



TCHATT PARENT GUIDE

TIPS FOR DECIDING WHEN TO SEEK THERAPY, PSYCHIATRY, OR EMERGENCY SUPPORTS

PREPARED BY YOUR TCHATT CLINICIANS AT UTMB HEALTH'S DEPARTMENT OF
PSYCHIATRY & BEHAVIORAL SCIENCES



tcmhcc
Texas Child Mental
Health Care Consortium

TCHATT
Texas Child Health Access
Through Telemedicine

TIPS FOR MAKING TCHATT A SUCCESS FOR YOUR CHILD

- Prepare a private, quiet, and safe room for your child to participate in TCHATT virtual sessions
- Ensure you have a good internet connection that supports video calls prior to your appointment
- Arrive at least 10 minutes early to complete check-in questionnaires and prepare for your meeting
- Call the office if you are not able to connect at your scheduled time
- Do not try to engage in TCHATT appointments when traveling in the car, in a public space like a store, or when in a loud environment
- Remember to keep track of progress, including accomplishments and difficulties, between sessions

WHAT IS TCHATT?

- TCHATT is a state-wide program to offer better mental health to our Texas students
- TCHATT is a telemedicine service that provides FREE behavioral health services to students at school
- TCHATT services are provided *virtually* and include:
 - A comprehensive psychological evaluation
 - Education about your child's mental health risks, strengths, and potential diagnoses
 - Short-term treatment options (4-6 visits)
 - Consultation for medication and medication management
 - Therapy-based services
 - Help identifying resources or providers in your community





TCHATT PARENT GUIDE

TIPS FOR DECIDING WHEN TO SEEK THERAPY, PSYCHIATRY, OR EMERGENCY SUPPORTS

PREPARED BY YOUR TCHATT CLINICIANS AT UTMB HEALTH'S DEPARTMENT OF
PSYCHIATRY & BEHAVIORAL SCIENCES



QUICK LIST: COMMON THERAPY REFERRALS

- Difficulty adjusting to a big change
- Depressed or Low Mood
- Grieving the death of a loved one or pet
- Coping with chronic illness
- Stress because of a learning difference (such as Dyslexia, SpEd, or 504)
- Anxiety/Worry/Stress Management
- Difficulty concentrating/focusing
- Peer/social communication difficulties
- Performance or test anxiety
- Social injustice, discrimination, racism
- Bullying
- COVID-19 Impacts
- Trauma
- Parenting difficulties/relationships
- Impulsivity
- Aggressive or Defiant behaviors
- Student/Family wants to improve or prepare for something (e.g. college/graduation, coping skills, stress, healthy living)

QUICK LIST: COMMON PSYCHIATRY REFERRALS

- Suspected ADHD, difficulty focusing or remembering things, or other Neurodevelopmental concerns (such as Pervasive Developmental Disorder, Autism, Communication Disorders)
- Recent suicide attempts or threats
- Known mental health concern *significantly* impacting daily functioning
- Odd or bizarre beliefs/behavior
- Medication consultation
- Need for specialized referral for external services to another professional



COMMON THERAPY CONCERNS: SIGNS & SYMPTOMS

why to ask for therapy:

Difficulty adjusting to a major change (move, new school, online school, peers, health condition, disability, etc.)

Depressed/Low Mood

Student known to be **grieving** recent death of loved one or pet

Anxiety/Worry/General Stress

Obsessive Compulsive Disorder (**OCD**)

Directly impacted by **COVID-19** (loss, financial insecurity, health issues, death)

Appears strongly affected by social justice, **political, or social concerns**

Known to have experienced or witnessed a **trauma**

Seemingly **intense stress** reactions to normal stressors

what it might look like:

- More withdrawn from others or “dislikes” others
- Highly irritable for multiple days in a row
- Depressed or low mood for multiple days
- Often tearful or upset
- Poor hygiene
- Dropping grades or failing
- Withdrawn from extracurriculars
- Appears restless or fidgety OR extremely low energy/slow
- Significant weight changes
- Skipping meals or not eating at lunchtime
- Appears distracted and/or distressed

