

Connecting for Kids Speaker Series: Mental Health 101

[Slide 1: Title]

Welcome and thank you for joining me to talk about the basics of mental health. Whether you are just getting started with looking for a mental health provider or you're looking for a change, I hope that the information you get from this presentation will help you to make educated choices for your family.

[Slide 2: Congratulations! You Took the first step!]

Before we get into the meat of this presentation, I wanted to take just a minute to reflect on the reason we're here. Conversations about mental health are not "easy stuff," and I want to point out that if you're listening, you deserve a pat on the back. You've taken the first step in taking better care of your family's and your own mental health.

To get here, you may have had to admit that something isn't quite right. Or you may have had a tough conversation with family members. You may not be sure that this is the right thing for you – and that's OK too. No matter how you got to this place in time, I want to tell you that I'm proud of you for being here.

[Slide 3: Why is choosing so challenging?]

So, let's get started.

At Connecting for Kids, we get a lot of calls from families who need help choosing a mental health provider. If you've recently been in the market, you've probably even found yourself asking, "why is this so hard?"

The answer comes down to variables – lots of them. For instance, there's your personality and what you're comfortable with. If you're a very logical person who doesn't get "touchy-feely" emotional stuff, you're probably not going to feel comfortable with a therapist who focuses on emotions.

Along the same lines, there's the provider's personality. Research has told us that after your own personal characteristics, the single biggest factor in successful mental health treatment is something called "the therapeutic relationship." In fact, the therapeutic relationship is even more important than the techniques or expertise your therapist uses in treatment. Simply put: if your mental health provider has a personality that doesn't fit well with yours, you are going to have a very difficult time getting your relationship to work out.

There are also some practical variables that factor into choosing the right provider for your family. These include the provider's availability and your insurance coverage.

Last but not least, there's the provider's philosophy and treatment modality. These variables describe how your provider approaches your concerns and what they do to help.

To help you get through all these variables we're going to look at a framework for choosing a mental health provider. But before we jump into the framework, I'm going to let you in on a little secret.

No matter which provider you choose, they all have one goal – they want to help you to have better mental health. If you're in a relationship with a mental health provider and it's not working out, it's important to tell them. There may be some changes the provider can make so that you get more out of your time together – OR – if things really aren't working out – your provider may be able to refer you to someone who can meet your needs.

The bottom line here is that you are not going to hurt a provider's feelings by giving them feedback. No matter what discipline the provider comes from, they have all been trained to take feedback from their clients and use that information to improve your treatment experience.

[Slide 4: Four steps to guide you]

With that in mind, let's jump into that framework. To improve your chances of having a better relationship with your mental health provider, we're going to look at four steps. In step one, you'll identify your role and goals. Step 2 looks at a few of those variables we discussed by listing out your patient preferences. In step 3, we'll take a look at the different specialties, and finally, in step 4, we'll look at some of the more common treatment options.

[Slide 5: Identify your role and goals]

Many families approach mental health treatment without a clear understanding of how they will be involved and what they want to get out of the process. When you decide on the role you want to take ahead of time and what you hope to accomplish, you can narrow your options. Knowing your role and goals ahead of time will also help you to measure whether your experience with a mental health provider is meeting your needs.

To understand the role, you need to start by asking, "who will meet with the provider?" The answer might be "just you" or "just your child" – or it might be the whole family. This type of information will help you to understand which providers to focus on. For example, a provider who specializes in parent coaching is probably not going to be a good fit if you want your child to be the one going to sessions.

[Slide 6: Identify your role and goals (continued)]

Next up, you'll want to think about your goal. There are a lot of things you can work on with a mental health provider, but different providers may be better at helping with some things than others. Some of the common goals families have when looking for mental health services include:

- Evaluation or diagnosis
- Counseling or coaching
- Talking about and interpreting feelings
- Problem-solving and coming up with action plans
- Prescribing and monitoring medication
- Guiding holistic, homeopathic, or spiritual interventions

The other benefit of knowing your goals before setting out to find a mental health provider is that you'll be able to use this information together to drive your treatment plan. Throughout your relationship, you can always check back in with your goal and see if you're making progress. If not, you'll be more empowered to talk with your provider and come up with solutions to meet your needs.

