TCHATT REFERRAL GUIDE

PRESENTED BY UTMB

DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES

TIPS FOR MAKING PSYCHOTHERAPY V. PSYCHIATRY REFERRALS TO YOUR UTMB TCHATT CLINICAL TEAM

QUICK LIST: COMMON THERAPY REFERRALS

- Difficulty adjusting
- Depressed or Low Mood
- Grief
- Coping with chronic illness or disability (including. SpEd/504)
- Anxiety/Worry/Stress Management
- Peer/social/performance concerns
- Social injustice, discrimination & Bullying
- COVID-19 Impacts
- Trauma and Traumatic Stress Reactions
- Parenting difficulties/relationships
- Behavior Problems
- Student/Family expresses interest in therapy
- Student/Family wants to improve or prepare for something (e.g. relationships, graduation, coping skills, stress, healthy living)

QUICK LIST: COMMON PSYCHIATRY REFERRALS

- Suspected ADHD or other Neurodevelopmental disorders (such as Pervasive Developmental Disorder, Autism, Communication Disorders)
- Recent history of suicidality
- Known mental health concern significantly impacting daily functioning
- Odd or bizarre beliefs/behavior
- Medication consultation
- Need for specialized referral for external services to another professional

COMMON THERAPY CONCERNS: SIGNS & SYMPTOMS

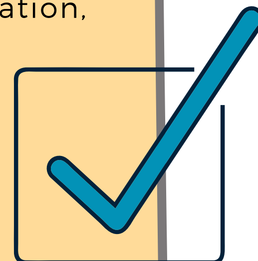
when to refer to *therapy*:	what it might look like:
Difficulty adjusting to a major change (move, new school, online school, peers, health condition, disability, etc.) **Depressed/Low Mood** Student known to be **grieving** recent death of loved one or pet	• More withdrawn from others or "dislikes" others • Highly irritable for multiple days • Depressed or low mood for multiple days • Often tearful or upset • Poor hygiene • Dropping grades or failing • Withdrawn from extracurriculars • Appears restless or fidgety OR extremely low energy/slow • Significant weight changes or • Not eating at lunchtime • Appears distracted and/or distressed
Anxiety/Worry/General **Stress** Obsessive Compulsive Disorder (**OCD**) Directly impacted by **COVID-19** (loss, financial insecurity, health issues, death) Appears strongly affected by social justice, **political, or social concerns**	• Difficulty making or keeping friends • Frequent complaints of physical symptoms (aches, pains, dizziness, etc.) • Appears distracted and/or distressed • Repetitive behaviors (e.g. counting, redoing assignments) • Asks for frequent breaks or reassurance • Difficulty separating from parent to attend • Avoids groups or doing things in front of others • Has difficulty engaging with teachers or peers at school (unable to answer questions in class, complete presentations or group work, etc.) • Appears restless or fidgety • Can be very irritable at times
Known to have experienced or witnessed a **trauma** Seemingly **intense stress** reactions to normal stressors	• Poor control of emotions • Inconsistent academic or social performance • Reports intense reminders of something upsetting like nightmares or flashbacks • Easily startled or frozen by loud sounds or surprises (bells, door slams, etc.) • Restless, easily distracted or spaced out • Appears overly whiny, negative, distressed, or irritated/angry at times • Frequent complaints of physical symptoms (aches, pain, dizziness, etc.) • Unpredictable or impulsive behavior • Clingy to teachers/trusted adults • Slow developmental progress or regression

COMMON THERAPY CONCERNS: SIGNS & SYMPTOMS CONTINUED

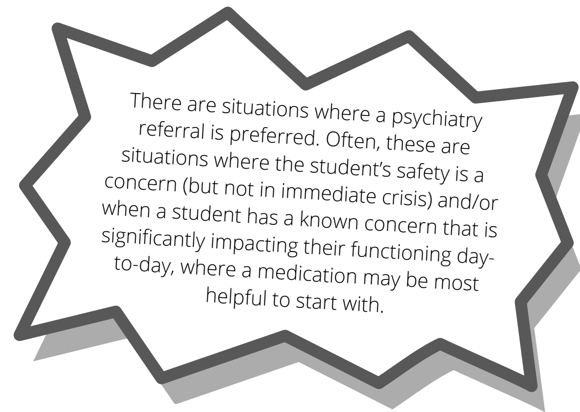
when to refer to *therapy*:	what it might look like:
Parenting Concerns **Difficulty at home** (can be related to ADHD, mood, trauma, or other concerns)	• Usual discipline strategies not effective • Frequent family conflict • Bed Wetting • Eating/Feeding Concerns • Poor parent-Child relationship • Difficulty managing symptoms of ADHD or other behaviors at home
Behavior concerns (at home or at school)	• Frequent aggression or violence (verbally and/or physically) • "Acting out" • Fighting or Defiant, especially with authority • Stealing or destruction of property • Tantrums/throwing fits • Substance use

OTHER EXCELLENT REASONS TO REFER FOR THERAPY:

- Executive functioning skills (organization, planning, attention, judgement, impulsivity, etc.)
- Bullying
- Difficulty making friends or other peer/social concerns
- Coping with Parent mental health
- Separation/estrangement from family/parent
- Student or family interest in therapy
- **Lifestyle** interests**:** a.k.a. Nothing "wrong" but student wants to improve on or prepare for something such as developing better coping/stress management skills, peer relationships, preparing for graduation/adulthood, health improvement, self-care



COMMON <u>PSYCHIATRY</u> CONCERNS: SIGNS & SYMPTOMS



when to refer to *psychiatry:*	what it might look like:
Questions about possible **ADHD** or Known ADHD, that is not well managed	• Impulsive • Difficulty paying attention or completing work • Frequently makes mistakes on work • Forgetful or careless with personal items • Restless or can't stay in seat • Talks excessively and/or interrupts frequently • Academic underachievement • Being bullied or outcast from peers
Recently suicidal or self-harming (not currently in crisis)	May be appropriate for students in treatment for this already, or recently processed through school's safety protocol *When in crisis or actively suicidal, utilize your district's crisis response or suicide safety plan*
Known anxiety, depression, or other **mental health** diagnosis **interfering significantly with daily functioning** (social, academic)	Student has an identified diagnosis but is unable to function normally due to severity • Unable to get out of bed in morning • Spending several hours a day worrying/obsessing or ritualizing • Truancy due to depression or anxiety • Inability to get through day with out emotional disruption
Student or caregiver expresses **odd or bizarre experiences**	• Hearing or seeing things others can't hear or see • Paranoid beliefs about others out to get them or talking about them • Delusions (beliefs that are not in line with reality despite evidence)