

Questions to Ask Mental Health Providers

1. Does the clinician/agency conduct a comprehensive trauma assessment?
 - a. What assessment tools are used? Should be able to ask the question and have a working understanding of what was done.
 - b. What did the assessment show, i.e. diagnosis, severity of problems, etc.?
 - c. What are some of the major strengths and areas of concern/recommendation?
 - d. Was developmental stage assessed, and is the child on track?
 - e. Identify any cultural and special needs.
 - f. What if there is no diagnosis?
2. Is the clinician approved to treat basic trauma, complex trauma? Refer to Guidelines.
3. What are the evidence-based models the clinician uses, and how is this going to meet the needs of the child? Has the clinician shared their approach and specifics as to how it will meet the needs of the child and family?
4. Does the clinician have ongoing supervision consistent with trauma-informed treatment?
5. Treatment Plan/Individual Service and Support Plan (ISSP)
 - a. Do you know what intervention is happening from the treatment plan?
 - b. Do you know who is being seen in sessions?
 - c. Do you know where the sessions are taking place - home, school, office?
 - d. Is the child getting better? Do you know how this is being measured? How often is the team asking this question? How often are you assessing for getting "better"? Also does the team understand the circular patterns of better - how it's like a spiral (the length of time doing well gets longer, episodes of the hard times get shorter in intensity and frequency but will still exist. Baby steps are huge successes).
6. Does therapy address the following:
 - a. Is the child safe now? No clinician can bring about positive change when a child is in an unsafe situation.
 - b. How are parent support, parent training, and/or psycho-education offered? Is it meeting the needs of the parent to parent well?
 - c. Build a strong therapeutic relationship with the dyad made up of the youth/child and their primary attachment figure(s)?
 - d. Affect expression and physical and emotional regulation skills
 - e. Cognitive processing/reframing and construction of an accurate trauma narrative
 - f. Boundaries and safety planning
 - g. Cultural competency and special needs issues
 - h. Needs for other assessments identified and referrals made, e.g. occupational therapy, music/art/movement therapy, psychological, etc.

7. Avenues of communication
 - a. Is the team of treatment and supportive adults around the child working well together and supportive of each other, or is there conflict on the team that is impeding progress of the child? If you find yourself in a stalemate, you may have to step aside, or advocate for a change.
 - b. Caseworkers - Have you had at least quarterly contact with the clinician? This contact needs to be more frequent if the child is continuing to do poorly. Caregivers – are you integrally involved in the behavioral health treatment for the child in your care? You should expect to be involved each session the child is seen; or understand why you are not.
 - c. Have you kept the clinician apprised of status, changes, and new developments of child/youth/family?
 - d. Have your concerns been addressed by the clinician as needed?
 - e. If the clinician wants more frequent contact, have you done your part to make that happen?

8. Ending treatment, has anyone experienced the following?
 - a. Clinician, child, family, caseworker agree progress is made and needs are met
 - b. Child no longer warrants a diagnosis so cannot bill Oregon Health Plan (OHP) for services
 - c. Parent/caseworker doesn't think child is better, but clinician thinks child is
 - d. Caregiver does not want to bring child to therapy or family is not engaged
 - e. Clinician doesn't know what else to do, so recommends closing

9. Analyzing whether to ask for change in clinician/agency
 - a. What are strengths of clinician that would contribute to a decision to keep them?
 - b. What are the needs of child/family?
 - c. What does the caregiver, child, caseworker want?
 - d. Is there anything that can be done to improve outcomes for the child that does not require changing the clinician?