



Mental Health Providers

Suggested Interview Questions from Connecting for Kids

BASIC INFORMATION

Organization Name: _____ Table #: _____

Contact Name: _____ Phone: _____

PROVIDER BACKGROUND*

- | | | |
|-----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Behavior Intervention Specialist | <input type="checkbox"/> Licensed Marriage & Family Therapist | <input type="checkbox"/> Licensed Social Worker |
| <input type="checkbox"/> Early Intervention Specialist | <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Psychologist |
| | | <input type="checkbox"/> Psychiatrist |

Specialty Training/Certification: _____

* For more information, see connectingforkids.org/Mental-Health-Specialties

TREATMENT OPTIONS*

- | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Behavioral Therapy/ Applied Behavior Analysis (ABA) | <input type="checkbox"/> Dialectical Behavioral Therapy (DBT) | <input type="checkbox"/> Marital or Family Therapy |
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) | <input type="checkbox"/> Collaborative & Proactive Solutions (CPS) | <input type="checkbox"/> Group Therapy |
| | <input type="checkbox"/> Psychotherapy ("talk therapy") | <input type="checkbox"/> Play Therapy |

* For more information, see connectingforkids.org/Treatment-Options

SESSION FORMAT

- | | | |
|---------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Meet with caregiver only | <input type="checkbox"/> Meet with caregiver & child together | <input type="checkbox"/> Meet with child only |
|---------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|

If you meet with my child only, will I be allowed to know what happens in your sessions? Yes No

EXPECTED OUTCOMES

What kinds of outcomes do patients typically have when working with you?

- | | | |
|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Diagnosis & treatment | <input type="checkbox"/> Diagnosis & referral for treatment elsewhere | <input type="checkbox"/> Treatment for an existing diagnosis (referral for diagnosis elsewhere may be available) |
|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

PAYMENT TYPES

- | | | |
|-----------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Health insurance accepted* | <input type="checkbox"/> Private pay | <input type="checkbox"/> Able to help with paperwork for reimbursement |
|-----------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|

* Insurance accepted depends upon your unique plan coverage. Always call your insurance provider prior to starting any new treatment.



Mental Health Providers

Suggested Interview Questions from Connecting for Kids

BASIC INFORMATION

Organization Name: _____ Table #: _____

Contact Name: _____ Phone: _____

PROVIDER BACKGROUND*

- | | | |
|-----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Behavior Intervention Specialist | <input type="checkbox"/> Licensed Marriage & Family Therapist | <input type="checkbox"/> Licensed Social Worker |
| <input type="checkbox"/> Early Intervention Specialist | <input type="checkbox"/> Licensed Professional Counselor | <input type="checkbox"/> Psychologist |
| | | <input type="checkbox"/> Psychiatrist |

Specialty Training/Certification: _____

* For more information, see connectingforkids.org/Mental-Health-Specialties

TREATMENT OPTIONS*

- | | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Behavioral Therapy/ Applied Behavior Analysis (ABA) | <input type="checkbox"/> Dialectical Behavioral Therapy (DBT) | <input type="checkbox"/> Marital or Family Therapy |
| <input type="checkbox"/> Cognitive Behavioral Therapy (CBT) | <input type="checkbox"/> Collaborative & Proactive Solutions (CPS) | <input type="checkbox"/> Group Therapy |
| | <input type="checkbox"/> Psychotherapy ("talk therapy") | <input type="checkbox"/> Play Therapy |

* For more information, see connectingforkids.org/Treatment-Options

SESSION FORMAT

- | | | |
|---------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Meet with caregiver only | <input type="checkbox"/> Meet with caregiver & child together | <input type="checkbox"/> Meet with child only |
|---------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|

If you meet with my child only, will I be allowed to know what happens in your sessions? Yes No

EXPECTED OUTCOMES

What kinds of outcomes do patients typically have when working with you?

- | | | |
|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Diagnosis & treatment | <input type="checkbox"/> Diagnosis & referral for treatment elsewhere | <input type="checkbox"/> Treatment for an existing diagnosis (referral for diagnosis elsewhere may be available) |
|------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

PAYMENT TYPES

- | | | |
|-----------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Health insurance accepted* | <input type="checkbox"/> Private pay | <input type="checkbox"/> Able to help with paperwork for reimbursement |
|-----------------------------------------------------|--------------------------------------|------------------------------------------------------------------------|

* Insurance accepted depends upon your unique plan coverage. Always call your insurance provider prior to starting any new treatment.