

TCHATT

Referral Guide



Tips For Making
Psychotherapy or
Psychiatry Referrals to
Your TCHATT Clinical Team

Common **Therapy** Referrals

- ◆ Difficulty adjusting
- ◆ Depressed or low mood; grief
- ◆ Coping with chronic illness or disability
- ◆ Anxiety/worry/stress management
- ◆ Peer/social/performance concerns
- ◆ Social injustice, discrimination, and 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 (*healthy living, relationships, graduation, coping skills, stress*)

Other 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; nothing “wrong” but student wants to improve or prepare (*coping skills, stress, peer relationships, graduation/adulthood, healthy living, self-care*)

Common **Psychiatry** Referrals

- ◆ Suspected ADHD or other neurodevelopmental disorders (*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

There are situations where a psychiatry referral is preferred. Often, these are situations where the student’s safety is a concern (but not in immediate crisis) and/or when a student has a known concern that is significantly impacting their functioning day-to-day, where a medication may be most helpful to start with.

Common Concerns: Signs and Symptoms

When to Refer to Therapy

Difficulty adjusting to a major change (*move, new school, online school, peers, health condition, disability, etc.*)

Depressed/Low Mood

What It Might Look Like

- ◆ 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- ◆ More withdrawn from others or “dislikes” others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- ◆ Withdrawn from extracurriculars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, 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

What It Might Look Like

- ◆ 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
- ◆ 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

What It Might Look Like

- ◆ 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

Parenting Concerns

Difficulty at home (*can be related to ADHD, mood, trauma, or other concerns*)

What It Might Look Like

- ◆ 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*)

What It Might Look Like

- ◆ Frequent aggression or violence (*verbally and/or physically*)
- ◆ “Acting out”
- ◆ Fighting or defiant, especially with authority
- ◆ Stealing or destruction of property

When to Refer to Psychiatry

Questions about possible ADHD or known ADHD that is not well managed

What It Might Look Like

- ◆ Impulsive
- ◆ Difficulty paying attention or completing work
- ◆ Frequently makes mistakes
- ◆ 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*)

What It Might Look Like

- ◆ May be appropriate for students in treatment for this already or 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*)

What It Might Look Like

- ◆ 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 without emotional disruption

Student or caregiver expresses odd or bizarre experiences

What It Might Look Like

- ◆ 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*)



TCHATT

Texas Child Health Access
Through Telemedicine



JPS Health Network
Fort Worth, Texas

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