



Community Outreach and Engagement

Toolkit for Mental
Health-Serving Agencies

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Version 1



THE BAKER CENTER
FOR CHILDREN AND FAMILIES

QUALITY CARE INITIATIVE

bakercenter.org



HARVARD MEDICAL SCHOOL AFFILIATE

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Introduction

What is the purpose of this toolkit?

The purpose of this toolkit is to increase your agency's ability to connect services with the families who need them most, and to effectively communicate with communities and families from the first contact. When families have access to family-friendly and accurate information about service options, they are able to play an active role in treatment planning right from the start.

Why is outreach and engagement important for evidence-based care?

This toolkit is designed to support agencies in communicating specifically about their evidence-based interventions. By engaging in training to provide evidence-based practices (EBPs), your agency is making a significant investment to better serve your community and increase the accessibility of high-quality, evidence-based care. Effectively communicating about your services as you welcome families into the agency can help to create family-centered care and enhance treatment engagement and outcomes. To be truly evidence-based, services must be informed by a combination of clinical expertise, research evidence, and family values and preferences. Effectively welcoming families and providing accessible information allows for the collaborative treatment planning and informed decision-making that lies at the center of evidence-based care.

Youth and families find their way to treatment through many doors.



Let's welcome youth and families through every door.



Schools



Self-Referrals



Health-care Providers



Within-agency Referrals



Community-based Referrals

What Can This Toolkit Do?

This toolkit is designed to help agencies:

Welcome families into treatment and set them up for successful engagement



Provide families with accessible information about their services



Develop thoughtful marketing and educational resources



Connect with community referral sources



Strengthen the agency's online and social media presence





How to use this toolkit

Utilize the **self-assessment and action plan** to reflect on your agency's current practices and identify priority action areas for enhancing your outreach.

Then, utilize specific **tools** to support your team's progress on priority action steps. The **sample materials** provide examples of content for a particular evidence-based practice, the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC), and can be adapted for use in your agency.

This toolkit can be used piecemeal by selecting the **resources** and tools that are most useful to you, or you can work your way through the full document.

The toolkit contains four sections:

- 1 Self-assessment and action plan
- 2 Compilation of tools
- 3 List of resources
- 4 Appendix of sample materials

How was this toolkit developed?

The materials in this toolkit are informed by interviews with individuals who lead with lived experience and expertise, and we highlight the importance of collaborating with people with lived experience when developing agency outreach materials and processes. This term encompasses youth and caregivers with lived experience of mental health challenges, those who are engaged in treatment and who have previously received mental health services, members of peer advocate groups, and professionals with experience both as providers and consumers of mental health services.



SAMHSA's Principles of a Trauma-Informed Approach in Practice

This toolkit is informed by SAMHSA's six principles of a trauma-informed approach.

Each of these principles provides important guidance for creating outreach and engagement materials and processes that welcome families into care. Based on interviews and focus groups conducted with youth and caregivers with lived experience of navigating the mental health care system, the following figures detail how these six principles can be put into practice when welcoming families into services.

Principles in Practice

What do SAMHSA's six principles of a trauma-informed approach look like in the context of engaging families in treatment?

1



Safety

It's crucial that families feel both physically and psychologically safe when navigating services. An important part of psychological safety includes creating a welcoming environment, prioritizing privacy and confidentiality, using inclusive language, and having the information that families need readily available.

What parents, caregivers and youth have to say about this

"The face that welcomes you with a comforting connection is why you return."

– PARENT/CAREGIVER

2



Trustworthiness and transparency

Early stages of navigating treatment can be especially overwhelming and confusing for families. As such, transparent communication from providers about treatment options is important. Transparency about treatment duration, cost, expectations, waitlist, etc., helps facilitate trust between patients and service providers. Ensuring consistency in the information that families receive helps to build trust.

"It's hard for (my mom) to schedule my appointments sometimes, and I just wish that the office would call us back and check in on us."

– YOUTH

3



Peer support and mutual self-help

Peer support should be available and valued by providers and agencies. Beginning treatment can be overwhelming, and connecting families who are new to treatment with peer advocates can help them navigate this experience. Peers can support families and youth in feeling comfortable and making the best choices for themselves regarding treatment. Peer advocates are also a critical source of information for informing the development of outreach materials and processes.

"I think peer-to-peer has to be talked about from the beginning. It's the most underutilized service, and it could be the biggest impact on anyone, connecting to somebody like you. So I think getting to know your family organization and getting to know your youth components in your state, that has to be a priority."

– PARENT/CAREGIVER



4



Collaboration and mutuality

Establishing a strong collaborative relationship between families and providers requires mutual respect and commitment. Collaboration is important for working toward the shared goal of successful treatment. Simply asking families what they need from an agency rather than telling them is a good place to start. Successful outcomes come from treatment planning that combines the expertise of families in their own lives with the clinical expertise of providers.

"There has to be a way for [families] to become involved in all levels of decision-making. I just don't want be [a] blank slate, and you just toss all these interventions on me. I want to be part of team again. I want to be able to share with you in the same way you're sharing with me."

– PARENT/CAREGIVER

5



Empowerment, voice, and choice

When agencies provide accurate information about services, families are empowered to make educated decisions about treatment. Remember that youth voices are of equal importance in this experience. Sharing power supports youth engagement in treatment planning and increases the likelihood that their goals are met.

"Another this is knowing all the options. Because I think there's so many sorts of modalities for therapy that I had no clue about when I was starting, so that's a big thing – just being educated about all the different avenues. So it's nice if providers give you a list, or give you a couple different options and lay them out before you."

– YOUTH

6



Cultural, historical, and gender issues

Creating an inclusive environment in a service setting requires care and intentionality. Early communications with families set the stage for families to feel either welcomed or wary. Using inclusive language, selecting images and terms that accurately reflect your population and clinic staff, providing clear communication about disability accessibility, creating materials in the languages that families speak, and selecting terminology that reflects all family structures and constellations, are all important starting points for helping families feel seen and welcomed.

"Be real to what you can deliver on your website. [Do] not just do the mock up photos because you want to be culturally appropriate."

– PARENT/CAREGIVER

What Helps and What Hurts?

How mental health agencies can foster SAMHSA's principles of trauma-informed care as youth and families explore treatment options.

1 How can mental health agencies put the principle of **safety** into practice?



- Recognize it is hard to ask for help and begin this process.
- Recognize and reflect youth and family strengths.
- Lead with listening and create space throughout the process to listen to youth and families.
- Understand that it may take time to build trust.
- Create a physical space that feel comfortable. Consider signage, paint color, comforting music, fidgets, water, snacks, etc.
- Provide warm handoffs when transferring between staff, providers, and agencies.

When a young adult or family feels invalidated for showing up as they are, safety is eroded. It takes hard work and strength to look for treatment. No one should feel like they are too sick or not sick enough to receive treatment.

