

GETTING STARTED – LEARNING BASIC TERMINOLOGY

To understand mental health in your child, a brief overview of key terminology is essential. **Mental health** refers to positive social, emotional, and physiological well-being. Positive functioning is a central component of mental health. Mental illnesses relate to a child's inability to effectively manage those aspects of well-being and, therefore, have difficulty progressing throughout the day. As such, **behavioral health** is often used interchangeably with mental health. These terms also relate to the promotion of intervention, prevention, and treatment for mental illnesses. Specifically, interventions enhance children's chances of better mental health throughout their lives.

Wellness is a comprehensive approach to health, including physical, mental, spiritual, and social well-being. Focusing on wellness is a positive process in which an individual is consciously working toward achieving their goals.

The term **positive psychology** refers to the goal of maintaining happiness and developing personal strengths over time.



The so what...

Why is it important for you to know these terms as parents?

These terms are interrelated and provide a basis for developing an awareness of your child's mental health. In supporting your child, it is critical to acknowledge that mental health and wellness are multifaceted and your role as a parent is key to fostering environments in which your child can build skills and achieve their goals.

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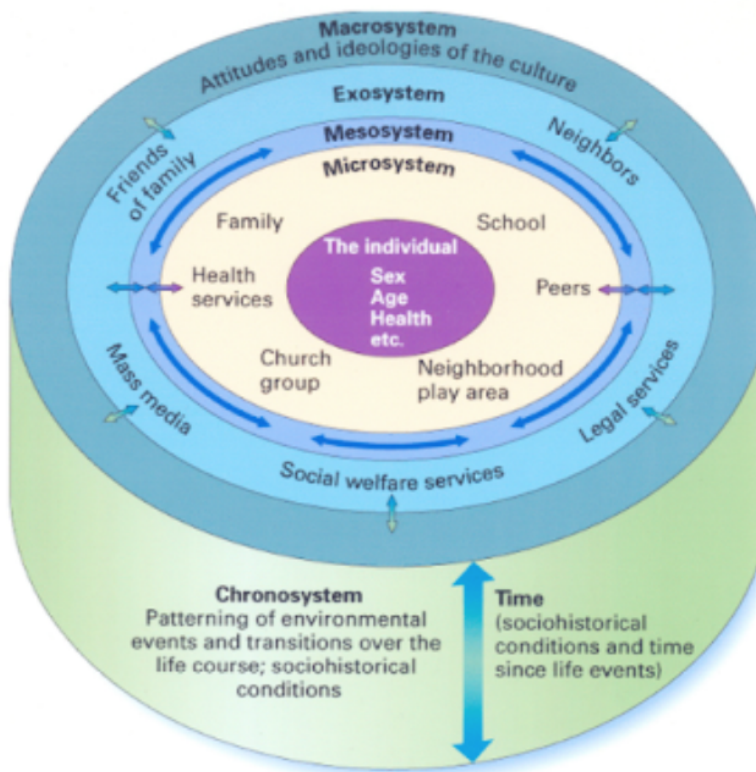
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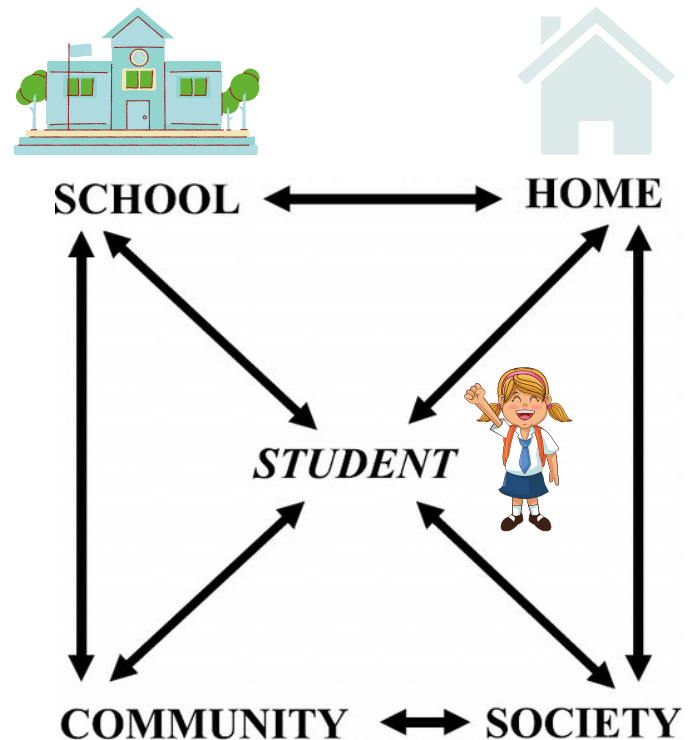
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OVERVIEW OF A SYSTEMS APPROACH TO MENTAL HEALTH

