My Child Is in Therapy… Now What?

A Sanity-Saving, Role-Clarifying, Growth-Supporting Guide for Real Parents in Real Families

Welcome to the Part After the Intake Forms

You made the call. You completed the paperwork. You got your child to the appointment. Now you are in the car afterward, wondering whether to ask a question, offer a snack, or maintain a respectful silence until everyone has eaten.

Maybe your child is getting help for anxiety, depression, OCD, trauma, attention difficulties, or emotional and behavioral challenges. Maybe therapy is addressing specific needs alongside autism or another developmental difference. The goals should fit your child, not aim to make them a different person.

> **Now what, at home, when you want to help but do not want to turn every hard moment into a therapy assignment?**

Your role is to support the work, share useful information, and help create conditions for change. You do not have to become your child’s therapist.

One appointment is part of a larger life

Many opportunities to practice happen outside sessions: getting ready, handling disappointment, asking for help, or trying something difficult. Parents can help skills carry into daily life, but responsibility for treatment is shared with the clinical team. [1]

> **“What would be useful for us to practice at home, and what should I leave to you?”**

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Involved Does Not Mean In Every Session

How much should I participate?

That depends on your child’s developmental needs, the treatment approach, and the goals. Some care is primarily parent-focused. Some includes joint sessions. Older children and teens may have individual time alongside planned caregiver involvement. [1]

> **“Can we agree on when you’ll meet with my child, when we’ll check in, and what my role will be between appointments?”**

What does parent coaching add?

When appropriate, parent coaching helps you learn specific responses, practice skills, and adjust patterns at home. It is not a punishment or a declaration that you caused the problem. Ask why it is recommended, how it connects to your child’s treatment, and what participation involves. [1]

What if my child does not want to talk afterward?

Offer connection without requiring a recap. Your child may want quiet, an ordinary conversation, or a little time before talking. Ask what helps rather than assuming a difficult mood means the session went badly.

> **“You don’t have to give me a play-by-play. Would you like company, food, or some quiet?”**

Can I share concerns with the therapist?

Yes. Use the agreed communication channel and describe observations: what happened, how often, and how it affects daily life. Ask whether messages become part of the record or may be discussed with your child. Do not expect routine messages to be monitored immediately.

> **“They’ve had trouble sleeping after the last three appointments. Can we review what might be contributing and make a plan?”**

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Respect Privacy. Clarify the Rules.

Children need room to speak honestly. Parents also need information that helps them provide care. Those needs should be discussed at the start, not left for everyone to guess. [2]

Avoid blanket promises

It is not accurate to say that a therapist can share information only when a child is in danger. Disclosure and access rules depend on applicable law, who consented to treatment, legal authority, and the circumstances. Ask the therapist to explain the limits to you and your child in understandable language. [2, 3]

Treatment information and private notes differ

Under HIPAA, parents generally act as their minor child’s personal representatives, with exceptions. Access to information in the treatment record is different from access to separately maintained psychotherapy notes, which HIPAA excludes from its right of access. State law can also affect disclosure. [3, 4]

> **“What information will you share with me, what may stay private, and when would you need or be permitted to share more?”**

Ask for guidance, not a transcript

- What goals are we working toward?
- What support or practice is appropriate at home?
- What changes should I report, and how will we review progress?
- What is the safety plan, and what should I do outside office hours?

If your child shares something with you, avoid using it to interrogate them about the session. If safety is involved, act on the concern and tell the clinician. Privacy should support care, not leave the family without a plan.

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Help the Skill Leave the Office

1. Make practice specific and manageable

Ask what skill to practice, when to practice it, and how much prompting is helpful. Use the language your child and clinician have agreed on. A calm moment is often a better time to rehearse than the middle of an argument.

> **“Would you like a reminder, or would you rather try the plan on your own first?”**

2. Notice effort without grading every feeling

Be specific: “You asked for a break before yelling.” Avoid measuring success only by a calm face or perfect compliance. Your child can have a hard feeling and still use a useful skill.

3. Offer steadiness and keep boundaries

Use fewer words when emotions are high, lower unnecessary demands, and offer space or company according to your child’s needs. Do not insist on breathing exercises, touch, or talking if those make the moment harder.

> **“You can be angry. I won’t let you hit. We can talk when we’re ready.”**

4. Follow the actual treatment plan

Strategies differ by problem. For example, an anxiety or OCD plan may involve supported practice with discomfort. Ask the clinician how to provide comfort without unintentionally interfering with the agreed approach. Do not invent or intensify exposure exercises yourself.

5. Repair your own mistakes

> **“I shouldn’t have yelled. I’m responsible for how I spoke. Next time I’ll pause before we keep talking.”**

Then follow through. An apology helps most when it comes with a change. Your child’s therapy skills are not a substitute for adult accountability.

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Stay Curious.
Expect a Clear Plan.

You want the therapist to deliver your message

“Please tell them to stop screaming at their sibling” is understandable. A more useful request describes the pattern and asks for assessment and strategies, rather than asking the clinician to become the family’s enforcement department.

> **“Arguments with their sibling are escalating. What information would help you understand the pattern, and what should we try?”**

You worry therapy is moving too slowly

Ask about the treatment goals, expected review points, and how change will be measured. Look at meaningful changes in symptoms and daily functioning, alongside your child’s experience. Progress can be uneven, but indefinite waiting without review is not a plan. [5]

> **“What progress are we seeing? What is still difficult? When would we adjust the approach or consider additional support?”**

Your child says therapy is not helping

Take that seriously. Ask what feels unhelpful: the relationship, the activities, the goals, the pace, or something else. Share the concern with the clinician and involve your child in discussing changes. Discomfort alone does not prove treatment is wrong; it also does not prove treatment is working.

You feel like you are the problem

Notice a specific pattern you can change without turning it into a verdict on your worth. Parent coaching or your own therapy may help. You deserve support for exhaustion, grief, or stress without asking your child to manage those feelings.

If goals remain unclear, concerns are repeatedly dismissed, or treatment is not helping after appropriate review, ask about reassessment, a different approach, or a second opinion. Plan transitions thoughtfully with the care team.

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You Are a Partner in the Work

Forgetting a practice task does not erase progress. A hard morning does not make you unfit to help. Notice what got in the way, tell the clinician if needed, and choose a realistic next step.

> **“I respect my child’s private space. I also need enough guidance to support them. Can we make a clear plan for parent check-ins?”**

Keep these five questions handy

- What are our current goals?
- What should we practice, and what should we avoid?
- How will we know the approach is helping?
- How do I raise a concern or request a change?
- What do we do if symptoms worsen or safety becomes a concern?

Know when not to wait

Some sessions involve difficult feelings. Persistent or marked worsening, new self-harm, or a concerning change in functioning deserves prompt clinical review. Do not assume it is a necessary part of healing. [5]

For suicidal thoughts or urgent mental health concerns in the U.S., call or text **988**. If there is immediate danger, call **911** or go to the nearest emergency department. Use local crisis and emergency services outside the U.S. Do not rely on a routine therapist message for emergency care. [5]

Sources & further reading
[1] CDC: Treating Children’s Mental Health with Therapy.
[2] AACAP: Ethical Issues in Clinical Practice.
[3] HHS: Mental Health and HIPAA FAQs.
[4] HHS: Parents’ Access to Psychotherapy Notes.
[5] NIMH: Children and Mental Health: Is This Just a Stage?.
General parent education. Follow your child’s individualized care plan; ask the provider about applicable privacy and consent rules.

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