

Motivational Interviewing Model for Making a Mental Health Referral

BI-PED PROJECT (BRIEF INTERVENTIONS: PEDIATRICS)

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When to Refer to a Mental Health Consultant:

- **Child or parent has significant psychopathology**
- **Significant marital discord**
- **Patient or parents request a referral**
- **Poor response to primary care mental health interventions**
- **Primary care clinician is uncomfortable managing the case**

Motivational Interviewing Model for Making a Referral (see Motivational Interviewing Module)

Ask the patient or parent(s) “Is this concern a problem for you?”

NO / MAYBE/ YES

Pros and Cons /Readiness/Time Frame

- **NO**

Pros and Cons

What is the *upside* of things continuing the way they are going?

What keeps you doing what you are doing?

What is the *downside* of things continuing the way they are going?

Readiness

Do you think you *might consider* seeing a mental health practitioner?

Time Frame

What is your time frame?

When do you think you *might go*?

- **MAYBE** (Ambivalence)

Pros and Cons

What is the upside of seeking help?

What is the downside? *What is holding you back?*

Readiness

How will you know when you are ready?

Time Frame

How much time do you need?

- **YES**

Action plan

- **Help family select a mental health consultant**
 - ◆ **Therapy: individual? family? CBT?**
 - ◆ **Psychiatrist: diagnostic questions? medication?**
 - ◆ **Male vs. female therapist?**
 - ◆ **Insurance issues/ costs**

Process the Action plan

Pros and Cons

What are the pros of the plan?

What may go wrong with the plan?

Readiness

How ready are you to go forward?

Time Frame

What is your time frame?

When will you make an appointment?

Referral and Follow up

- **Facilitate the referral (contact the therapist/ write a note)**
 - **Follow up with family after seen by therapist**
 - **Make contact with therapist after seen**
 - **NOTE: If child/ teen is in crisis (e.g. suicidal, significant substance abuse or risk taking behaviors) and refuses to cooperate with therapy, parents may need to take control**
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- **Models of Primary Care Clinician Involvement**
 - **Primary care clinician fully manages**
 - **Co- management (mental health consultant provides therapy/ PCP addresses medical questions/prescribes meds)**
 - **Child psychiatrist provides mental health care/ PCP monitors physical symptoms and labs**
 - **Child psychiatrist provides initial mental health care and refers patient back to PCP when stable for ongoing treatment**
 - **Mental health consultant assumes full care**

References:

“Catalyst for Change: Motivational Interviewing Can Help Parents to Help Kids”, K. Tellerman, Contemporary Pediatrics December 2010 (vol 27 No 12) Part 1 and January 2011 (vol 28 No10 Part 2).

Motivational Interviewing in Health Care, S. Rollnick et al., Guilford Press, New York, 2008.