- A student's mental health **extends far beyond the home context**
- Qualities of a child (genetic and biological) interact with their environment to influence how they will grow and develop



****These systems interact with and influence each other in all aspects of the child's life and development**



Microsystem: Smallest and most immediate environment such as the daily home, school or daycare, peer group and community

Mesosystem: Includes the interaction of the different microsystems which children find themselves in

Exosystem: Interaction between two or more settings, one of which may not contain the developing children but affect them indirectly nonetheless

Macrosystem: This ecological system includes children's cultural patterns and values, as well as their political and economic systems

Chronosystems: May include a change in family structure, address, parents' employment status, as well as immense society changes such as economic cycles and wars

ENHANCING MENTAL HEALTH & WELLNESS AT HOME

Checklist for fostering mental health:



- ☐ **Identify ways to relax with your child**
 - a.movies, walk, reading together
- ☐ **Engage in family fun activities together**
- ☐ **Emphasize their strengths through positive reinforcement**
 - 1.Pay attention to your child's use of the internet and social media
 - a.Focus on emphasizing physical activity
- ☐ **Make goals with your child**
 - a.Practice goal-setting with smaller or easier goals to achieve
- ☐ **Assist your child in maintaining routines at home**
- ☐ **Model behavior** - demonstrate your own personal focus on mental health by talking about mental health and doing things for yourself (e.g., yoga. walking)
 - a.Try to avoid negative conversations with your spouse or other family members (e.g., financial issues, relationship/martial issues)



TAKING CARE OF YOUR OWN MENTAL HEALTH

On an airplane you are always told to put on your own oxygen mask before helping your child. The same holds true for mental health – in order to help your child with their mental health, it is crucial to ensure that you are practicing healthy behaviors as well. Here are some ideas of how to focus on improving mental health as part of your daily routine:

- Do something to unwind every day, if possible, separate from your child
- Dedicate time during the day for reflection and meditation in a quiet space
- Exercise as a family (e.g., yoga, hiking)
- Get in a routine of eating healthy
- Make an effort to get an adequate amount of sleep