- Difficulty making or keeping friends
- Frequent complaints of physical symptoms (aches, pains, dizziness, etc.)
- Appears distracted and/or distressed
- Repetitive behaviors (e.g. counting, redoing assignments)
- Asks for frequent breaks or reassurance
- Difficulty separating from parent to attend
- Avoids groups or doing things in front of others
- Has difficulty engaging with teachers or peers at school (unable to answer questions in class, complete presentations or group work, etc.)
- Appears restless or fidgety
- Can be very irritable at times

- Poor control of emotions
- Inconsistent academic or social performance
- Reports intense reminders of something upsetting like nightmares or flashbacks
- Easily startled or frozen by loud sounds or surprises (bells, door slams, etc.)
- Restless, easily distracted or spaced out
- Appears overly whiny, negative, distressed, or irritated/angry at times
- Frequent complaints of physical symptoms (aches, pain, dizziness, etc.)
- Unpredictable or impulsive behavior
- Clingy to teachers/trusted adults
- Slow developmental progress or regression



COMMON THERAPY CONCERNS: SIGNS & SYMPTOMS CONTINUED

when to ask for therapy:

Parenting Concerns

Difficulty at home (can be related to ADHD, mood, trauma, or other concerns)

what it might look like:

- Usual discipline strategies not effective
- Frequent family conflict/arguing
- Bed Wetting
- Eating/Feeding Concerns
- Unhappy Parent-Child relationship
- Difficulty managing impulsivity or defiance
- Help teaching self-management for ADHD/LD

Behavior or Conduct concerns
(at home and/or at school)

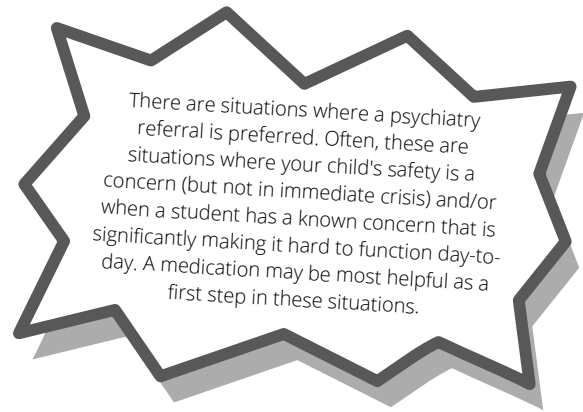
- Frequent aggression or violence (verbally and/or physically)
- "Acting out"
- Fighting or Defiant, especially with authority
- Stealing or destruction of property
- Tantrums/throwing fits
- Substance use

OTHER EXCELLENT REASONS TO REFER FOR THERAPY:

- To learn executive functioning skills (organization, planning, attention, judgement, impulsivity, etc.)
- Bullying
- Difficulty making friends or other peer/social concerns
- Coping with Parent mental health
- Separation/estrangement from family/parent
- Student or family interest in therapy
- **Lifestyle** interests: a.k.a. Nothing "wrong" but student wants to improve on or prepare for something such as developing better coping/stress management skills, peer relationships, preparing for graduation/adulthood, health improvement, self-care



COMMON PSYCHIATRY CONCERNS: SIGNS & SYMPTOMS



when to ask for psychiatry:

Questions about possible **ADHD** or Known ADHD, that is not well managed

Recently suicidal or self-harming (not currently in crisis)

Known anxiety, depression, or other **mental health** diagnosis **interfering significantly with daily functioning** (social, academic)

Student or caregiver expresses **odd or bizarre experiences**

what it might look like:

- Highly Impulsive
- Unable to pay attention or complete tasks
- Frequently makes mistakes on work
- Forgetful or careless with personal items
- Restless or can't stay in seat
- Talks excessively and/or interrupts frequently
- Academic underachievement
- Being bullied or outcast from peers

May be appropriate for students in treatment for this already, or recently processed through school's safety protocol

When in crisis or actively suicidal, call 800-273-8255 (National Help Line), 9-1-1 or go to your nearest emergency room.

Student has an identified diagnosis but is unable to function normally due to severity

- Unable to get out of bed in morning
- Spending several hours a day worrying/obsessing or ritualizing
- Truancy due to depression or anxiety
- Inability to get through day with out emotional disruption

- Hearing or seeing things others can't hear or see
- Paranoid beliefs about others out to get them or conspiring against them
- Delusions (beliefs that are not in line with reality, despite the evidence)

FOR QUESTIONS, PLEASE CONTACT YOUR SCHOOL COUNSELOR

