

Contacting A Mental Health

Provider:

For a child or youth with a developmental delay or/and a disability who has experienced trauma.



Version: September 13, 2023

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About this Document

This is one of three documents to support “A child or youth with a developmental delay or/and a disability who has experienced trauma.” These documents are for caregivers, mental health providers, or/and others.

Use of terms developmental delay and disability

- A developmental delay is not necessarily a disability, and therefore listed separately. It is included, as many of the considerations or/and adaptations may be applicable.
- We understand the issues regarding the term “disability” for some of the areas it is applied to. We use it now and other times, as it is expedient (definition: convenient and practical although possibly improper or immoral; a means of attaining an end, especially one that is convenient but considered improper or immoral).
- Respectfully, instead of using ‘a developmental delay or/and a disability’, we mainly use just ‘disability’.
- Obviously, not all information applies to all delays or/and disabilities.

Disclaimers

- Any sources used are not endorsements of the source.
- As recognized, information is what it is, and may be constantly evolving.
- Everything is provided for informational purposes only.

Need for these documents

With our focus on children, we know that children with a delay or/and a disability, have possible increased risk factors for trauma. Then while adults with a disability are not the focus, the three documents can benefit them, and it’s helpful to have that thought as we proceed. Ergo, we also know, adults with disabilities have possible increased risk factors for trauma.

Consequently, with those possible increased risk factors for trauma, and how prevalent trauma is, that means there is a need for mental health trauma services for individuals with a delay or/and a disability. And for that, there is an extensive list of all that is needed, which is

definitely beyond the scope of this work. So, in that array, we are going to focus in on some specific gaps in what is currently available.

If we look at what trauma treatment is available for individuals with a developmental delay or/and a disability, some of the gaps we see are:

For mental health providers:

- May not be aware of what information and tools are available for trauma treatment.
- May not be aware of what information and tools are available for a delay or/and disability.

For caregivers and others:

- Might not know facts and considerations regarding reaching out to a mental health provider.
- May need to give the mental health provider the information they need to work with the child and family/other.
- May need to be more informed about information and tools.

To help address these gaps, we have our first two documents:

Informing a Provider *“Informing a Provider: Some available information and tools for a Mental Health provider, for a child or youth with a developmental delay or/and a disability who has experienced trauma.”* While not all inclusive, it is a place to start. And it is considered a living document, updated as new information or/and tools are available. It was drafted with a dual purpose:

- To be made available to mental health providers as a stand-alone document.
- For caregivers and others:
 - To be informed.
 - To use, in conjunction with *Contacting a Provider*.

Contacting a Provider *“Contacting a Mental Health Provider: For a child or youth with a developmental delay or/and a disability who has experienced trauma.”* was drafted for caregivers and others. Note: In present form, may require some level of training or a companion guide for utilization.

The third document is, a **PTSD and CPTSD Comparison**. It compares: PTSD from the DSM-5-TR, ICD-11, DM-ID-2, DC:0-5v2 and CPTSD from the ICD-11. It was drafted for those already familiar with the full works to use as a quick reference or/and for training. That said, since it does include DM-ID-2 considerations, it may be a quick if not comprehensive source for a mental health provider to refer to if they don't have the DM-ID-2 and need something immediately; and thus, included in this three-document set.

Author:

These three documents and associated trainings are the works of Gwendolyn Downing, with all appropriate acknowledgements. Original draft sometime in 2019? – current version 09.13.23.

Purpose

A child with a development delay or/and a disability who has experienced trauma, needs a mental health provider who is knowledgeable, or willing to become so, about mental health, trauma, and disability. This document may assist you in connecting with one.

Who are the providers?

There are many types of mental health providers, this is a brief description of some of them:

- **Psychiatrists:** Medical doctors that 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 (including a variety of intelligence, personality, and psychological testing), diagnose, and provide therapy.
- **Counselors/Clinicians/Therapists:** Have a master's 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, and insurance providers. You can ask family, friends, co-workers, or/and others, for their recommendations.

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

Before one begins

- Have a written list of your concerns, e.g., what you see or/and don't see in your child, experiences they've had.
- Have information for the provider about your child's disability.
- Have information about any equipment, aids, assists, service animal.
- Be informed as you can of the types of services you need, and challenges that might be involved.

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 on accepting insurance? Is the provider in network or not? 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?

Location questions: E.g., Is it close enough to travel too? Is it physically accessible for my child?

Provider availability: 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 training about trauma or/and disability. 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. If needed, give the provider the companion document "Informing a Provider"

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 common flow:

- Receive paperwork before the first appointment, to review and complete.
- The provider explaining and discussing services, completing paperwork, working on obtaining child history and current state, helping address any imminent needs.
- The provider doing screening and assessment for symptoms and other indicators, which helps identify the most appropriate course for treatment.
- Everyone working together on setting goals for treatment.
- Evidence based treatment.
- At any point, the provider might make referrals, such as for medication, evaluation, testing, support services.

Some possible considerations for screening, assessment, and treatment

- **Aware of possible misattribution** (any time we incorrectly identify the source of something) between developmental state, personal traits, medical, mental health, trauma, disability, cultural, 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 the provider.
- **For treatment**, you may want to be aware of information included in the “Informing a Provider” document, previously referenced.
- **Trauma experience does not necessarily mean they need trauma-focused treatment**, this is one of the reasons working with a provider who understands that and assesses for what is needed is important.

Additional considerations for contacting and initial engagement

- May need to make the provider aware of the coordination of any other appointments, e.g., medical, occupational therapy, legal.
- 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).

Levels of care

This document is for what is termed "community-based outpatient services", these are services that typically happen in an office or via teletherapy (sessions happen over a computer or tablet). Should your child experience mental-health symptoms that require more, depending on where you live, there is a possible continuum from community-based crisis services (e.g., someone comes to where the child is, or you take the child to them, for help right then) to in-patient (where the child is admitted to a hospital). Find out your local crisis-numbers and information.

Possible Example Questions When Contacting a Provider

Start with financial issues. If they are not a match, ask if they have a referral.

Have they provided treatment for a child, with my child's disability diagnosis before?

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 disability diagnosis; adaptation considerations for screening, assessment, and treatment.

Explore child's specific needs: E.g., "My child uses a walker. Is your facility, including the bathrooms, accessible for them?" "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?"

Do they use specific screening and assessment tools for the reason I am seeking services?

- If yes, which tools are used? E.g., the Child and Adolescent Trauma Screen
- How will the results be shared with my child and me, and used in treatment?

Do they use evidence-based treatment models?

- If yes, have they had training in an evidence-based model for the reason(s) I am seeking services (e.g., behavioral issues, traumatic stress symptoms, drug and alcohol use)? E.g., Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Child-Parent Psychotherapy (CPP), Seeking Safety. You may want to check the model for yourself at the [California Evidence Based Clearing House](https://www.cebc4cw.org/) (<https://www.cebc4cw.org/>).

- If yes, how many times have they done it, and when was the last time? Note, even if they don't have much experience, or/and it has been a while, depending, that can be okay.
- About how many sessions does it normally take for this kind of treatment? How often would we have sessions (Note, they may not be able to answer this until after intake)?
- How am I involved as a caregiver throughout our time working together? Note, it is important that you be part of the process.

How are our cultural needs addressed?

Are there any supports for me as a caregiver?

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

Are they willing to collaborate with other service providers? E.g., medical, speech

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

Notes Space