2 How can mental health agencies put the principles of **trustworthiness and transparency** into practice?



- Prioritize confidentiality and set clear expectations with youth and caregivers about what information will and will not be shared.
- Provide clear, up-front information about services offered, such as insurance coverage, waitlists, and what information families need to provide at intake.
- Preview what information needs to be collected and why it is needed or how it benefits current and future families.
- Create a front desk environment that ensures a family's privacy, with specific awareness to comments about family structure and insurance coverage.
- Provide information in different ways (e.g. written and verbal) and at different times to support all learning styles, with the understanding that families can experience "information overload" when seeking services.
- Ensure that families hear consistent information from every staff member.

Trust needs to be earned. Transparent, non-judgmental information supports informed decision making. Things that undermine these principles include:

- Broken confidentiality, particularly for young adults
- Unnecessary or redundant questions
- Broken promises, including missed communication follow up
- Misinformation about treatment options or misleading information about cost
- Feeling "pushed" into treatment without adequate information or a collaborative process
- Insensitive language and framing. Examples include language that labels a child as a problem to be solved, blames parents, does not match the family's structure (e.g., assumes that every family consists of one mom and one dad), or is not appropriate for the child's age

3

How can mental health agencies put the principle of **peer support** into practice?



- Create opportunities for peer support throughout treatment and throughout the service system.
- Value peer support as an important part of treatment.
- Use peer support staff for a variety of roles as families navigate entry into treatment, including to:
 - Explain the intake process and what to expect
 - Review the process and basics of treatment
 - Validate the experience
 - Build trust in the process

Without peer support, youth and families may find it harder to access and understand the treatment process. It may be challenging to feel safe and trust the treatment process and providers. Empowerment and partnership become difficult to achieve.

4

How can mental health agencies put the principle of **collaboration and mutuality** into practice?



- Treat youth as experts in their lives and goals.
- Treat caregivers as experts in their children.
- Create opportunities for youth and caregivers to share concerns, feedback, and advice with providers and agency staff.
- Take action to share decision making and power around treatment plans.
- Explain the roles of everyone on the treatment team, including the roles of youth and family.

Collaboration and mutuality are the foundation of partnership. Without these principles, youth and families lose the opportunity to guide their treatment. There is a risk that youth and families could be pushed into treatment options that may not be best for them, may feel judged or blamed, or may experience their treatment as based in deficits rather than their strengths.

5

How can mental health agencies put the principles of **empowerment, voice and choice** into practice?



- Ask about and understand family strengths.
- Ensure that families understand their treatment options.
- Discuss youth and family goals at intake.
- See and reflect hope that the family will achieve their goals.
- Ensure that families and youth are involved in collaborative treatment planning.
- Verbalize that families have the right to make the final decisions about treatment planning (and have the right to say no to voluntary services).

Without empowerment, voice, and choice, youth and caregivers are left out of their own care. When youth and caregivers are left out of the treatment planning process or not provided with accessible information to make an informed choice, providers miss the opportunity to co-create the best treatment plan for the family and engage families as active collaborators from the start. Remember that many families are overwhelmed or in crisis when first seeking services; it is important to create space and time for families to have true voice and choice.

6

How can mental health agencies put the principle of **respect for cultural, historical, and gender issues** into practice?



- Treat youth and caregivers as the expert in their families, values, and cultures.
- Understand that family can be created, defined, and understood in many ways, including chosen families, kinship families, and foster families.
- Use inclusive language.
- Accurately reflect the demographics of your clinic staff and the population you work with when selecting images for your website, flyers, and office decorations.
- Ensure that intake paperwork and processes reflect the diversity of family constellations.

Without consideration for cultural, historical, and gender issues, youth/families feel invalidated, unseen, or misunderstood by services, and find it harder to trust and engage in care. Hurtful misunderstandings can grow out of narrowly defining the word “family”, making assumptions about culture and values, not engaging the whole family, or using outdated or offensive language.

Section 1: Self-Assessment and Action Plan Tool

Community Outreach and Engagement Self-Assessment

OVERVIEW AND PURPOSE

This tool is designed to help your team identify specific action steps to improve your community outreach and engagement. It can also be used to track progress as you work on completing those action steps. This tool has two components. The self-assessment guides you to consider your agency's status on aspirational goals for maximizing your ability to welcome youth and families into your services. Then, use the action plan to identify and prioritize next steps.

BEFORE YOU BEGIN

Before beginning this self-assessment, consider who in your agency should be part of the process. It is most useful to complete this assessment as a team. Consider including individuals with positions in senior leadership, direct service provision, marketing, outreach, front desk staff, and community/family partners or peer advocates with lived experience.

Who should be involved in completing this self-assessment?

This tool is designed to be used repeatedly, in order to set goals, assess progress, and identify new action steps. Consider when your team will convene again to re-assess and identify new action items.

What is our team's plan for meeting again, assessing progress, and identifying next steps?

Instructions

The self-assessment will ask you to reflect on four action areas:



1. External Outreach Materials



2. Communication with Referral Sources



3. Online and Social Media Presence



4. Internal Communications

Rate your agency's current progress on each item. This tool can be completed collaboratively, with the group discussing and then settling on a rating. Or, team members can complete the assessment individually before coming together and discussing average ratings. Keep in mind that no agency is expected to have all these items "completed," and that may not even be the goal for your agency. There are no "good" or "bad" scores and not every item will be a goal or priority for your team. Instead, this tool is intended to generate ideas and discussion about important next steps for your agency.

ACTION AREA 1: EXTERNAL OUTREACH MATERIALS

Objective: Your agency creates consistent, clear, and culturally-sensitive outreach materials to reach families who may benefit from your EBPs.

Rating: 1 = Not at all, 2 = Minimal/In Progress, 3 = Somewhat/In Progress, 4 = Task Completed (for now)

	Rating	Notes
1. Agency has identified people with lived experience and expertise who can assist with developing outreach materials. <i>See: Resources Section B</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
2. Agency creates family-friendly overview of new EBP, with input from people with lived experience. <i>See: Tool 2</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
3. Agency creates detailed and family-friendly FAQs about new EBP, with input from people with lived experience. <i>See: Tool 2 and Tool 3</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
4. Agency creates EBP-specific flyer with information about new EBP. <i>See: Tool 2</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
5. Agency makes flyers, FAQs, and all other family-facing materials available in relevant languages for the agency's population.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
6. Flyers, FAQs, and all other family-facing materials are reviewed for consistent branding and design. <i>See: Resources Section E</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
7. Flyers, FAQs, and all other family-facing materials are reviewed by community and family partners for cultural and contextual sensitivity and family-friendly language. <i>See: Resources Section D</i>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
8. Agency has brainstormed list of other necessary or useful outreach materials to connect with the youth and families they hope to serve.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
9. Any additional items needed at your agency?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	
Action Area 1: Overall Status	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	

ACTION AREA 2: COMMUNICATION WITH REFERRAL SOURCES

Objective: Referral sources in your community have accurate information about your EBPs and are able to connect families with your services.

