
**CHILDREN'S BEHAVIORAL HEALTH
PARTNERSHIP OF TULSA**

2025



SUPPORT AND CONNECT

**A FAMILY GUIDE TO SUPPORTING
CHILDREN'S MENTAL HEALTH**



- Being an Effective Advocate for Your Child
- Does My Child Need Help?
- Where do I start?
- Understanding School Based Supports
- Getting the Right Help for My Child
- How Do I Know if the Treatment is Right?
- Being Prepared. What to Expect If Your Child Needs Inpatient Treatment
- Advocating During an Inpatient Stay
- Keeping the Home Environment Safe
- Managing the Stress
- Keeping Track of Changes
- Preparing for School Re-entry

Throughout this guide you will find additional resources that can be accessed through a hyperlink. Underlined content can also be searched using the key words online.



BEING AN EFFECTIVE ADVOCATE FOR YOUR CHILD



No one can prepare you for everything that comes your way as a parent or caregiver. When we are concerned about our children's behavior it is important to remember that we are in the process of learning. It is hard to not have all the answers!

This is a list of seven things to keep in mind as you advocate for and with your child. You are in this process of learning together.

Talk with your child

Talking to your child about hard topics can be uncomfortable. It is important to create a safe place to have those conversations early, but it's never too late to start.

Pay attention to changes

During times of stress or big life changes, including hormones, you may notice behaviors that worry you. Learning how to support your child as they deal with big emotions can help you to know when to seek professional help.

Talk to other trusted adults in your child's life

Share your concerns with the teacher or other school staff. Reach out to other adults in your child's life. Keep in mind that children behave differently in different situations.

Get involved early

Families benefit from early intervention. Screening and evaluation is available for both mental and educational well being. You can ask your pediatrician, school psychologist, or school counselor for resources in your area.



Develop a plan for your child with your school

Working as a team can help with coordination and open communication. You can work together with the school to determine if further assessments or evaluations are needed.

Take care of yourself

You have a lot to deal with and you need care and support too. Showing self-care is also a good way to model positive mental health for your child. It is important to remember that you can't pour from an empty cup!

Learn all you can

If your child needs professional help it can feel overwhelming. There are supports available to help you learn more about what to expect and how to advocate for your child.

- [Oklahoma Systems of Care](#)
- Accessing care [Parents Guide to Getting Good Care](#)
- Learn the basics: [Mental Health Education-NAMI Basics](#)
- Ask for more support if needed:
[OklahomaFamilyNetwork.org](#), [NAMI.org](#)
- [Understanding an IEP or 504 plan](#)

Does My Child Need Help?

WHEN OUR CHILDREN ARE STRUGGLING, OR THEIR BEHAVIOR WORRIES US, IT CAN BE HARD TO KNOW WHEN TO REACH OUT FOR HELP FROM PROFESSIONALS. REMEMBER, ASKING FOR HELP IS A SIGN OF STRENGTH. THERE ARE RESOURCES AVAILABLE TO SUPPORT YOU AS A PARENT AS YOU WORK TO ADVOCATE FOR YOUR CHILD.



National Parent Helpline

It's normal to worry about your kids. Are they healthy? Are they developing and growing? Are they happy? Are they okay? It's hard to see our children sad or upset, but sometimes we worry because a child's behavior causes issues that negatively affect them, and maybe the whole family. It can be difficult to know when those worries and concerns need action.

Here are some things mental health professionals recommend when deciding if a child needs professional help:

What are the behaviors that worry you?

Take a week and write down concerning behaviors you see. Try to avoid saying things like "They act up all the time!" or "They are uncooperative." Think about specific behaviors, like "The teacher says that they can't wait for their turn to speak," or "They get upset when asked to stop one activity and start another," or "They cry for a long time when their mother leaves the room."

How often does it happen?

If your child seems sad or is not playing with you/others, is it happening once a week or most of the time? If they are having tantrums, when do they happen? How long do they last? Children can experience normal emotions and behaviors like fear, anger, defiance, anxiety, and acting without thinking. It is important to write down how long and how intense these emotions are as they may indicate a need for professional help.

Are these behaviors “typical” for their age?

Children and teenagers show a wide range of behaviors, so it can be hard to tell what is typical or a serious concern. It can help to share your observations with a professional who sees a lot of children—a teacher, school counselor, or pediatrician. They can give you perspective on whether your child’s behavior falls outside of the typical range for their age group.

How long has it been going on?

Concerning behavior that’s been happening for a few days or even a few weeks is often a response to something that has happened. Part of knowing if a child needs professional help is noticing behaviors that are short-term responses, and probably don’t require intervention, and those things that persist over time. Uncontrollable crying before a big test is probably not something that needs professional attention, but crying over daily activities for several weeks possibly does.