[Slide 7: Identify patient preferences]

The next step in the framework is to identify patient preferences. When you thought about your roles and goals, you identified who would be meeting with the mental health provider. Now it's time to think about that person's needs and wants.

And this is a place where many parents (including myself) get things wrong. When we start looking at providers, we think about OUR needs and wants – not our kids. But if your child is the one who is going to meet with the provider, the patient preferences need to come from your child.

Let me give you an example. Years ago, we were looking for a provider to work with my daughter. I found a woman that I loved. She had the credentials I wanted. She communicated in a way that I totally understood. Her schedule matched ours. And the big golden ticket? She was covered under our insurance.

There was only one problem. My daughter HATED her. They would fight to make progress and for weeks, treatment was stalled while my child found new and ever more imaginative ways to stonewall the poor woman.

We finally reached the point where we had to have a talk. And after reflecting, the provider and I decided that she just wasn't the right fit. She was able to refer us to another provider in her practice who my daughter connected with immediately and with whom she made tremendous progress.

[Slide 8: Identify patient preferences (continued)]

So what kinds of things should you consider when you're looking at patient preferences? Characteristics are a big one. For example, we noticed that my daughter always seemed to do better in classes when she had a male teacher. After doing so poorly with the female provider, we switched to working with a man – and something just clicked.

Other characteristics may include languages spoken, race or ethnicity, culture, and faith.

Accessibility is one case where caregiver preferences sometimes overrule kids – and this is okay. As the people who have to drive to and pay for services, it's important that they work for us. That said, it's still important to understand the patient's preferences here too. For example, if your child has an after-school sport that really means a lot to him or her, you're going to need to look for a provider with availability that accommodates that.

The setting can also be a major factor for kids. Some kids need home-based therapies where they can work on skills in a natural environment while others may benefit from a center-based or practice environment.

Finally, the provider's expertise should be in line with patient preferences. You can often find this kind of information on provider biographies.

[Slide 9: Compare provider specialties]

Speaking of expertise, that leads us to the next step in the framework, comparing provider specialties. As you can see, there are a lot of different professionals who work in the mental health space. Behavior professionals may focus specifically on a type of therapy called applied behavior analysis or they may include therapists who use behavioral treatment methods.

When working with younger children, some families may use early intervention specialists. These professionals have a broad range of skills and often work with programs like Bright Beginnings or Help Me Grow – but there are also some who work independently with families too.

Licensed Marriage and Family Therapists receive extra training to work with couples and families. These professionals tend to work relationally and can be helpful if you decided that you wanted to target family issues during the role and goal step of this process. On the other hand, a Licensed Professional Counselor can help with marriage and family issues but this profession tends to be more focused on individual mental health issues.

Social Work is another helping field that often provides mental health services. Social workers have similar training to Marriage and Family Therapists and Professional Counselors, but also focus on systems and social justice issues. One example where you might see a social worker is in the school setting – where the social worker not only provides mental health services but also helps families to navigate school services and supports.

The most highly trained specialties in the mental health field have doctoral level educations. These include psychiatrists, who have medical degrees and are qualified to prescribe and manage medications. Often, when families use a psychiatrist, that professional will manage medication only and do quick check-ins with the patient. For more day-to-day support, the families usually also work with one of the different provider types I've already mentioned.

Finally there are psychologists, who have a doctoral level education and additional work in the field that gives them more clinical knowledge. Not only do these professionals offer evaluation and diagnosis, but they can also be great resources for tricky mental health concerns – for example, when both mental health concerns and developmental disabilities are present in the same child.

A lot of families think that they have to go to the top when they are looking for mental health diagnosis, but that isn't necessarily true. Depending on their level of experience and focus, Marriage and Family Therapists, Professional Counselors, and Social Workers all may be able to make a diagnosis. Plus, working with these professionals can be less expensive than someone with a Ph.D. If you identified diagnosis in your role and goal step, you may want to call around and ask about provider specialties.

[Slide 10: Understand treatment formats]

As you'll see in a moment, there are many different treatment types, and many of the types can be delivered in different formats. So, for example, you might choose cognitive behavioral therapy as a treatment type and work together as a whole family in a family therapy format.

