**Introduction Evidence Based Psychotherapy Sub-series**

Hi, my name is Dr. Corinne Webb, and I am one of the Child and Adolescent Psychiatry fellows at the University of Iowa Hospitals and Clinics. Today, I am going to give you a basic introduction to therapy for children. I’ll try to address some of the most common questions that we get from parents about their child’s therapy in the clinic. In the following podcasts, some of my colleagues will address different types of therapy that have been studied in children and teens.

So, what is therapy for my child supposed to look like? What actually happens during therapy when my child goes into meet with the therapist? How am I supposed to know if the therapy is working or not?  These are questions that often arise in conversations with parents in our office.  We are going to try to answer some of these questions today and more.

Sometimes we hear from parents or kids that the first few sessions don’t have much therapy in them. Instead, they are focusing on getting to know the patient and working to understand what the goals of therapy are. Some examples of goals we often address in therapy include things like reducing social anxiety or improving your child’s mood over time. Also, you and the therapist may help define together what you would expect to be different when your child does start to progress through therapy. For example, if you are looking to improve separation anxiety, you might expect to see differences like the child may be able to separate from a caregiver with less intense worry or may be able to calm down more quickly after separating. Just like you might make goals for tasks at your work, this is how we try to make goals for therapy based on the parent’s and the child’s wishes.

I also want to make sure parents know is that there should be some way of measuring your child’s progress. You should be able to ask your child’s therapist how they are measuring improvement for your child. For example, if your child is receiving therapy for anxiety, we often use rating scales at the beginning of each session of therapy. This might be as simple as a 10-point scale or a picture of a meter on which kids give ratings of mood, anxiety, etc. or whatever they are trying to address in therapy. Over time, the goal would be to continue to see decreases in anxiety on these rating scales.

Also keep in mind that progress is rarely linear and constant. Your child may have periods of quick improvement followed by plateaus, or you may not see any improvement for a long time before one week it seems to just click. This is mostly to say that there are many paths to improvement in symptoms, but it is important to know how your therapist is measuring progress of your child and providing you updates on their progress.

As well, there should be some general timeline that is understood by the therapist and the parents. For example, some evidence-based treatments such as cognitive behavioral therapy are highly manualized, and the therapist should be able to give a range of sessions that they aim for this treatment. This is not to say that the therapy will be limited to this many sessions if you, your child, and the therapist agree that your child may continue to see benefit from additional therapy work. This discussion can be brought up again. However, it is important to understand what the general timeframe for therapy will be.

The next question that I often hear in my office is “how much am I supposed to know about what happens in my child’s therapy?”  Some parents feel that they know very little about what is discussed. If this is a concern of yours, we would encourage you to ask any specific questions that you have about what types of information would be kept private versus shared with the parent. Confidentiality is limited if the patient is a danger to him or herself or others, if the therapist learns that others are hurting your child, or if court mandated to release information. Nonetheless, parents should generally aware of what is being discussed in therapy in most cases. With younger children, we tend to have better outcomes with parent involvement. As kids get older, they may spend more time one-on-one with the therapist, rather than having the parents involved as much. Regardless of how old your child is, you should expect somewhat regular updates or involvement in the process.

The next question that we will try to answer is “there are so many therapies out there -- how do I know which one to choose?”

This is where we feel that we can provide some help. This section of the podcast in general emphasizes the evidence-based therapies for different mental health needs. We would advocate for using an evidence-based therapy before trying other approaches. That is not to say that therapies with less testing or evidence behind them will not work for your child. There are likely many approaches that will work.  That being said, you are spending your time and money on therapy. We would recommend that you ask to have an evidence-based treatment used first before trying others. If you want to try other approaches after that with a smaller research base, that is completely fine. Let’s just try what we know works first.

These are just some of the questions that parents often bring to us in the clinic. There are certainly many, many more questions that you likely have about the therapies themselves. My colleagues will address some of the therapies that have the most research behind them in the following podcasts below.

Since we cannot cover all of the evidence-based approaches in this series of podcasts, we would like to provide some website links related to evidence based practices for therapy as well. One of the websites I like to reference is Effective Child Therapies.org. The website for this is: <https://effectivechildtherapy.org/therapies/>. On this website, they have links to further descriptions of evidence-based therapies. Some of these overlap with therapies others are talking about in the podcast such as cognitive behavioral therapy or family therapy. There are also links to resources that we won’t have time to discuss such as motivational interviewing and organizational skills training. This website also has brief informational videos of what a typical therapy session might look like for some of these therapy methods.

We hope this has been a helpful introduction to therapies for children and adolescents. Please feel free to click on the podcasts below for more information on specific evidence-based treatments from my colleagues. I also want to take a moment to thank Dr. Jamie Elizalde, Dr. Beth Troutman, Dr. Laura Fuller, Dr. Erin Olufs, Dr. Todd Kopelman, and Dr. Kelly Pelzel for the help in providing their expertise as our staff psychologists who teach and give therapy at University of Iowa Hospitals and Clinics. They have helped make this introduction to therapy portion of the podcast possible.