

Making Specialized Referrals

This guide assists in making effective and informed referrals by highlighting the process and the content. Screenings and referrals are necessary in order to ensure the effective use of holistic treatment for torture survivors. Screenings are not meant to be diagnostic tools, but rather instruments to help identify medical or mental health cases that might need to be referred to professionals outside of your agency. This guide highlights some of the more popular screening instruments currently being used in the refugee trauma field.

Every agency should have a comprehensive list of referral sources in their community. Below is a list of some of the most common referrals and the information needed in order to make an effective referral. Knowing the resources that exist in your community, the service gaps, the services your clients might need that your organization does not offer and the information the organization or agency requires assists in giving clients the best service possible. Plan outreach efforts to fill the perceived gaps.

Adjunctive Services for Refugee Populations

- **Medical services** (general and specialty)
 - Name of clinic and/or provider, type of facility, contact information, transportation options, hours of operation, linguistic capacity (interpreter availability and whether your agency or the client have to provide this), service capacity, cost and insurance information, paperwork for informed consent and release of information if members of your staff will be helping facilitate communication, some baseline medical history or medical complaint
 - Every agency should have a referral source in the community where initial health screenings and primary follow-up care can be provided with a focus on overarching need for primary care screenings. Latent diseases and public health risks such as TB, hypertension, STDs, and other endemic illnesses may go undetected.
- **Counseling/mental health**
 - Name of clinic and/or provider, type of facility, contact information, transportation options, hours of operation, linguistic capacity (interpreter availability and whether your agency or the client have to provide this), service capacity, cost and insurance information, paperwork for informed consent and release of information if members of your staff will be helping facilitate communication, some baseline mental health history or complaint
- **Legal services**
 - Linguistic capacity, culture and ethnic background, case type and case status
- **Housing**
 - Number of individuals in the household, job security and job history, income, linguistic capacity, access to transportation
- **Educational services**
 - Linguistic capacity, culture and ethnic background, degrees and conversion rate and process, aspirations
- **Vocational services**
 - Linguistic capacity, culture and ethnic background, educational background, degrees and conversion, job history, ability, aspirations, health considerations
- **Social support**
 - Linguistic capacity, culture and ethnic background, interests, hobbies, availability
- **Religious services**
 - Linguistic capacity, culture and ethnic background, religious affiliation, level of active involvement
- **Other logistical support** (clothing, transportation, food services, childcare, location, etc.)

Referral Do's and Don'ts

- Allow client to self-identify perceived needs and frame the referral in terms of utilizing existing resources
- Don't stigmatize the client by saying "You need help" or hinting that they are "sick" or "crazy"
- Don't overwhelm the client with information
- Give rationale for referral by emphasizing the bigger picture and collaborative nature of process
- Emphasize ways of helping to ensure that a referral will be effective and actually implemented
- Have the client talk through following up on referral (cognitive planning)
- Provide support
- Follow-up with client on referrals, e.g. "Great, how'd it go?", "What got in the way?"

This information guide is based on research and a module developed by Dr. Hawthorne Smith, the Clinical Director of the Bellevue/NYU Program for Survivors of Torture and presented at NPCT live trainings.

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Two Vital Parts to Making a Specialized Referral

1. Process - Know how to connect. Know the information needed to make an informed and effective referral and how to best communicate this information. Know the places that clients might be sent. This process is applicable across domains, such as legal, medical, and mental health.
2. Content - Know when a referral should be made and to whom it should be made.

Make the Connection

- Meet individuals and make a personal connection. A visit to a site is much more effective than phone calls and web sites. Knowing that there is someone in particular who is waiting to receive the client, other than just an institutional name may help diminish emotional barriers due to fear or wariness and facilitate compliance. It also makes follow-up easier if there are missed appointments and cases that “fall through the cracks.”
- Determine how you can assist one another
- Follow-up with connections through phone, email and/or in person
- Create a shared centralized directory
- Schedule meetings or visit each others’ offices
- Follow-up on referrals at agreed-upon intervals. It is important to follow up with clients who have been referred to another agency for services. Do not use a punitive “Why didn’t you do this?” attitude, but rather a constructive “What are the challenges and how can we make this easier?” approach.
- Listen for any impediments or misunderstandings to make even better referrals going forward.

Challenges to Successful Referrals

- Strike the balance between *accompanying* someone (which can be empowering) and *doing the work for someone* which can be disempowering or even viewed as paternalistic or insulting.
- Waiting for services, waiting rooms
- Fears of authority figures
- Fears of medical procedures or instrument and/or medical staff
- Fears of uniformed personnel, such as medical or police
- Environmental stressors
- PTSD history resulting in the fear of being flooded with painful memories or feelings
- Depressive history, such as hopelessness or a lack of energy for following up
- Shame at having to describe experiences and history
- Hospitals or agencies may be viewed as unsafe places connected with the government
- Concern about being seen by other members of one’s ethnic, tribal, or national community
- Lack of trust or comfort with the interpreter
- Language barriers and linguistic capacity
- Cost
- Transportation or travelling to another neighborhood or town
- Uncertainty about where to send the client
- Insufficient resources
- Prioritizing a clients schedule with work versus appointments
- Work place protection
- Medicaid reimbursement
- Misconception of services
- Misunderstanding of the health system
- Detailed communication

Most Crucial Mental Health Referral Priorities

Focus on reported or observed changes in cognitions, emotions, physical functioning and behaviors. Focusing on changes is important for several reasons. Resettlement staff and other service providers have access to these observations over and above what may be reported or denied by clients. And changes may signify that there is something new going on that needs attention. Maybe new circumstances or stressors are weighing heavily, or it may be that old coping mechanisms are no longer adaptive.