The most common ways families approach treatment include individual therapy, couples therapy, family therapy, and group therapy – and the one that's right for you goes back to the role and goals you decided on earlier. For example, if your child (the role) needs a diagnosis (the goal), you're probably

going to want him or her to be seen individually. On the other hand, if your goal is to improve social behavior in your child, you'll probably be more successful with a group therapy format.

Another thing to consider when you're looking at formats is what the patient is most comfortable with. For example, some people may be more comfortable working on skills individually before going into a group therapy setting. This is a great topic to discuss with your therapist because sometimes they can make small changes to your sessions or help connect you with services that build on the work you're doing together.

[Slide 11: Understand treatment types]

Let's move into the treatment types. Now this is – by no means – an exhaustive list. Instead, I've pulled out some of the most common treatments families ask about. A lot of times, the treatment types a offered by a particular provider can be found in their biographies on different websites, but you can also call their practice and ask.

It's also important to keep in mind that many therapists use what's called an "eclectic approach." This means that the provider uses different interventions and treatments from more than one area to individualize your treatment. For example, brief eclectic therapy uses components of both cognitive behavioral and psychodynamic interventions to treat post traumatic stress disorder, or PTSD.

As we explore this list of therapies together, you have a couple questions to keep in the back of your mind. First, what kinds of treatments are more comfortable for the patient? And second, does the provider you're considering offer the treatments you'd like for your family?

[Slide 12: Behavioral therapies]

We'll start with behavioral therapies. The focus here is on measurable, observable behaviors. The most popular example we tend to hear about is "Pavlov's dog." In this experiment, a psychologist by the name of Ivan Pavlov created an experiment where a dog was trained to associate the sound of a bell with food. This discovery, called classical conditioning, has been used to explain why a completely unrelated stimulus – like a bell – can be associated with a measurable, observable behavior.

The thing about a pure behavioral perspective like Pavlov's is that it is focused solely on behavior, not emotions or thoughts. Over time, behavioral perspectives have been expanded and connected with other theories that do include emotion and thought, which is how we end up with things like cognitive behavioral therapy and dialectical behavioral therapy.

Another important distinction about behavioral therapies is that progress is carefully measured with data. This is especially true with applied behavioral analysis, or ABA. In this treatment, observable behaviors and interventions are clearly defined and progress is tracked each time the intervention is used.

Behavioral therapies, or components of behavioral therapies have been used successfully to treat conditions from challenging behaviors in children to eating disorders, depression, and anxiety.

[Slide 13: Cognitive therapies]

As I've already hinted, cognitive therapies focus on thoughts. Someone coming from a pure cognitive perspective believes that our thoughts are what drive our emotions and our behaviors. When we can change the way we think about things, we feel and behave differently.

Here's a really common example... it's time for dinner and you ask your child to turn off his video game. No sooner is the request out of your mouth than your child throws the game controller across the room and screams, "**you never let me finish my game!**" In this case, both the behavior – which is throwing the controller – and the emotion – which is anger with being interrupted – are tied to a cognitive distortion called overgeneralization. Your child has decided, based on one example of being asked to stop playing, that all instances of playing video games are going to turn out the same way.

The trick with cognitive therapies is that for them to work, you need to do some abstract thinking. In other words, you have to be able to **think about thoughts**. For a lot of younger children, this just isn't developmentally appropriate, which is why therapists who work with young children tend to use play-based and behavioral approaches.

I've included a couple of the common therapies that fall into the cognitive domain here, including acceptance commitment therapy, CBT, DBT, and exposure therapy. And again, these therapies have a wide range of evidence-based uses – from self-esteem and stress management to personality disorders.

[Slide 14: Collaborative and proactive solutions]

Collaborative and proactive solutions is another intervention that we often hear questions about. This model was developed by Dr. Ross Greene and it's described in his book, "The Explosive Child." The focus of CPS is helping families to work together to solve problems in a way that is realistic and mutually agreeable.

To do this, families need to understand one key philosophy as defined by Dr. Greene: kids do well if they can. What this means is that if a child had the skills to get his or her needs met in an adaptive way, they would. Instead, when we see a child using challenging behavior, it's because that child has no better way to get their needs met.

As parents or caregivers to a child with challenging behavior, it's our job to approach the problem collaboratively. We begin by using empathy to understand the child's concerns. We spend some time getting to the meat of the problem with the child before sharing our own concerns. Once we know both parties' concerns, we problem-solve together.