Rating: 1 = Not at all, 2 = Minimal/In Progress, 3 = Somewhat/In Progress, 4 = Task Completed (for now)

	Rating	Notes
1. Agency creates list of current and potential referral sources that work with families who could benefit from services. <i>See: Tool 1</i>	① ② ③ ④	
2. EBP-specific flyer is adapted as needed for sharing with each frequent referral source (e.g., schools, pediatrician offices).	① ② ③ ④	
3. EBP-specific flyer is shared with identified referral sources.	① ② ③ ④	
4. Agency maintains list of key contact people and locations for referral sources to ensure that updated materials are shared over time.	① ② ③ ④	
5. Any additional items needed at your agency?	① ② ③ ④	
Action Area 2: Overall Status	① ② ③ ④	

ACTION AREA 3: INTERNAL COMMUNICATIONS

Objective: Youth and families receive consistent and family-friendly information about your EBPs when they reach out to your agency.

Rating: 1 = Not at all, 2 = Minimal/In Progress, 3 = Somewhat/In Progress, 4 = Task Completed (for now)

	Rating	Notes
1. Agency creates a list of every staff member who has the potential to speak with families about your services and new EBP.	① ② ③ ④	
2. Agency creates written "elevator pitches" with key information about new EBP, with adaptations appropriate for different audiences (e.g., parents, kids, referral sources, managed care organizations). <i>See: Tool 4</i>	① ② ③ ④	
3. All relevant staff are trained in key information and practice elevator pitch for different audiences.	① ② ③ ④	
4. Agency identifies internal contact person for answering questions from outreach staff regarding new EBP.	① ② ③ ④	
5. Agency creates written FAQ on new EBP for internal use, with input from outreach staff to identify commonly asked questions. <i>See: Tool 3</i>	① ② ③ ④	
6. Agency creates written plan for training new staff on elevator pitch and FAQs, to address turnover and maintain consistent messaging.	① ② ③ ④	
7. Materials are periodically reviewed and updated as EBP is rolled out, with feedback from community partners and outreach staff.	① ② ③ ④	
8. Any additional items needed at your agency?	① ② ③ ④	
Action Area 3: Overall Status	① ② ③ ④	

ACTION AREA 4: ONLINE AND SOCIAL MEDIA PRESENCE

Objective: Your agency has a strong online presence to provide families with easily accessible, family-friendly, and culturally-sensitive information about your EBP services.

Rating: 1 = Not at all, 2 = Minimal/In Progress, 3 = Somewhat/In Progress, 4 = Task Completed (for now)

	Rating	Notes
1. Agency has a website with general clinic information, including details about what families should expect when they connect with your clinic (e.g., transportation and parking options, what to expect when they walk in the door, etc.) <i>See: Tool 5</i>	① ② ③ ④	
2. Agency website includes general information about services and intake process (e.g., availability of telehealth treatment, intake process, etc.)	① ② ③ ④	
3. Agency confirms that accurate information about payment and insurance coverage is easily available on the website.	① ② ③ ④	
4. Agency confirms that accurate information about typical or current waitlist is easily available on the website.	① ② ③ ④	
5. EBP-specific service overview is available on agency website. <i>See: Tool 2</i>	① ② ③ ④	
6. EBP-specific FAQ is available on agency website. <i>See: Tool 3</i>	① ② ③ ④	
7. Agency has established one or more social media pages (e.g., Facebook, Instagram, LinkedIn). <i>See: Tool 6 and Resources Section F</i>	① ② ③ ④	
8. One or more staff members are identified to routinely manage and update social media and website information.	① ② ③ ④	
9. Information about types of services, population served, and which specific EBPS are available is posted on social media pages.	① ② ③ ④	
10. Social media pages are periodically updated with brief information about new EBPs, with website linked for more information.	① ② ③ ④	
11. Any additional items needed at your agency?	① ② ③ ④	
Action Area 4: Overall Status	① ② ③ ④	

Agency Action Plan

Once your team has completed the self-assessment tool, review your ratings to identify priority areas for next steps.

To utilize this Action Plan template:

- 1 **Identify concrete next steps** in the "Action Steps" column.
- 2 **Identify staff members** who will complete the identified action step in the "Person(s) Responsible" column.
- 3 **Establish deadlines** or due dates for each action step in the "Due Date" column.
- 4 **Utilize the "Notes" column** to record any notes, ideas, or challenges.

COMMUNITY OUTREACH AND ENGAGEMENT ACTION PLAN			
Date:			
Action Steps Identified (As Many As Needed)	Person(s) Responsible	Due Date	Notes

Section 2: Tools

Tool 1. Identify Your Organization's Key Referral Sources and Community Partners

Tool 2. Creating Materials to Share with Families and Referral Sources

Tool 3. Common FAQs

Tool 4. Creating an "Elevator Pitch" for Your Evidence-Based Practice

Tool 5. Creating a Welcoming Website

Tool 6. Creating a Social Media Presence

TOOL 1

Identify Your Organization's Key Referral Sources and Community Partners

PURPOSE

Use this worksheet to review your agency's current referral sources and current/future community partners. This worksheet can be used to identify where your organization will promote new programs and evidence-based practices within existing partnerships and develop a list of additional organizations or locations that may be important referral sources.



Referrals from Within Your Organization

At larger agencies, there may not always be a clear referral pathway between different parts of the organization. If a youth or family is receiving services from a different part of your agency, is there a mechanism in place to identify whether they could benefit from mental health services and direct them towards your clinic?

Do other departments within your organization know what your program does, what clients would be a good fit, and what families can expect if they come to your program? Connecting across departments can help to streamline the referral process and create a more cohesive service experience for youth and families.

Self-Referrals from Families

Families often take the initiative to reach out to an organization about treatment. Where are they learning about your services?

- Agency website
 - Agency flyers/handouts
 - Word of mouth
 - Family-run mental health advocacy organizations, e.g.:
 - [National Alliance on Mental Illness](#)
 - [National Federation of Families for Children's Mental Health](#)
-

School Communities

Schools are a frequent source of referrals and a trusted source of information for families. Within each community, there are several possible referral sources. Consider offering a short informational session for guidance counselors, special educators and parent special education groups when you add new therapeutic services.

- Public school districts
- Nontraditional/alternative school programs
- Private schools
- School personnel
 - Administrators
 - School counselors
 - School-based mental health providers
 - Special education directors
 - Other school staff
- Parent Groups and Parent/Teacher Groups
 - General Education
 - Special Education

Health Care Providers

Primary care and mental health providers refer families for specific services they are unable to provide.

Health care providers may not have information about evidence-based practices in mental health and what families should expect. Sharing information about your services with these referral sources can help families arrive at your clinic with greater clarity and hope about mental health treatment. In most communities there are a large number of providers treating patients in a range of settings, e.g. hospital, public and private. Consider reaching out via state or local provider organizations, such as American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and American Psychological Association.