1. Suicidal Ideation

- Is there any intent?
- Is there a plan?
- Do they have access to deadly implements (firearms, knives, medications)?
- Is there expressed hopelessness? Is it more “philosophical” i.e. “What purpose does life serve?”
- What are their protective factors?

If in doubt, make this referral immediately. Service providers are not expected to become mental health clinicians and no one can screen for suicidality with 100% accuracy (even trained clinicians cannot claim that). If there is doubt, always err on the side of caution and reach out for help. You can tell the client, “I need to make this call because your life is so important. I care. We care.”

2. Assaultive and/or Homicidal Ideation is the expression of one hurting another, threatening behavior, or a concrete plan to hurt someone

3. Child Welfare or observable maltreatment



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Some Commonly Used Screening Instruments

- The **Refugee Health Screener-15 (RHS-15)** has been developed and validated as a tool to screen for anxiety, depression, and PTSD for refugees over the age of 14. The RHS-15 is available in many languages. This tool can be accessed for free at <http://tinyurl.com/lvnygly>
- The **Harvard Trauma Questionnaire (HTQ)** inquires about a variety of trauma events, as well as the emotional symptoms considered to be uniquely associated with trauma. The HTQ is available in many languages for individuals over 16. In order to be applicable to specific refugee groups and to children, items may need to be added or substituted. This tool can be accessed at <http://tinyurl.com/q65mfv9>
- The **Hopkins System Checklist 25 (HSCL-25)** measures symptoms of anxiety and depression in individuals over 16 years of age. The HSCL-25 is available in many languages. While the HSCL-25 was initially developed and validated for use with Cambodian, Vietnamese, and Laotian adults, it has been used with many diverse populations including adolescents from the former Soviet Union with good reliability in 2005. This tool can be accessed at <http://tinyurl.com/q3lzo8e>
- The **Patient Health Questionnaire (PHQ)** is a diagnostic tool for mental health disorders used by health care professionals. The PHQ has been translated into many languages using an internationally accepted translation methodology and are linguistically valid; however, few of the translations have been psychometrically validated against an independent structured psychiatric interview. This tool can be accessed for free at <http://tinyurl.com/kza2ge2>
- **Minnesota Department of Health (MDP) Refugee Health Program (RHP)** reviewed several tools for validity and time constraints resulting in the recommendation of five screening questions which can be accessed for free at <http://tinyurl.com/nqqem3x>

Screenings Instruments for Use with Refugee Youth

Broad screening instruments are designed to identify emotional or behavioral problems that may not be related to a mental disorder.

- The **Strengths and Difficulties Questionnaire (SDQ)** was designed for 3 - 16 year olds and is available in 66 languages at <http://www.sdqinfo.org/>
- The **Pediatric Symptom Checklist (PSC-35)** was designed to detect difficulties in functioning that may demonstrate current or potential psychosocial problems for those aged 6 - 16 and can be accessed at <http://www.phqscreeners.com/>

Selective screening instruments are designed to identify a spectrum of symptoms of disorder.

- The **Child Behavior Checklist (CBCL)** was designed to measure internalizing and externalizing behaviors. While the validity and usefulness have been questioned with refugee populations, some studies have shown it has demonstrated good internal consistency. This tool is available across age ranges and in various languages and can be accessed at <http://www.aseba.org/>

Targeted screening instruments are designed to identify the symptoms of specific disorders.

- The **PTSD-Reaction Index** was designed in conjunction with the DSM IV diagnostic criteria to assess symptoms of PTSD in the past month for children from 7 - 18. It can be accessed at <http://tinyurl.com/omat48h>
- The **Depression Self-Rating Scale** was developed to measure childhood depression for children 8 - 14 and has been used by UNICEF in the Balkans. It has also been used with Iranian and Somali adolescent refugees with good reliability. The English version can be accessed at <http://tinyurl.com/pcus397>

Screening Instrument Considerations

- Initial screenings are an important time to educate refugees on the U.S. health-care system
- Delayed onset of emotional distress often occurs after the "honeymoon phase" wanes. Therefore, multiple screenings might be necessary.
- Screening instruments should be administered with the ability to quickly and effectively refer clients for medical and psychological services if necessary
- A checklist can never replace the role of a mental health or medical professional
- All screening instruments should be used for identification of potential problems, not as diagnostic tools
- Depending on the identification one is pursuing, different screening tools should be considered
- If a patient is not improving with treatment, be sure to consider Traumatic Head Injury which presents as PTSD/Depression

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