How much is it getting in the way of life?

Perhaps the biggest factor for whether your child needs help is whether the symptoms and behaviors are getting in the way of them doing age-appropriate things. Below are some things to consider.

IS IT:

- DISRUPTING THE FAMILY AND CAUSING CONFLICT AT HOME?
- CAUSING DIFFICULTY AT SCHOOL OR WITH FRIENDS?
- CAUSING THE CHILD TO BE UNABLE TO DO THINGS THEY WANT TO DO?
- KEEPING THE CHILD FROM ENJOYING MANY THINGS THEIR PEERS ENJOY?
- MAKING IT HARDER TO GET ALONG WITH TEACHERS, FAMILY MEMBERS AND FRIENDS?

IF SO, THEY MAY NEED HELP.

Where Do I Start?

If you feel that your child's behaviors, thoughts, or emotions might need attention the next step is to consult a professional.

But where should you go?

For many parents, talking to your family doctor is the first step, but medical doctors are not required to have a lot of training in mental health. They may refer you to a specialist. The advantage of going to the pediatrician is that they already know your child and family. They can also do medical testing to rule out possible non-psychiatric causes of symptoms.

BEST PRACTICES IN DIAGNOSING CHILDREN INCLUDE GETTING MULTIPLE PERSPECTIVES INCLUDING: THE CHILD, PARENTS, CAREGIVERS, TEACHERS, AND OTHER ADULTS. ASK FOR A REFERRAL IF YOU ARE NOT COMFORTABLE WITH WHAT YOUR DOCTOR OFFERS OR WOULD LIKE A SECOND OPINION.

There are several types of professionals that offer different specialties

- **School Counselors** work with students and families for student well-being and academic success. Students with mental health and/or learning issues may be referred to a school counselor. The counselor may observe these issues during interactions with students.
- **School Psychologists** are part of a school's crisis and mental health team and provide consultation to parents and teachers regarding intervention recommendations. Additionally, they are responsible for conducting special education evaluations to determine if a student qualifies for IEP services due to a mental health disability.
- **Developmental and Behavioral Pediatricians** are pediatricians who have additional training in evaluating and treating developmental and behavioral problems. Their expertise may make them a good choice for children with complicated medical or developmental problems.
- **Licensed Mental Health Professionals** are trained to assess the needs of a child and their family, diagnose mental health conditions, and develop a treatment plan with the family. They are often the first person a child will see if they are having problems at school.
- **Child and Adolescent Psychiatrists** are medical doctors with specialized training both in adult psychiatry and diagnosis and treatment in young people. They are equipped to diagnose the full range of psychiatric disorders recognized in the Diagnostic and Statistical Manual (DSM).

Understanding School Based Supports

Not all children who struggle with mental health and behavioral issues will need additional support in the classroom, but it's important to be aware of the resources available. Schools can use assessment results from an outside mental health/medical provider or can conduct an educational evaluation to determine if a child is eligible for accommodations in school or special education services.

Navigating through the special education process can be overwhelming and complex, yet nearly 17 percent of students enrolled in Oklahoma's school are utilizing Special Education services. You don't have to go it alone!

- The Oklahoma Parents Center is a statewide non-profit organization whose mission is to educate and support parents, families, and professionals in building partnerships that meet the needs of children and youth with the full range of disabilities ages birth through twenty-six.
- The Oklahoma Parents Center staff is available to work with service providers and schools, as well as advocate for your student or yourself. Our goal is to give you the knowledge, skills, support, and tools you need to be the best advocate you can be!
- For more information please visit: <https://oklahomaparentscenter.org>

Learn more about
IDEA, Section 504 at
OSDE Education
Resources



Getting the Right Help for My Child

Throughout the evaluation process, parents should be involved and ask many questions. It's important to make sure you understand the results of the evaluation, your child's diagnosis, and the full range of treatment options.

- If you are not sure about the diagnosis or treatment plan, ask for a second opinion.
- If the child and/or family is having difficulties understanding a diagnosis or treatment plan due to a language/cultural barrier, seeking a second opinion from a culturally competent and culturally sensitive clinician is recommended.
- If you do not feel that the clinician is the “right fit”, share that with the provider and ask for a referral.

What questions should I ask?

Before a child begins treatment, parents may want to ask the following:

- What are the recommended treatment options for my child?
- How will I be involved with my child's treatment?
- How will we know if the treatment is working?
- How long should it take before I see improvement?
- Does my child need medication?
- What should I do if the problems get worse?
- What are the arrangements if I need to reach you after-hours or in an emergency?