To go back to that video game example, let's assume that this is an ongoing thing – every time you ask your child to turn off the game – BOOM! Explosion. Using a CPS approach, we'd invite that child to share his perspective with a question like this:

Hey, buddy. I've noticed that it's really hard for you to stop playing your video games when I ask. What's up?

Dr. Green teaches a number of tools to help you get to the meat of the problem, and let's say that after spending some time discussing, your child agrees that it's really hard for him to stop playing because he's worried that if he's not at a save spot he's going to lose all his hard work.

After that, it's time to share the adult concern, which might go something along the lines of, "I really want you to be part of our family dinners and I need you to stop playing the game to do that."

Finally, you've come to the invitation and problem-solving step. In this step, the adult invites the child to solve the problem together by saying something like, "I wonder if there's a way that we could make sure you have a chance to save your game and still come to eat dinner with the family. Do you have any ideas?"

The goal of CPS is for families to use this process on their own but many families need coaching to get started. While there are only a couple of providers who have CPS certifications, many mental health providers have experience with this model and are able to help families with questions and support.

[Slide 15: Psychodynamic therapy]

The final therapy type I've included in this presentation is psychodynamic therapy. This is the type of therapy that many people think of when you hear that someone is going to therapy, and it is based on the work of Sigmund Freud.

Like cognitive therapies, psychodynamic therapy deals with thoughts, but these thoughts are rooted in past experiences. The goal of psychodynamic therapies is to make the unconscious conscious. This is achieved through a relationship with the therapist that allows the patient to express the unconscious in session.

We can imagine how this looks for adults, but how does it work with kids? When working with children, psychodynamic therapists will look for patterns of unconscious thought in play or creative expression. For example, a psychodynamic therapist might ask a child to use a doll house to play through the family bedtime routine. If the doll representing the child gets into a fight over bedtime with the parents, the therapist and child would explore what happened together.

Oftentimes psychodynamic therapists who are working with children need to involve parents or caregivers too. For example, if the meaning behind that bedtime fight is that the child is feeling anxious over mom and dad spending too much time with the new baby, the therapist might work together with mom and dad to build more comforting activities and "special time" in to the routine.

This example illustrates how psychodynamic therapy can help with relationships, and it's also used to treat problems like bipolar disorder, depression, and social anxiety too. One thing to keep in mind about psychodynamic therapy is that because it relies on the relationship between the therapist and the patient, it can take longer than some of the other therapies we've discussed today.

Finally, I have included psychoanalytic therapy on this slide since it's a cousin to psychodynamic therapy. The process is very similar, but instead of working on outcomes and solutions, psychoanalytic therapy is focused on finding the deeper meanings of the problem. This type of treatment tends to be more intensive and can take months or even years.

[Slide 16: Skills]

The last thing I want to focus on are a couple of skills that I mentioned throughout this last step in the framework. Both trauma-informed and play-based certifications are available, and some mental health providers go through extensive training to be able to offer these types of care. But families should know

that even without a certification, many mental health providers weave principles of trauma-informed care and play into their treatments.

In trauma-informed therapies, the provider centers on the patient's trauma history. One way I've heard this framed is asking "what **happened** to you" as opposed to "what's **wrong** with you." In trauma-informed care, providers focus on safety, collaboration, and transparency. In other words, it's important for clients to feel safe in session, to have control through collaboration, and to not be surprised by topics or interventions. For example, a provider working from a trauma-informed perspective would be more likely to ask permission to discuss a particular topic.

I gave you one example of how providers use play in the section on psychodynamic therapy, but it's more than just dolls. Providers use all sorts of play in therapies – from games that teach new skills to creative arts that allow clients to explore and express emotions.

Whether or not a provider lists certifications in play therapy or trauma-informed care, it can be helpful to ask how they will use these skills in treatment.

[Slide 17: Conclusion]

This concludes the presentation, but before I wrap up, I want to encourage you to visit the Connecting for Kids guide to finding a mental health provider. The guide walks you through each of the four steps in the framework I've outlined today and gives additional information and resources to help you make an informed decision.

You can also use the Connecting for Kids provider directory to start your search for a local mental health provider – or if you need personalized help, call us and one of our Family Resource Specialists will help you.

Thank you so much for listening today.