

You have noticed changes in your adult child and are worried. Maybe they have stopped showing up for work, pulled away from people they care about, or seem to be struggling with sleep, mood, substance use, or everyday tasks. You want to help—but you also know that pushing too hard can shut down the conversation.

There is no perfect opening line, and you cannot make another adult accept an assessment. You can, however, make it easier to talk about what you have observed, listen to their perspective, and offer a practical next step. The goal of a family conversation is not to diagnose your child or win an argument. It is to keep the door open to understanding what is going on and whether a clinical assessment could help.



If you are unsure where to begin, try asking yourself: **What would make this step 10% easier?** It might be choosing a calmer time, writing down one concern, or finding out what an assessment costs before you bring it up.

What a Clinical Assessment Can—and Cannot—Do

A clinical assessment is a conversation with a qualified professional about a person's concerns, health, experiences, and needs. Depending on the setting, it may include questions about symptoms, daily functioning, medical history, medications, substance use, and safety. The purpose is to understand what support might be useful, not to prove that someone is "the problem" or commit them to a particular treatment.

An assessment is also not the same thing as a final answer. The professional may recommend further evaluation, discuss several options, or conclude that a different kind of support is a better fit. Your adult child can ask questions, request clarification, and find out what information will be shared with family. In most situations, an adult's health information is private unless they give permission to share it or a specific safety or legal exception applies.

Resources such as the *NIH Bookshelf* can help families read about health topics and treatment approaches in more depth. Use educational material to prepare questions, not to diagnose your child from a checklist. If you are considering a provider or program such as Marietta Springs, verify current services, credentials, admissions steps, and costs directly with the organization. Details can change, and a provider's website or intake staff are the right place to confirm them.

Notice Changes Without Turning Them Into a Diagnosis

You ever wonder why it is reasonable to pay attention when a change is persistent, getting worse, or interfering with daily life. Early warning signs are not proof of a specific condition. They are reasons to ask a caring question and, when appropriate, suggest professional input.

- **Changes in routine:** disrupted sleep, missed work or school, difficulty keeping appointments, or trouble managing ordinary responsibilities.
- **Changes in connection:** withdrawing from friends or family, losing interest in activities, or having more conflict than usual.
- **Changes in mood or behavior:** ongoing sadness, intense irritability, unusual fear, persistent agitation, or behavior that feels out of character.
- **Changes in self-care:** eating, hygiene, or household routines becoming difficult to maintain.
- **Changes involving alcohol or other substances:** increased use, consequences at work or in relationships, or concern about safety.
- **Statements that raise immediate concern:** talk of self-harm, suicide, harming someone else, or being unable to stay safe.

Focus on what you can describe, rather than what you think it means. “You’ve missed several shifts this month” is more useful than “You’re having a breakdown.” “I haven’t heard you laugh about your usual hobbies lately” is less likely to feel like an accusation than “You’ve become a different person.”

Prepare for the Family Conversation

Choose one or two observations that matter most. A long list of everything that has worried you may feel like a case being presented against your child. Before you speak, consider what you hope to accomplish: perhaps you want to understand their view, share a concern, or offer to help find an assessment. Keep the first conversation small enough to finish without resolving everything.

Timing and tone can make a real difference. Pick a private moment when neither of you is rushing, arguing, or under the influence of alcohol or other substances. Avoid starting the conversation in front of other relatives or using a family gathering as leverage. If emotions are already high, it is okay to say you would like to talk later and then follow through.

Use a calm, direct opening. Talk about your experience and the specific change you have noticed. Avoid labels, sarcasm, threats, and statements that start with “You always” or “You never.” You do not need to sound perfectly polished; respectful and sincere is enough.



One-sentence scripts you can say out loud

- "I care about you, and I've noticed work and sleep seem harder lately. How are things from your point of view?"
- "I'm not trying to label what's happening. Would you be open to talking with a professional to get more clarity?"
- "Would it help if I looked up a few assessment options, or would you rather do that yourself?"
- "You don't have to decide today. Could we talk about what makes an assessment feel difficult?"
- "I want to support you, and I also need to be clear about what I can and can't take on."

Listen Without Rescuing

When a person you love is struggling, it is natural to want to fix the problem quickly. But offering solutions before your child has finished speaking can leave them feeling managed rather than heard. Listening does not mean agreeing with everything they say. It means being curious enough to understand their experience before you respond.

Try asking open questions and leaving room for an answer. "What feels hardest right now?" may invite more than "Why don't you just call a therapist?" Reflect back what you heard: "It sounds like you're worried an assessment will turn into pressure to take medication—is that right?" Then check whether you understood correctly.

Resist the urge to argue them into your interpretation. If they say they are fine, you can acknowledge that while still naming your concern: "I hear that you don't feel you need help. I'm still worried because you've stopped going to work. I'd like to understand how you see it." Your child may not agree to an assessment during the first conversation. That does not mean the conversation failed.