From the American Academy of Child and Adolescent Psychiatry
Advocating for your Child



How Do I Know If the Treatment Is Right?

Treatments can vary, and no two children's needs are exactly the same. There are some general best practice standards and questions to ask your doctor to make sure the care your child is getting follows those standards, whether the treatment involves behavioral therapy, medication, or both. From

[The Parent Guide to Getting Good Care](#)

- **Treatment should have a goal.** How will your child's mood or behavior respond to the treatment, and how will those changes be measured?
- **Treatment should be evidence-based.** Your provider should tell you what research supports the use of this treatment, and how effective it is for the symptoms.
- **Your practitioner should have expertise in using this treatment.** The best treatments are delivered by professionals who understand the evidence and have clinical experience to inform their knowledge.
- **Children vary widely in their responses to medication.** Only careful changes in doses and timing will establish the most effective dose, as well as whether or not the medication works for your child, and how well it works.
- **A child taking medication should be closely monitored as they change and grow.** As children develop, their response to medication can be expected to change. Guidelines vary, but a rule of thumb is that 6 month check-ins are best practice, with more (and sometimes much more) frequent visits when a new medication is started, an old one is discontinued, or a dosage is changed.
- **Your child should feel comfortable with the clinician.** The child needs to be able to share their thoughts and feelings, and if they are engaged in behavior therapy, trusting the clinician is essential for them to make progress.
- **You should have good communication with your child's clinician.** To get good care for your child, you need to feel comfortable sharing your observations and concerns with your clinician, and know that they are being taken seriously.
- **You should be involved in behavioral treatment.** Evidence shows that the most effective behavior treatments give parents a role in helping children get better. Your clinician should be enlisting your help to continue treatment outside sessions.
- **Those involved in your child's treatment should work together.** Children do best when the specialists involved in their care are in touch with each other, sharing information, and agreeing on goals and the steps to achieve them.

Being Prepared

What to Expect If Your Child Needs Inpatient Treatment / Emergency Hospitalization

Crises can occur even when treatment plans have been followed and mental health professionals are actively involved. It is important to be prepared because warning signs of a crisis are not always present.

A mental health crisis is any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from caring for themselves or functioning effectively in the community.

[Navigating a Mental Health Crisis](#) [Parents Guide to Emergency Hospitalization](#)

[Oklahoma Crisis Response](#)

Urgent Recovery Center (URC)

Offers rapidly scheduled assessment by team to determine best treatment options and to offer immediate counseling and guidance from trained staff; typically less than 24 hour stay.

Crisis Stabilization Unit (CSU)

Offers short term residential treatment for mental health stabilization in a trauma-informed model, educational groups to improve coping skills, individual and family therapy, psychiatrist review, coordination of follow-up care; typically 7 day stay; individuals without immediate danger may be served, but would need to be willing to receive services.

Psychiatric Hospitalization

Offers both short term residential mental health stabilization within a psychiatric and trauma-informed model, educational groups to improve coping skills, individual and family therapy (typically 5-7 day stay). Some locations also offer longer-term residential care (depending on need).



What to Expect When Admitting Your Child

Maintaining Safety

- Someone will sort through your child's belongings and decide what can and can't stay on the unit. The following are not allowed:

Anything metal, sharp, or made of glass
Belts, drawstrings and shoelaces
Phones and wallets are usually not allowed

- Most hospitals do a body check or "search" so that the hospital has a record of the patient's wounds and scars prior to entry.

What to expect when visiting

- The psychiatric unit will likely be locked with a two-stage door system.
- You will need show ID to enter for visits. Phones with cameras are usually not allowed.
- A nurse on the unit will ask you whose names should be placed on the visitor/call list. In most cases, it is best to limit these contacts to family members who are supportive and mature enough to manage any distress the child may experience.
- You will also be asked to formulate a "code" to verify identity and maintain confidentiality. If you add other family members, you will need to provide their contact number. You will also need to provide the family member with the derived "code"...without the code, they will not be allowed contact.

You don't need to come every day, but visitation is typically encouraged. Many providers will ask you to wait 24-48 hours before visiting to allow your child to settle into a rhythm and to allow any anxieties to subside. If you wish to bring food (which your child will likely ask you to do), ask a nurse or staff in advance about what's allowed so you don't promise something you can't deliver.

Ask what circumstances the hospital will reach out to you. Usually there are only three situations that trigger a phone call:

MEDICATION CHANGE

They want to add to or change your child's medication and need your permission to do so. They will only contact you for new meds, not for subsequent increases or decreases in dosage. Most hospitals will not call you to discontinue a medication, only to add a new one. If you receive a call regarding a new medication, it will likely be from a nurse on the unit, and they will be willing to provide information on rationale for the medication as well as any typical side-effects.

