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.

1. **Share a copy with your therapist or mental health provider.**

Ask your therapist to read your guide before meetings.

1. **Work with your therapist to review and update your guide often.**

Ask your therapist to read the [Psychotherapy Practice Guidelines](https://www.rrtcnisonger.org/wp-content/uploads/2023/09/Guidelines-Final-for-Distribution.pdf) <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 |

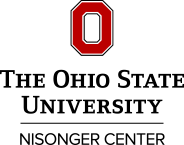
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| --- | --- | --- | --- | --- | --- |
|  | | My background, culture, and how I identify: | | family, religion, beliefs, values, needs, identity, race, ethnicity, gender | |
|  | | My likes and dislikes: | | hobbies, music, sports, books, shows, interests; 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 | |
|  | | 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? * 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? * 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? * Is my therapist using accommodations and supports that meet my needs? * Is my therapist using clear communication and plain language during therapy? * Is my therapist speaking directly to me? Are they respecting my rights? | | | | | |

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For more support: [**ID Mental Health Therapy Guidelines –   
Treating Adults with Intellectual Disability and Mental Health Conditions**](https://www.rrtcnisonger.org/wp-content/uploads/2023/08/ID-Mental-Health-Therapy-Guidelines_FINAL_8.11.23.pdf)

[**https://www.rrtcnisonger.org/products/clear-language/**](https://www.rrtcnisonger.org/products/clear-language/)

[](https://nisonger.osu.edu/)

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[The Ohio State University Nisonger Center Rehabilitation Research and Training Center logo.

Different types of people standing and sitting together with one person saying "hear me" in a speech bubble.

Logo links to the OSU RRTC website: https://www.rrtcnisonger.org/](https://www.rrtcnisonger.org/)

[**https://go.osu.edu/RRTC**](https://go.osu.edu/rrtc)