HOW YOU CAN HELP

Mindfulness Activity

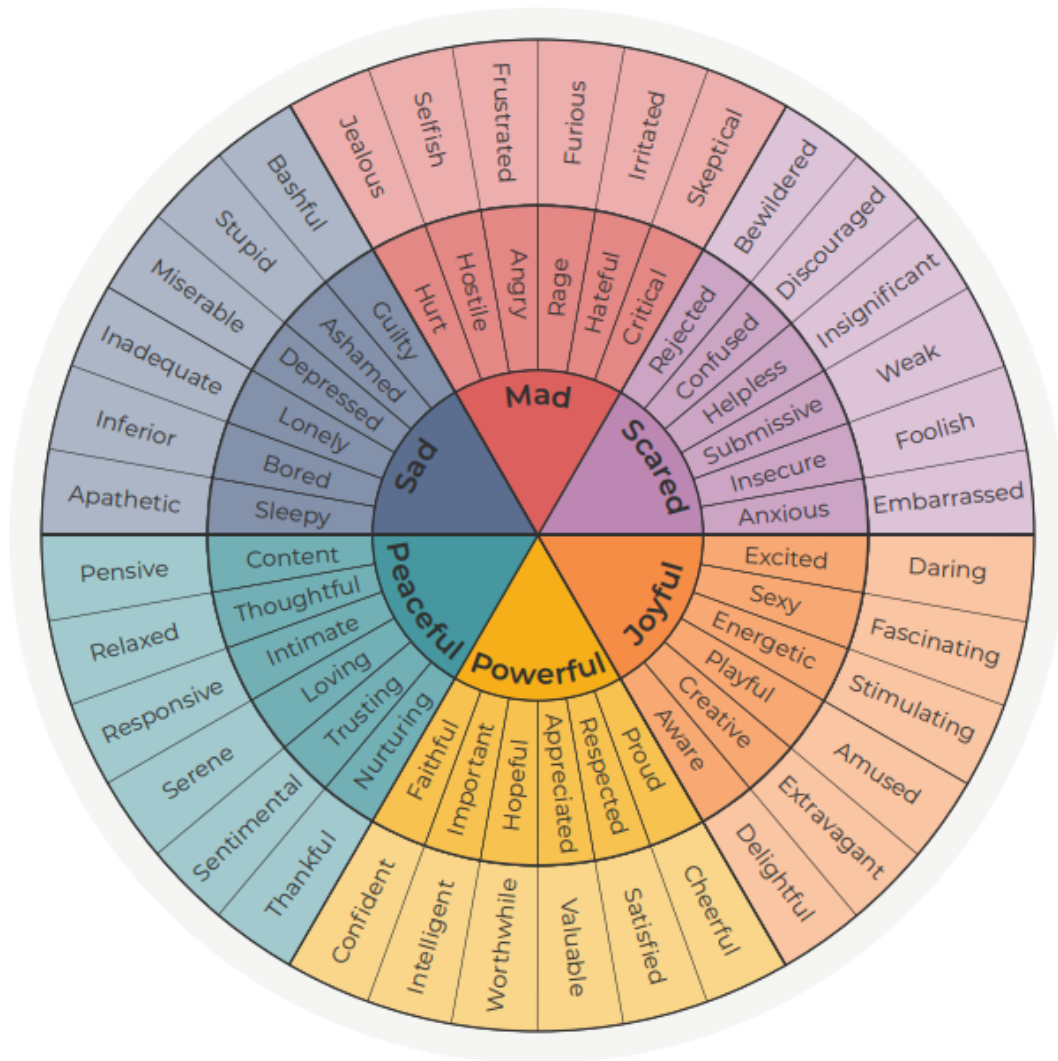
This is a helpful activity to do with your child when you notice changes in their mood, or after a stressful day.

1. Ask your child to either tell you or write down the things that are making them sad, angry, anxious, etc.
2. Next, tell them to close their eyes and imagine those feelings and thoughts being placed inside balloons
3. After a few seconds, tell them to imagine those balloons floating away and have them open their eyes.



Directions: Print this page and try incorporating the feeling wheel in your conversation with your child. Keep a copy of the wheel in the house to use with your child regularly. Be sure to share your feelings with your child too!

The Feeling Wheel



The Gottman Institute
Developed by Dr. Gloria Willcox



Where Teens and Families Heal Together.

Program Overview

Beyond Healthcare provides holistic mental health care to teens and their families. We help families heal by providing exceptional care and connecting parents to our vibrant, inclusive community. We know parents are busy, so our services are designed to be convenient.

At [Beyond Healthcare](#), we offer a variety of mental health services for your family. Each teen and parent in our care is unique. We create personalized treatment plans to meet your family's needs. Whether your teen is facing diagnosed mental health issues like anxiety or depression, they are struggling with behavioral issues at home or at school, or your family just needs more support during a stressful time, we offer targeted treatment that can help.

