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Important Areas of Knowledge, Points of Confusion, and Training Recommendations for Client Referrals

Jessica Lloyd-Hazlett, Samantha Airhart-Larraga, Lucy L. Purgason

The intersection of personal and professional values in relation to client referrals may cause uncertainty and confusion among counseling students. Current literature on this topic demonstrates a lack of agreement exists among student counselors about how to navigate the referral process, especially as it relates to making decisions about when to refer (Lloyd-Hazlett, Rubio, & Honderich, 2017). This content analysis examines what student counselors ($N=104$) perceive as important areas of knowledge, points of confusion, and suggestions for training on ethical referrals. Emergent themes and implications for counselor education and future research are discussed.

Keywords: client referrals, counselor education, ethics

Crossroads forged by the intersection of personal and professional values are often highly charged and contentious. As a result, public and institutional responses to legal precedents (i.e., *Keeton v. Anderson-Wiley*, 2010; *Ward v. Wilbanks*, 2010) continue to vary resulting in potential gaps in student counselors' understandings of ethical client referrals. For example, when asked about the *Ward v. Wilbanks* case (dismissal of a student from a training program because of her refusal to work with an LGBT client due to religious beliefs), surveyed student counselors and counselor educators reported confusion about ethical codes, heard mixed messages, and raised potential limitations to the American Counseling Association's (ACA) unequivocal stance on values-based referrals (Burkholder & Hall, 2014; Burkholder, Hall, & Burkholder, 2014). To increase clarity on the distinction between competence and values-based referrals, revisions to the 2014 *ACA Code of Ethics* included significant changes to codes related to client referrals, professional competence, and nonimposition of counselor personal values.

In a study published in the wake of these revisions to the 2014 *ACA Code of Ethics*, Lloyd-Hazlett, Rubio, and Honderich (2017) interviewed 10 student

counselors about their perceptions of ethical client referrals. Responses indicated differences in understandings of the construct of clinical competence, with some students viewing this as more fluid and others seeing competence as more fixed (Lloyd-Hazlett et al., 2017). In addition, students held varying understandings of how to navigate value differences with clients when they occur. It appears that confusion still exists among student counselors about how to navigate the referral process, especially as it relates to making decisions about when to refer. The purpose of the current content analysis study was to identify what student counselors perceive as critical areas of knowledge, points of confusion, and suggestions for training on ethical client referrals.

Ethical Codes Related to Referrals

The *ACA Code of Ethics* is a vetted document that establishes the ethical guidelines for the counseling profession. The code is written not only for practitioners, but also informs decisions made by individuals serving on licensure boards and over court cases, as the *ACA Code of Ethics* is considered the industry standard (Kaplan, 2014). The *ACA Code of Ethics* undergoes a revision process, with the most recent

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version approved in 2014. A trend within revisions is to shift the focus from the needs of the counselor to the needs of the client (Kaplan et al., 2017).

One of the significant changes in the current *2014 ACA Code of Ethics* is greater attention and specificity to the importance of counselors avoiding imposing personal values and the corresponding implications for client referrals (Kaplan et al., 2017). Referral in the counseling profession is defined as “when counselors make recommendations of where else a client might seek treatment. This may happen if counselors cannot accept the client for some (appropriate) reason or, if after some treatment has occurred, the client’s needs have changed” (Natwick, 2017, p. 18). Increased clarity regarding referrals protects clients from discrimination and abandonment. Members of the ethical code task force revision team noted, “counselors need to manage any discomfort with a particular client through consultation, supervision, and continued education and to review referral as an intervention of last resort” (Kaplan et al., 2017, p. 115).

Within the most recent *ACA Code of Ethics*, the applicable standard is A.11 Termination and Referral. Two codes within this section pertain to referrals: A.11.a and A.11.b (ACA, 2014). These codes differentiate between referrals based on competence versus values. Competence refers to counselors’ perceptions of their skill-based abilities, whereas values encompass counselors’ personal beliefs (Kaplan et al., 2017). A.11.a states that competence is a reason for counselors to initiate a client referral and maintains that counselors are “knowledgeable about culturally and clinically appropriate referral services.” A.11.b explicitly advises that “counselors refrain from referring prospective and current clients based solely on the counselor’s personally held values, attitudes, beliefs, and behaviors” (ACA, 2014).

Professional Ethics and Personal Values

The *ACA Code of Ethics* serves as a vital guidepost for the counseling profession when addressing ethical issues when they arise; however, it is still incumbent upon the individual counselor to understand and implement the codes with fidelity. Unfortunately, counselors disagree about the ethicality of a variety of counselor behaviors, with divergences most profound around values-based issues (Lloyd-

Hazlett et al., 2017; Neukrug & Milliken, 2011). Ethics disagreement may be even more profound for student counselors who “have the same obligation to clients as those required for professional counselors” (ACA, 2014, F.5.a), but may lack adequate knowledge and experience in the field to make difficult decisions (Lloyd-Hazlett et al., 2017).

