

# Enhance Early Engagement (E3) in Mental Health Care

## Webinar 4: Steps to Mental Health Treatment and Healing

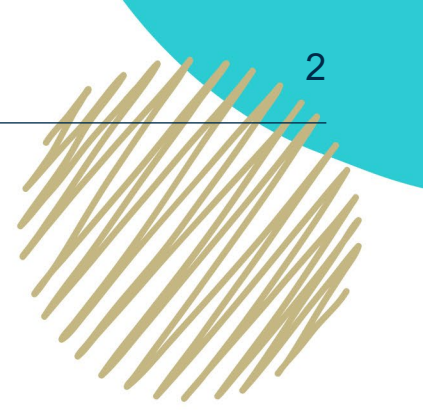


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# Your Trainers



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# Learning Objectives

To be able to:

- Understanding the steps in a collaborative referral
- Using screening results to refer for MH assessment
- Understand the components of the MH assessment
- Understand treatment goals/plan
- Understand matching treatment goals with Evidence-Based Treatment and referral to a MH provider
- Understand the importance of monitoring and tracking treatment progress
- Learn engagement strategies to overcome barriers

# Roles of Collaboration between VA and MH

Research has indicated that collaboration between and among MDT professionals, especially mental health and child welfare professionals improves outcomes for children and their families.

## **Critical issues for collaboration:**

- Policies, procedures in response to children or caregivers endorsing a critical item on the Screener e.g. potential harm to self or others.
- Identify the training of your MH professional/s in evidence-based trauma focused mental health treatment, their experience, their use of standardized assessment tools, and clinical supervision as well as their willingness to be a part of the MDT.
- The willingness of the MH provider and a process for sharing information regarding the results of the assessment, as well as a family's engagement and treatment plan, monitoring and tracking.
- The willingness and a method for sharing metrics regarding treatment engagement, progress and outcome.

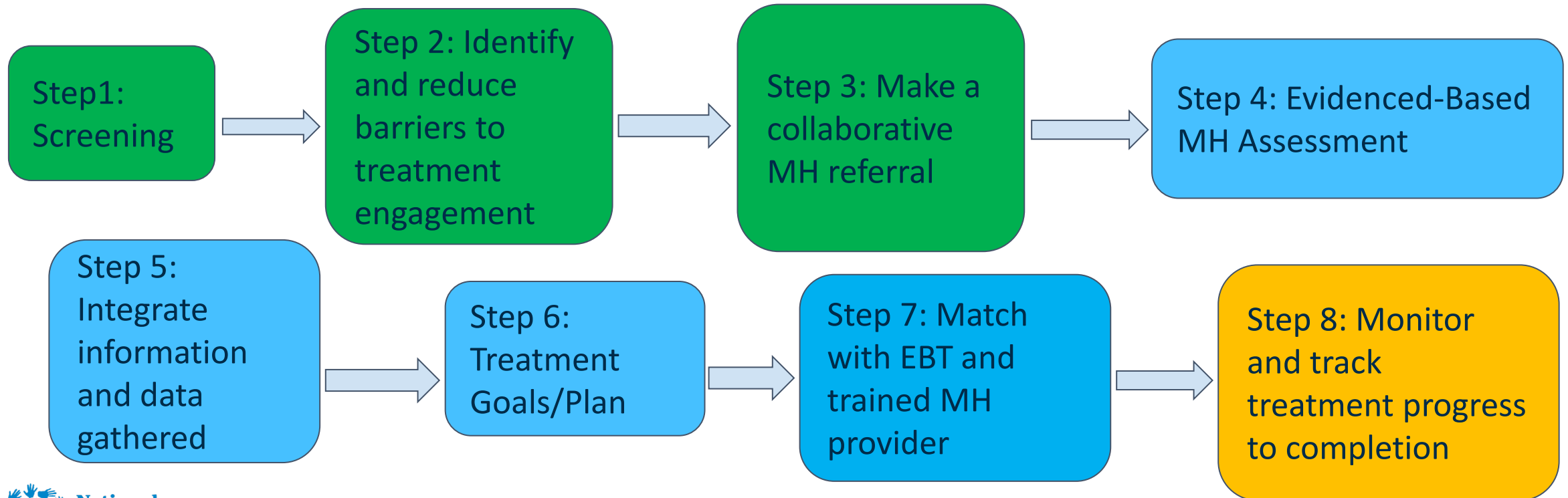
# Prior to the Referral for a Mental Health Assessment

## Identify a Mental Health Professional who:

- Does comprehensive mental health assessments to include screening for traumatic events and trauma symptoms
- Is willing to collaborate with the CAC
- Get a signed release from the caregivers that give permission for the sharing of information between the CAC and the mental health professional
- Is willing to share the results of the assessment with the CAC
- Make a face-to-face warm referral for the caregiver/child to mental health professionals whenever possible

# Steps to the Mental Health Services Roadmap

MH Intervention Process with Engagement Strategies, Barrier Reduction and Collaboration at Every Step



## Step 2: Identify and Reduce Barriers to Treatment Engagement

The MDT has the responsibility to work with the family to identify any barriers to the child and family engaging in, participating in and completing the Evidence-Based Treatment Plan and integrate solutions into the planning process. (Looking at resources of MDT partners and bringing those resources to overcome any identified barriers to treatment success.)