ABOUT BEYOND HEALTHCARE

Beyond Healthcare is a mental healthcare outpatient provider in Toledo, OH serving teens, and their families. We offer holistic mental health care in a highly personalized manner that addresses the body, mind, and spirit. We acknowledge the impact that past and current trauma have on overall health, address basic needs, and pride ourselves on building trusting relationships with our clients. We provide care wherever it is convenient for each family: online, in the community, or in our care center. We are committed to being agents of change in reducing stigma and building a purposeful community as a key to our clients' lifelong wellness. Parents shouldn't have to struggle alone or in shame when they have a teen who has behavioral challenges or mental health concerns.

OUR VALUES

Beyond the basics: We do what's best.

Beyond comfort: We are courageous.

Beyond perfection: We are humble.

Beyond Healthcare: We are inclusive and holistic.

SUPPORTIVE COMMUNITY FOR ALL

Beyond Healthcare welcomes and celebrates all types of families.

A connected community is a place where you and your family belong, can build relationships, and gain support. You don't have to do this alone. There are other parents just like you who will walk alongside you as you participate in our family and alumni programs. We offer unique, open-minded, family-centered, constructive conversations to help parents feel supported and connected. We specialize in helping parents whose teens struggle with the following issues:

Oppositional defiant disorder (ODD)
Attention deficit hyperactivity disorder
(ADHD)

Depression and anxiety
Self-injuring behavior
Co-occurring disorders

If you're not sure whether our programs are right for you and your family, please contact us about receiving a free consultation or scheduling an assessment.

ASSESSMENT & DIAGNOSIS

Maybe you've noticed changes in your teen, or they've expressed feelings of hopelessness or anxiety. If you're looking for answers, we offer a comprehensive assessment and can provide a correct diagnosis. This will help our



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team develop the most effective treatment plan for your family's needs. Our mental health services for children and teens are covered by Medicaid and private insurance.

GROUP THERAPY

In group counseling, teens and their families can find support and perspective. This can also be an invaluable way for teens to build life skills like communication. In individual counseling, we help the teens and families in our care understand how mental health challenges have impacted their lives and how they can build towards a better future.

TRAUMA WORK THROUGH MULTIMODAL THERAPY

Our multimodal approach to trauma therapy might incorporate any or all of the following:

Music therapy
Art therapy
Yoga therapy

Mindfulness
Meditation
Neurofeedback

Our goal is to help the teens in our care work through past trauma and learn healthy coping skills for the future.

DAY TREATMENT & AFTER-SCHOOL PROGRAMS

Parents and caregivers today have busy lives, which can make it hard to schedule a day treatment for their teen. Beyond Healthcare's day treatments take place during the day, after school, and even on school breaks. This approach is part of a holistic solution. Teens who are struggling with their mental health or behavioral issues can benefit from the structured and group therapy setting available with our day treatment and after-school program. And the support can be received Monday, Tuesday and Thursday from 4 p.m. to 7 p.m. during the school year.

PARTIAL HOSPITALIZATION PROGRAM (PHP)

PHP offers intensive mental health support and is best suited to teens who are experiencing mental health symptoms that inhibit them from attending school, are stepping down from hospitalization inpatient level of care, or adolescents who need a more intensive level of care. This program is offered **MONDAY - FRIDAY FROM 9:00 - 3:30 P.M.**

FAMILY INVOLVEMENT, EDUCATION, AND TREATMENT

We believe that family involvement is key to helping kids heal. To help parents learn how to best support their teen, we offer family treatment, coaching, and education. In addition, we'll connect you with other families who are navigating behavioral health challenges. Community connection can offer the support you need while in treatment.

MEDICATION MANAGEMENT

If medication is right for your teen, we'll work to develop a treatment plan you are comfortable with that is in line with best practices for medication administration. Deciding to give your teen medication can be complicated, which is why our team will take time to explain the benefits and risks of each medication and give you time to make the right decision for your family.

In addition, we provide support and resources for parents who are struggling with their mental health and who would benefit from medication. Our goal is to help everyone in our care heal and make informed decisions.

