## Consultation and Referral

(http://smhp.psych.ucla.edu/pdfdocs/practicenotes/conref.pdf)

**Clients Directed to Resources or for Further Problem Analysis and Recommendations**

a.  For basic necessities of daily living (e.g., food, clothing, etc.), the triage process include providing information about resources either through the person who identified the problem or directly to the student/family in need.

b.  If the problem requires a few sessions of immediate counseling to help a student or family through a crisis, the triage process includes sending the form to the person making assignments to on-campus counselors.

c.  The forms for all others are directed to a small triage "team" (1 to3 trained professionals) for further analysis and recommendations. (Large case loads may require putting several teams into operation.) Members of such a team may not have to meet on all cases; some could be reviewed independently with recommendations made and passed on to the next reviewer for validation. In complex situations, however, not only might a team meeting be indicated, it may be necessary to gather more information from concerned parties (e.g., teacher, parent, student).

**Interventions to Ensure Recommendations and Referrals Are Pursued Appropriately**

a.  In many instances, additional prereferral interventions should be recommended. Some of these will reflect analyses that suggest the student's problem is really a system problem (e.g., the problem is more a function of the teacher or other environment factors). Other analyses will lead to specific strategies for the student's problem that don't require referral for outside the class assistance. Such analyses also lead to clarifying ways in which a site must be equipped to implement and monitor the impact of prereferral recommendations.

b.  When students and families require referral for health and social services, procedures should be in place to enhance motivation and ability for follow through. Care management should provide follow through, coordination, impact, and additional referrals as necessary.

c.  Referrals to assess the need for special or compensatory education often are delayed because of a waiting list. Back logs should be monitored and arrangements made to catch up (e.g., by organizing enough released time to do the assessments and reviews).

Using all information gathered, the next step is to sit down with concerned parties (student, family, other school staff) to explore what's wrong and what to do about it. This intervention is a consultation and referral process. The objective is to assist family and school staff with problem solving and decision making in ways that lead to appropriate forms of help.

Referrals for special assistance are commonplace at school sites and relatively easy to make; the process of arriving at appropriate referrals is harder. And, ensuring access and follow-through is the most difficult process. To these ends, schools can

• provide ready reference to information about appropriate school- or community-based referrals,

• maximize follow-through by using a consumer oriented consultation process that involves students and families in all decisions and helps them deal with potential barriers.

Referrals are easy to make . . . unfortunately,  data suggest follow-through rates of less than 50% for referrals made by schools

Ensuring the process is consumer oriented begins with full appreciation of the nature and scope of a student's problems as perceived by the student, the family, and school staff.  Then, the consultation process is designed as a shared problem solving approach with the final decisions controlled by the student and family. The steps in the problem solving process are:

- analyzing the problem (Are environmental factors a concern? Are there concerns about underlying disorders?)
- clarifying possible alternative ways to proceed given what's available
- deciding on a course of action (evaluating costs vs. benefits of various alternatives for meeting needs)
- detailing the steps involved in connecting with potential resources and formulating a sound plan for access ands follow-through on decisions
- following-up to be certain of access and follow-through.

In many instances, a referral is not necessary. What is called for is mobilizing the school staff to address improving programs. Key is expanding students' opportunities in ways that increase expectations about a positive future as a way to counter prevailing student frustration, unhappiness, apathy, and hopelessness.

Obviously, the processes can take more than one session and may require repeating if follow-through is a problem. In many cases, one must take specific actions to help with follow through, such as making direct connections (e.g., by phone) to the intake coordinator for a program. Extreme cases may require extreme measures such as arranging for transportation or for someone to actually go along to facilitate enrollment. Do an immediate check about follow-through (e.g., within 1-2 weeks) to see how well a student has connected with help. If the student hasn't, the contact can be used to find out what needs to be done next.

In using a consumer oriented approach, the hope is that a positive side effect will be a higher degree of student, family, and teacher self-reliance in problem solving, decision making, and consumer awareness.

Problem analysis and decision making can be accomplished in a session. However, if additional assessment data are needed, one or two assessment sessions and a subsequent conference are required.

In supporting the process, school staff can cultivate referral resources to maximize their responsiveness to school referrals.

> *Note:* Because some people have come to over-rely on experts, they may be a bit frustrated when they encounter an approach such as this one. They want professionals to give a battery of tests that will provide definitive answers, and they want decisions made for them. They are convinced they cannot make good decisions for themselves. These individuals often are a product of the negative side effects of professional practices that mystify consumers and make them feel totally dependent on professionals.

