

Contacting a Mental Health Provider: For a child/youth with developmental delay or/and disability who has experienced trauma.

Who are the providers?

There are many types of mental health providers, including psychiatrists, psychologists, clinical social workers, licensed counselors, and others. This is briefly about some:

- Psychiatrists are medical doctors. They can diagnose mental health conditions; prescribe and monitor medication; and provide therapy.
- Psychologists have a doctoral degree in clinical psychology or another specialty. They can do evaluation; various forms of intelligence, personality, and psychological testing; diagnose; and provide therapy.
- Counselors/Clinicians/Therapists, have a masters degree and are licensed (based on specialty and state). They can provide screening, assessment, and therapy.

How do I find a provider?

Provider lists can come from sources, such as physicians, school counselors, family networks, insurance providers. You can ask family, friends, co-workers, or/and others, for their recommendations.

Once you have the names of mental health professionals in your area, call and interview them, to determine which is the best match for your child.

Some things to consider

- Cost of service questions, e.g., Do they have free services? Do they offer a sliding scale fee option (a reduction in the self-pay amount charged based on income)? What is their policy accepting insurance? Is the provider in network or not? Limits under payor source? Options?
- Where are the services located?

What can we expect?

There are lots of variables with what to expect; it depends on the provider and the situation. This is an example of a fairly common flow:

- Receive some paperwork before the first appointment, to review and complete.
- Explaining and discussing services, paper work, working on obtaining child history and current state, address any imminent needs.
- Do screening and assessment for symptoms and other indicators, which helps identify the most appropriate course for treatment.
- Work together on setting goals for treatment.
- Evidence based treatment.
- At any point, possible referrals, such as for medication, evaluation, testing, support services.

Possible levels of care.

This document is for what is termed "community based outpatient services", should your child experience mental-health symptoms that require more, depending where you live, there is a possible continuum from community based crisis services to in-patient. Find out your local crisis-numbers and information.

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Children/youth with ID, DD, disability, or/and ASD (IDD/other, for ease in this document) who have experienced trauma, need a mental health provider that is knowledgeable, or willing to become so, about mental health, trauma, and IDD/other.

However, there may be limited available providers in the area, only certain ones under a payor source, and many providers have not had the opportunity to receive specific information or/and trainings about trauma /or and IDD/other. Those points can lead to multiple scenarios for a caregiver(s) and the child. If the situation is that there is a provider who is already knowledgeable, but has an extended wait time, there are options that can be explored. Focusing on the situation where there isn't a provider option, and the provider hasn't received information or/and training: If they are willing to work with the child and caregiver(s), they can still achieve successful outcomes with the information and tools that are available, and as needed, with consultation and support.

This document is for a caregiver(s) to use as needed. All disclaimers.

Some possible considerations for contacting and initial engagement:

- Be informed as you can of the types of services you need, and challenges that might be involved.
- Have a written list of your concerns, e.g. what you see or/and don't see in your child, experiences.
- Have information for the provider about your child's IDD/other.
- Have information about any equipment, aids, assists, service animal.
- Explore needs, such as "Does the facility have ADA access and bathrooms?" "My child uses an assistive language device, are you okay with that, or what would you need to be so?" "My child likes to play with their (specific toy), would it be okay if we brought that?"
- May need to make the provider aware of the coordination of any other appointments, e.g., medical, occupational therapy, legal.
- Discuss any limits under payor source for possibilities such as, adjusting session length, session frequency, or/and longer length of treatment; and if limits, best options.
- Instead of the initial visit being an intake, have a drop-by for the child to see the facility, and possibly meet the provider.
- Work with the provider in advance for a strategic first appointment. E.g., To include an orientation element. To try and help a child with a history of bad experience from other services (any type).

Some possible considerations for screening, assessment, and treatment:

- Aware of possible misattribution between cultural, medical, mental health, trauma, IDD/other, so on, discuss how that possibility is addressed throughout the process.
- For screening and assessment, aware of the possible issues with both the tools and administration, discuss anything that doesn't seem to line up to the child, you, or/and provider.
- Have the handout for your provider: "For children/youth with ID, DD, disability, or/and ASD who have experienced trauma. Some available information and tools for Mental Health providers."

This document was drafted by Gwendolyn Downing, 5.30.22, update 7.26.22. All acknowledgements.

Some possible example questions:

Start with financial. If they aren't a match, ask if they have a referral.

Have they provided treatment for a child, with my child's IDD/other diagnosis before? Yes No

If not, have they received training, or would they be willing to receive more information, tools, training, or/and consultation on my child's needs? e.g, information on their IDD/other diagnosis; adaptation considerations for screening, assessment, and treatment. Yes No

My child has some specific needs (e.g. uses a walker, non-verbal).

- Is their facility set up?
- Will they work with?

Do they use specific screening and assessment tools for the reason I am seeking services? Yes No

If yes, which tools are used? E.g., for child trauma, e.g., Child and Adolescent Trauma Screen (CATS)

How will the results be shared with my child and me, and used in treatment?

Do they use evidence-based treatment models? Yes No

If yes, have they had training in an evidence-based model for the reason(s) I am seeking services (e.g., child behavioral issues, trauma experience, drug and alcohol use)? E.g., for child trauma, e.g., Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Child-Parent Psychotherapy (CPP), Seeking Safety. Yes No

If yes, did they have consultation in the model? Yes No

About how many sessions does it normally take for this kind of treatment?

How often would we have sessions?

How am I involved as a caregiver throughout our time working together?

If applicable:

Are there any supports for me as a caregiver?

Are there any supports for other family members, such as siblings?

How are our cultural needs addressed?

Are they willing to collaborate with other service providers I have? e.g. medical, speech

Are they willing to collaborate with other systems? e.g. school, child-welfare

NOTES SPACE