ED 091 613   CG 008 563

AUTHOR   Shelton, John L.; Corazzini, John G.
TITLE   The Art of Referral in a University Setting. Student
                  Development Paper, Vol. 4, No. 1, 1972-74.
INSTITUTION   Colorado State Univ., Ft. Collins. Univ. Counseling
                  Center.
PUB DATE   74
NOTE   18p.

EDRS PRICE   MF-$0.75 HC-$1.50 PLUS POSTAGE
DESCRIPTORS   *College Students; *Counseling Effectiveness;
                  Counselor Functions; Helping Relationship; *Referral;
                  *Role Theory; State of the Art Reviews; *Student
                  Personnel Services; Student Personnel Workers;
                  Universities

ABSTRACT
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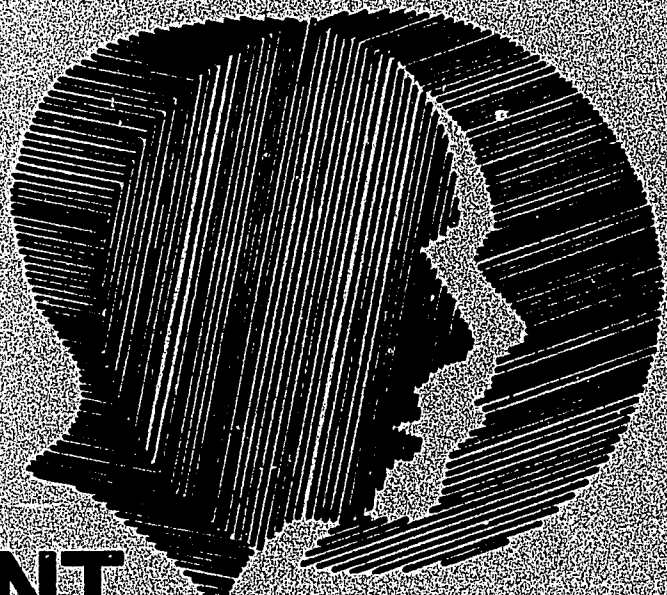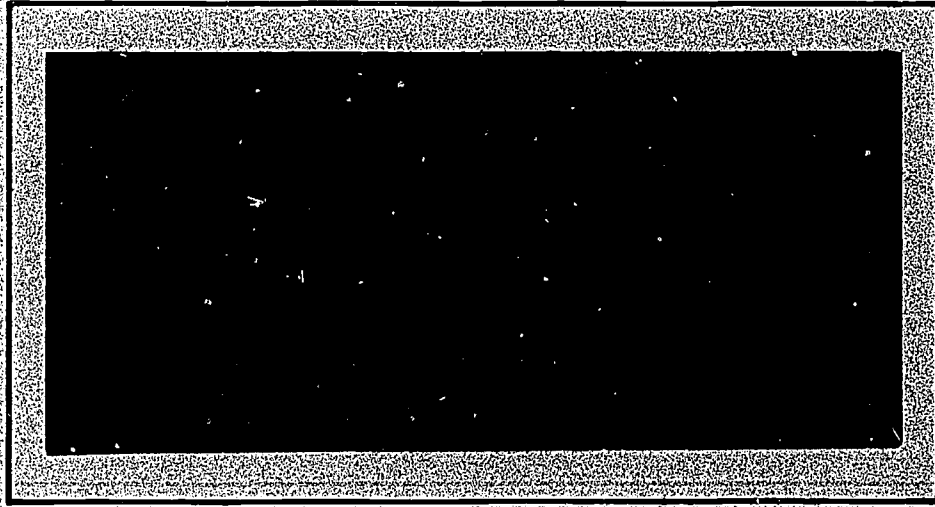
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CG 008 663

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COLORADO STATE UNIVERSITY

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this issue.

The cover depicts man's striving toward unity of personality,
represented by the magic circle, or mandala.

THE ART OF REFERRAL IN A UNIVERSITY SETTING

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Colorado State University

Abstract

Although referral from one campus agency to another is common, there
has been little written about the process and less effort expended evaluating
it. Instead of viewing referral in a mechanistic manner, it is suggested
that referral include a human factor and be seen as a "transfer of trust."
The paper discusses the roles of the various participants in the referral
process as well as several of its dimensions including: wholistic/atomistic,
horizontal/vertical and personal/institutional. Recommendations for the
sending professional and agency training are included.

Few situations present as much confusion, are more inefficient, and result in more unhappiness than the referral of students from one office to another on a college campus. Whether the student's problem be vocational, educational, or emotional, he is often faced with harried receptionists and long waiting lists, climaxed with overworked professionals who frequently can only utter "You are in the wrong place, you should be seeing Dr. Jones who is across campus." Given these conditions, is it any wonder that many students angrily condemn the administration for its "bureaucratic red tape" and, frequently, never arrive at the agency to which they have been referred.

