody struggling with strong feelings is to validate those feelings. We may believe the child or youth is overreacting but, if we want to help the person calm down, the first thing we do is validate those strong feelings. Instead of "why are you getting so upset, it's not that big a deal" — which only further infuriates — we say "I can see that it makes you really upset when..." and name the issue. Find the feeling being conveyed and reflect it back; you may need to reflect four or five times before moving into problem-solving. It is very calming for any of us to feel we've been heard.

Connection With Faith

We are, by our very nature, spiritual beings. Upwards of 90% of people around the world believe in a higher power. A recent meta-analysis of 48 longitudinal studies shows spirituality is significantly associated with positive mental health outcomes. Those who consider their faith an important part of life have far lower rates of depression, anxiety, suicide, and substance abuse, and greater self-control, self-awareness, empathy, and an enhanced sense of comfort and calm.

When you have an all-knowing, all-powerful God who is by your side and in your corner, that's kind of reassuring. As it's written in 2nd Corinthians, "if anyone is in Christ, he is a new creation, the old has passed away; behold, all things have become new." Of course, we still live in the same difficult world — but we have a different perspective and inner power to better manage tough times.

> *"The Lord is my rock, my fortress, and my deliverer, in whom I take refuge."*
> PSALM 18:2

Memorizing scripture, like the verse above, can become super calming and comforting. If you're not sure where to start, I'd suggest a church youth group or children's ministry — it gets your child involved and active in a structured, uplifting environment.

Medication

It's clear that for more severe cases of depression and anxiety, when the strategies above are helping but not to the extent we'd prefer, medication can be very helpful. The more severe the depression and anxiety, the greater the benefit of medication. Medication works much better than placebo, and many people experience notable relief through the use of prescribed medications.

Chapter 1 Conclusion

There you have a summary of the strategies to effectively treat depression and anxiety. It's typically best to obtain professional guidance in walking through these steps, and all of us here at Help For Your Child would welcome the opportunity to provide that support.

CHAPTER 2

How We Treat Autism

Autism

In the previous chapter, I provided an overview of how we treat child and adolescent depression and anxiety. In this chapter, I'll tackle how we treat autism.

What Is Autism?

Autism is a developmental disorder — a condition that impacts a child's ability to achieve and demonstrate developmental milestones and expectations. The cause is unknown, but in this writer's estimation, it likely has genetic underpinnings.

Autism impacts a child's ability to effectively communicate and socialize. These children may speak in short phrases, not understand the rules governing conversations, and struggle with receptive language. They tend to be aloof or socially awkward, and engage in repetitive behaviors such as hand-flapping (especially when excited), lining up toys rather than playing with them, pacing, or obsessing about topics, fears, or concerns. Children with autism also tend to struggle with sensory issues — covering their ears in response to mundane sounds, being finicky during mealtime, or finding it difficult to feel comfortable in certain clothes.

The Biggest Complication in Treating Autism

The challenge with treating autism is that its symptoms are so diverse. I can show you a hundred children with autism, and while each may have the core symptoms, they may present very differently. In comparison, a child with depression invariably has depressing thoughts and accompanying behavior — so we treat the thoughts and behavior and we're well on our way to recovery.

How We Conceptualize Autism's Differing Severity Levels

Practitioners formerly used several diagnoses to reflect autism's varying severity, including Autistic Disorder and Asperger's Disorder. With the DSM-V, practitioners now use one diagnosis that encompasses the entire spectrum: Autism Spectrum Disorder (ASD), with specifiers denoting three levels of

severity. A child may be diagnosed with or without intellectual impairment, and with or without language impairment.

Level 1

Requires Support

The mildest, most “high-functioning” form of autism — formerly known as Asperger's Disorder. Children usually speak in full sentences but may struggle to read social cues, obsess over topics, or present as overly bossy. They may try to make friends but not be very successful, and may struggle with organization, planning, and moving between activities.

Level 2

Requires Substantial Support

More obvious problems with verbal and social communication than Level 1. Harder to shift focus between activities. Very narrow interests and repetitive behaviors — hand-flapping, scripting from videos, getting stuck on topics, pacing, or asking the same question repeatedly. Speech is typically simple sentences, with continued struggles in nonverbal communication.