Child and Adolescent Mental Health Providers

- Psychiatrists and psychiatric nurse practitioners
- Private schools
- Psychologists and therapists
- Neuropsychologists
- Inpatient, partial day, or intensive outpatient settings

Primary Care Providers

Pediatricians and primary care doctors see families frequently and often do mental health screenings. Offering information sessions and sharing flyers can help to connect with families.

- Nontraditional/alternative school programs
- Community health providers
- Pediatric practices

Regional Initiatives/ System of Care Groups

Does your area have System of Care meetings designed to build partnerships and offer integrated care for families? If yes, consider participating in these meetings to share your new services.

Community Referral Services

Does your community have community referral services, networks or databases? These services vary by state and community.

- State-run mental health call line
- Warmlines
- Specific call lines, such as for individuals experiencing domestic violence
- Referral services run through local medical schools or colleges





Community-based Services and Supports

Mental health services and supports may be offered outside of traditional health care settings.

- Mentoring programs
- Mobile crisis units or other crisis stabilization services
- Your state's 988 providers
- Coalitions supporting individuals experiencing specific issues

Law Enforcement Officers and Court Personnel

Individuals with mental health needs often interact with police and court systems. Many communities have programs to support children and families. Does your organization participate in a police partnership like the NAMI CIT program? Are there social workers in the police/court system your organization works with?

- CIT trained officers
- School-based officers, including school resource officers
- Community law enforcement agencies
- Judges and other court personnel working with youth
- Guardian ad litem

State and Local Departments and Service Providers

Programs will vary by state and region. Each community will have multiple governmental organizations that work directly with children and families. What is your organization's relationship with these organizations? Are they already a referral source? Do they know how your services can support families?

- Child Welfare System
- Department of Child and Family Services
- Department of Health and Human Services
- Department of Mental Health
 - Providers specific to your community

Community Settings

Where do families gather in your community? There are many community touch points that work for sharing information with families who don't know how to actively find mental health resources. What are these places in your community?

- Libraries
- Community meeting places
- Tabling at local events



Community Organizations

Children and families live in communities. Each community is different, and sources of support vary by a family's experience. When community sources of support know about your services, volunteers and professionals are able to share information with families.

- Big Brothers Big Sisters, YMCA/YWCAs
- Community meeting places
- Clubhouses
- Faith-based organizations
- Family Voices
- Adoption support organizations
- Gay, Lesbian and Straight Education Network
- National Association for the Advancement of Colored People
- National Council of La Raza
- Parent centers
- Parents, Families and Friends of Lesbians and Gays
- Protection and Advocacy and Client Assistance Programs (e.g., legal aide, immigration support)
- Youth groups and community centers
- Supports unique to your community

Creating Materials to Share with Families & Referral Sources

PURPOSE

Providing accurate and accessible information about your agency and interventions helps families in need find your services. It can also help prepare families for what to expect at your agency. Families who are struggling with emotional and behavioral challenges or who have experienced a traumatic event may be overwhelmed, stressed, and apprehensive about seeking support. Navigating the mental health system is not easy. Providing easy to read and supportive informational resources that are adapted to your community is a first step in connecting with families.

Effective information materials will achieve the following goals:

- Ensure that families have accurate information about what to expect from your program
- Begin to build hope and positive expectancies about what might happen if they engage in treatment
- Begin to establish a positive relationship through materials that are respectful, trauma-informed, and family-friendly

Each of these goals will help not just to welcome families to your program, but to set them up for successful engagement.



Key Considerations:

Before creating informational materials, here are some key questions to consider:

- Who is the target audience or audiences for these materials? Different settings and different audiences may benefit from different materials. For example, in a school setting, you may want to provide information for clinicians referring families and well as a flyer to be shared with families. Consider creating materials specifically for youth, while also remembering that any material you create may be read by youth.
- How will this information be accessed? Is this a flyer that someone will pick up on their own, or will a staff member be explaining it to the audience?
- How much is the audience likely to know about mental health problems and interventions already?
- What are commonly used terms for mental health in your community setting? For example, consider whether to use “behavioral health care,” “wellness,” “wellbeing,” “social and emotional health,” etc.
- At a minimum, we recommend creating a flyer and frequently asked questions page for your overall clinic and for each specific evidence-based practice offered.

Tips for Creating Welcoming Outreach Materials:

1

Include family/peer partners or people with lived experience of mental health services in the development and review process, to ensure that content is family-friendly and accessible.

"I think any time that [agencies] can have somebody on their communication staff with lived experience helping to write and inform the work that makes a big difference. I'm a huge proponent of experience in every space." – Family Advocate

2

Provide clear information about the population you serve and the services you offer in language that is not too "clinical" or uses jargon.

"I think before you even get to the front door, it would be nice to be able to offer families resources that speak to them and not get lost on the clinical side." – Parent/Caregiver

3

Highlight what families can expect from the specific intervention.
How is your program or evidence-based practice different from other services?

4

Remember that any materials you create may be read by youth who are the primary recipients of the service. Read through the materials and consider how you might feel if it was about you.

*"My son was on the elevator and read a sign. I realized I've got to go back and tell somebody they need to reframe it because the way he read it, it was all [about] the negativity."
– Parent/Caregiver*

5

Use updated and inclusive language.
See Resources Section D for compiled language recommendations.

6

Avoid acronyms unless they are clearly defined in the materials.

7

Ensure that the pictures on your materials reflect your population and services.

"Be real to what you can deliver on your website. Not just do the mock photos because you want to be culturally appropriate in your representation." – Parent/Caregiver

8

Maintain consistent design and formatting on your materials (e.g., colors and logos).

9

Break up text into different sections using headings to help readers scan the content quickly and find information they are looking for.

10

Use easy-to-read fonts.

11

Provide translated materials. Consider your target population and which languages would be most helpful to translate content into.

TOOL 3

Addressing Commonly Asked Questions

PURPOSE

Ensuring that families, referral sources, and agency staff have access to frequently asked questions helps families reach the information they need to engage in services and make informed decisions. It also creates consistency across the answers that families are receiving from different staff members, materials, and referral sources, so that families can build trust in the agency. Below are some common questions that families, community members, and potential referral sources may have about your program.

Key Considerations:

- Consider where these FAQs will be available. We recommend creating a FAQ page on your website or flyers to address the questions that commonly arise when families are considering mental health services.
- This FAQ page may need to be different for different audiences. For example, consider having a FAQ page for referring providers, for parents, and for youth.

For More Information:

On Appendix [page 40](#), see an example of how these questions could be tailored to a specific evidence-based practice, using the example of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC). Suggested language for answering these questions is also provided. The language provided is intended to be a starting point and should be adapted for your own agency, community, and audiences.



