

# Core Function #12

## CONSULTATION WITH OTHER PROFESSIONALS

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IC & RC defines CONSULTATION as:  
*relating with counselors and other professionals in regard to client treatment (services) to assure comprehensive quality care for the client.*

TAP 21 includes the core function of **CONSULTATION** in Domain IV – SERVICE COORDINATION which includes:  
Implementing the Treatment Plan; Consulting; and  
Continuing Assessment and Treatment Planning

Tap 21 definition of **Consultation**: The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

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Service Coordination, which includes case management and client advocacy, establishes a framework of action to enable the client to achieve specified goals. It involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

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The most common type of **CONSULTATION** is a staff meeting where various aspects of a client's case are discussed by a counselor seeking additional input from other members of the treatment team or his or her clinical supervisor. **CONSULTATION** may also involve other professionals outside of the counselor's agency or office. For example, a counselor may seek input from a psychologist, psychiatrist, dentist, probation officer, vocational rehabilitation counselor, or other professionals in the community in order to provide the best client care.

**DO NOT DISCLOSE IDENTIFYING INFORMATION TO AN OUTSIDE PROFESSIONAL WHEN SEEKING INPUT.**

The client is seldom present when consultation takes place. Yet, important ideas are exchanged that can affect the client. Hence, it is important to document consultation.

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Program policy and licensing requirements usually require consultation documentation at some determined frequency, perhaps at least every 30, 60 or 90 days. Any revisions in the treatment plan that result from consulting with others, must of course be recorded along with any requests for the client to authorize the release of personally identifiable information.

CONSULTATION within a counselor's agency does not require a specific release of information signed by the client. On the other hand, an authorization for the information release signed by the client is required if the client information is to be released to individuals outside of the counselor's agency. No release is needed to consult with outside professionals when client-identifying data is not disclosed.

Do not confuse the consultation core function with activities discussed in the REFERRAL core function.

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### **From the Client's Point of View**

Clients in residential treatment programs expect staff meetings and for their case to be discussed, while clients in out-patient programs or in treatment with sole practitioners may be unaware that consultation is likely to occur. Whatever the setting, when client identifying information is to be discussed with an outside source, the client needs to be informed and sign an information release form for that specific consultation. This includes situations where a counselor receives clinical supervision from another professional for licensing or insurance requirements.

If the counselor adequately explains the rationale for consultation, there should be little concern on the part of the client. Seeking consultation may actually increase the potency of the client-counselor relationship by helping the client know that the counselor is seeking information that is meant to help him or her.

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### From the Counselor's Point of View

An important aspect of consultation is awareness by the counselor that he or she "doesn't" know it all. It seems the more education a counselor has, the greater the recognition of the vast amount of knowledge yet to be learned- and what a counselor doesn't know can hurt a client. Any counseling performed beyond a counselor's scope of education and training is unethical and may even cause the counselor to be legally liable for damages and compensation. Unethical counselor actions also place the agency at legal risk.

Keep in mind that consultation is as much for client care as it is for professional growth. A mature and confident counselor will therefore consult with others and not be threatened by the realization that he or she is not knowledgeable or informed about everything. Be concerned about any counselor who does not ask for occasional consultation. The counselor either "knows it all" or is hesitant to possibly ask that "dumb" question with irrational fear that they might be judged negatively.

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### Global Criteria:

43. Recognize issues that are beyond the counselor's base of knowledge and/or skill.

*To be competent in this criterion, a counselor :*

- *understands the limitations of his or her own education, training, and experience. A counselor identifies those issues of a client that necessitate consulting with other professionals and then implement what was learned as a result of the consultation to assist the client.*

For example, a newly hired counselor may need to consult with other staff members and the clinical supervisor frequently in regard to agency and community resources available to clients; or, an experienced counselor might need to consult on issues of medical or psychiatric issues where the counselor is less knowledgeable. Another example would be in the area of sexual dysfunction that is very likely outside the counselor's area of expertise. When a client indicates any problem in this area, consultation and perhaps referral is required.

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## Global Criteria:

### 44. Explain the rationale for the consultation to the client, if appropriate.

*To be competent in this criterion, a counselor :*

- *Understands when it is appropriate to provide a client with a rationale or discussion regarding the counselor's need or desire to seek consultation.*

As previously stated, sharing can increase the potency attributed to the counselor by the client. It is just as important to know when not to provide a rationale to the client, for example, in cases of transference or counter-transference. It could do more harm to the client than be beneficial. One inappropriate comment to make to a client would be "You really remind me of my first wife/husband..."

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## Global Criteria:

### 45. Consult with appropriate resources to ensure the provision of effective treatment services.

*To be competent in this criterion, a counselor :*

- *knows what specific resources are likely available to be used in consultation; why the consultation is needed to assist in client care; have an expectation for a positive outcome for the consultation; and adhere to applicable laws, regulations, and agency policies as appropriate for the consultation used.*

Resources available may be many and varied, for example, consultation may occur with other community agencies such as vocational rehabilitation, the probation office, or the agricultural extension service.

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## Global Criteria:

46. Adhere to applicable laws, regulations, and agency policies governing the disclosure of client-identifying data.

*To be competent in this criterion, a counselor :*

- *has an understanding of when the law, a regulation, or an agency policy calls for various types of consultation by a counselor.*

A critical element for obtaining authorization to release information on a client is whether or not identifying information on the client is going to be released. It is often possible to hold a consultation with outside resources and not reveal the client's name or other confidential information. For example, consultation with a physician regarding the impact of a particular medical condition or, the possible use MAT's when no information identifying the client is given, does not require client authorization for the consultation to occur. A counselor should have a clear understanding of when the release of information is needed. Confusing this issue would suggest that a counselor is less than competent in this global criterion.

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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