Qualitative research using an ethics vignette with clinical psychology students ($N=7$) revealed insights into student perspectives of constructs associated with ethical referrals (Paprocki, 2014). In the vignette, a supervisor must decide to honor the referral request of an intern assigned to work with a client coming out as gay, which conflicts with the intern’s long-held religious beliefs. Common themes discussed by participants relevant to competence versus values-based referrals included distinguishing between discomfort and incompetence/impairment, differentiating between discrimination and appropriate referrals, and preserving trainees’ rights to their own personal and religious values. Additional themes included encouraging safe supervision environments, prioritizing client well-being, and traits of effective practitioners (i.e., openness, willingness, flexibility) (Paprocki, 2014). While these findings may apply to counselor education settings, clinical psychology programs adhere to distinct codes of ethics, training standards, and professional competencies. More research is needed to fully understand student counselors’ understandings of and preparedness for ethical client referral practices.

Ethics Training

Accreditation standard. The Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) *Standards* designate Professional Counseling Orientation and Ethical Practice as a core curricular area. Counselor educators must cover “ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling” (F.1.i). Typically, this is achieved through a stand-alone ethics course (Urofsky & Sowa, 2004).

Ethics instruction. Codes of ethics in and of themselves are not sufficient to ensure consistent or ethical practice among members of a professional field (Rest, Narvaez, Bebeau, & Thoma, 1999). Any

code of ethics cannot cover every situation; therefore, a primary purpose of counselor preparation is assisting student counselors in understanding and internalizing a professional ethical identity (Lloyd-Hazlett & Foster, 2017). Student counselors are also trained in ethical decision making, including the use of decision-making models and supervisor consultation. Herlihy and Dufrene (2011) conducted a Delphi study to gauge expert opinion of current and emerging ethical issues facing the counseling profession, including issues specific to counselor preparation. Identified themes delineated ensuring counselors practice ethically and abide by the *ACA Code of Ethics*, dealing with social justice and diversity issues, strengthening the professional identity of counselors, and ensuring competence in providing services within a climate of change. Participants specifically named concerns about value clashes and combatting potential discrimination. Further, teaching ethical decision making was cited as the most important issue in counselor preparation (Herlihy & Dufrene, 2011).

To date there is little research examining ethics instruction within counselor preparation programs (Hill, 2004; Levitt, Farry, & Mazarella, 2015). Much of the existing research is older and from the perspective of practicing counselors or counselor educators versus students. Less than 5% ($n=11$) of teaching and learning articles published by the ACA and in ACA division journals from 2001–2010 focused on the CACREP (2009) core curricular area of Professional Orientation and Ethical Practice (Barrio Minton, Wachter Morris, & Yaites, 2014). While it is likely that ethical concerns intersect within other, more frequently studied core curricular areas (i.e., Social and Cultural Diversity, Helping Relationships), there is a need for greater attention to student counselor training around ethics generally, and client referrals more specifically. The aim of this study was to narrow this gap by exploring student counselor perspectives on client referrals.

Method

The present study was guided by three research questions:

(1) What do student counselors consider critical areas of knowledge about client referrals?

(2) What do student counselors find most confusing about client referrals?

(3) What training recommendations do student counselors have for training about client referrals?

We determined inductive content analysis to be the method most appropriate to address our research questions. Content analysis is a flexible method used in both quantitative and qualitative research approaches that permits researchers to reliably examine and make categorical inferences about text (Hsieh & Shannon, 2005). According to Zipf's Law, "words and phrases used most often are those that reflect important concerns in the larger conversation and express the greatest concerns" (as cited in Elo & Kyngäs, 2008, p. 1115). Inductive content analysis approaches are attentive to emergent themes and do not rely on an a priori theory (Krippendorff, 2013). Content analysis also facilitates sensitivity to both the breadth and depth (i.e., frequency) of participants' perceptions (Dispenza, Harper, & Harrigan, 2016).

