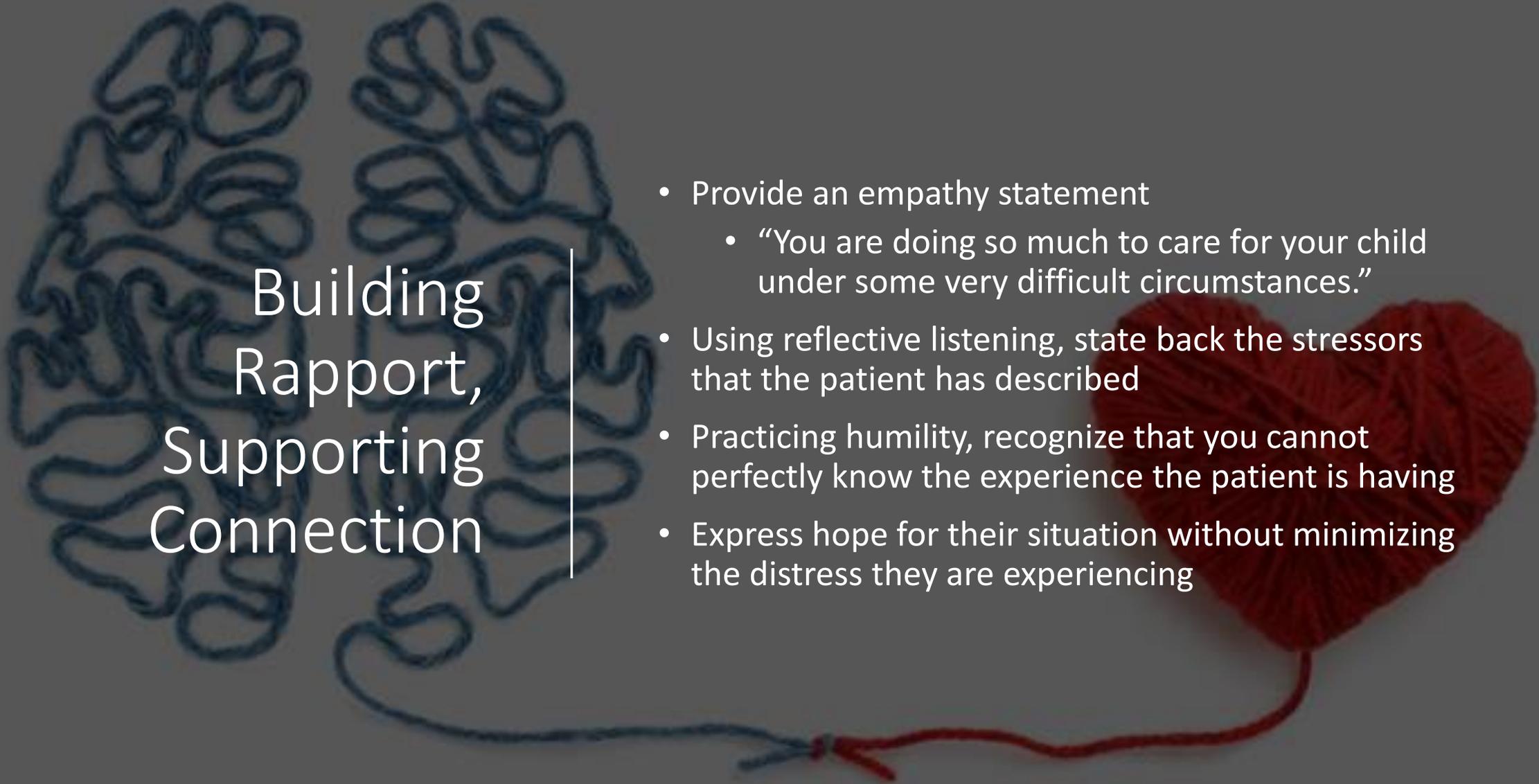




Case Vignettes

Referrals to Behavioral Health Services



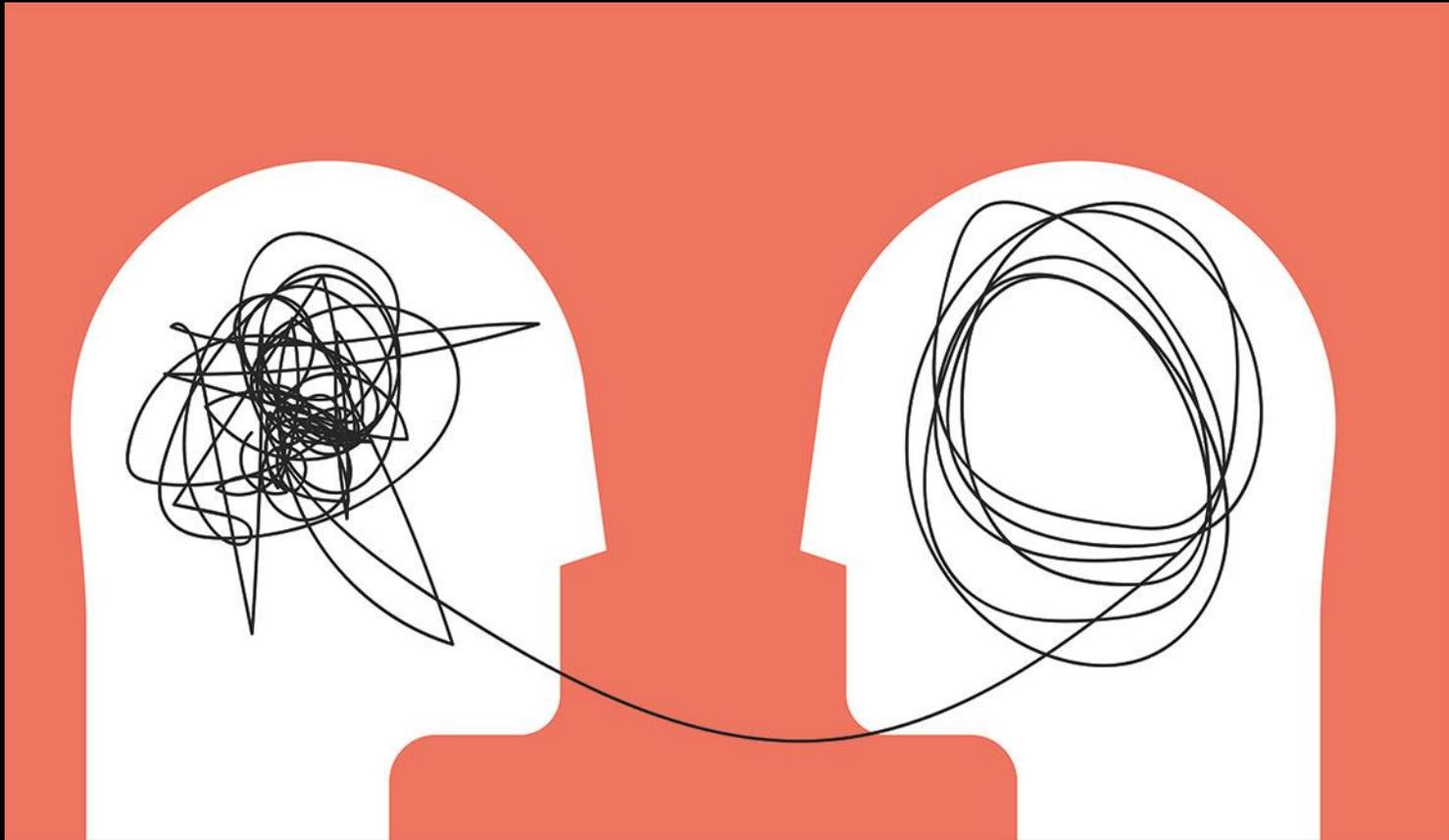
Building Rapport, Supporting Connection

- Provide an empathy statement
 - “You are doing so much to care for your child under some very difficult circumstances.”
- Using reflective listening, state back the stressors that the patient has described
- Practicing humility, recognize that you cannot perfectly know the experience the patient is having
- Express hope for their situation without minimizing the distress they are experiencing