Frequently Asked Questions

General Clinical Information

Hours, Location, and Contact Information

- What are your clinic hours?
- What is the clinic location(s)?
- How can I get to your clinic?
Is parking or public transportation available?
- What can I expect at the front door?
Is there security and do I need to check-in?
- Any additional information needed regarding accessibility? (Consider: location of elevator or ramps, wheelchair-accessible bathrooms, etc.)
- Who can I contact in the event of an emergency?

Intake Process

- What is the first step in getting services at your agency?
- How long can I expect to wait after reaching out?
- What do I need to bring with me to the first appointment?



Intervention-Specific Information

Who

- Who is this intervention best suited for?
 - When is this intervention NOT a good fit?
-

What

- What issues does this intervention address?
 - What issues does this intervention NOT address?
-

Why

- When do we know a child is ready for treatment?
 - When is a good time to recommend a child/family look into treatment?
 - Why might a family want to use this intervention over another program?
 - What does it mean that the intervention is an evidence-based practice? Why is this important?
 - How will we know the intervention is working/not working?
-

When

Sessions

- How long do individual sessions take?
- How often does the child attend sessions?
- How often does the primary caregiver attend?
- Who else should attend?
- Is there homework?

Waitlist

- How long is the waitlist for treatment?
- What services or resources are available while we are on the waitlist?
- How will we be notified about changes in the waitlist?
- What's the next step?

Treatment Duration

- How long is this approach likely to take?
 - When do you think we'll be able to see loved one feeling better/reduced symptoms?
-

Where

- Is this intervention available in-person?
 - Is this intervention available in a school setting?
 - Is this intervention available by telehealth?
-

Cost

- Does insurance cover this intervention?
- What do sessions cost?
- How can I get receipts for services?
- What is the cancellation policy?

TOOL 4

Creating an “Elevator Pitch” for Your Evidence-Based Practice



PURPOSE

Often, a family’s first point of contact with your organization will be the front desk and support staff. All frontline staff should feel comfortable talking about your different services and answering questions about your evidence-based practices (EBPs).

First impressions are important to ensure that families feel hopeful about your evidence-based practices and have clarity about what the therapy process will look like. Here are some suggestions for clinics to create an “elevator pitch” about a specific evidence-based intervention!



Key Steps:

Step 1:

Consider your intake process.

Who are the people within your agency who speak to families about service options or answer questions when a potential new client connects with your agency? Make a list of these positions.

Step 2:

Collaboratively create an introduction to each evidence-based practice and a FAQ page.

Clinic leadership, clinicians, and front desk staff all have an important role to play in making sure that families have access to information about your services. We recommend working together to create resources that help staff to introduce each EBP and answer questions about it. We recommend creating two documents for front desk staff to use—one, a sample script to explain your services to families (including your evidence-based practices) and two, a FAQ page they can consult to answer frequently asked questions. As a starting point, see materials in [Appendix A](#) and [Appendix B](#), but remember to adjust the language to your clinic and your population. Discuss how the information might need to be adapted for different family constellations, to share with children, teens, and young adults, and for people who speak English as a second language.

Step 3:

Get input from people who lead with lived experience.

The best way to ensure that your elevator pitch is welcoming, informative, supportive, and accessible for families is to involve people who have lived experience navigating the mental health system as a consumer. Make sure to involve them in developing or reviewing the MATCH introduction and FAQs.

Step 4:

Practice!

Practicing introducing and explaining a new EBP is an important part of training for clinicians and supervisors, and a similar process can be helpful for anyone who interfaces with families at your agency. We recommend that all the staff identified in Step 1 have the opportunity to practice and receive support in providing information about each EBP and answering frequently asked questions. This will help them adapt the script to their own language and style. Remember to also practice what staff should say if they are not sure of an answer to a question.

Step 5:

Create a feedback system between front desk staff, providers, and leadership.

The staff you identified in Step 1 have access to important information about the common questions that families are asking, the services they are seeking, and the concerns they are raising. Similarly, clinicians have answers to nuanced or complex questions that families have about services. Creating opportunities for staff to revisit this elevator pitch is important to ensure that front desk staff can get complicated questions answered and that leadership and clinicians are informed about the additional services that families are seeking and concerns they are raising.



Tips for Creating a Welcoming “Elevator Pitch” Introduction to an EBP Service

- Provide encouragement and validation for seeking treatment.
For example: “I’m so glad you came in! We see a lot of families with similar concerns, and I think you’re in the right place. It’s brave to reach out, and I’m glad you are here.”
- Empower families in their decision making by referencing family strengths.
“Even when I was at my worst, somebody in a clinic or treatment plan meeting said, ‘You’re a really good mom. And your kid is an awesome kid.’ That was just something that did not happen often, but when it did, it allowed for opportunity.” – Parent/Caregiver
- Highlight that caregivers and youth are experts in their own families and lives.
“The first time that I had a provider explain to me that I was the expert on my family... that really made a difference.” – Parent/Caregiver
- Let caregivers and youth know that they are not alone, and that the EBP is designed for families with similar challenges and goals.
“Parents need to know that there are other parents like them.” – Parent/Caregiver
“The young people feel that they’re on an island alone, too. And I think we [can] say, this [challenge] is common, we support [other youth with this challenge].” – Parent/Caregiver
- Remember to create space to listen.
“Another [negative experience] is when a therapist has like a know- it-all attitude, when they think they have the solution, but they aren’t really listening to you or your perspective. ... It’s really like not conducive to a healing environment to have somebody be a know-all about your own life and your own situation.” – Youth
- Provide elevator pitches to youth too, so they can be involved in treatment planning right from the start.
- Create time and space to answer questions.
- Ask families how they want to receive additional information and provide them with written materials on the EBP.
“I think you ask the family or the young person how much information do you want right now. Do you want me to email you a handout? Do you want me to just explain it verbally to you? I think when you get to a place of getting permission from the person, you’re building trust.” – Peer Advocate
- Avoid acronyms unless you have clearly explained what they mean.

Creating a Welcoming Website

PURPOSE:

When families, referral sources, and community partners are looking for more information on your agency, your website is often the first place they go. Creating a welcoming website with layers of accessible information helps to support families along their journey. Starting mental health care can be a daunting task for families at a stressful time in their lives. The more your website can prepare them for exactly what to expect when they visit your center, the better.

Key Considerations:

1 Ensure that key information is easily accessible. To check how accessible it is, try this out: how many times do you have to click (and/or scroll) to find this information?

- Treatment costs
- Insurance coverage
- Approximate waitlist times
- Center location and contact information
- Types of services available, with descriptions and FAQs of each
- An overview of the intake process and what families can expect when they first reach out
- Cancellation policy





2

Create a "Welcome to our Clinic" page with information about what families can expect on their first visit. Include information such as:

- How to get to your agency, including public transportation, driving, and parking instructions
- Clear instructions on how to get to your front desk and where to go if it's located inside a larger building
- Pictures of the building and front desk
- If there is a security guard or sign-in process
- Information about where they can find bathrooms and water fountains
- Accessibility information, such as availability of elevators, accessible walkways, priority parking, and accessible bathrooms
- What materials or information families should bring with them
- Consider creating a picture or video walkthrough to show families what they can expect when they arrive!

