

This document is only to be used as a guideline for organisations

Should you require any further support or have any queries please contact (AACPI National Director) www.aacpi.ie

Guidelines: Referral Policy To And From 3rd Parties

REFERRAL Definition: • refers to the practice of helping clients find needed expert assistance that referring **counselor** cannot provide •Direct the client to another **counselor** with a higher level of training or special expertise related to the clients need.

Why would you refer a client to another professional?

It is essential that an organisation refers clients to other professionals or relevant services should they be aware thet they have a presenting issue that falls outside of the organisations scope of practice. Doing a thorough intake and assessment will assist in recognising the possible presenting issue that you may need to refer on.

It is important that an organisation outlines clearly the limits of the services it can provide to clients and have appropriate referrals pathways in place to manage this.

All therapists working in your organisation need to be clear of the organisations limitations and work to this policy.

How to write a reason for a referral?

Referrals should include contact details, DOB, a brief description of the reason for referral, duration client has been with your service and details of any concern over risk to self or others. Ensure a copy of correspondence is kept with the client file.

- Are you doing Community referrals?
- Are you doing a direct referral or redirecting?
- Are you accepting a referral from another service?



If an organisation cannot accept the client for some (appropriate) reason or, if after some treatment has occurred, the client's needs have changed. The organisation does not refer simply because they don't "like" a client or disagree with a client. Clients should be given a minimum of three referrals for other providers and within reasonable distance. These referrals should be based on the client's needs, not because the organisation has a relationship with the other service providers.

Abandonment and neglect

Many organisations worry that if they have to terminate or refer a client, especially with short notice, they may be accused of abandonment. Abandonment is a term that has sometimes been misused in the counseling world, so some counselors may not have a good understanding of what it is (and isn't).

Abandonment is leaving clients without services and assistance.Organisations need to assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness and following termination. Therefore, to avoid abandoning or neglecting clients, organizations should take the necessary steps to arrange for continuation of treatment that is appropriate to a client's needs in the absence of the original provider.

It is best for an organisation to have some type of emergency plan in place that can be implemented in cases of unexpected absence of its therapists.

If a therapist is terminated and not allowed to make arrangements for ending with clients, including providing proper referrals, then it is unjust to accuse this therapist of abandonment. However, if a counselor quits without notice and does not arrange for continuation of services for clients, this may fit the definition of abandonment.

Values in terminations and referrals

Counselling organisations always put their clients first. This does not mean that they always agree with their clients. However, they do respect the dignity of all clients, meaning they do not impose their values or discriminate against clients who have values that are different from their own.



This issue has become crucial when discussing termination and referral, and several high-profile legal cases (e.g., *Ward v. Wilbanks*) and pieces of state legislation (e.g., Tennessee HB 1840) have brought considerable attention to it. However,

the 2014 ACA Code of Ethics is clear: Counselors do not refer or terminate clients based on the counselors' values. For a more in-depth look at this topic, see the Ethics Update column by Lynn Linde in the October 2016 issue of *Counseling Today*.

Reasons for terminations and referrals

The reasons for organisations concluding counseling are as varied as the clients themselves. Sometimes these reasons are straightforward, and sometimes they are more complex. Organisations need to be aware of the common reasons that counseling relationships end, and they should have plans and policies in place for this.

Organisation should ensure their therpaists are working collaboratively with their clients to create "counseling plans." These plans help both clients and counselors determine the course of treatment, and they create benchmarks

Counselors may need to refer or terminate clients for more personal reasons, such as retirement, illness, impairment, relocation, entering a new practice or death. In these situations, clients should be given notice as soon as possible. Ideally, organizations and counselors will have planned ahead and

What Policy do you have in place for counselors who are leaving your organisation to work elsewhere or set up a private practice?

This is where the contract the organisation has in place with the therapist will come in to play.

Does this policy clearly state who the client belongs to, the organisation or the therapist?

Does the policy state that the therapist cannot take clients with them to another service for a period of time e.g. 6 months or not at all. If this is the case, then the client must be referred to another therapist immediately, the client's best interest must be at the center of the decision-making process.

Does the organisation clearly outline its procedures for making a referral to another organisation?



Does the organisation clearly outline its procedures for an internal

What do you do if the client has been referred by an organization such as an <u>EAP (Employee Assistance Programme)</u>for six sessions of brief therapy but the therapist believes the person needs much more than the allotted sessions. Another instance is where the type of therapy the counsellor offers may not be suitable for an individual.

What does the organisation need to include about accepting referrals from other organisations? What are the implications, if any, if your organisation is being paid for the referral?

What if the counsellor has concerns about his/her safety. This is especially true if the counsellor works on their own. What is the organisations policy about working alone in the building. It's better to have safety arrangements, for example, always ensuring that there was at least one other member of staff on duty when counselling takes place. This may also be an insurance requirement.

What procedures does the organisation have in place if accepting referrals fro psychiatrist? Does the organisation require a referral letter? Does therapy commence only on receipt of this referral or before? Will organisation liaise with the referrer?

When letter's of referral are being sent, who is responsible for this within the organisation?

Should a therapist be working in a private capacity and renting a room in your organisation, is there clarity on who the client belongs to? If a referral is being made by the therapist, does this go out on the organisations headed paper?