

Guidelines for Making Effective Referrals

School personnel often have to refer students to other community services for a wide variety of problems that commonly surface among their students. In fact, any community consists of a *network* of services and agencies that constantly refer clients to each other. While making referrals is a common activity, it is done with varying degrees of success. That is, it is not easy to make a referral that is equally acceptable to the person making the referral, the person being referred, and the person receiving the referral. Accomplishing this involves not only obtaining the right services for the student, but also maintaining open communication and smooth working relationships with other agencies.

Referring an adolescent for counseling or other mental health services, in fact, turns out to be one of the more difficult "hand offs" to accomplish. Research has shown that few of these referrals are followed up on, or, if the adolescent does complete an initial appointment, s/he often fails to return for subsequent appointments.

There are probably many reasons, besides the manner in which the referral was initiated, why this is so. However, we have found that there are some ways of making such referrals that increase the likelihood of a successful hand-off. These techniques can be roughly divided into three categories:

1. Involving the student in the referral.
2. Involving the parents in the referral.
3. Considerations involved in the actual referral process.

The first category contains guidelines that have relevance for school administrators or other designated officials to whom troubled students are referred within the school, as well as for classroom teachers or any other school personnel who have contact with students. The last two categories are mainly administrators or officials who make contact with parents and other community agencies.

Again, for our purposes here, an effective referral is defined as one that seems acceptable or appropriate to the person making the referral, the person or agency receiving the referral and, at least to some degree, to the student and parents who are being referred.

Involving the Student in the Referral

1. Clarify the Problem

This may sound obvious, but it is not uncommon for referrals to be made before the nature of the problem has been clarified. This results in inappropriate referrals that annoy the student, the referral source, and you. By taking the time to listen and clarify the concerns, you accomplish at least four things:

- Obtaining the information that you need to support your decision to refer and to make a correct referral.
- Showing the student that you understand his/her concerns and thus have some basis for your recommendation
- Sending the student to a valuable resource and not just away from you.
- Showing acceptance and understanding and thus establishing some rapport without which suggestions or directions are unlikely to be accepted.

Even if you know that the student needs additional help before s/he walks into your office, take the time to listen. Referrals work best if they are the end of a process, not the beginning.

2. **Address the Reluctance**

Give the student a chance to talk about his/her reluctance to accept the referral. A simple way to address this is to ask, "How does this sound to you?" or "How do you feel about my suggesting this?" or "How do you feel about talking to ____ (name)?" Pay attention to nonverbal cues such as tone of voice and body language as well as to what the student says.

Some feelings that may interfere with the student's acceptance of the referral include:

- Rejection: "Why can't you help me?"
- Hopelessness: "If you can't help me, nobody can!" "Going for counseling means I'm sicker than I thought"
- Anger: "I thought you were supposed to help me". "I'm tired of telling my story". "You're just trying to get rid of me".
- Concern about parental reaction: "My parents will kill me if they find out I told someone all of this". "They told me if I cause one more problem and I'm out on my ear". "You're crazier than I am if you think my Dad would pay for a shrink".

It's very important to address any expressed concern that reflects reluctance to follow up on your referral. Ignoring the teen's feelings doesn't make them go away. Addressing them provides the opportunity to clear up misconceptions and speak to the teen's fears about mental health treatment. In addition to acknowledging his/her concerns, you may also offer to accompany the student on the next step in order to smooth the transition.

Sometimes, however, despite your best efforts, the student remains unconvinced about the need for a referral. At this point, it may be best to acknowledge the disagreement, indicate that you would rather be safe than sorry, and invite the student to share his/her concerns again with the person to whom s/he is being referred. Once rapport has been established and the student at least feels s/he has been listened to, many educators have developed ways of "framing" the hand off with the student. For example, some may have an agreement with the student that the student is following up to make the school official feel better.

Involving the Parents in the Referral

Once you have determined that a referral is indicated, the student's parents must be contacted. Your school may have different procedures for contacting parents. Some schools require that all such contacts are made by one person such as the principal, vice principal, or other designated official. It may be a good idea to find out if any faculty member or staff person has had some prior contact with the parents and could best make the contact.

Regardless of who makes the contact, a phone call to let them know that you are concerned about their child and to ask them to come in for a discussion is an appropriate first step. Make sure you have as much objective evidence as possible to support your concerns. Parents sometimes see their child's problems as a reflection of their parenting and may therefore be defensive about accepting the idea that their child needs professional help. Or, they may hold stereotypic or

negative ideas about mental health treatment that affect their response to your suggestions. It is best to briefly state what you have *seen* that causes you concern (rather than make an inference about what the causes for the behavior might be); then ask the parents if this fits with anything they have seen or know that has been going on with the student. This invites the parents to join with you in a discussion about their child, rather than receiving a "report" from you. As with the student, explore the reasons for their reluctance to the referral, then address them directly.

As most school officials know, many parents will accept a referral suggestion. Here, we are considering those parents who may be resistant. You may find that you need to restate your concerns several times before they sink in. With some parents, you may need to appeal to their "good" parenting, "I know you want to do what's best for your child". Unfortunately, with others you may have to resort to pointing out possible consequences of not taking action at this time.