Participants and Data Collection

We used Krippendorff's (2013) four guidelines for content analysis to inform data collection and analysis for this study: unitizing, sampling, recording, and reducing. *Unitizing* refers to the process of determining what content will be analyzed. Units for this study were student counselors' narrative responses to three open-ended questions. *Sampling* entails determination of a sampling method of the units. We wanted the units to include responses from counselors-in-training representing diversity in programs and geographic area; therefore, after obtaining IRB approval for the study, we emailed liaisons at CACREP-accredited training programs ($N=256$) and asked them to distribute the call for participation and the Qualtrics survey link to students in their programs meeting the inclusion criteria. The study was open to master's students in CACREP-accredited clinical mental health counseling programs who had completed or who were currently enrolled in a practicum course. While some liaisons confirmed forwarding the request for participation to students, this was not required. As such, we are unable to determine an exact response rate. We did confirm geographic rep-

resentation across all regions identified by the Association for Counselor Education and Supervision (ACES). We used Krippendorff's statistical sampling theory (2013) to determine a minimum sample size to probably capture the "least likely" (p. 122) units of data relative to our research questions (~29 participants). We also reviewed counseling literature utilizing similar methodology, which supported a sufficient sample size for our study (Burkholder & Hall 2014; Burkholder et al., 2014; Dispenza et al., 2016).

A total of 104 participants completed the survey. Participants were able to write in responses for gender identity. Eighty-two percent of participants self-identified as female, 15% as male, and 11% as cisgender, with some participants noting multiple identities (i.e., female and cisgender). The average age of participants was 31 years old (Range 22–63, $SD=10$). Most participants identified as White (74%), with the remaining participants identifying as Hispanic/Latino (15%), Black/African-American (8%), American Indian (2%), Asian (2%), and Middle Eastern (1%). The percentage of participants representing training programs in each ACES region was as follows: 65% Southern, 17% North Central, 10% North Eastern, and 8% Western. We also collected demographic information about participants' progression through their training programs. Participants reported completing an average of 47 credit hours (Range 18–108, $SD=43$) and 131 clinical hours (Range 0–900, $SD=192$). Most participants (83%) had previously completed an ethics course; 6% of participants were currently enrolled in an ethics course and 11% had not yet taken an ethics course.

Instrumentation. For the purposes of this research, we provided participants the following definition of referrals:

When a counselor refers a client to another provider because he/she believes he/she cannot provide adequate services. In this case, the referring counselor would discontinue their work with the client. This definition does not include times when a counselor may refer a client to another treatment provider, such as a primary care physician or psychiatrist, for adjunct services.

Participants used the Qualtrics survey link to provide short answer responses to the following three research questions: (1) What do you think is most important for student counselors to know about client

referrals?; (2) What is most unclear to you about client referrals?; and (3) What recommendations would you make to improve counselor training about client referrals?

Data Analysis

Krippendorff's third guideline, *recording*, "takes place when observers, readers, or analysts interpret what they see, read, or find and then state their experiences in the formal terms of an analysis" (2004, p. 126). Our first recording step for this inductive content analysis was preparation. In this step, each researcher independently reviewed all the data. During this immersive review process, each member of the research team considered the following questions: Who is telling? Where is this happening? What is happening, and why (Elo & Kyngäs, 2008)? Following this immersion, we met to discuss initial impressions. We agreed to focus on manifest versus latent content and determined discrete participant ideas to be our recording units (Krippendorff, 2013). For example, if a participant provided two ideas in his or her narrative response to research question one about what is most critical for student counselors to know about client referrals, two recording units would be identified (Krippendorff, 2013). We also discussed and bracketed potential assumptions we held about the study. One issue we noted was all authors being involved in teaching clinical courses and how concurrently completing the research had primed us to be more cognizant of referral concerns. We also discussed our own experiences with ethical decision making over time and strategies for bracketing these perspectives during the analysis.

Krippendorff's (2013) fourth guideline is *reducing* the data and includes open coding and thematic abstraction (Elo & Kyngäs, 2008). To accomplish this, we independently reviewed all three research questions and each person made note of preliminary codes for all recording units for each question. Then, each member of the research team reviewed the preliminary codes generated by all authors to determine a combined code for each recording unit. Each research team member completed this task for one of the three research questions. Following this, we met to review the assigned codes, which included discussing any areas of discrepancy (Graneheim &

Lundman, 2004). The last step of data analysis is *abstraction*, which included grouping the previously identified codes into themes (Krippendorff, 2013). Each member of the team completed a final review of one question to ensure heterogeneity between themes, consistency in coding, and that all data were accounted for within the identified themes.

Research Team and Trustworthiness

The research team included three members. The first author identifies as a White female and is a tenure-track counselor educator and licensed professional counselor. The second author identifies as a Hispanic female and licensed professional counselor-supervisor. She was a doctoral candidate at the time of data collection. The third author identifies as a White female and is a tenure-track counselor educator, licensed school counselor, and approved clinical supervisor. We each have experience teaching and supervising master's-level counselors in didactic and field-based courses.