TO SET UP A "FAMILY MEETING"

Depending on the typical length of stay, this might happen several days or even a week before the actual discharge*, because it takes a while to put plans in place. Most therapists assigned to care for your child will also reach out to provide feedback on growth or struggles being faced. "Family" in this case means the parent or caregiver, the child, and a therapist. Take notes at the meeting, or bring someone (spouse or relative) to take notes for you.

YOUR CHILD HAS BEEN INVOLVED IN AN "INCIDENT"

This may be a physical accident (rare), injury caused by another patient (rare) or notification that your child was taken to a seclusion room because they became violent. If you get a call like this, ask for details. Write the account down in a notebook, record the date of the call and the name of the person calling. It will likely be helpful to call later and speak to your child to get their version of the story; however, in most cases, the team will be working to de-escalate your child and will ask you to delay contact until they are in a safer space to talk.

*If you did not already have an outpatient therapist, the inpatient discharge planner will coordinate scheduling future therapy. Most inpatient care facilities prefer to have an outpatient appointment within the first week following discharge. If you don't have one currently, explore your options so you can make an informed choice. The discharge planner should refer you to an outpatient provider. You may want to check with your child's school to see if they might have an appropriate mental health therapist who could work with your child once your child returns to school.



What To Expect Once Your Child Is 'In'

The key thing to understand is that the sole purpose of an inpatient stay is to stabilize your child enough to be discharged to outpatient care.

In other words, the goal is not to “fix” everything.

Once the doctors have visited with your child (you won't be there when this happens), they will come up with a working diagnosis.

Try to avoid the urge to become overly focused on this diagnosis. With children, many times a diagnosis of depression does not mean they will face chronic depression for the remainder of their life. This is an opportunity to have some feedback and guidance.

What they provide is:
structure,
medication, and
monitoring

It is also a chance for your child to build an awareness of their mental health. They may use the time to identify specific traumas experienced and help to formulate a plan for safety in the future.

**REMEMBER, THE GOAL ISN'T TO COMPLETELY RESOLVE ALL
ISSUES,
THE GOAL IS TO GET YOUR CHILD STABLE ENOUGH TO MOVE
TO OUTPATIENT TREATMENT, WHERE THE LONG-TERM
WORK TAKES PLACE.**

Rules and Privileges

There will be many guidelines and rules about unit actions. Many of them will likely be the topic of your conversation with your child. Most psychiatric hospitals use some kind of system in which the children earn privileges if they comply with expectations. Your child might gripe about them, too. Your job is to support your child learning a different way of doing things. If unsure about a treatment protocol, just ask.

Medication

If your child already has a psychiatrist, there may be communication between them, but the psychiatrist in a hospital must agree with the medications, as they are the treating physician at the time. Typically at discharge, you will be asked to sign a Release of Confidential Information to facilitate communication with the outpatient provider.

Things to ask about medications (and take notes about)

WHY IS THE DOCTOR CHOOSING THIS MEDICATION? WHAT ALTERNATIVES ARE THERE? IF YOU HAVE FAMILY MEMBERS WITH SIMILAR PROBLEMS, TELL THE DOCTOR WHICH MEDICATIONS HAVE BEEN EFFECTIVE AND WHICH HAVEN'T.

HOW LONG WILL IT TAKE BEFORE THE MEDICATION KICKS IN? A FEW PSYCHIATRIC MEDICATIONS ARE EFFECTIVE THE SAME DAY. MANY TAKE A WHILE TO TAKE EFFECT. YOU MAY ALSO WANT TO ASK WHAT HAPPENS IF THE DOCTORS DON'T SEE THAT EFFECT. CHANGES MIGHT NOT BE VISIBLE UNTIL AFTER YOUR CHILD LEAVES THE HOSPITAL- MAKE SURE YOUR CHILD'S OUTPATIENT PSYCHIATRIST IS GIVEN THE DISCHARGE SUMMARY.

KEEP GOOD RECORDS OF WHAT MEDICATIONS YOUR CHILD IS ON, WHEN DOSAGES CHANGE, AND ANY NOTABLE CHANGES IN BEHAVIOR. ASK THE DOCTOR FOR HELP IDENTIFYING MEDICATIONS TO REMOVE OR SECURE IN THE HOME, ESPECIALLY IF YOUR CHILD HAD BEEN SUICIDAL OR HAD THOUGHTS OF SELF-HARM.

