

GUIDELINES FOR MAKING EFFECTIVE REFERRALS

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1. Inform yourself of community resources thoroughly, paying particular attention to the names of contact people and the chain of command in various offices. (Ultimately you will develop an invaluable sense of which people in each area are most helpful and responsive.)
2. Keep a list of names, offices, and telephone numbers and email addresses at hand for quick reference. Make and use a Resource Map for this purpose (see below).
3. When talking with clients, pay particular attention to their expressed and implied needs. Often clients won't ask to be referred for help, but they very much need referral. For example, they may express anxiety about their financial affairs without asking for assistance; a referral for financial counseling or employment services may be called for if you probe further.
4. Do your best to find the right referral. Clients may sometimes focus their concerns in an area that is less crucial to their needs than another. Choose referral resources for clients that will provide the greatest "leverage" in addressing their needs.
5. Clients are often uneasy about following through with a referral. Try to make them comfortable with the idea, pointing out the friendliness, accessibility, and helpfulness of the people you are sending them to. You should emphasize the benefits the client can expect from accepting the referral. For clients who are ambivalent it can be useful to explore the Pros and Cons of accepting or rejecting the referral (see Decision Matrix below).
6. Try to keep the chain of referrals as simple as possible. Often clients will have to visit several offices to complete referral procedures. Help clients reduce the "runaround" by finding ways to eliminate steps. Also work out with clients a proper sequence of steps, so that they don't have to backtrack to accomplish their ends.
7. Help clients draw up agendas for referrals. Have them jot down (or jot down for them) crucial questions and procedures for getting the most of their visits with the people to whom you send them. Make notes about referrals, indicating what the referral was intended to accomplish, so that you can refresh yourself for future interviews.
8. Facilitate referrals by telephoning the parties to whom you are sending clients while those clients are with you. Telephoning can be helpful in two ways: it can help you to be

sure that you are sending clients to the right people for help, and it can give you the opportunity to make an appointment for the clients on the spot, which will dramatically improve the contact rate for referrals. In fact, a good strategy for referrals may be to make telephone calls and then hand the receiver to your clients, encouraging them to finalize the appointments themselves.

9. When you make referrals, jot down notes in your files that will remind you to ask clients on their next visit about the results of their contacts. If clients report that they haven't followed through, find out why not, and discuss the reasons. See if you should make a different referral, or if you need to become more involved in ensuring contact. Don't take the process over from your clients, however, since it is a partnership between the client and yourself in seeing their needs are met.

10. Check your records every so often to get a sense of the referrals you have made. Client development is an ongoing process, and patterns of need and growth can be observed in the sequence of referrals you have made. Need for further development of your own skills can also be discovered in the referrals you have already made.

11. Monitor the referral resources in your "rolodex" on a frequent basis. Agencies, personnel, and services change often in the Human Services and you will need to keep your information about them as current as possible.

12. Take every opportunity to make personal working relationships across various agencies and referral resources. Knowing People in agencies is more helpful than knowing Policies in agencies. Cultivate relationships by attending provider meetings, health fairs, and making time to call them and visit them.

13. Use the Referral forms below when discussing and making referrals with clients or patients. These forms can anticipate the patient's questions, and provide the referral resource with useful information if the forms are brought in by the patient.

14. Use the Request and Report Forms below when making a referral for behavioral health consultation. These can greatly increase collaboration and communication between Providers. Any of the forms included here can be freely adapted and used without further permission.

DECISION MATRIX TOOL

Good things about doing this

Not-so-good things about doing this

**Do
This**

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**Don't
Do
This**

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A REFERRAL FOR SERVICES For _____ Date _____

This is the service provider I want you to see:

Name _____

Address _____

Phone _____

Contact Person _____

These are the services I am recommending you receive from this provider:

This is why I am recommending these services:

These are some of the positive things I think you can expect from receiving these services:

What questions do you have about this referral? (Continue on back if needed)

Here is where you are being referred to
This is who I would like you to see
Here is where this is located
Here is how to contact them