Level 3

Requires Very Substantial Support

The most severe form of autism. Many of the same behaviors as Levels 1 and 2, to a more extreme degree. Problems expressing themselves both verbally and nonverbally make it very hard to function, interact socially, or handle a change in focus or location. Very limited ability to speak clearly, and rarely initiates interactions with others.

Children with autism at all levels tend to be more emotionally reactive — which is part of what makes autism so complex to treat: one child may be nonverbal and socially aloof, another fully communicative but obsessive, another speaking only in fragments.

How Do We Treat Autism?

At HelpForYourChild.com, you'll find posts and videos addressing how we treat autism. To provide effective treatment at any level, we first answer several questions: what behaviors are most problematic, what triggers them, how often they occur, under what conditions, and what tends to help. Once we have those answers, we move into the treatment phase.

Level 1 Interventions

- Practicing social skills via role-playing, rehearsal, and practice at home and during playdates
- Social skill groups with other kids who also have autism, to practice skills and make friends
- Anticipating problematic situations and finding different ways to intervene
- Occupational therapy to address sensory sensitivities
- Broadening interests and limiting access to items of obsession
- Speech/language therapy to enhance pragmatic language and communication skills
- Counseling or in-home services (IBHS) to help manage frustrating situations and reduce emotional outbursts

Level 2 & Level 3

At Level 2, we use the same interventions cited above, with increased intensity given the more severe symptoms — often with greater focus on speech (articulation) and pragmatic language abilities.

Level 3 focuses on responding to prompts and simple directions, paying attention, completing simple tasks, identifying objects, and modeling others' behavior. There's no better way to accomplish these goals than Discrete Trial Teaching (DTT).

The Role of ABA

It's notable that Applied Behavioral Analysis (ABA) has become synonymous with autism treatment. In reality, ABA is a very broad set of interventions used for any behavioral health condition. ABA is often confused with Discrete Trial Teaching (DTT) — DTT is based on ABA principles, but does not represent the totality of what ABA encompasses. Many children respond very favorably to intensive, repetitive, child-friendly in-home or in-school services (IBHS), offered here at Help For Your Child alongside weekly outpatient counseling and medication management.

Medication

Medication can be invaluable in treating some symptoms of autism, including anxiety, repetitive behaviors, and emotional reactions. If your child is receiving services through Help For Your Child, you can schedule a medication consultation with Dr. Robert Lowenstein, M.D.

Take Care of Yourself and Your Relationships

You'll face many demands and challenges as you raise your child with autism. You'll be tempted to blame yourself, but try to accept that your child's condition has nothing to do with your parenting.

As you learn more, you'll feel better equipped, more confident, and less frustrated. Many parents benefit from a support group, and we offer these at Help For Your Child. Family support can also be invaluable — both for the care of your child and for having someone to lean on. A daily devotional with scripture and prayer can be a wonderful way to start the day.

Don't forget to exercise and eat a balanced diet — you need to maintain your fitness to be fully available for your child. And set aside scheduled alone time with your spouse or partner; you two need each other, so nurture that relationship!

Chapter 2 Conclusion

I hope that helps clarify some of the interventions used to treat autism, based on level of severity. Articles, eBooks, and videos on many helpful subjects are all

available at www.helpforyourchild.com.

CHAPTER 3

How We Treat ADHD

ADHD

In this chapter, I'll describe the nature of ADHD, how it's diagnosed, and how it's treated.

What Is ADHD?

ADHD is considered a disorder of the pre-frontal cortex — the most advanced part of our brain — and a subsequent deficiency in executive functions. The pre-frontal cortex is responsible for vital tasks including attention, emotional control, working memory, organizing, planning, shifting attention and mental flexibility, impulse control, and time management. It's hypothesized that in those with ADHD, areas of the pre-frontal cortex are not working to their fullest potential, and the subsequent executive functions tend to be lacking.

What Is the Cause of ADHD?

People are born with ADHD, and the cause is primarily genetic — ADHD tends to run in families. Other potential causes include head or brain injury, exposure to drugs, toxins, or heavy metals (including in-utero), premature delivery, and low birth weight.