WHAT ARE THE COMMON SIDE EFFECTS? HOW LONG DO THEY TEND TO LAST? YOU SHOULD ALSO BE TOLD ABOUT ANY DANGEROUS BUT RARE SIDE EFFECTS, WHEN THESE ARE LIKELY TO SHOW UP AND WHAT THEY LOOK LIKE.



What to Do While Your Child Is Inpatient

You are likely to have many intense feelings about having a child in a psychiatric hospital—including shame, guilt, fear, anger, sadness and yes, relief. You will be better able to help your child if you allow yourself to feel and process these emotions. Your family's mix of feelings will likely be different than yours. You're all allowed to feel what you feel.

What to do if they complain



There is an extremely valuable life lesson that your child might learn...if you have the strength to let them. In life, there are always rules and privileges, and in many cases we don't agree with them all. Many children struggle to learn to tolerate their own distress... this may be what led to hospitalization.

- It is perfectly okay to empathize and validate frustrations (“I’m sorry, that does kind of stink. Can you talk to anyone about it?”). It is also helpful to encourage them to use coping skills, and to recognize they may have to accept that they can’t change it. Learning this could be a strategy that will help in the future with the many issues they will face in their lives.
- No matter what you are feeling, remind yourself that you want your child to be safe now and in the future.
- Be sure to take care of yourself and be ready for phone calls or contact. If they sense that you are worried about them, you will likely increase their anxiety rather than calm it. It is okay to be concerned and to speak up, but remember you are asking your child to make healthy, safe decisions...lead by example.



Phone calls- Be prepared

Children often feel ashamed, confused and scared about being in a mental health facility. Because they are kids, they are likely to take their feelings out on the person they love the most, the person who is safest: you.

You will not be the first to be called the worst parent in the world, nor the last to receive a “How could you do this to me?!?” Try not to take it personally, even when it’s addressed to you. Regardless of your fear that they’ll hate you for the rest of their life, they probably won’t. So when you receive a phone call, or hear yet another heart-wrenching plea to get them out of there, breathe, and remember that you can take the heat now.

You can try to reason with your child, but don’t expect to get far. Remember to trust the process.

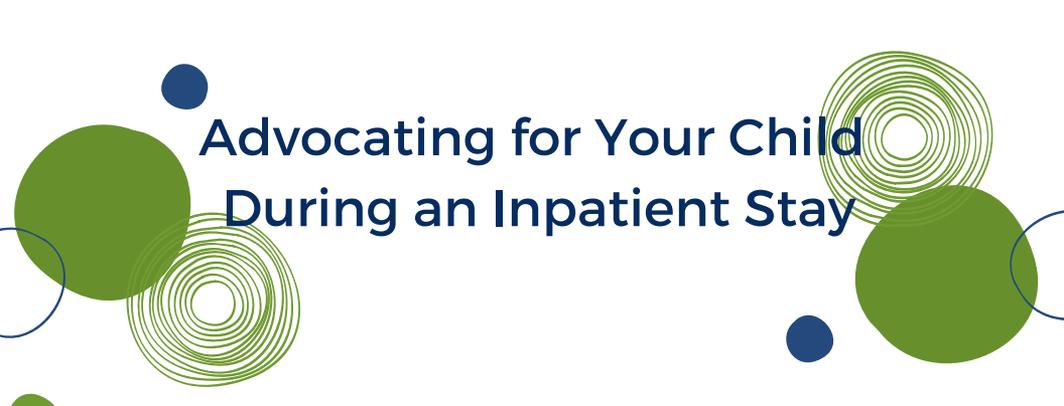
LOGIC IS RARELY EFFECTIVE AT SOOTHING EMOTION.
You’ll probably make the most progress by acknowledging and empathizing with their underlying feelings.

TRY PHRASES LIKE:

“It sounds like you’re really scared.”
“You must be really angry that you have to be there.”
“I’m so sorry it’s so rough. I love you enough to let this work.”

Phone calls are scheduled at certain parts of the day and can be limited in the amount of time that can be spent on the phone.

Knowing that phone calls are limited, parents can prepare themselves to receive those calls.



Advocating for Your Child During an Inpatient Stay

If you've had experience with other types of hospitals, you know that it's possible to encounter some sort of aggravating glitch in care. You may have to advocate for your child.

As a parent, your own emotions are also running on overdrive. You will need to use caution to avoid overreacting or jumping to conclusions. If your child relates an event that has distressed them or seems to have been handled badly, take notes on their version of what happened.

Remind yourself that your child is in a new environment, and the perception of what occurred may not be accurate. This will help you approach staff with an open mind.