The student is not alone in his resentment. Many nagging frustrations confront the college professor, residence hall assistant, or student personnel worker faced with having to make a referral. Their concerns frequently involve such questions as:

To whom should the referral be made?

How should the referral be made?

How can I insure that the student makes contact with the receiving agency?

What if the client is resistive to the referral?

Despite problems of this nature which are inherent in the referral process, few professionals receive any training on how to make a referral. Even more disturbing is the paucity of literature in the area. After a diligent search, these authors could find only four articles dealing directly with referral and none of these was an empirical study of the referral process.

The goal of this paper is to begin to close the gap between the overwhelming need for training and research in this area and the amount of preparation for the task available in professional training. More specifically,

the authors will offer a conceptualization of the referral process, bringing to light common problems, questions and predicaments facing student personnel professionals. Recommendations will then be made to enhance the professional's capacity to make effective referrals.

Referral - A conceptualization

For many students, referral results in feelings of frustration, rejection, or failure. Often times students have spent considerable time and expended great effort to establish contact with an agency they think appropriate to their needs. Whatever process may have been initiated, whether it be job placement in a career service agency, counseling in a counseling center or study-skill development in a learning lab, the mention of referral calls to mind many difficulties inherent in the process. Among these is getting to the initial agency in the first place. For many, the troubles encountered finding the initial agency coupled with the frustration resulting from having to seek the referrent agency leads to almost certain failure. Referral in these instances is usually the end of a relationship and results in an end to the problem solving process the student had initiated.

One reason why this process is so ineffective is that advising or counseling, as practiced by many, is atomistic. The atomistic referral process is characterized by an "out of sight, out of mind" philosophy which result in referral having one goal--getting rid of the client. Contrasted with this approach is a wholistic orientation which demands that referral be a process which includes a human dimension. Such a process considers first the client's needs, rather than those of the sending professional who may be eager to quickly conclude his contact with the client. Referral, in the latter sense, becomes a "transfer of trust."

Most conceptualizations of referral consider it to be an atomistic process. For example, Shertzer and Stone (1968, p 433) state that "referral is the act of transferring an individual to another person or agency for

specialized assistance not available from the original source." According to this definition the reason for referral should be for specialized service a professional cannot or chooses not to give. This standard definition, however, lacks a human factor which would transform the mere transfer of a "case" to a referral which can become a "transfer of trust."

During a wholistic referral the trust between the referring individual and client is also referred. For example, the student's accumulated trust for his RA is part of the referral process. That is, when the student is referred to an agency such as Psychological Services, his trust for the RA provides a bridge to promote trust for the agency. It is this "bridging" that facilitates the referral process. This referral is not a mechanistic process, but one where both individuals demonstrate and act on their respect for the other. In this instance, the trust is transferred so as to guarantee the integrity of each party concerned. Referral in this sense is a humanistic process of guiding a client toward that source which will be most productive. Thus, a referral process built on a transfer of trust becomes a procedure for taking and heightening responsibility rather than abdicating it.

Further conceptualization of the referral process demands an examination of the role played by each of the three participants. (1) The referent is a client working with a student personnel worker who needs the unique skills of an alternative professional. (2) The sending professional is that professional or paraprofessional currently responsible for the client, who for one reason or another finds himself unable to meet a specific need presented by this client at this time. (3) The receiving professional is that individual who is ready to accept major responsibility for the client and is thought competent to meet the current specific need of this client. Looking once more to the example pertaining to the residence hall, the student would be the referent, the resident assistant would be the sending

paraprofessional, and the person in Psychological Services that works with the student would be the receiving professional.

Positive feelings about the referral process are maximized when the referent and the sending professional each take responsibility for their part in the referral process. Thus, in some cases the referent and the sending professional might negotiate who the receiving professional will be. As a result, the referral becomes a joint endeavor in which the client can voice his feelings about a particular action.

A referral in which the client actively engages in the process can be called a horizontal referral. Contrasted with horizontal referral is one which is vertical. For example, traditional referral based on a medical model is vertical: a physician tells the patient to go to a specialist for treatment of an allergy. The sending professional in this case is seen as another authority and the client usually has little or no part in the decision whether to be referred, why, and to whom. Horizontal referral, on the other hand, actively engages the referent in the referral process. Since the referral concerns the referent he is expected to make inputs regarding the who, what, and why of the referral. In this dimension the client's values and sensitivities are best safeguarded.