What Are the Types and Signs of ADHD?

There are three types of ADHD: Hyperactive/Impulsive, Inattentive, and Combined. Diagnosis requires six or more signs from a category, persisting over time.

Signs of Inattentive Type

- Failing to pay close attention to details or making careless mistakes
- Problems sustaining attention in tasks or play activities
- Often not appearing to listen
- Trouble following through with directives or finishing tasks
- Being less than well-organized; poor time management

- Reluctant to engage in tasks requiring sustained mental effort
- Losing things
- Easily distracted by extraneous stimuli
- Forgetfulness

Signs of Hyperactive/Impulsive Type

- Being fidgety, tapping hands, squirmy
- Often leaves seat when remaining seated is expected
- Often runs or climbs when not appropriate
- Unable to play quietly
- Moving around excessively, always ‘on the go’
- Talking excessively
- Blurts out answers
- Having problems waiting for turns
- Tending to interrupt and intrude

Ideally, these signs should be identified and addressed before age 12 to reduce their long-term impact through adolescence and adulthood.

How Do We Assess for ADHD?

The evaluation process is comprehensive — assessing for signs and symptoms observed over a long period, in multiple settings, confirming the condition is getting in the way of the child's life, and ruling out other explanations. We also look for genetic predisposition.

Is There a ‘Test’ for ADHD?

There is no blood test or medical workup, except to rule out a medical cause. Diagnostic tests measure attention, concentration, impulsivity, hyper-reactivity, and delay in response. These tests are vulnerable to false negatives when the individual performs well, but are quite helpful when results suggest a problem.

How Do We Treat ADHD?

1

Structure

Structure is vital in helping your child with ADHD function to their fullest potential. Our goal is to decrease the structure necessary over time and increase your child's ability to accomplish tasks independently — a slow-but-steady process.

2

Improve Coping Skills

Teach your child to self-monitor and adjust behavior based on circumstances — using visual reminders, lists, and timers. A consistent schedule and routine can become internalized as a coping strategy. Your child can learn to recognize when they're more vulnerable to distractibility and find strategies to work through it.

3

Medication

There may be hesitancy about side effects or effectiveness. Yes, there may be side effects, such as loss of appetite, which should be closely monitored by the prescribing physician with adjustments made as necessary. Most children tolerate medication quite well.

4

Parent Education

Talking with parents about structure — when to lovingly guide a child through a task, and when to set limits and use consequences. Making the distinction between what's in a child's control and what isn't is an important part of effectively managing ADHD.

Take Care of Yourself

Parents often blame themselves for their child's behavioral difficulties. It's important to understand that the situation is genuinely challenging and traditional behavior management approaches often don't work as well here. So take a deep breath, don't be so hard on yourself, and realize your job now is to learn how to effectively parent your child with ADHD. It's a trial-and-error approach, far more hands-on, and can be stressful.

Managing Your Own Expectations

Frustration is based on expectations — if you have proper expectations, you won't get as frustrated. I don't want you to lower your expectations, just make them more realistic for the current situation. We may start a bit less ambitiously and break tasks into smaller chunks: stay in closer proximity, praise along the way, step in to help when your child loses focus, and keep prompting. Over time you'll be able to back off, but oversight will likely be necessary in the meantime. Verses such as Philippians 4:13, “I can do all things through Him who gives me strength,” can literally be a Godsend.

Chapter 3 Conclusion

That provides an overview of the ways we effectively treat ADHD. I hope you found the information helpful. Don't hesitate to reach out to us at hello@helpforyourchild.com with any questions.

CHAPTER 4

How We Treat Emotional Outbursts

Emotional Outbursts

One of the foremost concerns expressed by parents is often regarding their child's emotional sensitivity, overreaction, and subsequent emotional outbursts. It's troubling to see your child struggling, but it's good to know that there are practical, effective strategies to improve the situation.

What Causes Emotional Outbursts?

The causes of emotional escalation tend to be multi-faceted. In my clinical experience, the reasons kids tend to be hyper-reactive and prone toward outbursts include the following, in no particular order.

