**Child HELP Partnership Phone** **Screen**

**2/2025**

**Introduction to program**

Hello, I am \_\_\_\_\_\_ from the PARTNERS Clinic. I received your number from (*referral source*) who thought that we might be able to help you and (*child*).

Before I begin sharing information about our program, I’d like to know how you heard about us?

The goal of this conversation is to tell you about our program, learn from you about (*child*), and explain what will happen if you choose to come for an intake appointment with us. This conversation takes most families about a half an hour to complete. Is this a good time to talk?

The PARTNERS Clinic works with caregivers and children. We know that parenting can be very stressful. We work with caregivers to understand their children’s behavior and learn ways to manage it. We teach children better ways to handle upsetting thoughts and feelings.

At the PARTNERS Clinic, we believe that caregivers are important to children’s success. We meet weekly with each child for about 45 minutes and with the caregiver(s) for 45 minutes. Therapy tends to take 6-12 months (based on how the therapy is going etc.) and is in person. The clinic is in Flushing, Queens (NY).

The PARTNERS Clinic is a clinical research program, which means that we conduct research on the therapy we provide. Therapy at the PARTNERS clinic is free of charge in exchange for allowing us to combine families’ assessment results to evaluate our therapy. We use what we learn to improve trauma therapy for the families we see at PARTNERS and children nationwide.

The PARTNERS Clinic is a training clinic, which means that the therapists are studying to be Psychologists. The Director of PARTNERS Clinic, Dr. Elissa Brown, is a licensed psychologist who has worked with traumatized children and families for over 30 years. She is dedicated to making sure that the families we serve get the best care. All sessions are audio or video recorded and reviewed for quality assurance. Recordings are de-identified (meaning no personal information will be stored) and kept confidential.

What we have learned from our research is that 90% of the children who come to our clinic present with posttraumatic stress disorder (PTSD) and less than 10% of the children who complete our program still have it.

Are you still interested in this program based on the information provided?

**Relationship with other agencies**

Is your family receiving services from ACS or involved with CPS?

**If relevant-** Before we get started, I’d like to talk about how the PARTNERS Program fits in with other services you may be receiving. Most of the families we see have had to deal with agencies, such as ACS or Family Court, whose job it is to decide whether the family should stay together. This is not our job at the PARTNERS Program. Our job is help children and their caregivers feel and get along better.

What questions do you have about the relationship between the PARTNERS Program and these other agencies?

What has your experience been with these agencies?

Can you tell me about anyone in the family involved with court or any legal process right now?

**Confirming information from referral form**

Thank you. Before I ask about your child, I’d like to confirm the contact information that (*referral source*) gave us. Okay?

1) Your name is \_\_\_\_\_, right? How is that spelled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) What is your relationship to your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Are you their legal guardian? \_\_\_\_\_

4) Are you the primary medical decision maker (signing child’s medical forms)? \_\_\_\_\_

5) Our treatment model requires caregivers to be actively involved in sessions. Who would be the person participating in therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Are you and your child fluent in English and able to partake in therapy that is in English? \_\_\_

7) Do you currently reside with the child? \_\_\_\_\_

8) What is your current home address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9) What is your mobile phone number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave message? Y N

10) What is your email address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Okay to leave message? Y N

**I now need to ask for some demographic information on you and your child(ren). The reason we collect demographic information is because your background and associated values are important to us.**

12) What gender do you identify as? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13) What are your preferred pronouns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14) What is your racial and ethnic background? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15) What is your religion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Let’s continue by gathering some information about your child(ren)**

16) What is your child’s full name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17) What are their preferred pronouns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18) What is (child’s) birthday? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19) What is your child’s racial and ethnic background? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20) What is your child’s gender? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21) What languages are spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenting Problem and Treatment History:**

Now, I really want to learn about your child(ren). I want to start with strengths. Tell me things you like best about (*child*). What is/are things she/he/they good at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What traumas/upsetting events has (*child*) experienced?

**It is great that you are taking the time to answer these questions and help your child. A lot of people do not realize how hard it is to ask for help, and we admire you for it.**

We believe that you know your child best, so we’d like to hear your thoughts about how she/he/they is/are doing. Please tell me about the problems (*child*) has been having

* Where have the problems occurred? (home, school)
* With whom have the problems occurred? (friends, other adults)
* Can you give me an example?
* How long have the problems been going on?
* To your knowledge, is your child doing anything to harm themselves? Has the child ever done anything to try to harm themselves and end his/her/their life?
* Note problems that might be better addressed by other EBIs, including school refusal, eating disorder, ASD/nonverbal communication.