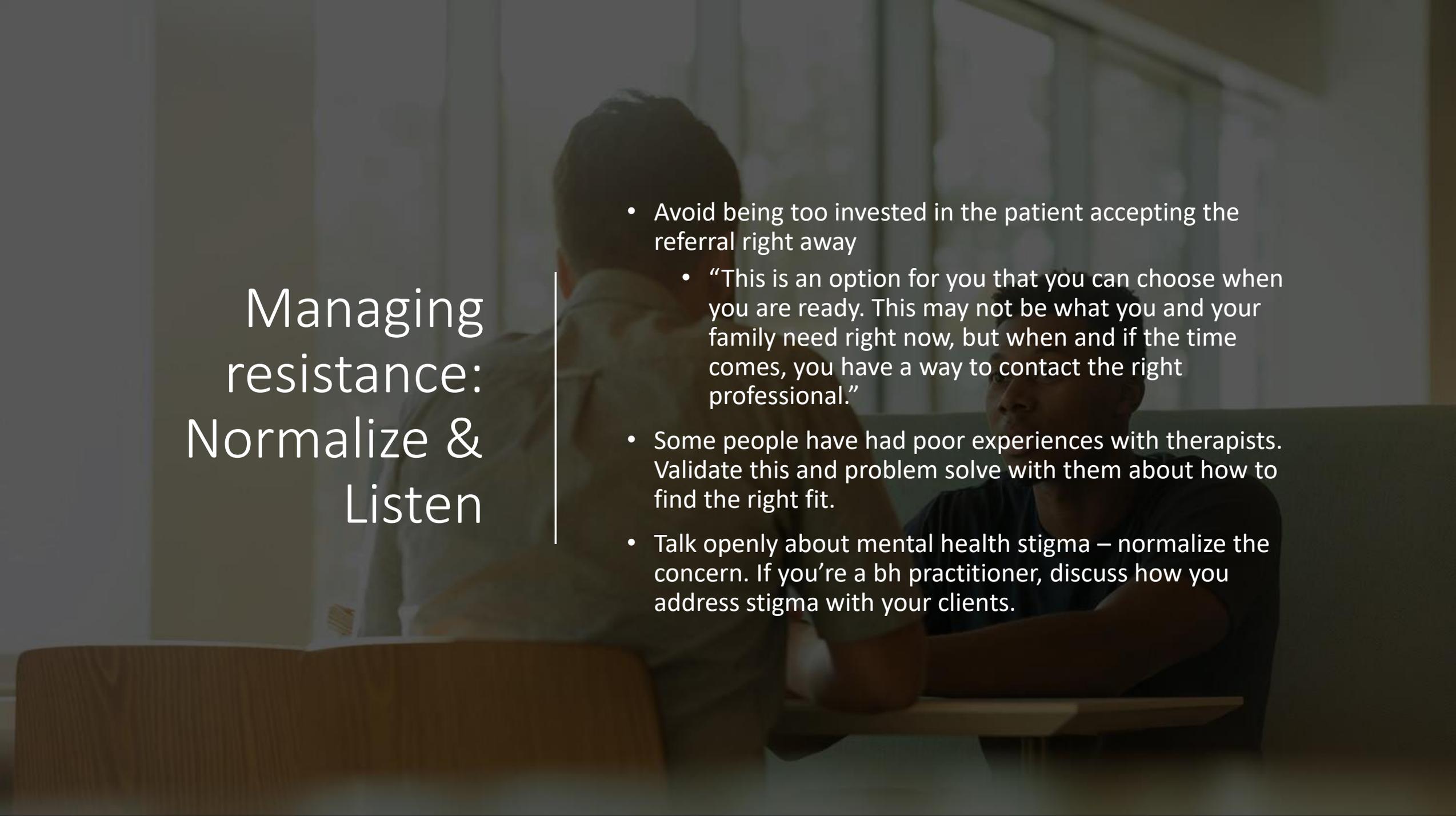
Locate yourself in the process

- Describe who you are and the discipline you represent
- Offer transparency about why you are there and what your goals are, emphasizing your desire for relief and solid care for your patient
- Offer a story that may parallel the story the patient is telling you, describing where you have seen positive, hopeful outcomes