3

Include a "Meet our Staff" page with photos and brief bios of your clinicians, front desk staff, and any other staff that families are likely to interact with. Include fun facts about staff members, such as their favorite activities or information about their pets.

4

Ensure that the pictures on your website and materials reflect your population and services.

5

Create a plan for updating your website regularly. Consider:

- Who will update the website with new information?
- What is the schedule for reviewing and updating information?
- Which types of information will need to be updated most often?

Creating a Social Media Presence

PURPOSE:

Social media plays an increasingly important role in day-to-day life and communications for many people. Fostering a social media presence for your agency can help your agency to connect with new families and referral sources, learn more about the causes, events, and values that families in your community care about, advocate for mental health care, and communicate with your community in a less formal way.

Key Considerations:

- **Before starting, consider:**
 - Who are your target audiences, and which platforms are best positioned to reach those audiences?
 - What role do you want social media to play in your overall outreach strategy?
 - What capacity does your team have to maintain an active presence on social media? Who in your team is currently doing this, or is best positioned to take on this role?
- See Resources Section F for additional information on the different social media platforms, how to use them, and considerations for posting.



Tips for Creating a Welcoming Social Media Presence

- 1** Frequent posting (e.g., 2–3 times per week) is key to creating a social media presence. To establish a regular posting schedule:
 - First create a calendar of upcoming events, holidays, seasons, and topics. Consider relevant time periods such as the beginning and end of school, finals season, holidays, and days or months dedicated to different causes or groups (e.g., Pride, mental health awareness month, Black History Month, etc.)
 - Create relevant posts for upcoming events and time periods so that you have materials banked for posting.
 - You can re-use content across platforms and re-post content you've previously created.
- 2** Follow and engage with other relevant accounts, such as family advocacy organizations, national and local mental health advocacy organizations, and local community organizations.
- 3** Make sure that your social media accounts are listed on your website, flyers, and other outreach materials.
- 4** Review all materials before posting to ensure that they are consistent with your mission and values and are family-friendly. See Tool 2 for more information on creating outreach materials, and Resources Section D for additional guidance on selecting language and images.

Section 3: Guide to Additional Helpful Resources

A

For More Information on a Trauma-Informed Approach

1. SAMHSA's Key Principles of a Trauma-Informed Approach

Description: Provides an overview of SAMHSA's guidelines for a trauma-informed approach and how to create partnership in practice.

Length: webpage

Link: <https://www.nctsn.org/trauma-informed-care/family-youth-provider-partnerships/introduction>

B

For Partnering with Youth and Families

One of the most important ways we can ensure that our materials and resources are meeting the needs of our community is by making sure that youth and families are meaningfully represented in decision making.

1. Sharing Power: A Tool for Reflection

The National Child Traumatic Stress Network

Description: Provides a series of reflections for providers to consider the experience of others at their agency (e.g., parents, intake workers, administrative staff) across the timeline of treatment engagement to ending treatment services.

Length: 2 pages

Link: <https://www.nctsn.org/resources/sharing-power-tool-reflection>

2. Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice

U.S. Department of Health and Human Services

Description: A policy brief that defines the term “lived experience”, describes the impacts and benefits of engaging people with lived experience, summarizes approaches for effective engagement, and highlights lessons learned on how to improve federal research, policymaking, and practice by engaging individuals with lived experience.

Length: 18 pages

Link: <https://aspe.hhs.gov/sites/default/files/documents/1bb6cd68f81e1bb74e3bf30e1085a354/lived-experience-brief.pdf>

3. Lessons Learned: Fundamental Insights to Engage Children and Youth

Quality Improvement Center on Engaging Youth in Finding Permanency

Description: Highlights lessons learned and recommendations for engaging children and youth, specifically in regards to permanency decisions. Includes a series of podcasts from people with lived experience that highlight important lessons and recommendations.

Length: website, with brief (10–15 minute) audio podcasts

Link: <https://qic-ey.org/products/lessons-learned/qic-ey-lessons-learned-authentic-engagement-of-children-and-youth-reimagined-and-clearly-defined/>



For Helping Families Engagement in Treatment

1. Survey Says Parents Tell Us How We Can Engage Them

Association for Children’s Mental Health in Michigan

Description: An infographic that summarizes parent perspectives on what makes parents feel engaged, how professionals can be welcoming, and what disengages parents.

Length: 2 pages

Link: https://www.ffcmh.org/_files/ugd/eeeeef8_d672318ed34d4fee98d569d00e622294.pdf

2. Family Engagement and Involvement in Trauma Mental Health

The National Child Traumatic Stress Network

Description: Reviews the importance of family engagement, outlines potential barriers, and strategies. Developed specifically for the context of Child Advocacy Centers, but applies broadly to youth mental health care.

Length: 2 pages

Link: <https://www.nctsn.org/resources/family-engagement-and-involvement-trauma-mental-health-cac>

D

For Creating Inclusive and Respectful Resources: Considering Language and Images

1. Reframing Language

The African-American Behavioral Health Center of Excellence, Center for Excellence for Behavioral Health Disparities in Aging, and the Center of Excellence for LGBTQ+ Behavioral Health Equity

Description: A collection of updated language recommendations for describing mental illness and referring to different populations.

Length: 7 pages

Link: <https://nfs-tac.org/ResourceMaterials/Combined%20Language%20Guidance%20Angela%20Final.pdf>

2. Promoting Diversity and Inclusion in Advertising: a UNICEF playbook

UNICEF.

Description: A guide on how to create marketing materials that promote diversity and inclusion. While it is not focused on mental health materials, it provides useful guidance for considering a) gender; b) race, ethnicity and culture; c) disability; and d) family and caregivers and avoiding stereotypes or discrimination in marketing.

Length: 49 pages

Link: <https://www.unicef.org/media/108811/file/UNICEF-PLAYBOOK-Promoting-diversity-and-inclusion-in-advertising.pdf>

3. Reframing Children’s Mental Health: A Communications Toolkit

The FrameWorks Institute

Description: A collection of materials that provide recommendations for choosing language that is consistent with a systems-level, biopsychosocial model of children’s mental health rather than a narrow understanding of mental illness.

Length: A web-based resource; “quick-start guide” is 4 pages

Link: <https://www.frameworksinstitute.org/toolkit/reframing-childrens-mental-health/>

E

For Designing Visual Resources

Websites and software like Canva, Adobe Spark, Visme, and Crello can help you to easily design visually-pleasing handouts, infographics, and more. Many have free versions as well as paid upgraded versions with more options.

Nonprofits can access the “pro” version of Canva for free:

<https://www.canva.com/canva-for-nonprofits/>

F

For Crafting Social Media Messages

1. Helpful Social Media Tips and Digital Media Best Practices

The National Federation of Families

Description: Provides tips on promoting your agency and mission, and an overview of different social media platforms and best practices for each.

