Mental Health Therapy Toolkit

A personal guide for adults with intellectual disability

Use this toolkit to help your therapist know how best to support you.



1. Add your information in the guide on the following pages.

Ask a support person for help, if needed, like a family member or friend.

2. Share a copy with your therapist or mental health provider.

Ask your therapist to read your guide before meetings.

3. Work with your therapist to review and update your guide often.

Ask your therapist to read the <u>Psychotherapy Practice Guidelines</u>

https://nisonger.osu.edu/adult-psychotherapy-guidelines/

My Mental Health Therapy Guide

	What You Need to Know About Me	Examples
	What I like to go by:	your name; he/him, she/her, they/them
	How best to communicate with me:	talking, text, video, communication device, extra time, visual aids, meeting reminders, calendar invites, email, face-to-face, online
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The accommodations or supports I need:	clear or plain language, large print, videos, visual aids, shorter or longer meeting times, social stories, examples, breaks
@ @-@	The support person(s) I want to help me:	family member, friend, care provider, direct support professional; none, no support person
	My disability or condition:	medical diagnosis, mental health condition, strengths, challenges, what I like and do not like about my disabilities

My background, culture, and how I identify:	family, religion, beliefs, values, needs, identity, race, ethnicity, gender
My likes and dislikes:	hobbies, music, sports, books, shows, interests; things I like to do at my therapy sessions; things that make me sad, mad, upset, worried, or afraid
Important things about my past:	my experience with therapy, treatment, or other providers; good or bad events; adult and childhood memories; trauma, triggers, stress
My therapy goal(s) - what do I want to change or make better in my life?	learn new things to help me think or feel better; talk about how my thoughts and feelings impact my life
	HEAR ME!



Keep a copy of this guide in your medical records or therapist's notes.



Client Quick Check:
☐ Did I agree to participate in therapy, even if I have a legal guardian?
$\hfill\square$ Do I need help from a support person to communicate with my therapist?
☐ Did I agree to include a support person and choose who I want?
$\ \square$ Do I feel safe and comfortable with my therapist? Did we build trust?
☐ Did I share my cultural background and preferred identities?
☐ Did I share my history of trauma and triggers that impact me?
☐ Am I in charge of my therapy? Am I making key decisions about my treatment?
$\hfill \square$ Is my therapist using accommodations and supports that meet my needs?
$\hfill \square$ Is my therapist using clear communication and plain language during therapy?
\square Is my therapist speaking directly to me? Are they respecting my rights?



For more support: <u>ID Mental Health Therapy Guidelines –</u>
<u>Treating Adults with Intellectual Disability and Mental Health Conditions</u>

https://www.rrtcnisonger.org/products/clear-language/



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