

Core Function #10 REFERRAL

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The IC & RC defines **REFERRAL** as the identification of client's needs that cannot be met by the counselor or agency and assisting the client to use the support systems and community resources available.

TAP 21 includes the core function of **REFERRAL** in
Domain II – TREATMENT PLANNING, COLLABORATION, and REFERRAL

Tap 21 definition of **REFERRAL**: The process of facilitating the client's use of available support systems and community resources to meet needs identified in clinical evaluation or treatment planning.

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REFERRAL implies that specific information about a client will likely be released to an outside person or agency. A client-signed authorization to release information is required before any release of the client's data can occur. By law, the following information is required:

- *Clients name*
- *Birth date*
- *Releasing agency's name and address*
- *Receiving agency's name and address*
- *The specific information to be released*
- *The purpose for the release of information*
- *An expiration date*
- *The event or condition for the release expiration*
- *The client's signature and date signed*

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The core function of **REFERRAL** should not be confused with the core function of **CONSULTATION**.

REFERRAL involves the release of client data to someone outside the counselor's agency. **CONSULTATION** often occurs without the release of client data.

In **REFERRAL**, a counselor may say, "I can't do it, but somebody else can." In **CONSULTATION**, a counselor may say, "I can do it, but I can do it better with another's help."

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In the **REFERRAL** core function, the counselor recognizes one's own limits and the needs of the client.

Client strengths and weaknesses are many and varied, and therefore a counselor should feel continually challenged to think of the ways the client's varying needs can be met.

It is not a sign of weakness to not be able to meet all of the client's needs, but rather it is wise to be able to recognize these needs and make an appropriate referral.

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From the Client's Point of View

Client's will experience a variety of feelings when a referral is suggested by a counselor. Their feelings may range from anger to confusion, to hope. Yet they will expect to be dealt with honestly and will likely respect their counselor if he or she admits to being limited in addressing particular problems.

The more related the referral is to the specific reason for seeking treatment, the more understanding the client will be in accepting the referral.

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From the Counselor's Point of View

Referral should be viewed as an important function for the alcohol and drug abuse counselor. No counselor can expect to do all things for all clients. A counselor must put one's training and experience in perspective and recognize his or her limits to perform within one's scope of practice. Failure to do so is not only unprofessional, but also unethical and oftentimes illegal.

The first opportunity for making a referral with a client is during the screening function. A potential client makes contact with a counselor and during the screening the counselor determines whether the individual is eligible and appropriate for the counselor's program. If not eligible or appropriate, a referral is needed. If the client requires other services, it is appropriate to make a referral while explaining to the individual the nature of the referral and answering why the referral will help the client.

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Another opportunity for **REFERRAL** takes place during the **INTAKE** function. If the potential client is not eligible or appropriate for the counselor's program, a referral should be made. A counselor may admit a client to the program and immediately see the need for referral for services from other professionals, for example client may need medical attention, a psychological evaluation, or, assistance with housing or food.

Once the assessment is completed, most of the client's strengths, weaknesses, problems, and needs have likely been identified. The treatment plan developed by the counselor and the client may have identified a number of needs that the counselor or the program cannot meet. At this point, a counselor will again need to be skillful in explaining to the client the nature and need for a referral in an understandable manner.

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The need for referral, of course, may occur throughout the course of treatment. A need for referral may be recognized in counseling or during a crisis. If so, then an appropriate referral should be made.

Finally, a need for referral may be indicated as part of a discharge plan or aftercare plan. Again, the counselor explains the need for referral while having the client sign the appropriate authorization for release of client identifying data.

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***The referral file should have information, where available,
on resources in each of these areas:***

Marital counseling	al-anon
Family counseling	nar-anon
Sexual counseling	alateen
Education counseling	adult children of alcoholics (acoa)
Financial counseling	overeaters anonymous
Legal counseling	all recovery
Religious counseling	SMART recovery
Career counseling	HA
Dietitians/nutritionists	WHAT ELSE CAN WE ADD TO THIS LIST????
Psychiatric assistance	
Family planning and birth control	
Veterans Administration	
Public health facilities	
Alcoholics anonymous	
Narcotics anonymous	

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As a reminder, Global Criteria represent the skills considered important for a counselor to demonstrate competence in the 12 core functions.

It is important for the Substance Abuse Counselor to be both knowledgeable AND skillful in their capacity as a Substance Abuse Counselor.

The core function of **REFERRAL** is in Domain II- Treatment Planning, Collaboration, and Referral.

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Global Criteria:

35. Identify need(s) and/or problem(s) that the agency and/or counselor cannot meet.

To be competent in this criterion, a counselor :

- recognizes the client needs or problems that fall beyond the counselor's scope of practice as an alcohol and drug abuse counselor and not available from other agency professionals.