## Step 3: Make a Collaborative MH referral

The CAC makes a face-to-face referral to a mental health professional who has the credentials and specific training in the needed evidence-based treatment required by NCA's MH standard, and who participates in clinical supervision with a mental health professional trained in the evidence-based treatment to be delivered in support of the delivery of that treatment with fidelity (the way it was developed and delivered during research that demonstrated its effectiveness).



# Step 4: Evidence-Based MH Assessment

Make a face-to-face referral for a Mental Health Assessment when indicated by the screening and child/family history

- The purpose of Assessment is to identify any negative consequences of exposure to potentially traumatic events. The information gathered from the trauma assessment is used to inform the Evidence Based Treatment Plan.
- In addition, assessment includes the systematic gathering of accurate and valid information about the child and family from the child and family, other MDT partners including medical, law enforcement, mental health, education and others as appropriate to help inform the unique needs of the child and family.

# Roadmap: Assessment

## Quality Trauma Assessment:

- Asks about traumatic events and trauma symptoms
- In addition to the clinical interview, uses standardized assessment measures such as:
  - ★ *Child and Adolescent Trauma Screen (CATS)*
  - ★ *UCLA PTSD Reaction Index for DSM 5*
  - ★ *Trauma Symptom Checklist for Young Children (TSCYC)*
  - ★ *Trauma Symptom Checklist for Children (TSCC)*
  - ★ *Child PTSD Symptoms Scale for DSM 5 (CPSS-5)*
  - ★ Others
- Asks about other social/emotional/behavioral/developmental symptoms
- Involves caregivers
- Determines the need for treatment and what type of treatment

# Step 5: Integrate Information and Data Gathered

- The MDT works together to combine the assessment from the MH provider and the information gathered by other community professionals involved with a family into a coherent and agreed upon case formulation.
- Experiences of the child and family; impact of those experiences and the experience of community professionals with the child and family can inform the issues to be addressed through MH treatment.

# Integrating the Assessment Results

- Why it is important to involve the MDT
- If it isn't currently happening, how can you engage them
- The MDT case review including the mental health professional offers a venue for discussing the assessment results and identifying the appropriate treatment outcome goals to meet the needs of the child and family as well as the community protection agency in support of child safety and well being
- Any treatment goals/plan must involve collaboration and coordination with the family

# Step 6: Treatment Goals/Plan

Establish measurable treatment and intervention goals with specific metrics for determining successful outcome. (What needs to be different and how will we know it is different?) Match the child and family identified strengths-needs-problems with evidence-based interventions and services to achieve the measurable treatment outcome goals.

# Examples of a Measurable Behavioral Outcome Goals

- **Symptom:** nightmares every night
  - **Outcome goal:** to reduce nightmares to 3 times a week
  - **What to measure:** number of nights having nightmare
  - **How to measure:** report of caregiver
  - **Intervention:** TF-CBT
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- **Symptom:** fear of bathroom as abuse took place in a bathroom
  - **Outcome goal:** ability to go into and use the bathroom
  - **How to measure:** report of caregiver or other, i.e. teacher
  - **Intervention:** TF-CBT desensitization

# Step 7: Match with EBT and Trained MH Provider

The CAC matches the treatment goals with the EBT (i.e. TF-CBT) that is best designed to successfully support those goals and identifies a mental health professional who has specific training in the needed evidence based treatment, is able to deliver that treatment with fidelity, provides services on site at the CAC or by referral via linkage agreements, participates in MDT case review, shares information with the MDT consistent with the law and who participates in clinical supervision focused on the specific evidence based treatment they provide.

# Use the “Questions to Ask Therapist” Desk Card

- Identify a mental health therapist who has specific training in the evidence-based treatment needed, delivers the treatment with fidelity and participates in clinical supervision of their work
- Provide the caregiver with information about the mental health professional and make a face to face warm referral to the professional
- Have the caregiver sign a release that allows you to provide the mental health professional information from the screening and assessment as well as to gather information to monitor and track treatment to completion



# When a Face-to-Face Referral Isn't Possible

## Other Considerations:

- Caregiver resistance may result in their not calling for an appointment
- Ask caregiver permission to contact the clinician with the referral information and provide the caregiver's number so that the clinician can follow-up with the caregiver
- Using Zoom for Introduction (off-site therapists) can occur at a time to be scheduled on a different day
- Want to avoid providing a list of therapists or even the name of the therapist and putting responsibility on caregiver to find a clinician
  - ★ When caregivers call clinicians and either don't get a return call or are told there are no openings, the caregiver will stop calling which results in the child not getting into therapy.

