



**COSCA (Counselling & Psychotherapy in Scotland)**  
16 Melville Terrace | Stirling | FK8 2NE  
t: 01786 475 140 f: 01786 446 207  
e: [info@cosca.org.uk](mailto:info@cosca.org.uk) w: [www.cosca.org.uk](http://www.cosca.org.uk)

## Referrals of Clients by Counsellors and Psychotherapists

### COSCA Guidance and Information

#### 1. Introduction:

A referral in counselling and psychotherapy is when counsellors and psychotherapists make recommendations about where else a client might seek help. This may happen before a counselling service is provided and also after counselling has begun.

The reasons for making a referral vary. Referrals happen when counsellors:

- do not agree to begin working with a person(s) for some (appropriate) reason
- the client, or the client and the counsellor together, decide that the referral is desirable or necessary
- the client's needs have changed and they may need a more specialised intervention that the counsellor cannot provide. The needs envisaged here are the changed therapeutic needs of the client that may need to be met but also their social environment may play a part. For example, if they are in an unsafe environment, are struggling to pay the bills or have a physical health condition, more practical support may be more urgent. The client may also be looking for something that the counsellor is unable to give such as advice, friendship or a diagnosis.
- decide that the therapeutic relationship isn't a good fit or it is just not working as it should any longer
- do not have the capacity to continue to work with particular clients
- working within an organisation feel pressure from the organisation to work with clients within a certain number of sessions. This may result in the counsellors feeling that they do not have the capacity to do what is required for the client. For instance, they may have signed up to deliver a certain number of hours, but the presenting issues of the clients may mean they don't have the capacity to cover all of the issues within the allotted number of sessions
- are not able to accommodate clients due to a change in clients' availability.
- cannot offer the session frequency the client needs.

Referring on can sometimes be difficult for counsellors to do. This can be because counsellors:

- may be concerned that the progress made in the trusting therapeutic alliance which they have with clients will be affected
- may feel they “should” be able to work with every client
- may find it difficult to recognise their limitations and competences
- may be concerned that referring a client to another service will negatively impact on the client
- have practical business concerns around the loss of income to themselves that may occur when a referral is made
- are not sure about how to appropriately make the referral.

In all cases, counsellors need to learn how to manage referrals in a sensitive, caring way that sets the client up for success with their new service.

## 2. Ethical Guidance on Making a Referral

Understanding when and how to refer clients to another service so that it produces the best outcome for clients and counsellors alike is really important from an ethical perspective.

The COSCA Statement of Ethics and Code of Practice is useful here. It clearly states in paragraph 2.2 under ‘*Competence*’ that:

‘A member is required to ascertain that a client’s request and/or need for the service offered or provided does not extend beyond the competence of the member. Where a referral to a more appropriate source of help is indicated the member will take steps to encourage the client and to positively refer on’.

From the above paragraph, it is clear that counsellors should work within their competence and acknowledge that there may be limitations to their expertise in work with certain clients and/or they may not be suitable to work with particular clients.

The above paragraph also confirms that counsellors need to be constantly reviewing the effectiveness of their work with clients and be aware of when the service they are providing will or does not meet the therapeutic needs of a client. This could be, for example, due to a change of circumstances or when they discover something new about the client.

Paragraph 2.5 under ‘*Competence*’ states the following:

Members continually monitor their practice and can recognise their inability to work effectively with a particular client or when their professional effectiveness is impaired. In such situations, members will promptly take the most appropriate action to serve the best interests of their client(s). The functioning of an individual practitioner may

be impaired by personal problems caused by, for example, illness, stress, life events, etc. An organisation may be affected by, for example, staff shortages, administrative difficulties, etc. The member must consider whether they should refrain from working with the client; make any appropriate referrals; and seek professional support to address their difficulties.

Paragraph 6.2 under Conflicts of Interest states the following:

'When a potential conflict of interest becomes apparent after the working relationship with a client has commenced, the member has a duty to acknowledge the conflict of interest to the client and seek an equitable resolution to the situation. Resolution can mean referring the client to another practitioner or continuing if the member and the client are both satisfied that the conflict of interest will not prejudice the working relationship'.

However, it is also important to find out before working with clients whether there is or may be a potential conflict of interest. For instance, a counsellor operating in a small community where everyone knows everyone may mean that they are unable to ensure that they know none of the close contacts of the client. In urban areas, it can also happen, for example, that former clients can refer friends, family members or colleagues to the counsellor with or without agreement to inform the counsellor about their relationship and/or to speak about the former client during counselling sessions. In all these kinds of situations, careful contracting with new clients for the possibility of conflicts of interest needs to be carried out.

It is not only individual counsellors who have a responsibility in respect of referrals. Member organisations also have this. In the COSCA Recognition Scheme Handbook under Onward referral of clients, it states the following:

'Organisations must be aware of other services for the referral of clients. These may be within their own organisation in the form of other counsellors/ counselling skills users, to another service within their own organisation or to another organisation that the member organisation feels is more suitable for that client.

The counsellor/ counselling skills user is required to ascertain that a client's request and/or need for the service offered or provided does not extend beyond their competence and training. If they decide that they are unable or unwilling to offer the service required, the organisation must be able to refer or assist the counsellor/ counselling skills worker to refer on.

The functioning of an individual practitioner may be impaired by personal problems caused by, for example, illness, stress, life events, etc. When the counsellor/ counselling skills worker feels unable to deliver an ethical service the organisation must refer or assist the counsellor/ counselling skills worker to refer on.

An organisation may be affected by, for example, staff shortages, administrative difficulties, etc. The organisation must be able to refer the client onto another service.

