Engaging a Child Psychologist for your child



A child who can focus for hours on a preferred activity but cannot begin a school worksheet may be communicating something more complex than a lack of effort. The same is true of frequent meltdowns after school, ongoing worries at bedtime, conflict with peers, or behaviour that seems out of step with a child's intentions. A child psychologist can help families understand these patterns in context and decide what support may be appropriate.

The aim is not to attach a label to every difficulty. Children develop at different rates, and behaviour can change with sleep, family stress, learning demands, friendship issues and health concerns. A careful psychological process looks beyond a single behaviour to consider a child's development, environment, strengths and day-to-day functioning.

When to consider seeing a child psychologist

Many parents first seek advice after a teacher raises concerns, but school feedback is only one part of the picture. It may be useful to speak with a psychologist when a concern is persistent, occurs across more than one setting, affects learning or relationships, or is making family life difficult to manage.

For some children, the main issue is attention, organisation, impulsivity or high activity levels. Others may experience strong anxiety, low mood, emotional outbursts, avoidance, social communication differences, sensory sensitivities, oppositional behaviour or difficulty recovering after disappointment. These experiences can overlap. For example, a child who appears defiant may be overwhelmed by a demand they do not yet have the skills to manage, while anxiety can look like inattention or refusal.

A consultation can also be helpful when parents are unsure whether a concern reflects a developmental difference, a mental health issue, a learning difficulty, family circumstances, or a combination of factors. Early discussion does not mean a formal assessment is always needed. Sometimes the most useful next step is practical parent guidance, liaison with school, therapy focused on a specific concern, or monitoring changes over time.

What a child psychologist considers

A meaningful assessment is broader than a checklist. Psychologists consider the history of the concern, when it began, where it occurs and how it affects the child. They also consider developmental history, medical factors, family context, school reports and the child's own experience where appropriate.

Looking at the whole pattern

Attention-deficit/hyperactivity disorder, autism spectrum disorder, anxiety, depression and disruptive behaviour disorders can share features. Trouble concentrating, for instance, may be associated with ADHD, anxiety, sleep disruption, learning challenges, low mood or a stressful period at home or school. Social difficulties may arise for different reasons in different children.

This is why a comprehensive process matters. It helps avoid assuming that one visible behaviour provides the full explanation. It also allows clinicians to identify strengths, protective factors and practical supports alongside areas of difficulty.

Gathering information from relevant settings

Parents and carers usually provide detailed observations about development and home life. With consent, information from teachers and other treating professionals may add useful context, particularly when concerns affect school participation. Depending on the reason for referral, the process may include clinical interviews, standardised questionnaires, direct observation, cognitive or behavioural assessment measures, and feedback sessions.

Not every child requires the same assessment pathway. The right approach depends on the referral question, the child’s age, the complexity of their presentation and what information is already available. Families should feel able to ask what an assessment includes, what it can and cannot clarify, and how the findings will guide next steps.

Assessment is a pathway, not an endpoint

For families seeking an ADHD or autism assessment, the report can be an important part of understanding a child’s needs. However, written findings are most useful when they are connected to an ongoing plan. That plan may involve psychological therapy, parent strategies, school recommendations, further medical review, allied health input, or a combination of these.

At Behavioural Neurotherapy Clinic, assessment and therapeutic planning are considered together, so families can discuss appropriate support after the assessment process rather than being left with findings alone. The clinic offers face-to-face appointments in Doncaster and telehealth consultations where clinically suitable.

A formal diagnosis is not the only worthwhile outcome of assessment. Some children may not meet criteria for a particular condition but still benefit from targeted support for anxiety, executive functioning, emotional regulation or behaviour. Equally, when a diagnosis is identified, it should be understood as one part of a child's profile, not a prediction of their future or a definition of who they are.

How therapy can support children and families

Therapy is tailored to the child's age, needs and capacity to engage. For younger children, much of the practical work may occur through parents and carers, because changes to routines, communication and responses at home can make a meaningful difference. Older children and adolescents may take a more direct role in developing skills and understanding their own patterns.

Psychological approaches may include behavioural strategies, cognitive behavioural therapy and emotional regulation work. These can address concerns such as anxious thoughts, avoidance, coping with frustration, friendship difficulties, conflict at home, organisation, sleep routines and school-related stress. A multimodal plan may also involve the child's GP, paediatrician, psychiatrist, school or other allied health professionals when relevant.

Therapy is not about making a child conform to a narrow idea of acceptable behaviour. The focus is usually on reducing barriers to participation and wellbeing while building practical skills. For a child with ADHD, this might include supports for task initiation and managing big feelings. For an anxious child, it may involve gradually building confidence with situations they avoid. The appropriate approach depends on the individual child and family.

Preparing for the first appointment

Parents do not need to arrive with a conclusion about what is happening. It is more helpful to bring clear examples. Consider when the difficulties are most noticeable, what tends to happen beforehand, what helps, and how the issue affects home, school and friendships.

If available, school reports, previous assessments, relevant medical information and notes from other practitioners can assist the clinician in building a fuller picture. It can also help to write down questions in advance, particularly if you are deciding between therapy and formal assessment.

Children may feel uncertain about meeting a psychologist. A simple explanation is usually best: they are seeing someone whose job is to help children and families understand what is hard and work out useful strategies. Avoid presenting the appointment as a consequence for being naughty or difficult. This supports a more collaborative start.

Referrals, Medicare and practical access

Families can ask their GP or another treating health professional whether a referral is appropriate. Medicare rebates may be available for eligible services when a child has the required referral and Mental Health Care Plan or other relevant documentation. Eligibility and rebate arrangements vary, so it is sensible to confirm the current requirements before booking.

A GP referral can provide helpful background, but parents should also discuss the specific reason for seeking support. Is the priority clarification around ADHD or autism? Is anxiety affecting attendance or sleep? Are behaviour concerns creating strain at home? A clear referral question helps determine whether psychological therapy, a comprehensive assessment, or another service pathway is likely to be the most suitable starting point.

Engaging a child psychologist is not about finding a quick answer to a complicated concern. It is about finding a careful, evidence-based process that listens to the child, works with the family, and turns uncertainty into practical next steps.

For more information

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