- Ask questions like “My child seems upset about what they say took place with _____. Can you tell me about that?” You will get more information this way than if you start with accusations.
- Pay attention if your child is triggered by a particular staff member that reminds them of someone from their past. This becomes a therapeutic nugget of gold, because it allows a current circumstance to teach them about the past.
- Be pleasant, form alliances with as many staff as possible, get to know people by name.
- Take lots of notes. If you have a concern and you've spoken up about it several times and still aren't getting a response, put it in writing.
- Be direct with staff that are present and respond to you, but if you run into a roadblock, ask for a shift supervisor or if you can follow up with an administrator.

As with any other type of hospital visit, it is easier to find out what is going on if you take good notes and keep the communication going.

Getting Ready to Go Home

Discharge planning starts at admission

- Depending on the length of treatment, the discharge discussion takes place several days or even a week before the actual discharge. The treatment team will use many factors in determining when it is time for discharge, and ethics require that all individuals are treated in the “least restrictive environment”.
- There will be many issues that are not fully resolved, but the goal of hospitalization is stabilize and return to the community. This is “Best Practice” since being away from family is typically difficult for children.
- Ask about being referred to [Systems of Care](#)

Do not take a “wait and see” approach with recommendations.

- The recommendations have been made by professionals in the mental health field and are an important component to ongoing care and support for your child. Also, many pediatric specialists are booked out for months, so scheduling appropriate appointments as soon as possible is crucial for successful discharge planning.
- Ask for a copy of the discharge paperwork at the time of discharge to ensure that you have the records needed for scheduling discharge follow-up care in the event that the facility-to-facility fax isn’t sent/received.

Family approach

- It is important that the whole family is open to the therapeutic process. Try to address the stance of “I don’t need therapy, they are the one with the problem”. A child will be far more successful in implementing new skills and coping techniques if the family is all working together rather than pointing fingers. Learn more about [Wraparound Services](#).
- There are wonderful resources for families to help with this transition and ongoing support.

[NAMI Family Support Group](#) and [Oklahoma Family Network](#)

Fears and concerns

If your initial reaction to the idea of discharge is a screaming “Nooooo!” you will want to pause and examine what’s going on in your head.

On the one hand, you may be remembering how bad things were before the hospitalization, and you may feel unsure about what life will be like in the next phase. Then again, your reaction may be spot-on intuition that your child truly isn’t ready.

- Make sure you articulate any specific concerns to the doctor or therapist.
- Alert the doctor if your child has indicated that they still want to harm themselves.
- Talk to the staff if you suspect your child is lying in order to get out.

Some parents become upset because the hospital wants a longer stay than feels strictly necessary. Ask why they want this.

Common reasons are:

- A follow-up plan of care isn’t in place yet.
- The doctors feel it isn’t safe to discharge your child until they have met certain conditions.

You will want to ask about how well your child is participating and how they are acting on the unit each day.



Re-entry might be hard

You will need a lot of patience for the next week or two. Remember that your child is not cured, and no matter how much you want this ordeal to be over, you can't expect them to behave as if they are all better, or even mostly better. The hospital has only stabilized them enough to allow them to move to outpatient care.

**YOU WILL NEED TO REMIND YOURSELF (REPEATEDLY)
THAT A MOMENT OR DAY IS NOT A LIFETIME.**

THIS IS HARD. FOR ALL OF YOU.

The first time your child acts the way they did before hospitalization you may leap to the conclusion that you are right back where you were before.

**This is not true. Breathe deep. Try not to freak out. Stay patient.
Ask for help from friends and loved ones.**

It is often helpful to

- develop a collaborative plan* for the next week. Include what to do when things become overwhelming, ways to ask for help, warning signs that things are going down hill again, and some positive, focused steps to try to achieve.
- schedule a time to review the plan, say after the first week, and to discuss what worked, what didn't, and other ideas of what might work.

*Involving your child in the plan is critical. Involvement leads to buy in and helps empower your child to take some control in their life. This helps your child avoid feeling hopeless, powerless, and desperate.





Keeping the Home Environment Safe

The hospital hopefully gave you guidance on how much supervision your child will need upon returning home.

THINGS YOU WILL WANT TO DISCUSS WITH YOUR WHOLE FAMILY AND YOUR CHILD'S TREATMENT TEAM:

- HOW LONG CAN YOUR CHILD BE LEFT ALONE?
- HOW QUICKLY CAN THEY RESUME NORMAL ACTIVITIES?
- ARE VISITS TO FRIENDS' HOUSES OKAY? (IT MAY BE BETTER TO ARRANGE ALL VISITS AT YOUR HOUSE FOR A WHILE.)
- HOW DO WE TRANSITION BACK TO PREVIOUS LEVELS OF INDEPENDENCE?

