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Sometimes, despite your best efforts to help your child and your other children adjust to the circumstances, you or other family members may hit emotional roadblocks. It might involve you and your partner, your ill child, or one of your other children. In this case there are specially trained psychosocial professionals whose role it is to look at the situation, to help out, and to support you and your family in whatever way you need.

You might consider a consultation in any of the following situations. If your toddler or young child:

- Appears withdrawn, depressed, anxious, agitated, or angry over several weeks.
- Is head-banging or having prolonged, inconsolable tantrums.
- Is having particular difficulty with procedures.
- Is refusing to take all medications.
- Is behaving very differently from before diagnosis, over several weeks.

If your older child or adolescent:

- Appears withdrawn, depressed, anxious, or angry over several weeks.
- Is refusing to go to school or speak with friends.
- Is refusing to take medications.
- Is having serious difficulty with procedures.
- Is using alcohol or nonprescribed drugs.
- Is taking major risks like staying out late at night or ignoring doctor's orders.
- Seems very different from before diagnosis.

If your child of any age:

- Appears very depressed or gives any hint of suicidal thoughts.
- Is so anxious that his or her ability to make use of any coping strategies is severely limited.
- Is so out of control during medical procedures that he could hurt himself, you, or a staff member.

If any of your other children:

- Shows dramatic changes in behavior or mood (positive or negative) that have continued over several weeks and are getting more pronounced rather than slowly improving.
- Has major changes in sleeping or eating patterns.
- Makes repeated statements that suggest a serious misunderstanding of your sick child's condition or serious ongoing concerns about his or her own health.

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- Shows major changes in behavior or school performance as reported by teachers or in his or her peer relationships that have continued over several weeks and appear to be getting worse rather than abating.
- Demonstrates increased reluctance to go to or stay in school.
- Has increasing and serious separation anxiety when not with you.

If you and your partner or expartner:

- Are having serious difficulties with each other, with the medical team, or in dealing with your child.
- Feel depressed, are very anxious, or have other concerning psychiatric symptoms or behaviors.

Other times to consult with a psychosocial clinician:

- If your child gets worse and your family is experiencing considerable stress and conflict.

PSYCHOSOCIAL CONSULTATION

If the psychosocial staff member is not part of your medical team, you will need to tell your child's primary doctor or nurse that you want a consultation. If the medical staff are requesting the consultation, they will have explained their reasons and whom you will be seeing. If a psychosocial clinician is on your medical team, request a special meeting. The clinician will likely meet with you before meeting with your child to discuss your or the staff's concerns. You can prepare yourself for the meeting by making a list of your own concerns and what you have done so far to address them. You can also think about how your child has reacted in previously stressful situations and what has helped in the past. Say what you think is contributing to the worrisome behavior. Describe to the clinician what you see as your child's strengths and his interests before his illness. You can discuss positive and negative interactions with medical staff and how you think the medical staff could help in the current situation. If your concerns relate to you, your partner, or your other children, again describe how you have tried to address them. Be sure to tell the clinician of any past family history that is contributing to current stresses. Find out which in-hospital supports there are for other family members or whether the clinician could help find an appropriate community resource. Sometimes an in-hospital psychosocial clinician would be available to meet for one or two sessions, but not on an ongoing basis.