Length: 8 pages

Links:

Social media tips:

https://www.ffcmh.org/_files/ugd/49bf42_24051d628cbc4392ac7df85033519cdf.pdf?index=true:

Digital media best practices:

https://www.ffcmh.org/_files/ugd/49bf42_3ade805dd81a420daf4fe811cdf953c8.pdf?index=true

2. Creating Effective Child- and Family-Focused Disaster Behavioral Health Messages on Social Media

The National Child Traumatic Stress Network

Description: A resource on creating effective social media messages on behavioral health, specifically in the aftermath of disasters. The guidance provided has broad utility for creating thoughtful social media content about behavioral health.

Length: 38 pages

Link: https://www.nctsn.org/sites/default/files/resources/special-resource/creating_effective_child_and_family_focused_disaster_behavioral_health_messages_on_social_media.pdf



Section 4: Appendix

APPENDIX A

Sample MATCH Flyer for Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems (MATCH-ADTC)

What is MATCH?

MATCH, also called MATCH-ADTC, is a counseling program that is designed and tested to help kids who are experiencing anxiety, depression, post-traumatic stress, or behavioral problems. It stands for the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems. MATCH is an evidence-based treatment program lead by mental health counselors. It is designed to be flexible in order to provide a wide range of tools and supports depending on your child's strengths and needs. MATCH counselors draw from family input to customize the treatment strategies. Throughout the program, kids and families learn skills and build a toolkit of scientifically proven strategies to help manage challenges that come up at home, at school, or with friends. Counselors who use MATCH will work with you to customize these strategies to your family.

Who is MATCH best suited for?

MATCH is designed for kids aged 6 to 17 who are experiencing anxiety, depression, post-traumatic stress, and behavioral problems, including disruptive behavior associated with ADHD. MATCH is flexible and can be individualized to support kids and families who are experiencing one or more of these challenges.



What will MATCH look like for my family?

MATCH will involve regular meetings between you, your child, and your counselor. Caregivers are the most important people in a child's life, so MATCH involves participation from the caregivers to support children in learning skills and strategies. Some sessions might include just your child, while other sessions might include just caregivers, or everyone meeting all together. If your primary concern is your child's behavior, MATCH will mainly involve meeting with you and any other caregivers. In between sessions, your counselor will ask you and your child to practice the skills and strategies you are learning.

What does it mean that MATCH is evidence based?

MATCH uses cognitive and behavioral strategies that have been tested and found to be effective in helping with a wide range of emotional and behavioral health problems. In research that compared MATCH to other therapy approaches, MATCH was found to help kids and families reach their treatment goals faster and with fewer additional services needed.

How will we know if MATCH is working or not working?

An important part of MATCH is identifying you and your child's goals for treatment and checking in regularly about progress on these goals. Every week, you and your child will fill out a short survey about your child's feelings and behaviors over the week. This survey only takes a few minutes and can be completed online, by phone, or in session with your counselor. Your counselor will use this information to discuss progress with you and help guide decisions about what next skills to focus on next. This approach helps make sure that treatment fits your family and your goals.



Caregivers are the most important people in a child's life, so MATCH involves participation from the caregivers to support children in learning skills and strategies.



This is a sample flyer. Your agency can adapt and edit it for your use. For an editable version:

Download Here

Insert Agency Logo Here

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Insert Agency Name
Insert Address
Insert Phone Number



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How will we know if MATCH is working or not working?

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Caregivers are the most important people in a child's life, so MATCH involves participation from the caregivers to support children in learning skills and strategies.



Sample FAQs for MATCH

Who is MATCH best suited for?

MATCH is designed and tested for kids ages 6-17 with anxiety, depression, post-traumatic stress, or behavioral problems. MATCH is designed to be individualized and tailored to support kids and families who are experiencing one or more of these challenges. Unlike most evidence-based manuals that focus on a single problem area (e.g., anxiety only), MATCH can be applied to multiple areas by developing a treatment plan that fits each individual's needs and strengths.

When is a good time to recommend that a child/family look into treatment?

All kids experience ups and downs, and all parents and caregivers worry about their children and their behavior sometimes. It can be difficult to know when to look for additional support. When the behaviors you are worried about are getting in the way of your child's ability to be successful at school, with peers, or at home, it is important to know that there are mental health resources that can help.

Why might a family want to use MATCH over another program?

MATCH is a specific type of cognitive behavioral therapy, or CBT. CBT is one of the best-studied and supported interventions for helping with a wide variety of behavioral and emotional problems. Like other CBT interventions, MATCH focuses on helping kids and families build a toolkit of strategies to help manage challenges that come up at home, at school, or with friends. What is unique about MATCH is that it is designed to help counselors customize these strategies to your family, and address more than one type of problem that might come up. For example, some kids might be struggling with a lot of fear and anxiety about social interactions, and also have symptoms of depression like feeling down or losing interest in



activities. Other families might be struggling with a child that acts out in problematic ways, like having big tantrums or frequently arguing with adults, and also has symptoms of depression or anxiety. Or, a child might have been struggling with their behavior, and then have experienced a traumatic event that is causing them to have nightmares and feel very upset. MATCH can help counselors and families work together as a team to create a tailored treatment plan that addresses multiple problem areas.

► **Customize for your agency:**

Think about what makes your program unique! How should a family choose between your program and others available at your organization or other organizations?

When is MATCH not a good fit?

MATCH is not designed to address all primary mental and behavioral health concerns. For example, MATCH is not designed to address eating disorders, schizophrenia, or psychotic disorders. Outpatient therapy with MATCH may also not be a good fit if a child often engages in unsafe behavior (e.g., runs away from home, harms other, or harms themselves). In this case, a higher level of care may be needed to keep the child and family safe.

► **Customize for your agency:**

This will vary by the agency/clinic setting. For example, if your agency offers MATCH in an in-home, inpatient, residential, or intensive outpatient setting with greater resources available to the family, MATCH can be appropriate.

MATCH is an Evidence-Based Practice (EBP). Why is this important?

MATCH uses cognitive and behavioral strategies that have been tested and found to be effective for a wide range of problems. In trials that compared MATCH to other therapy approaches, MATCH was found to help kids and families reach their treatment goals faster and with fewer additional services needed. If your counselor is using an evidence-based practice, it means they are using all the information we have about what strategies have worked for other kids and families with similar challenges.



How will we know MATCH is working/not working?

An important part of MATCH is identifying you and your child's goals for treatment, and checking in regularly about progress on these goals. Every week, you and your child will fill out a short survey about your child's feelings and behaviors over the week. This survey only takes a few minutes and can be completed online, by phone, or in session with your counselor. Your counselor will use this information to help discuss progress with you and make decisions about what next skills to focus on next, to make sure that treatment is tailored to your family.

► Customize for your agency:

Think about how your organization measures progress in different ways. Be prepared to explain this process, including how and where it is completed.

How often and how long are sessions?