# Identifying and Reducing Barriers to Treatment Success

- This task belongs to the MDT and is most often informed by the mental health treatment provider or through collaboration with the Victim Advocate.
- As barriers are anticipated or identified, the MDT brings resources to the table to reduce or remove those barriers to successful engagement and completion of treatment.
- Again, the MDT case review can provide a venue for this task.
- A collaborative relationship between the mental health provider and the Victim Advocate can facilitate this task.

# Step 8: Monitor and Track Treatment Progress to Completion

- Issues arise during the course of treatment that have the potential for derailing successful completion by the child and family. It is the responsibility of the mental health professional delivering the treatment to monitor treatment progress and to report that progress or barriers to progress to the MDT through the case review process. The treatment goal is altered, changed, or ended based on the responses of the child and family.
- The outcome of treatment is documented to provide data regarding the effectiveness of CAC interventions with a given child in support of healing.

# Overcome Barrier of Not Viewing Treatment as Needed

- Highlight their main concerns
  - ★ Both related to trauma and not related to trauma
  - ★ Incorporate into referral
- Provide education on trauma
- Review screening results and results from family meeting
- Provide education on quality trauma assessment
  - ★ Information gathering
  - ★ Child may or may not require treatment
- Label assessment/treatment as prevention
- Could another barrier such as fear/avoidance of discussing/acknowledging impact of trauma really be what's going on?

# Overcome Barrier: **Fear/Avoidance** to Discussing and Acknowledging the Impact of Trauma on the Family

- Identify resiliency and supportive/protective factors
- Identify thought behind the fear and address
  - ★ Guilt/responsibility
  - ★ Caregiver trauma history or mental health issues
  - ★ Lack of social support
  - ★ “It will be too difficult”
  - ★ Child will never be happy again or heal
- Validate their thoughts
- Provide education on effectiveness of evidence-based treatments
- Awareness of support and mental health services for adults
- Importance of caregivers in healing and ensuring safety
  - ★ Therapist is the expert in treatment while the caregiver is the expert in their family

# Overcome Barrier: Caregiver Mental Health and Trauma Symptoms

- Awareness of support and mental health services for adults
- Identify and build social support
- Caregiver's symptoms may improve through involvement in child's services
- Provide support, empathy, and validation
- Identification of temporary alternate caregiver to participate in child's services

# Overcome Barrier: Previous Negative Experience with Mental Health Services

- Gather info on what did not work and why
  - ★ Symptoms did not improve
  - ★ Caregiver not involved
  - ★ Over diagnosed and medicated
  - ★ Blamed parent
  - ★ Provider competence
  - ★ They just hung out
  - ★ Did not understand our culture
  - ★ Inconsistent attendance
  - ★ Appointments scheduled infrequently by provider
  - ★ Others

# Overcome Barrier: Previous Negative Experience with Mental Health Services Continued

- Educate on differences between evidence-based treatment and previous experiences
  - ★ Focused
  - ★ Time-limited
  - ★ Skills based
  - ★ Caregiver involvement and collaborative
  - ★ Effective
  - ★ Regular and consistent appointments
  - ★ Trauma and culturally informed
- Share previous successful experiences with mental health professional and evidence-based treatment
- Introduce and have conversation with the mental health professional to discuss expectations of child, caregiver, and therapist



# Overcome Barrier: Stigma Related to MH Services

- Gather information on family/religious/community culture
- Provide education on evidence-based treatment and how different than previous experiences or how portrayed on media
- Reach out to respected figures within community to reassess views towards mental health treatment
- Discuss effectiveness of treatment and parallels to medical treatment

# Overcome Barrier: Stigma Related to Financial Concerns

- Availability of financial support
- Cost of services
- Day care
- Transportation assistance
- Problem-solving
- Apply for financial assistance
- Others

# Overcome Barriers: Additional Strategies

- Testimonials
- First-hand experience with families
- Warm handoff
- Outline referral process
- Schedule appointment with family
- Assist with paperwork
- Limit time until the start of services
- Follow-up with family on progress
- Participate in MDT

# Homework – Complete By Live Interactive Call 4

- List the Evidence-Based Trauma Focused Mental Health Treatments that are available through your CAC and community partners.
- Fill out the map (Virtual Notebook) that shows the mental health process at your CAC. Please identify gaps that are present. **Bring the map to Live Interactive Call 4.**
- Be able to answer the question does your CAC track engagement in mental health treatment to include:
  - ★ Referral to Mental Health
  - ★ Attendance at the 1<sup>st</sup> appointment
  - ★ Completed Treatment
  - ★ Did the child get better
- If yes, how is it tracked

# What to Look Forward to in Webinar 5

- What is Evidence-Based Trauma Focused MH Treatment
- Evidence-Based Treatment that meet NCA's Accreditation Standards
- Building MH Collaboration
- Follow-up and monitoring MH treatment
- Victim Advocates role on the MDT
- Steps Moving Forward and Sustaining Changes

**Thank you for your participation and for all that you do and will continue to do for the children and families we serve!!**

# Thank you!



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