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Global Criteria:

36. Explain the rationale for the referral to the client.

To be competent in this criterion, a counselor :

- *understands the need to explain the nature of the referral, the rationale for the referral, assesses whether the client understood the referral and responds to any questions or input.*

A counselor may say to Jennie, "I'm not a medical doctor or psychiatrist. You are telling me that you take Valium for "bad nerves", I'd like you to see Dr. Johnson, our consulting psychiatrist, who can best help you and determine what medication might be best for you."

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Global Criteria:

37. Match the client needs and/or problems to appropriate resources.

To be competent in this criterion, a counselor :

- *Matches client needs or problems identified Global Criterion 35 to appropriate services or resources, for example, an adult client might need a high school diploma. The appropriate match would be a referral to either vocational rehabilitation or to a community service that offered help for adults to obtain a GED.*

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Global Criteria:

38. Adhere to applicable laws, regulations, and agency policies governing procedures related to the protection of the client's confidentiality.

To be competent in this criterion, a counselor :

- *ensures that all aspects of the law regarding client confidentiality are adhered to and that the client signs an authorization to release information so that the referral can be completed. Agency policies are followed. Copies are kept in the client file. It is important that the counselor not confuse referral with consultation when completing this criterion.*

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Global Criteria:

39. Assist the client in utilizing the support systems and community resources available.

To be competent in this criterion, a counselor :

- *facilitates the use of support systems and community resources with and for the client, for example, calling a community college together to ask for further information about obtaining a GED.*

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The Core Function of REFERRAL is included in:
Domain II - Treatment Planning, Collaboration,
and Referral.

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Referral Note

Client Name: _____ Primary Counselor: _____

Date: _____

Client Need:

Match Client Need to Appropriate Resource:

What can or did I do to assist the client? :

Signature of Counselor Providing Service _____ Date Signed _____

Hope Dealers Worldwide

General Consent – ROI
Release To, Receive From, or Exchange With
(circle one)

I, _____, authorize Hopedealers Worldwide, Inc. to
Release to, Receive from, or Exchange with: _____
Designee: _____

I understand that my mental health/ behavioral health, and/or alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160.40-164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically on:

(fill in date or specific event or condition upon which this consent expires)

Your records, which are the property of Hopedealers Worldwide, Inc. are privileged and confidential. When exchanging information in cases where the client is involved in treatment with other agencies/professionals to assist in coordinating treatment, this authorization may include verbal as well as written communication. Your records will not be released without this Consent except under circumstances that fall into these categories: a valid medical emergency, receipt of a Court Order, receipt of a request which is governed by GEORGIA Statutes, interstate communications, no-patient identifying information, research, audit and evaluation, crime of program/against program personnel, and child abuse.

Description of Information to Be Released & Purpose
(Client must select & initial each item to be released and the purpose.

The following information:	For the purpose of :
<input type="checkbox"/> Enrollment as a client	<input type="checkbox"/> Information for Physician
<input type="checkbox"/> Assessment Summary	<input type="checkbox"/> Information for Attorney
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Treatment Planning
<input type="checkbox"/> Lab and Drug Screens	<input type="checkbox"/> Continuity of Care
<input type="checkbox"/> Alcohol and Drug Abuse Records	<input type="checkbox"/> Emergency information
<input type="checkbox"/> Daily Behavior and Treatment Planning Information	<input type="checkbox"/> JPO/PO
<input type="checkbox"/> HIV Records	<input type="checkbox"/> Criminal Justice, including Drug Court
<input type="checkbox"/> Financial Records	<input type="checkbox"/> Emergency
<input type="checkbox"/> Other – Describe _____	

I have given my consent freely, voluntarily, and without coercion. I have been offered a copy of this form.

Client Signature: _____ **Date:** _____

Signature of person signing form if not client: _____ **Date:** _____

Describe authority to sign on behalf of client: _____

Witness Signature: _____ **Date:** _____

Revocation of Consent

I, _____, hereby revoke the Release of Information Consent.

Client Signature: _____ **Date/Time:** _____

Witness Signature: _____ **Date/Time:** _____

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Georgia law for Alcohol & Drug Counselors

- Certified Alcohol Drug Counselor I (CADC-I) – High School or GED-6000 hours
- Certified Alcohol Drug Counselor II (CADC-II) – Bachelor-4000 hours
- Certified Advanced Alcohol Drug Counselor (CAADC) – Masters and higher-4000 hours

Education– 300 hours

(Must include 12 core functions and 4 specialties – 6 hours minimum of each)

Supervision – 300 hours (CADC-I) and 200 hours (CADC-II and CAADC)

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International Certification & Reciprocity Consortium (IC&RC) International Recognized Credentials

12 Core Functions of Alcohol and Drug Counseling:

1. Screening
2. Intake
3. Orientation
4. Assessment
5. Treatment Planning
6. Counseling
7. Case Management
8. Crisis Management
9. Education
10. Referral
11. Reports and Record Keeping
12. Consultation

4 SPECIALTIES:

1. Ethics
2. HIV/AIDS
3. Telemental Health
4. Trauma Informed Care

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