

SYSTEM PRESSURE

Demand is outpacing specialist capacity.

1 in 5

U.S. adolescents ages 12 to 17 with a current diagnosed mental or behavioural condition in 2023.

HRSA / MCHB adolescent mental and behavioural health brief, 2023

About 2x

The rise in the share of pediatric and young adult emergency department visits that were mental health related, 2011 to 2020.

Bommersbach et al., JAMA, 2023

72%

Of U.S. counties have no practising child and adolescent psychiatrist.

AACAP child and adolescent psychiatrist workforce map

48 days

National behavioural health wait benchmark.

National Council for Mental Wellbeing

Need

rising

Wait

longer

Capacity

scarce

Practice

group based

These figures describe system pressure. They do not prove TRUETH effectiveness. That question belongs to transparent pilot measurement, appropriate oversight, replication, and honest reporting.

START HERE

The first step is a conversation.

Request the clinical integration brief, the school deployment plan, or a discovery conversation about your population and setting. Nothing is proposed before we understand the capacity problem you actually have.

WHAT HAPPENS NEXT

- 1 Share your context**
Population, setting, capacity constraint, and what you need to be able to show.
- 2 Talk with the team**
Fit, scope, supervision, safeguarding and your questions.
- 3 Choose a next step**
A discovery brief, a site visit, or a decision not to proceed.

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CALL **425.931.2582**
WEB trueth.group

Current published pilot design target
10 to 17 participants, 4 to 8 weeks, 2 to 3 sessions per week, 45 to 60 minutes. Final parameters are co-designed with your team. These are planning figures, not a fixed offer.



REQUEST A PILOT CONVERSATION

TRUETH Foundation
Woodinville, Washington 98072
501(c)(3) · EIN 39-2576788



CLINICAL AND SCHOOL PARTNERS

Where the body learns what the mind cannot.

A structured group protocol using patterned movement, controlled activation and recovery, breath, and emotional literacy. Designed to integrate alongside existing care and instruction, under your governance.



Original TRUETH movement illustration, digitally generated. Not a photograph and not a likeness of any person.

REQUEST A PILOT OR DEPLOYMENT CONVERSATION

TRUETH complements professional care. It does not diagnose, treat, or replace medical, psychological or educational services.

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trueth.group

Structured somatic regulation, delivered the same way every session.

1. Patterned movement

Repeated physical sequences engage body awareness, coordination, attention, timing, breath and practised control.

TIMING

DISTANCE

CONTROL

2. Activation and recovery

Calibrated effort followed by intentional breathing and cool down, so participants rehearse the shift between states rather than being told about it.

EFFORT

BREATH

RECOVERY

3. Reflect and transfer

Naming, emotional literacy and a shared vocabulary connect the physical experience to home, classroom and care.

NAME

CONNECT

TRANSFER

EVERY SESSION RUNS THE SAME WAY

ARRIVE

ACTIVATE

RECOVER

REFLECT

TRANSFER

Care boundary

TRUETH sits alongside therapy, medication management, classroom instruction and other services. It does not diagnose or replace them. Clinical responsibility, supervision and data governance stay with your institution and are written into the agreement before the first session.

Designed for integration, not disruption.

Hospitals and clinics

A defined group protocol under documented partner governance and licensed supervision where applicable.

Schools and districts

Scheduled cohorts using space you already have, with staff coordination, family consent, safeguarding and agreed measures.

Co-branded delivery

Implementation under your identity, with roles, communication, data access and escalation agreed first.

Family extension

Caregiver briefings and a shared regulation language, so the practice carries past the session.

Small cohort focus

The current clinical-site design target is 10 to 17 participants, finalised around your setting and your safety requirements.

Facilitator capacity

The facilitator curriculum is an active build workstream. It is not yet a broadly available certification, and we will not describe it as one.

On reimbursement

We will not tell you a code is billable in your setting. That determination belongs to your institution, your supervising clinician, your documentation and your payers. We support it with implementation records rather than claims.

TRUETH complements professional care. It does not diagnose, treat, or replace medical, psychological or educational services.

Defined scope. Honest closeout.

DESIGN TARGET

10-17

participants

4-8

weeks

2-3x

sessions per week

45-60

minutes

MEASURE AT THREE MOMENTS

Before

scope, consent, baseline

During

attendance, fidelity, safety

After

experience, change, limits

1

Discovery

Population, setting, capacity problem, inclusion and safety. Output: a written problem and scope.

2

Design

Cohort, consent, schedule, supervision, data roles, escalation. Output: an approved protocol.

3

Delivery

Consistent protocol, attendance, fidelity notes, incident reporting. Output: an implementation record.

4

Review

Pre and post analysis, participant experience, feasibility, limitations, next decision. Output: go, revise, or stop.

Where TRUETH actually is

TRUETH has a defined methodology, three decades of applied practice with children, and informally gathered family observation. It does not have published trial results. Those are different things and we will not blur them. No pilot has been completed. You would be first, and we will say so in writing.

Publish results honestly, including findings that are flat or negative.