Where a referral to a more appropriate source of help is indicated, the organisation will take steps to encourage the client and to positively refer on.’

COSCA Recognised Organisations need to evidence that they are implementing the above requirements. They can do this by developing and using a referral policy, drafting a list of other organisations and the services they provide etc. All member organisations are encouraged to do likewise.

Deciding when to refer on is, therefore, a process that involves reflection – see below for some guidance on when to make a referral.

### 3. When to Make a Referral

Counsellors should be ready to refer on clients when:

- ***Clients need help outside of the counsellor’s areas of competency***

Clients who need help with issues outside of the counsellor’s competency may require help from another source. Examples of the kinds of issues here are medically diagnosed severe mental health problems, borderline personality disorder, or eating disorders.

It is important that counsellors do not make a medical diagnosis of the mental health problems of clients. This is a matter for those medically qualified and trained to do this. However, counsellors and psychotherapists may signpost clients to appropriate medical professionals if they feel that this would benefit their clients. Collaborating with medical professionals where possible about particular clients is advised in the best interests of the client.

However, a client having an issue that may require help from another source does not necessarily mean that counsellors cannot work with them. The severity of the issue may make a difference. It may be something that they had already had support for and are now ready to talk about what is surrounding the issue. It may be the case that what is needed is immediate specialised support as opposed to the counsellor not being able to work with someone with a specific diagnosis.

So, it may not be so clear cut that the counselling needs to end when the above issues arise but it may be that the client receives other sources of help alongside counselling. For example, a counsellor may not be competent to provide crisis support. Making a referral for crisis support does not necessarily mean that the

counselling has to stop. Someone in crisis may require additional support and so benefit from a referral, but it may be detrimental to end the counselling.

The therapeutic approach of the counsellor may not be suitable for the clients presenting issues and this may also be a reason for making a referral in relation to competency. It may be that the client may just benefit from a different approach. For instance, a client may want a more structured/ less restricted approach or may find it helpful to share their feelings with a group of others with similar experiences.

- **The therapeutic relationship is unhealthy or unsafe**

Sometimes, counsellors are confronted with inappropriate client behaviour during therapy sessions e.g. various forms of sexualised, violent or aggressive behaviour directed towards the counsellor.

This does not necessarily mean that counsellors need to stop working with the client as it could be a valuable part of the therapy and could be explained under the counsellor's therapeutic approach.

However, if this experience affects the counsellor's ability to provide therapy, they may need to cease work and refer the client to another source of help if it is appropriate to do so.

- **Working with the client affects the counsellor's mental health**

There are occasions when a client has issues that impact on the counsellor personally e.g. if the counsellor is experiencing a similar situation to that of the client that makes it difficult for the counsellor to be objective.

In the above situation, if the counsellor is unable to act professionally when working with a client, then the counsellor should consider making a referral in the interests of self-care but also in the best interests of the client.

- **The counsellor is not available to offer the sessions needed**

Sometimes, the counsellor may not have the availability to provide the number of sessions that a client needs. This could be, for example, because the counsellor has moved house or location, reduced their level of practice, retired, taken maternity or paternity leave, or fallen ill.

As part of the process of ending sessions with clients and integral to the counsellor's duty of care towards clients, the counsellor may consider referring clients in the event that the above kinds of changes to their own circumstances take place.

#### 4. HOW TO REFER A CLIENT TO ANOTHER SOURCE OF HELP

The needs of clients should always be paramount when making a referral. So, it is important that counsellors refer on to another source of help that is suitable for their client's needs and which has the expertise to help them. This may be a service that is personally known to the counsellor or that they have heard good reports about.

- **Managing the referral process sensitively**

Counsellors should work sensitively with their clients when making a referral. They should manage endings with clients in such a way that the clients do not feel abandoned. This should involve having honest, respectful conversations with clients that help them to understand why the counselling needs to end and the reasons for this. Clients should be given sufficient time to process the idea of the counsellors not working with them any longer and the possibility of someone else doing so. Clients should also be helped to make the transition to a new service and given reassurance about the process.

- **Involving the client in choosing a new source of help**

Clients should be given the opportunity to discuss what they would like from another source of help. They should be offered a range of choices (a minimum of three) about other possible source of help to avoid them feeling that they do not have a choice in the matter. Information about each one and why it may suit them should also be given to the client, with the client making the final choice.

- **Finding referral options**

Counsellors can find referral options by searching directories of other sources or help, including directories of other counsellors.

The following list of online resources may be useful when counsellors are searching for referral options:

Volunteer Scotland: <https://www.volunteerscotland.net/>

ALISS (part of the wider Health and Social Care Alliance Scotland):  
<https://www.aliss.org/>

COSCA's Register of Counsellors and Psychotherapists:  
<http://finder.cosca.org.uk/searchorganisation.aspx>

COSCA's Organisational Membership Directory: [Member Organisations :: COSCA - Counselling & Psychotherapy in Scotland](#)

National Association of Link Workers [www.nalw.org.uk](http://www.nalw.org.uk) (Already active in England the service is currently being developed in Scotland).

iThrive: <https://ithriveedinburgh.org.uk/>

NHS Inform: [Health and wellbeing services | NHS inform](#)

- **Planning the transition of clients to another source of help**

Asking for the client's permission and informed consent to share their information with their new source of help may help the client to get off to a good start there. Counsellors may also consider making themselves initially available to the new source of help, but again only with the above permission and informed consent.

Counsellors should work with clients at their final session to ensure that the transition to the new source of help will go as well as possible and also to provide closure to the service they have provided.

Brian Magee  
Chief Executive  
COSCA (Counselling & Psychotherapy in Scotland)  
October 2022