Genetic Underpinning

If bipolar disorder, panic/anxiety, or severe depression runs in the family, the child is genetically vulnerable to emotional reactions and moodiness — which can stem from genetic predisposition but also from observing heightened emotionality in the home.

A Genuine Underlying Mood Disorder

A depressed child often presents as more irritable than depressed, which can then manifest in outbursts.

An Anxiety Disorder

A child with an anxiety disorder will often display emotion and tantrums when feeling anxious or uncomfortable — a new situation, going to school, or an unexpected change in routine.

An Experience of Trauma

Individuals with PTSD tend to be far more emotionally reactive. When trauma has been evident since early childhood, an underlying personality disorder may be developing, such as Borderline Personality Disorder, whose core symptom is hyper-reactivity.

The Autism Spectrum

Children on the autism spectrum tend to be highly emotional and reactive, at both low and high functioning levels.

The Protocol for Managing Emotional Reactions

- Remain calm (this means you!)
- Validate
- Don't judge
- Practice coping skills
- Therapy / counseling / medication

1

Remain Calm

It's paramount that you remain calm — this can't be overstated. No matter your child's reaction, you must maintain composure and present yourself as calm and in control. I call it being the 'James Bond' of parents — no matter how harrowing the situation, Bond is always calm, and even has a sense of humor. Being "calm" means your voice volume, tone, facial expression, and bodily stance. Two out-of-control people aren't going to help the situation — your job is to model calm, effective problem-solving.

2 Give Validation

A powerful way to help somebody struggling with strong emotions is to validate their feelings. Instead of “why are you getting so upset, it's not that big a deal,” try “I can see that it makes you really upset…” and name the issue. Identify the feeling being conveyed and reflect it back — you may need to reflect four or five times before moving to problem-solving. Validating entails being fully present: eye contact, remaining calm, positioning toward your child, and being fully attentive. Moving to problem-solving too soon, before your child feels heard, will only cause frustration.

> *“Cast all your anxieties on God, because He cares for you.”*
> 1 PETER 5:7

3 Don't Judge

It will help you stay calm if you don't judge your child's behavior. Try to perceive it in a neutral light, with a degree of indifference — it simply ‘is what it is.’ If your child has established issues controlling emotions, it's more reasonable to believe they ‘should’ be acting this way given the circumstances. Not judging also means accepting your child as he is — he's not ‘bad’; he's having difficulty in a particular area, and you're going to help him with that in a nonjudgmental way. This is a process; it won't change overnight.

4 Practice Coping Skills

A coping skill is any strategy you use to cope with your child's behavior, and ways we teach kids to cope with frustration. Practice being responsive rather than reactive. Use positive reinforcement — rewards aren't ‘bribes’; be specific about the behavior you want and reinforce it immediately. Use intermittent reinforcement, planned ignoring, and the PREMAK principle (if/then), while avoiding lengthy punishments. Practice deep breathing, a calm-down room, relaxation techniques, and consistent routine. I'm a proponent of meditating on calming scripture, such as ‘1 Peter 5:7’: “Cast all your anxieties on God, because He cares for you.” Behavioral, individual, and family counseling is very important for building these skills and improving family communication.

5

Medication

For more severe cases of emotionality, outbursts, or self-injurious behavior — when the strategies above are helping but not to the extent we'd prefer — medication can be very helpful. The more severe the emotional escalations, the greater the benefit of medication. Medication works much better than placebo, and many people experience notable relief through prescribed medications.

Chapter 4 Conclusion

There you have a summary of the causes of being overly emotionally reactive, and the steps to help your child. I hope you found this overview helpful. It's typically best to obtain professional guidance, and we're here at Help For Your Child, welcoming the opportunity to provide such support.

Additional Resources

For additional reading on each of the topics covered here, please visit the links below at the Help For Your Child blog.

ADHD

Anxiety

Autism

Behavioral Health

HELP
For Your Child

I hope this resource helps you confidently support your child's behavior and emotional needs, and helps develop their overall potential. Be sure to visit www.helpforyourchild.com for additional resources on these and related topics. Don't hesitate to reach out to us at hello@helpforyourchild.com or (724) 850-7200 with any questions along the way.

Sincerely,

Dr. John Carosso, Psy.D.