Finally, referral can be either institutional or personal. An institutional referral is one in which the client is sent to an agency with minimal chance to make a viable connection with that agency. This is usually characterized by a statement such as "Why don't you go over to Student Health, they will take care of you." On the other hand, a personal referral is one in which the referent is given a contact person and a means for contacting him. "I have called Dr. Jones at your request; he will see you at 3 p.m. today. His office is Room 107 of Student Health." A personal referral made to a specific receiving professional with directions to the

person's office, appointment time, etc., is by far the better referral method
when measured in terms of client satisfaction and number of referred appoint-
ments kept.

Recommendations

Based on the conceptualization of referral presented above, the authors
propose a series of recommendations for improving the referral process.

(1) Establish role definitions. The first recommendation considers
the importance of role definitions. A crucial first step in the referral
process is to define the professional's role. This is especially true of
referrals devoid of a long standing positive relationship between the re-
ferent and the sending professional, as is the case with the majority of
referrals made on a college campus. As a result it frequently becomes ex-
penditious for the professional to define for the client the limitations and
purpose of his or her role. If, for example, the professional's job is to
be primarily a referral source, the client should be told this fact imme-
diately; e.g., "My job is to determine who you should see within our agency.
I may not be the person that you will eventually be working with. Now
tell me, what brings you here." The advantage of this approach is that the
client's expectations are altered immediately to conform with the fact that
he will be referred to another person.

Contrast this with the student who comes in to an agency assuming that
the person with whom he is talking will be the primary help-giving agent
and discusses some problem or dilemma. After concluding his remarks he
discovers to his chagrin that he is being referred to yet another person
to whom he must retell his story.

(2) Establish a positive expectation. Recent research by Goldstein,
(1962), Brunner (1965), Biddle (1964) has indicated that positive expecta-
tions in therapy and teaching are important variables in predicting

successful outcomes. Likewise, positive expectation has an impact on the referral process as well. As a result the sending professional should endeavor to create a favorable cognitive set that the referent can carry that with him to the receiving professional: "Dr. Jones has helped many students with problems like yours; I think he is very competent." Needless to say, whatever is said about the receiving professional should be an honest and accurate assessment of that person's strengths. Thus, an obligation of the sending professional is to know the receiving professional. As Wygant (1971) has admonished, the professional's credibility as a referral source can best be safeguarded by making referrals only to respected clinics and individuals.

(3) <u>Training</u>. Along these same lines of reasoning, one of the best ways to facilitate the referral process is to provide training for those most intimately involved. This is especially true in a university setting. Ramey (1962) and Cantoni and Cantoni (1965) have echoed Wygant's assertion concerning the importance of knowing the referral sources. They have also stressed the difficulty in achieving this end. As a result, it is suggested that an agency conduct a yearly "referral bazaar." Held during the fall, this workshop would serve to introduce campus professionals to the names, phone numbers and specializations of various persons in receiving agencies.

Further contact should be encouraged with those agencies which have the heaviest interagency referral traffic so that personal friendships and professional relationships can be established. This workshop, if properly conducted, would serve to increase the referral sources known by each potential sender, and as the quality of the interactions increased, the possibilites of the sending professional matching the client's needs with the receiving professional's skills would be heightened.

(4) <u>The sending professional's remarks should be concrete and personal.</u> In this respect the sending professional should strive to be as concrete as

possible when making the referral; for example, including the receiving professional's name, his location, phone number, and hours of practice. One way of virtually making sure that the client reaches the receiving professional is to make an appointment for the client in his presence and perhaps allow the two to converse briefly before concluding the conversation. In some cases the client needing mental health services should be taken to the proper agency to insure his arrival.

Referral to private agencies or individuals within those agencies should not be done without the client's knowledge, consent and cooperation. Thus, an honest, open approach with the client is crucial. "Dr. Jones in the counseling center is a specialist in these types of problems and he has helped many students. What do you think of this suggestion?"

If the client does not wish to be referred. In some instances it becomes apparent that the client resents being referred and will not likely seek out the receiving professional even if an appointment is made. In this case another professional can be suggested or the sending professional may wish to discuss the client's feelings towards referral. Often a few minutes spent in catharsis will free the client to the point where he will wish to seek help from another professional. In some instances the receiving professional may wish to contact the client for reassurance and encouragement. Of course, despite all good intentions, the client's resistance may make referral impossible, although the passage of time will occasionally result in a change in the client's attitude. The important notion for the reader's consideration is that, except for emergency cases, referral is most effective when based on a joint decision within the horizontal model.

The importance of follow-up. Once the referral has been made, most senders adopt the philosophy "out of sight, out of mind." Herein lies one of the greatest errors frequently made in the referral process. The competent

professional should call the referral agency or individual and ask for feedback on the referral process. Such questions as "Was the appointment kept? Did I give you the information needed?" are crucial questions that must be answered.

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