Brief intervention: The role of psychoeducation

- Offer a developmental perspective
- Describe concrete support that psychotherapy can provide
 - Developmental expertise
 - Having someone outside of social system to hold emotional experience
 - Having a professional that can give parenting suggestions for difficult behaviors, improving coping for child
- Offer hope about improved outcomes
 - Ex. Depression is very treatable through a combination of talk therapy and medication



Managing resistance: Normalize & Listen

- Avoid being too invested in the patient accepting the referral right away
 - “This is an option for you that you can choose when you are ready. This may not be what you and your family need right now, but when and if the time comes, you have a way to contact the right professional.”
- Some people have had poor experiences with therapists. Validate this and problem solve with them about how to find the right fit.
- Talk openly about mental health stigma – normalize the concern. If you’re a bh practitioner, discuss how you address stigma with your clients.

Case 1: Samantha

Demographic Information: Samantha is a 11-year-old Latina of mixed Mexican and Guatemalan heritage. She lives with her with parents, maternal grandmother, 2 older siblings (13 and 22), one adult child whose boyfriend also lives in the home. Dad manages an auto body shop, while Mom works multiple retail jobs.

Parent reports: Samantha is in good health and is in the 6th grade. She used to get good grades, and is a creative artist, but her grades have been dropping since middle school. Samantha isolates often, constantly on phone, started cutting her arms, and the parents are concerned.

Child Reports: Art is her favorite subject at school, has close friends that she can name. She admits cutting, says her parents are “never home” and that she is close with her 13-year-old sister but rolls her eyes when talking about her oldest sister and her boyfriend.

Discuss strategies for encouraging psychotherapy for Samantha. How might you discuss behavioral health differently if you were talking to Samantha or her parents?

Steps for linking to BH referral:

- Build Rapport, support connection
- Locate yourself
- Normalize & Listen
- Psychoeducation
- Offer Referral

Case 2: Tony

Demographic Information: Tony is an 8-year-old African American boy. His parents (mother and father) have been divorced since Tony was 4 years-old, and he splits his time evenly between the two homes. Dad works in delivery services, while Mom works in IT. Dad and Tony live in the home.

Parent reports: Father has accompanied Tony to his appointment. He has concerns about Tony's constant stomach aches, and he regularly gets up in the middle of the night, needing to be cuddled back to sleep. Tony likes school, is good at math, and plays baseball. Father is concerned over violence in the mother's home. He discloses that he and his ex-wife are in recovery for alcohol use.

Child Reports: Tony talks about having tummy aches a lot. He really likes being with his dad, and that they play catch a lot together. Tony does not like bedtime and wishes his dad would let him stay with him in his room. His favorite subjects are math and PE.

Discuss strategies for encouraging psychotherapy for Tony. How might you frame the need for therapy to Tony's father?

Steps for linking to BH referral:

- Build Rapport, support connection
- Locate yourself
- Normalize & Listen
- Psychoeducation
- Offer Referral

Case 3: Danny

Demographic Information: Danny is a 9-month-old multiracial (White/Latino) boy who lives with this mother, father, and two older siblings (ages 4 and 2). Mother is an overnight custodian, and father works at a home improvement store.

Parent reports: Mother reports that Danny cries “all the time” and dad describes Danny as “a little cry baby.” They describe him as being difficult and “mostly annoying.” They do note that Danny sits up on his own, has been crawling for at least two months, but that he mostly stays in his pack and play because he hates to be touched.

Additional Observations: Danny makes few verbalizations, absent of repetitive sounds (like “bababa” or “mamama”). The parents have Danny in his stroller and are affectionate with one another but do not interact with Danny.

Discuss strategies for encouraging dyadic therapy between Danny and his parents. How might you offer psychoeducation in this scenario?

Steps for linking to BH referral:

- Build Rapport, support connection
- Locate yourself
- Normalize & Listen
- Psychoeducation
- Offer Referral