MATCH will involve regular meetings between you, your child, and your counselor. At our clinic, sessions are typically **xx** minutes long (fill in for your agency) and are conducted weekly. Caregivers are the most important people in a child's life, so MATCH involves participation from the caregivers to support children in learning skills and strategies. In between sessions, your counselor will ask you and your child to practice the skills and strategies you are learning.

► Customize for your agency:

It's very important to make sure that families know what to expect, because this will help them to better engage in your program. Consider any logistics that families should consider and expect.

Who will attend sessions?

Caregivers are the most important people in a child's life, so MATCH involves participation from the caregivers to support children in learning skills and strategies. Some sessions might include just your child, while other sessions might include just caregivers, or everyone meeting all together. If your primary concern is your child's behavior, MATCH will involve meeting primarily with you and any other caregivers.

Is there homework?

In between sessions, your counselor will ask you and your child to practice the skills and strategies you are learning. Your counselor will work with you and your child to make sure that practices are useful and achievable.

► Customize for your agency:

It's helpful to offer examples of homework and how often/long the homework practice is recommended.

How long is the MATCH treatment likely to take?

The MATCH program is designed to be complete when you and your child have achieved your treatment goals, rather than sticking to a specific length of time. Average duration varies, but is typically around 20-30 weeks for many families.

Additional Information on MATCH Treatment for Specific Problem Areas

This document provides additional information about different problem areas and what MATCH treatment may look like. Importantly, MATCH treatment will look different for each family because it is tailored to their needs. For most front desk staff and flyers/handouts, the level of detail provided in this document is likely unnecessary. This information in this document may help clinicians and experienced staff provide additional details to families that request a more in-depth description of MATCH treatment.

Anxiety

What does anxiety in children and teens look like?

Anxiety can show up in kid's lives in a lot of different ways. Some kids are very afraid of one thing in particular, like bees or dogs. Other kids struggle with social anxiety, and may avoid social interactions, have a difficult time speaking up in class, or refuse to go to school at all. Some kids seem to worry about many different types of things, or experience a lot of stomachaches or headaches.

Some signs that a child or teen might be experiencing anxiety are:

- Avoiding certain situations
- Worrying a lot
- Reporting frequent headaches, stomachaches, racing heart, or other physical concerns
- Difficulty concentrating or sleeping
- Difficulty separating from parents or caregivers
- Difficulty speaking with unfamiliar people or speaking up in class



What will MATCH treatment for anxiety look like?

To start with, your clinician will get to know you and your child and share more information about what you can expect from therapy. Then, the clinician will teach you and your child more about anxiety and help your child create a list of anxiety-provoking situations. The clinician will help your child gradually practice those situations in a step-by-step way to help them overcome their fears. The clinician may also teach coping strategies and other skills to help your child practice their bravest behaviors. As a caregiver, you'll be an important part of the process too! Your clinician will help you to support your child in practicing brave behaviors in between sessions as well as during sessions.

Depression

What does depression in children and teens look like?

We all feel sad, down, or irritable sometimes. When a child feels sad, down, or irritable for much of the day for over two weeks, they may benefit from treatment focused on depression. Depression can look different in kids and teens as compared to adults. For example, kids with depression may not appear sad all the time, but still feel sad and down for parts of the day. Additionally, some youth may seem irritable, cranky, or mean rather than looking sad.



Signs that a child or teen might be experiencing depression:

- Feeling hopeless
- Being easily annoyed
- Having low energy
- Trouble concentrating or making decisions
- Sleeping too much or too little, or sleeping during the day
- Gaining or losing a lot of weight
- Low self esteem
- Struggling in school
- Thinking about or attempting suicide
- Engaging in self-harm behaviors
- Withdrawing or isolating from friends and family

What will MATCH treatment for depression look like?

First, your clinician will get to know you and your child and provide more information about what to expect from therapy. To treat depression, the MATCH approach focuses on teaching a “toolbox” of different skills that give kids more power over their mood and help them to get unstuck from low moods. These strategies are all evidence-based, so we know they can help! Strategies include problem solving, choosing a positive activity, and relaxation. The clinician will help your child practice these skills in session and at home. The clinician will also help you to support your child in using these skills.





Trauma

What does post-traumatic stress in children and teens look like?

When something scary or upsetting happens, it can affect children in many different ways. It's normal for kids to be upset when something traumatic happens. For some kids, these changes in behavior or mood continue to cause problems even several weeks, months, or years after the event occurred. Everyone responds to trauma in different ways. Post-traumatic stress can look very different depending on the traumatic event, the specific child, and the context. Avoiding thinking or talking about the event, or avoiding any reminders of the event.

Some signs of a post-traumatic stress include:

- Becoming very upset when reminded of the event
- Acting out the event while playing
- Trouble sleeping
- Having nightmares about the event
- Feeling numb
- Lacking positive emotions
- Irritability or angry outbursts
- Intense ongoing fear or sadness
- Always looking out for possible danger and being easily startled

What will treatment for trauma look like?

To start with, your clinician will get to know you and your child and share more information about what you can expect from therapy. It can take time for some children to get comfortable with a new clinician. Then, the clinician will teach you and your child more about traumatic stress and relaxation skills. The clinician will help your child process difficult memories by gradually sharing their story and becoming more comfortable talking about it in a safe space. Caregivers are an important part of treatment for traumatic stress, and your clinician will help you support your child as they engage in therapy.



Behavior Problems

What do behavioral problems in children and teens look like?

All kids act out or have tantrums sometimes. For some kids, defiance, irritability, and oppositionality become a big problem for them at home, at school, or in their community. While most kids grow out of these behaviors eventually, they can take a serious toll on family relationships and can be hard for parents to manage.



Some signs of behavioral problems include:

- Frequent temper tantrums
- Being easily annoyed
- Refusing to follow rules or instructions
- Arguing with authority figures
- Deliberately annoying people
- Caregivers feeling like they are “walking on eggshells” to avoid upsetting their child
- Caregivers feeling like “everything is a battle” with their child

What will treatment for behavioral problems look like?

Treatment for behavioral problems involves the clinician meeting primarily with the caregiver. Many years of research has consistently shown that working with caregivers is much more effective in changing problem behaviors than working directly with youth. This is because you know your child best and spend the most time with them. Your clinician will first get to know you, your child, and your primary concerns and goals. Then, they will work with you to build up positive interactions with your child and identify the best strategies to increase your child’s positive behaviors and reduce negative behaviors. Each week, your clinician will teach a new skill, help you troubleshoot how to use it at home, celebrate successes, and work with you to overcome challenges.

What if my child has more than one of these areas of concern?

It is very common for children to experience problems in more than one of these areas. MATCH is designed to be flexible, so that your clinician can work with you and your child on more than one area. Your clinician will work with you to determine which symptoms are causing the most problems for your child and your family when you start. Then, your clinician will work with you and your child to teach skills and techniques that are tailored to your child and your family and address the most important concerns.



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