You may feel the strain of the level of supervision required. Work with trusted friends or family to provide some respite. If you need support, reach out for help.

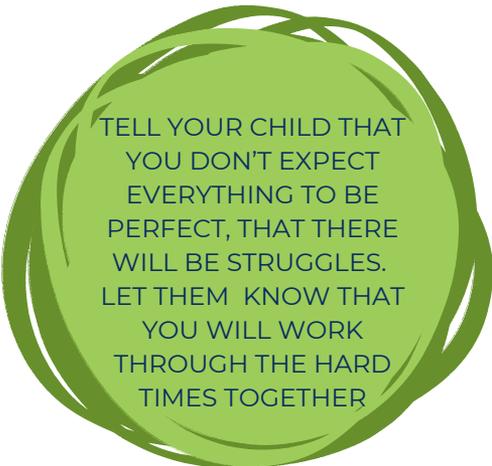
[Oklahoma Family Network](#)

The fact that reentry feels endless doesn't make it endless. You can get through this. Figure out how to process your own feelings and reach out to your child's treatment team for help.

Managing the Stress

Your child is going to be just as scared about failing as you are, if not more. Although neither of you may have thought of it this way, life in the hospital was actually much simpler than life at home. So arriving home — while definitely a good thing — is also stressful. There is less structure and far more temptations. Home is a place of old habits and family expectations. The stress level for your child will be higher.

4 Tips to help you lower the stress level:



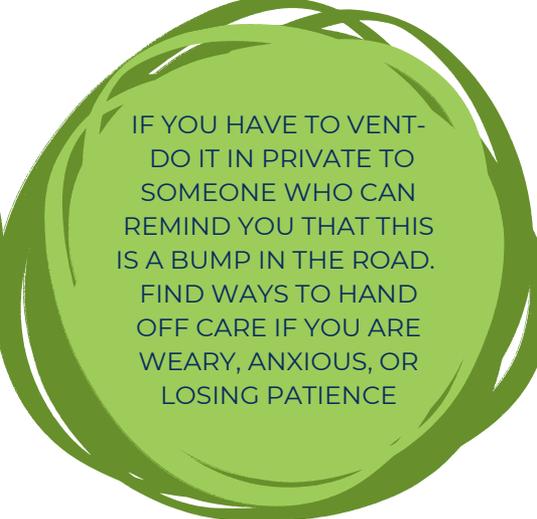
TELL YOUR CHILD THAT YOU DON'T EXPECT EVERYTHING TO BE PERFECT, THAT THERE WILL BE STRUGGLES. LET THEM KNOW THAT YOU WILL WORK THROUGH THE HARD TIMES TOGETHER



OFFER EMPATHY, TONS OF EMPATHY, AND CREATURE COMFORTS: FAVORITE MEALS, A CUP OF TEA, A STUFFED ANIMAL, SOME SOOTHING MUSIC



STEP BACK FROM YOUR OWN EXPECTATIONS AND EMOTIONS, AND STAY AS COOL AS YOU CAN. THIS WILL HELP A LOT MORE THAN SCREAMING AT YOUR KID IN FRUSTRATION



IF YOU HAVE TO VENT- DO IT IN PRIVATE TO SOMEONE WHO CAN REMIND YOU THAT THIS IS A BUMP IN THE ROAD. FIND WAYS TO HAND OFF CARE IF YOU ARE WEARY, ANXIOUS, OR LOSING PATIENCE



What to Watch For

If your child had a suicide plan or attempt, the greatest likelihood of a repeat attempt is within the first three months. Your task will be to figure out how to monitor your child's mental state without being overbearing- and without dissolving into your own puddle of worry.

Here are three suggestions to help:

1. **Manage your own anxiety.** If you need to talk to your own therapist do so. Find ways to take care of your mental health.
2. **Keep lines of communication with your child open.** Refresh your memory of good techniques for talking with your teen.
3. **Ask for guidance on what to do if your child tells you they still have thoughts of self-harm.** Talk to your child's therapist for tips. Knowing the difference between passive and active suicidal ideation can help you stay calm and practical.

The outpatient team will probably ask to set up additional therapy and psychiatry appointments for a period of time.

Keeping Track of Changes

One thing that will help both you and the doctors is to start a journal or log. A log creates an objective measure of what you're seeing and how often you're seeing it, which helps when you are dealing with a lot of emotions. Plus, when your gut is telling you something is wrong, or that your child is getting worse instead of better, it's much easier for a doctor to understand your concerns when you provide actual observations.