TELEHEALTH

During the COVID-19 pandemic and beyond, we want to give parents the options for treatment that will work best for their family. If virtual counseling sessions are right for you, we'll help you access care from wherever you are.



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CARE COORDINATION & CASE MANAGEMENT

Non-medical factors could also be impacting your family's health. Sleep and stress management, nutritional assistance, and help with housing and transportation can make a difference in your teen's mental health. Our care coordinators can offer assistance with any of these needs.

We're here to support your whole family. Parental coaching, education programs, and family therapy can help you learn how to best support your teen on their journey to recovery. Regardless of whether the path you take involves medication, we'll help your teen develop healthy coping skills and strategies so that they can be prepared for life's challenges.

REACH OUT TO BEYOND HEALTHCARE TODAY!

Contact us at 216.399.0201 or reach out online to learn more about the mental health services we offer. We'll meet you where you are to help you and your family heal.



INTENSIVE OUTPATIENT PROGRAM

WHAT IS THE PURPOSE?

**IOP IS A GROUP THERAPY
OPTION TO HELP
CHILDREN AND TEENS
MANAGE MENTAL HEALTH
ISSUES AND DEVELOP
NEW SOCIAL AND COPING
SKILLS.**

DOES MY CHILD QUALIFY?

- **ARE THEY STRUGGLING
WITH BASIC DAILY
TASKS?**
- **HAVE THEY BEEN
UNSUCCESSFUL IN
TRADITIONAL WEEKLY
THERAPY?**
- **DO THEY NEED EXTRA
SUPPORT TO THRIVE?**

WHAT WILL MY CHILD ACHIEVE?

- **IMPROVED BEHAVIORS**
- **REDUCED SYMPTOMS**
- **STRONGER
RELATIONSHIPS**
- **SKILLS FOR THE FUTURE**



***Medicaid & Commercial Plans Accepted**

**RUNS MONDAY,
TUESDAY, THURSDAY**

ACADEMIC YEAR 2022-2023

4 - 7 PM

**LEARN MORE AT: WWW.BEYONDHCCLEVELAND.COM | CALL US AT: 216-399-0201
23600 COMMERCE PARK RD., SUITE A, BEACHWOOD OH 44122**

WE ARE BEYOND HEALTHCARE

**CALL TODAY TO SCHEDULE AN ASSESSMENT
216-399-0201**



PARTIAL HOSPITALIZATION PROGRAM (PHP) FOR TEENS 13-17 WITH MENTAL HEALTH CHALLENGES

PROGRAM ACTIVITIES

*6.5 hours each weekday
9am-3:30pm*

- Social skill building
- Emotional processing
- Behavior management
- Academic support
- Lunch & Snacks provided

IDEAL PHP CLIENT

- Teens transitioning from hospital inpatient level of care
- or
- Teens experiencing mental health symptoms that inhibit them from attending school
- or
- Teens that need more intensive mental health care

ACCEPTED INSURANCE PLANS

- We accept most OHIO insurance plans
- Commercial, Marketplace and Medicaid plans accepted

SERVICES INCLUDED

- Structured group therapy
- Individual Therapy
- Medication Management
- Care Coordination
- On-site nursing care
- Facility psychiatrist & nurse practitioner work with patients weekly to monitor psychiatric needs

WWW.BEYONDHCFAIRLAWN.COM



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Mental Health Services for Adolescents Referral Form

