

# DIVISION OF CHILD MENTAL HEALTH SERVICES

## CHILD WELLBEING INITIATIVE

### What is it?

The Child Wellbeing Initiative is a treatment program and research study for youth who are experiencing emotional difficulties following a stressful experience. Children and caregivers meet with trained clinicians for 12 to 16 sessions over a 3 to 4 month period. Sessions are used to teach families about symptoms of trauma, ways to cope with difficult thoughts, emotions, and behaviors, and skills for relaxation. DCMHS oversees the study.

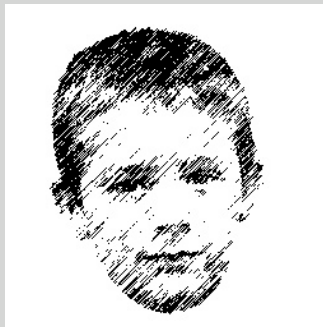
### Who can participate?

To participate, a child must screen positive for a history of trauma and recent symptoms of posttraumatic stress. Study workers are available to conduct screenings in the home. In addition, the child must...

- Eligible for Child Mental Health services (i.e., Medicaid or uninsured for mental health)
- Be 7-17 years of age;
- Speak English;
- Have a caregiver who speaks English;
- Have a caregiver who is verbally willing to have the child screened and possibly participate.

In addition, the child must not...

- Be classified as mentally retarded;
- Be otherwise severely mentally impaired;
- Be psychotic;
- Be abusing drugs/alcohol while out of treatment for substance abuse;
- Have exhibited serious risk for seriously harming self or others in the past 3 months.



PHYSICAL  
ABUSE?

SEXUAL ABUSE?

VIOLENCE?

DISASTER?

LOSS?

EMOTIONAL  
PROBLEMS?

DISRUPTIVE  
BEHAVIOR?

PLEASE

**REFER**

### Location? Transportation? Appointments?

Participating families can be recruited from anywhere in the state. Treatment will be provided through Phoenix Behavioral Health. First appointments will be scheduled through the main office of the Child Wellbeing Initiative according to the following schedule.\* Most appointments will be scheduled after school hours from 2 to 7.

<b>New Castle:</b>	<b>Monday-Thursday</b>
<b>Dover:</b>	<b>Thursday</b>
<b>Lewes:</b>	<b>Wednesday-Thursday</b>
<b>Seaford:</b>	<b>Monday-Tuesday</b>

\* Schedule is subject to change.

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## PERMISSION TO CONTACT FORM

### Referring Party Contact Information

First and last name: \_\_\_\_\_

Work location (name of city or town): \_\_\_\_\_ State Locator Code: \_\_\_\_\_

Office phone: \_\_\_\_\_ Business cell phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ Business email: \_\_\_\_\_

### Family Contact Information

Child's First and last name: \_\_\_\_\_

Caregiver's first and last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### PERMISSION TO CONTACT FAMILY BY PHONE

*"I have obtained verbal agreement from caregiver to have one of our staff members contact him or her by phone to provide more information about the Child Wellbeing Initiative."*

Referring Party Signature: \_\_\_\_\_

(OPTIONAL) Please have primary caregiver sign release of information IF POSSIBLE.

*"I agree to have information regarding my involvement with DFS/YRS released to DCMHS CWI."* Primary Caregiver Signature: \_\_\_\_\_

**Referring Party - complete and FAX this page to 302-992-1177.  
For further information, contact Marsali Hansen at 302-633-2598.  
Your assistance is critical to our goal of helping these children!**

**THANKS!**