Write it down:

WHAT MEDICATIONS ARE BEING TAKEN AND WHEN DOSAGES CHANGE. IT IS HELPFUL WHEN DISCUSSING SIDE EFFECTS, ESPECIALLY WHEN THEY DON'T HAPPEN FOR SEVERAL DAYS OR WEEKS

WHAT SYMPTOMS YOU ARE SEEING, AND HOW OFTEN. IF YOUR CHILD HAS MELTDOWNS, RECORD HOW MANY, HOW LONG THEY LAST, AND HOW SEVERE THEY WERE.
IS THERE A PATTERN?

CHANGES IN ROUTINE AND OUTSIDE STRESSORS. NOTE ANY BIG CHANGES: SCHOOL SCHEDULE, FAMILY STRUCTURE, AS WELL AS ARGUMENTS WITH FRIENDS OR EVEN THE DATES OF YOUR CHILD'S MENSTRUAL CYCLE

THINGS YOUR CHILD SAYS OR DOES THAT WORRY YOU. CREATE A "DAY IN THE LIFE" ACCOUNT FOR THE DOCTOR. WRITE DOWN EVENTS AND ACTUAL QUOTES TO SHARE WITH YOUR CHILD'S THERAPIST.

Visit the Oklahoma Family Network Training page to learn more about creating a [Care Notebook](#)



Preparing for School Reentry

Another stressful point in returning home may be reentry into school. During their time in the hospital your child would have attended school for only a couple hours per day in a small group setting. Regular school may be difficult for your child and it is important to take steps to make the transition as smooth as possible.

Steps to help the process:

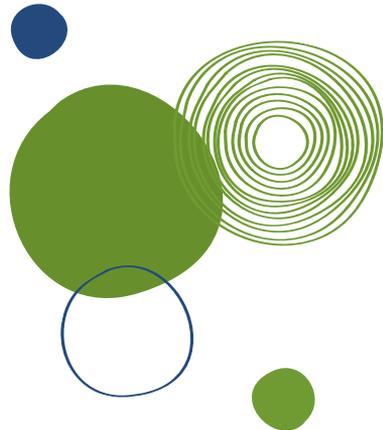
- **Contact the school and ask for a transition coordinator to facilitate the process on the school's end.** This person can talk with the hospital and coordinate for the school. This role is usually done by the School Counselor or School Psychologist. If your child has an IEP, their Special Education Teacher or Coordinator may fulfill this role.
- **Ensure all needed paperwork is signed to share information.** The hospital, the outpatient therapists, and school are not able to speak to each other without your written permission. Ensure that releases are signed prior to or at discharge.
- **Request a meeting with the school prior to reentry** to review the discharge recommendations and update the school personnel on the treatment goals. As a team, you will need to continue working to help your child meet their treatment goals.

-
- Work with the school to develop a crisis plan, including specific signs that your child may be experiencing another crisis.
 - Set a plan for addressing long-term absence and missed work, and allow for adjustments in classwork/homework upon return
 - Ask the school to assign a trusted adult who is able to check-in with your child as needed. This will likely include daily check-ins initially.
 - If not already in place, discuss with the school if there is a need to evaluate your child for a 504 plan or IEP. Make sure to re-evaluate any existing plans.
 - Develop a home-school communication protocol with clear expectations regarding how you and the school will communicate progress.

Resources:

[Transitioning from Psychiatric Hospitalization to Schools \(UCLA\)](#)

[Working with Students Returning from a Mental Health Crisis \(OSDE\)](#)



INFO & TRACKING FORM

HOSPITAL CONTACT:

SCHOOL CONTACT:

OUTPATIENT/FOLLOW UP CONTACT

FAMILY SUPPORT

OTHER SUPPORT

MEDICATION (INCLUDING START DATES AND DOSAGES):

SIDE EFFECTS, OBSERVATIONS AND QUESTIONS:

COMFORT/SUPPORTS:

THINGS TO TALK TO THE SCHOOL ABOUT

THINGS TO BRING UP WITH THE THERAPIST



CREATED IN COLLABORATION

2025



The Children's Behavioral Health Partnership of Tulsa provides leadership and ongoing collaboration to support an accessible system of care for children, youth, and families, ensuring emotional, behavioral and social wellness by promoting family-driven integrated comprehensive services.

THANK YOU TO ALL OF THE
COMMUNITY PARTNERS THAT ASSISTED
IN CREATING THIS GUIDE.

FOR MORE INFORMATION
**[MHAOK.ORG/ABOUT/CHILDRENS-BEHAVIORAL-
HEALTH](https://mhaok.org/about/childrens-behavioral-health)**