Referral Information

Child/Youth First Name: _____ Last Name: _____

Date of Birth: ____/____/____
Month Day Year

Gender: ☐ Male ☐ Female ☐ Other

Address: _____
Street Apt # City/Town State Zip Code

Legal Guardian First Name: _____ Last Name: _____

Legal Guardian Phone: _____ Can a Message be left? ☐ Yes ☐ No

Reason for Referral

Provider Information

Name: _____ Address: _____

Phone: _____ Mental Health Diagnosis: _____

Date of Referral: ____/____/____
Month Day Year

Provider Signature: _____

Insurance Provider: ☐ Medicaid ☐ Commercial If Commercial, which plan? _____

Commercial/Medicaid Number: _____

Beyond Healthcare Intake Team to Complete

Intake Completed: ____/____/____
Month Day Year

☐ Unable to contact Guardian

Staff Processing Referral: _____

☐ Guardian declined services

Please send all referrals to our fax number: 419-730-5557

Authorization for Release of Information

Return Authorization to a BHC Office Location by Fax to 419-730-5557

Client ID#: _____ Client Name: _____ (First, Middle Initial, Last) Date of Birth: _____	I hereby authorize Beyond Healthcare to <input type="checkbox"/> obtain PHI from: <input type="checkbox"/> to release PHI to: Name of Individual/Facility: _____ Complete Address: _____ Phone: _____ Fax: _____
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Check the following information to be released for the dates of service indicated below.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Diagnostic Assessment | <input type="checkbox"/> Diagnosis Only | <input type="checkbox"/> Drug Screen/Results |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Progress Notes/Medical Notes | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Lab Reports |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Alcohol and other drug diagnosis/treatment | <input type="checkbox"/> HIV/AIDS/AC Information | <input type="checkbox"/> Genetic Testing/Results |
| <input type="checkbox"/> Financial & Insurance Information | <input type="checkbox"/> Appointments/Scheduling/Attendance | <input type="checkbox"/> Written and Verbal Communication | <input type="checkbox"/> Other |

Other: _____

Dates of service for information selected above to be released: _____ to _____

(Including psychiatric records related to emotional illness, and information regulated by Federal Public Law 930-282, confidentiality of alcohol and drug abuse clients. Also included are records documenting the diagnosis and/or treatment of AIDS/AC, HIV Positive and other related disease)

Disclosure Purpose:

- | | | |
|---|--|---|
| <input type="checkbox"/> Coordination/Collaboration of Care | <input type="checkbox"/> Family/Support Person Involvement | <input type="checkbox"/> Aftercare/Follow-Up |
| <input type="checkbox"/> Educator/Schooling Decisions | <input type="checkbox"/> Referral to Outside Agency | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Legal Issues | <input type="checkbox"/> Other (Please Specify): _____ | |

Confidentiality Rules:

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

I understand that information disclosed by this authorization, except as prohibited by 42 CFR Part 2 or other applicable law, may be subject to redisclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act Privacy Rule [45 CFR Part 164].

I might be denied services if I refuse to authorize disclosure of information for purposes of assessment, treatment, or payment relating to substance use disorder if refusal is permitted by state law. My refusal to authorize disclosure of information for other purposes will not affect my ability to obtain treatment or services.

If I have authorized disclosure to a generally described group or class of participants in an entity which is not my treatment provider, upon my written request, I must be provided a list of entities to which my information has been disclosed pursuant to that general designation.

I understand that I and/or my parent/guardian/authorized representative, if appropriate, may revoke this authorization at any time, except to the extent that action has been taken in reliance on it, and that the revocation must be signed and dated by me, my parent/guardian/ authorized representative. Upon revocation of consent, further release of information shall cease immediately.

Substance use disorder records of Part 2 programs disclosed pursuant to this Consent are protected by federal regulations and cannot be redisclosed without my written consent unless otherwise provided for in the regulations. Any information disclosed pursuant to this Consent other than substance use disorder records or records protected under another state law may be subject to re-disclosure by the recipient.

This authorization will remain in effect until revoked or shall expire on date or event specified below. I understand that I may revoke or cancel this authorization at any time by submitting written revocation in the manner specified by the disclosing entity, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will expire on the date or completion of the event stated below. If no date or event is specified below, this authorization will expire in one year.

Expiration Date (Cannot be Dated beyond 12 months)	Condition, Date or Event of Expiration	Signature of Staff Facilitating This Request	Date
Client Signature	Date	Parent/Guardian Signature, as applicable	Date

I, _____ hereby revoke my consent for the release of the above information on: _____.

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