Listening without rescuing also means not taking over every task. You can offer a ride, help compare providers, or sit nearby while they make a call—if they want that support. Ask before stepping in. Support can increase their options; rescuing can unintentionally communicate that you do not believe they can take part in their own decisions.

Respect Adult Child Boundaries—and Set Your Own

Adult child boundaries matter on both sides. Your child has a right to make many decisions about their health and to decide what information to share. You have a right to set limits on money, housing, transportation, or behavior in your home. Boundaries are clearest when they describe what *you* will do, rather than trying to control what your child must do.

For example, “If you don’t get assessed by Friday, I’m cutting you off” is an ultimatum tied to a deadline you may not be able—or willing—to enforce. A more workable boundary might be: “I can contribute up to this amount toward an assessment, but I can’t pay ongoing expenses. Let’s look together at what the provider charges.” Or: “You are welcome to stay here, but I won’t allow alcohol in the house.”

Keep boundaries specific, realistic, and connected to your own capacity. Do not use them as punishment for declining treatment. If you set a limit, think through what you will do if it is tested. A boundary you can calmly maintain is more useful than a dramatic threat that escalates the conflict and then disappears.

Make the Assessment Step Concrete

“You should get help” can feel vague and overwhelming. A smaller invitation is often easier to consider. Ask whether your child would be willing to look at assessment options, call a primary care clinician, or speak with an outpatient provider about what an evaluation involves. Let them choose among reasonable options when possible.

1. **Ask permission:** “Would you be open to looking at options together?”
2. **Clarify what they want:** “What would you want an assessor to understand about what’s been going on?”
3. **Check practical needs:** Ask about location, appointment format, privacy concerns, availability, and language or accessibility needs.
4. **Confirm the cost before booking:** Ask what the initial assessment costs, whether insurance is accepted, and what happens if more appointments are recommended.
5. **Offer support without taking control:** “Would you like me to drive you, help with the call, or give you space to handle it?”

Do Not Overlook the Price of Treatment

A common mistake when recommending care is discussing services without listing prices or explaining how costs are handled. “Call this program” is not a complete next step if your child is likely to face an unexpected bill. Price transparency matters because cost, insurance coverage, and payment arrangements can affect whether an option is realistic.

Before making an appointment, contact the provider and ask for a clear explanation in writing when possible. Do not assume that an assessment is free because a consultation is free, or that insurance will cover every service. Ask about the total anticipated cost, not just the first visit.

Question to ask What you are trying to clarify What is the fee for the initial clinical assessment? The cost of the first appointment itself Are there additional charges for testing, paperwork, or follow-up? Whether the quoted fee covers the full evaluation Do you accept my insurance, and can you verify benefits before the visit? Whether the plan is in network and what the patient may owe What is the self-pay rate, and are payment plans or reduced-fee options available? Possible alternatives if insurance does not apply What would ongoing treatment cost if it is recommended? The likely expense beyond the initial assessment

When considering a provider such as Marietta Springs, ask these questions directly rather than relying on a general description of services. If a cost is not listed online, that does not automatically mean the provider is unsuitable—but it is a reason to request details before agreeing to care. Your adult child should have the chance to understand the financial commitment and make an informed choice.

If Your Child Says No

A refusal can sting, especially if you have spent days gathering information. Try to separate the answer to today's invitation from your relationship. You might say, "I hear that you're not ready. I won't keep pushing tonight, but I'm here if you want to revisit it." Ask whether there is another kind of support they would consider, such as talking with a primary care clinician or learning what an assessment entails without booking one.

You can also decide what support you can offer in the meantime. That may mean checking in at an agreed time, sharing a provider's contact information, or maintaining a boundary about money or household safety. You do not have to keep repeating the same argument to prove that you care.

If you believe there is an immediate danger—such as an imminent risk of suicide or serious harm—treat it as a safety concern, not an ordinary disagreement about assessment. Contact local emergency services or a crisis service for guidance. If you are in the United States, call or text 988 for the Suicide & Crisis Lifeline; call 911 for an immediate life-threatening emergency. Where possible, stay with the person and involve trained support rather than trying to manage a crisis alone.

Keep the Door Open

A productive family conversation may end with a question, not a signed-up appointment. You can speak honestly, stay curious, and offer a manageable next step without diagnosing, pressuring, or taking over. A clinical assessment is one possible way to get clearer information; it is not a verdict on your child or a guarantee of a particular treatment.

Before you talk, choose one observation, one question, and one offer of support. Then ask yourself again: **What would make this step 10% easier?** <https://www.israelnationalnews.com/news/434238> That small, practical adjustment may be enough to help your adult child consider what comes next—and help both of you stay in the conversation.