To confirm, your main concern is ... As his/her/their caregiver, what do *you* think (*child*) needs to help (*restate the problem)*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Throughout the interview, provide support and normalize; for example*, **thank you for being so honest. These problems are typical of the children we see in the PARTNERS Program.**

Any history of the following?

\_\_\_Child having to stay at a facility overnight for mental health reasons (Inpatient/residential psychiatric care)

Reason for admission? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_

\_\_\_Child attending therapy sessions more than once per week (Day treatment/partial hospitalization/intensive outpatient program)

Reason for this level of care \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_

\_\_\_Weekly (outpatient) therapy

Reason for referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_

\_\_\_Emergency room visits for mental health concerns

Reason for referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_

\_\_\_Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) \_\_\_\_

(If there is treatment history reported on the referral form but is not reported by the caregiver, prompt with “I see from the referral checklist that your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Is that accurate? If so, can you say more about this?”)

*Throughout the interview, provide support and normalize; for example,* thank you for being so detailed. (If relevant, these problems are typical of the children we see at PARTNERS).

**Previous Experience in Therapy:**

* We know from previous research that people’s past experiences in therapy influence their beliefs about future therapy experiences.
  + Have you or any of your family members been in therapy?
    - *If yes to past therapy experience*: Was it a therapy in which you directly discussed and processed trauma? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - What was the therapy like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - How did your background impact your experience with therapy?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - What are your current beliefs about therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Perceptions of Mental Health Services**

* How do your background and family affect your beliefs about mental health?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* How do your background and family affect your beliefs about therapy?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + *Ask follow up questions & clarify what is being asked if necessary (Blurb of own words of what we’re trying to get at).*

**Barriers to Attendance:**

Thanks for sharing about your background and associated beliefs. Now, I’d like to explain our procedures.

If you are interested in working with us after this phone screen, the next step is an intake assessment. For the intake assessment, you and your child(ren) will come to the clinic where you will meet with a PARTNERS team member. The team member will ask you to complete forms that give us permission to learn about and try to help your family. She/he/they will ask for more detail about(*child’s name )*, plus your child’s school, friends,family, and needs. She/he/they may ask questions to see how you are doing. The appointment will last about two hours. You will be able to ask any questions you have.

Do you have any questions about the first appointment?

Caregivers sometimes have mixed feelings or worries about coming to appointments. What are your concerns about bringing your child to PARTNERS?

* How might doing the intake assessment be helpful?

Sometimes families who have been through trauma have a hard time coming to therapy to talk about it. The therapy we offer is designed to help with those feelings. But those feelings can make people not want to come to therapy. We realize that what you are seeking help for may make it harder for your family to come in.

There also are other factors, like transportation, scheduling conflicts, and childcare that can get in the way of coming.

* What do you think might prevent you from attending the first appointment?

**Scheduling Appointment**

Let’s set a time for you to come in for the first appointment.

So, your appointment is scheduled for \_\_\_\_\_o’clock on //. The clinic is located at 152-11 Union Turnpike in Flushing. How do you think you’ll be getting there? Let’s review the directions by car/bus/train.

Is this scheduled appointment a time you can be available for ongoing therapy sessions? Can you provide your weekly availability to make sure we can accommodate you?

There are some things that you can do to prepare for the appointment. I suggest that you make a list of your child’s strengths and problems, and your goals for her/him.

I also think it is a good idea to tell your child about the appointment ahead of time. Would you like some help figuring out what to tell her/him?

*If caregiver says yes:*

“You might tell (*child*) that s/he will be going to a clinic where s/he will meet with someone whose job it is to meet with kids and their caregivers to help them feel better and help them get along better. You also can tell her/him that the PARTNERS team member will want to talk to both you and her/him. The team member will ask questions to find out more about her/him. It is okay if they don’t want to answer some of the questions. It is different from school--there are no right or wrong answers. It is different from the doctor’s office—there are no shots, only talking.”

I just want to remind you that it is normal to feel hesitant about coming, especially the day of your appointment. Feel free to call us before the appointment if you want to talk about this. We hope we get to see you on \_\_\_\_\_\_.

This completes our conversation. Thank you for taking the time to answer my questions and helping me learn about (*child*). Do you have any questions for me? Thank you again for your time. If you have any questions, feel free to contact me at 718-990-2367.

Evidence-based Engagement Strategies:

* *For specific needs/concrete barriers, use problem solving*
  + - *Identify the problem*
    - *Brainstorm possible solutions*
    - *Evaluate solutions (“What if…?”)*
    - *Pick one and make a plan*
* *For perceptual/conceptual barriers, use validation and psychoeducation*
* *For trauma-specific barriers*
* *Provide psychoeducation about reminders and avoidance*
* *Roleplay discussion with child*

1. *Use rewards/prizes if necessary*