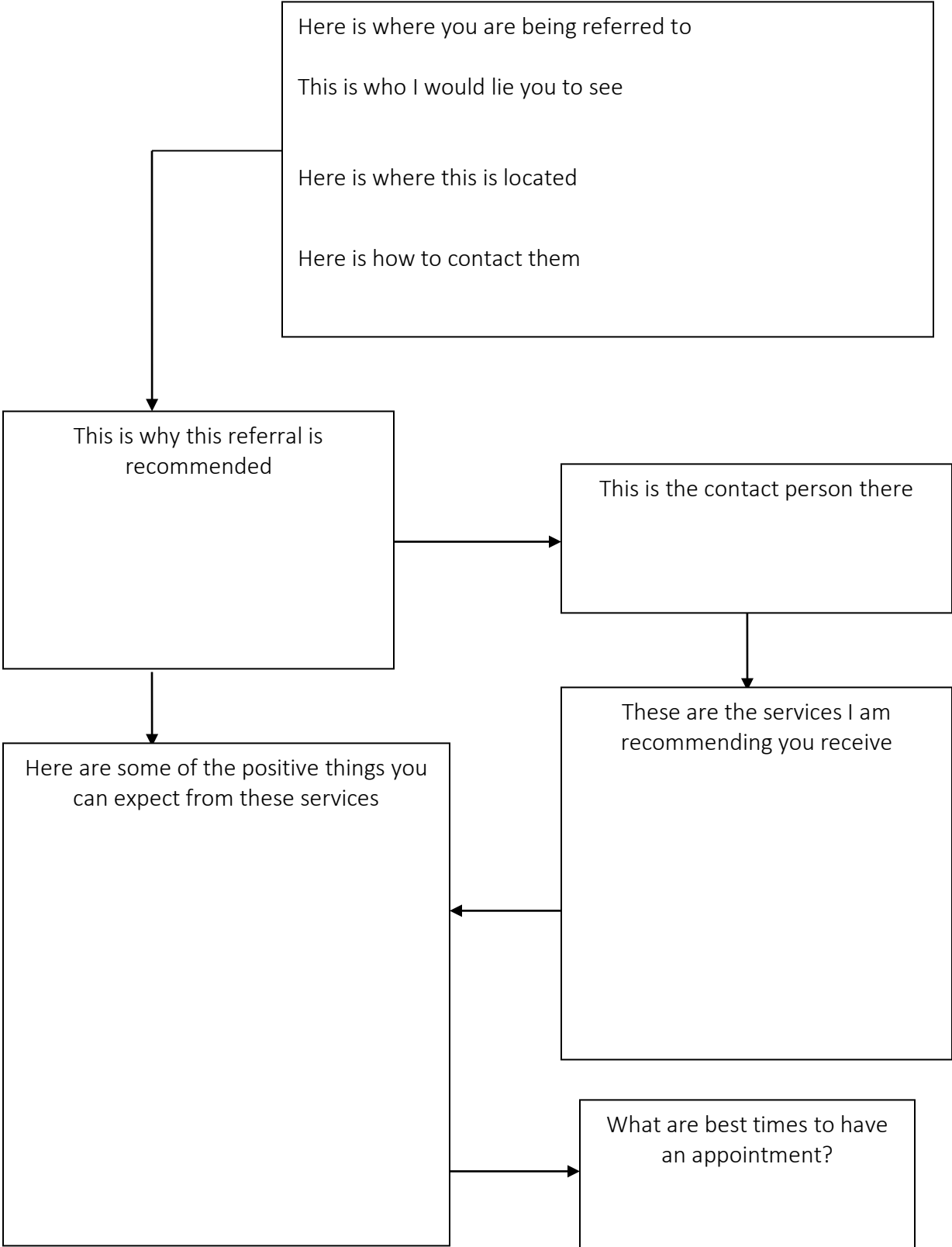
This is why this referral is recommended

This is the contact person there

Here are some of the positive things you can expect from these services

These are the services I am recommending you receive

What are best times to have an appointment?



REQUEST FOR BEHAVIORAL HEALTH CONSULTATION

Request or referral made by _____

Contact numbers: _____

Date of request or referral: _____

Name of patient: _____

Medical condition and reason for treatment:

SYMPTOMS YOU HAVE NOTICED

sadness	depressed	tearful	irritable/angry	anhedonia	low motivation	hopelessness		
poor concentration/memory		↓ ↑ energy	↓ libido	↑ ↓ sleep	↑ ↓ appetite	↑ ↓ weight		
helplessness	worthlessness	guilt	anxious	worried	restlessness	ruminating	fearful	
panic attacks	phobia: _____		distractible	hyperactive	impulsiveness	Bx Px		
flashbacks	hypo-manic/manic	Hallucinations/delusions	substance abuse/dependence	DTS/DTO				
Pain (Scale 0-10): _____ site: _____ Other observations _____								

QUESTIONS OR ISSUES YOU WOULD LIKE ADDRESSED IN BEHAVIORAL HEALTH CONSULTATION:

BEHAVIORAL INTERVENTIONS YOU THINK MIGHT BE HELPFUL

Diaphragmatic Breathing	Thought Redirecting	Augment Social Support	Normalizing		
Relaxation Techniques	Visualization	Stress Management	Lifestyle Changes	Support/Validation	Coping
Skills	Communication Skills	Personal Rights	Parenting Skills	Anger Mgmt. Skills	Problem Solving
Grief Work	Values Clarification	Goal Setting	Pleasurable Activities	Psycho-educational interventions	
Motivational Interviewing	Care Coordination				
Outpatient Counseling: _____ Community Referral: _____ Other _____					

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REPORT OF BEHAVIORAL HEALTH CONSULTATION

Patient : _____ Seen _____ Time _____
Description

Assessment

Interventions Provided

Diaphragmatic Breathing	Thought Redirecting	Augment Social Support	Normalizing	Traumatic
stress reduction	Relaxation Techniques	Visualization	Stress Management	Lifestyle Changes
Support/Validation	Coping Skills Training	Communication Skills	Other CBT _____	
Parenting Skills	Anger Mgmt. Skills	Problem Solving	Grief Work	Values Clarification
Goal Setting	Pleasurable Activities	Sleep Hygiene	Psycho-educational interventions	Motivational
Interviewing	Care Coordination	Community referral		
Other _____				

Behavioral action plan / Recommendations for referring provider

FOLLOW-UP:

_____ Follow up consult not indicated at this time
_____ Patient scheduled for _____

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