As with the student, your best efforts may leave the parents unconvinced of the need for a referral. This presents a substantial dilemma when you feel that the risk of a suicide attempt is high or, as in some cases that we have seen, where there has been an actual attempt.

The issue has arisen in all of our consultations with school officials, and there is usually a discussion about involving a child protection agency in such situations. We have found that states have different laws regarding the involvement of a child protection agency, and that there is even greater variance in their application to suicidal risk, as opposed to physical abuse. At this point, then, we recommend that superintendents, in consultation with lawyers and/or legislators develop a policy for this situation.

Considerations Involved in the Referral Process

Following are some points to keep in mind when initiating the actual referral. Again, they are aimed not only at making better hand-offs, but also maintaining good working relationships with other community services.

- a. *Know your local mental health resources.* While some communities have only one agency that provides mental health services, many places have a variety of agencies that meet these needs (e.g. local community mental health center, family services agency, crisis services, etc.) Some agencies may even have special services for adolescents. An awareness of community resources will help you in making a referral that best meets the student's needs. A personal contact or liaison with a staff member in these agencies can also facilitate the referral process.
- b. In cases where your referral requests to have the student evaluated for suicide risk, you need to make sure that the person or agency to whom you refer has the ability to hospitalize the teenager if it seems necessary. Referring to an agency or person without that capacity (e.g. clergy, mental health clinic without psychiatric affiliation) just adds another step to the process at a point when timely action is indicated. So when you're checking out your referral source, make sure to inquire about this.

- c. Even if there are a variety of sources who could provide the service that the student needs, it is best to select just one for your referral. More than one referral can be confusing at a time when the family's decision-making ability may already be taxed.
- d. Try to match the family with the resource available. Anticipate difficulties if the agency is geographically distant and the family lacks transportation. Check other resources that may provide that service. It will require your spending extra time now, but it could save you time later. If possible, use a referral that is congruent to the family's background and resources (e.g., religious affiliation, cultural background, financial resources). Don't send a low-income family to a private practitioner whom they can't afford.
- e. If you feel that the situation is an emergency, set up the referral yourself before the family leaves your office. Call the referral source and let them know you are sending the family immediately for an evaluation. Again, be clear about your reasons for the referral.
- f. If you feel comfortable letting the family set up the appointment, make sure to give the complete information about the referral. This includes the name of a person at the agency to contact, phone number, address, directions from school or their home, information about cost, etc.
- g. Do not commit your referral source to a specific course of action by implying or promising to the student or parents that the agency will definitely work with the teen, hospitalize or not hospitalize, and the like. Your previous arrangements with the referral agency will only ensure that they will see the student. After that, the agency must be free to decide the most appropriate course of action.
- h. It is best to not make evaluative comments about other agencies or individuals in your community. Your prior arrangements with your referral sources implies your acceptance of their practices and personnel. Any questions about the competence, responsiveness, etc. of specific agencies or individuals are best deflected with the statement that you are only familiar with those agencies with which you have specific working arrangements. That being said, if a student or parent returns with a complaint or concern about your referral source, it is best to obtain specific details, and follow this up immediately with that agency in order to clarify any misunderstandings about services or procedures.
- i. Indicate to the family your intention to follow up with them and the referral source. Ask them to sign a release of information at the referral agency to allow you to receive limited information about the outcome of the evaluation. Explain that it is imperative that the school coordinate its response to their child with the mental health professionals in order to continue to provide a supportive environment for their child. Without the family's specific written consent, this will be impossible. Let them know that you only need information that relates to the treatment plan, not details about the life of the family. Your school has the right to obtain such follow up information in order to ensure the proper responses to the student who is in treatment or has been recently discharged from treatment. Remember that the risk of suicide is very high in adolescents who have made attempts serious enough to be hospitalized (about 1 in 13 for males; 1 in 340 for females).

You need information about medication, recommended management, and the amount of academic requirements to be placed on the returning student, just as you would require for a student returning to school while recovering from any illness or injury.

Unfortunately, we have found that some mental health agencies do not provide such vital information to the schools, considering this a breach of their client's confidentiality. When establishing a working relationship between the school and the local mental health provider prior to an actual referral, this issue should be resolved. It is imperative for schools to have some information that allows them to provide appropriate supports for the student and to avoid conflicts with the mental health treatment plan.

Some schools have a policy that they will not accept a student back into the school after an attempt if such information and joint planning is not in place. Again, having clear prior arrangements and solid working relationships with community agencies will generally attenuate the need to call upon such policies.

Schools must assure mental health providers that they have clear policies about sharing such information only with those who have a clear "need to know". It is our experience that many schools do not do an effective job of maintaining confidentiality in regard to students in these situations. Only faculty who will be interacting with the student should be provided information about the student, and this information should be specific to their particular interaction with the student. For example, a classroom teacher may need to know what schoolwork was completed while the student was out and whether the student can complete regular assignments. The school nurse should know about medications and when they are to be taken. Such information should be shared in private and "faculty lounge" discussions should be strongly discouraged. If any faculty or other school personnel feel that they need to know something about the student's situation, they should contact the person designated to coordinate transition back to school.