On the following pages are

- a benchmark checklist for a consumer-oriented, problem solving, consultation process

- a resource tool that summarizes steps in the assessment and consultation process

**Benchmark Checklist for a Consumer-oriented, Problem Solving, Consultation Process**

__Is readily accessible basic information about relevant resources to students, families,
   and school personnel provided?

(This entails widespread circulation of general information about on- and off-campus
programs and services and ways to readily access such resources.)


__Is a process in place to help students, families, and school personnel appreciate
whether
   a referral is necessary and, if so, does the process clarifu the value of a potential
   resource?

(This Involves reviewing with the student, family, staff how referral options can assist. A
resource file and handouts can be developed to aid in identifying and providing
information about appropriate services and programs – on and off-campus –  for specific
types of concerns [e.g., individual/group/ family/ professional or peer counseling for
psychological, drug and alcohol problems, hospitalization for suicide prevention]. Many
students benefit from group counseling. And, if a student's problems are based mainly in
the home, one or both parents may need counseling B with or without the student's
involvement as appropriate. Of course, if the parents won't pursue counseling for
themselves, the student may require other forms of special to cope with and minimize the
impact of the negative home situation.)


__Are options analyzed with student, family, and staff and help with decision-making as
   to which are the most appropriate resources?

(This involves evaluating the pros and cons of potential options (including location, fees,
least restrictive and intrusive intervention) and, if more than one option emerges as
promising, rank ordering them. For example, because students often are reluctant to
follow through with off-campus referrals, first consideration may be on-campus.
Off-campus district programs and those offered by community agencies can follow as
needed. Off-campus referrals are made with due recognition of school district policies.)


__Does the process include identifying and exploring with the student/family/staff all
   factors that might be potential barriers to pursuing the most appropriate option?

(Is there a financial problem? a transportation problem? a problem about parental
consent? too much anxiety/fear/apathy? Concerns about language and cultural
sensitivity? At this point, be certain that the student (and where appropriate the family)
truly feels an intervention is a good way to meet her or his needs.)


__Does the process include working on strategies to deal with barriers to follow-through?

(Strategies must provide sufficient support and guidance to enable students and families
to connect with resources This often overlooked step is basic to follow-through and
entails taking time to clarify specific ways to handle barriers to following-through.)

__Does the process send the student, family, and staff off with a written summary of what

    was decided including follow through strategies?

(A referral decision form can summarize (a) specific directions about enrolling in the first choice resource, (b) how to deal with problems that might interfere with successful enrollment, and (c) what to do if the first choice doesn't work out. A copy of a referral decision form can be given to the student and family as a reminder of decisions made; the original can be kept on file for purposes of case monitoring. Before students leave, evaluate the likelihood of follow through. (Do they have a sound plan for how to get from here to there?) If the likelihood is low, the above tasks bear repeating.)


__Does the process also send them off with a follow-through status report form?

(Such a form is intended to let the school know whether the referral worked out, and if not, whether additional help is called for in connecting the student and family to needed resources. Also, remember that teachers and other school staff who asked for a student review will want to know that something was done. Without violating any confidentiality considerations, a quick response can be sent reassuring them that the process is proceeding.)


__Is there a follow-through process with student and family and other concerned parties to determine current status of needs and whether previous decisions were appropriate?

(Requires establishing a reminder (tickler) system so that follow up is made after an appropriate period of time.)

**Examples of Some Specific Steps in Assessment and Consultation Processes**

(1)   Initial screening of student and family (initial contacts with the home may be via phone conversations)

(2)   Filling out of questionnaires by each concerned party (parents and student) regarding perceptions of the cause of identified problems and possible correction

(3)   Gathering records and reports from other professionals or agencies when consumers agree the data might be useful

(4)   Brief, highly circumscribed testing, if necessary and desired by consumers

(5)   Initial review of assessment findings to determine if enough information is available to proceed with client consultation

(6)   Holding problem solving conference(s) with immediately concerned parties to
  • analyze problems and, in the process, again review whether other information is needed (and if so arrange to gather it)
  • arrive at an agreement about how a problem will be understood for pur-poses of generating alternatives
  • generate, evaluate, and make decisions about which alternatives to pursue
  • formulate plans for pursuing alternatives (designating support strategies to ensure access and follow-through)

(7)   Follow-up via telephone or conference to evaluate the success of each pursued alternative and determine satisfaction with the process