We employed several methods of trustworthiness throughout the research process (Graneheim & Lundman, 2004). First, we engaged in oral and written memoing at the start of each research meeting and data engagement to process subjectivities with other team members. Second, all members of the research team independently provided preliminary codes for each question. We then discussed and reached consensus on discrepant codes, acknowledging “text always involves multiple meanings” (Graneheim & Lundman, 2004, p. 106). Throughout the final reporting phase, we ensured that representation of the findings was a recursive process, consistently going back to the data to ensure the representativeness of all identified themes (Krippendorff, 2013). Finally, we used extant literature to triangulate and contextualize our findings.

Findings

This study provides a qualitative content analysis of written responses from three open-ended questions regarding student counselors and client referrals. Tables 1–3 are organized by research question and illustrate frequency counts and salient quotes for

each identified theme. We identified 12 response themes related to important areas of knowledge, 9 themes for points of confusion, and 8 themes for counselor training recommendations.

Important Areas of Knowledge

Our first research question asked participants what they feel is most important for student counselors to know about client referrals (see Table 1). Nearly one-third of participants answered that knowledge of which referrals are appropriate was most important ($n=34$). Participants referenced the importance of knowing when it is and is not appropriate to refer, as well as how this is decided. For example, one participant responded, “I think that student counselors need to know the process of deciding whether a referral is appropriate.” The second most frequent theme ($n=19$) concerned various responsibilities counselors hold related to client referrals. Specific counselor responsibilities cited within the theme included the awareness of personal biases, working within one's scope of practice, and continually working to increase competence. The mechanics of making a referral was another component addressed by many participants and was evidenced by several themes, including the importance of knowing clear steps ($n=17$), how to approach with clients ($n=8$), and community resources ($n=11$). As summarized by one participant, “[it is important to understand] how to proceed with [referral] in an ethical and safe way that causes no harm to the client.” Participants also cited the importance of knowing relevant ethical guidelines, with some naming specific ethical codes explicitly (i.e., *ACA Code of Ethics*) ($n=6$) and some providing more general responses related to the unethicity of values-based referrals ($n=12$) and ethicality of competence-based referrals ($n=5$). Participants also felt it was important for student counselors to know that referrals should be made in the best interest of the client ($n=9$). Some contrasts appeared to exist between the themes of the importance of student counselors knowing it is okay to refer ($n=13$) and that referrals should be rare/can be harmful ($n=4$). For example, one participant noted, “It's not a pride thing — it's about the welfare

Table 1
Most Important Information

Theme	n (%)	Example
Which Referrals are Appropriate	34 (33.7%)	“It is important for student counselors to know when it is and is not appropriate to refer a client to another counselor.”
Counselor Responsibilities	19 (18.8%)	“Being aware of and understanding what our personal biases are and addressing those biases. Also being aware of our scope of practice and ensuring that referrals are made when the client's concern is outside of our scope of practice.”
Clear Steps	17 (16.8%)	“Clear steps should be identified so that a student counselor feels confident that what she is doing is appropriate and ethical.”
It's Okay to Refer	13 (12.9%)	“That they are okay. It does not mean that you are not an adequate counselor.”
Values-based is Unethical	12 (11.9%)	“Your personal beliefs are not ethical grounds on which to refer a client.”
Community Resources	11 (10.9%)	“To have a list of resources that you can use for clients, and to understand what each resource is for.”
Best Interest of Client	9 (8.9%)	“First and foremost the most important thing is the wellbeing of the client.”
How to Approach with Clients	8 (7.9%)	“Knowing how to present the information to a client in a non-shaming or judgmental way.”
Seek Supervision	6 (5.9%)	“To know that they should always seek out appropriate supervision from adequate sources. You can never have too much supervision.”
Ethical Codes	6 (5.9%)	“I think it is most important to know the ACA ethical codes surrounding client referrals and whether or not a counselor needs to refer.”
Competence-based is Ethical	5 (4.9%)	“Also being aware of our scope of practice and ensuring that referrals are made when the client's concern is outside of our scope of practice.”
Rare/Harmful	4 (3.9%)	“Use referral as a last resort. Personally, I believe defaulting to a referral can be harmful to a client and diminishes your credibility as a counselor.”

of the client.... In fact, referring out when appropriate makes you a better counselor because you recognize that.”

Points of Confusion

The second research question asked participants to provide responses to what is most unclear about

client referrals (see Table 2). Responses to this question were categorized into nine themes. The most frequently cited response theme ($n=33$) was lack of clarity about which referrals are appropriate. Study participants questioned the appropriateness of client referrals based on counselor competence and acknowledged that this was a “gray area.” To illustrate, one participant responded, “If competency is

Table 2
Points of Confusion

Theme	n (%)	Example
Which Referrals are Appropriate	33 (32.0%)	“What is most unclear to me about referrals is when the reason for the referral is in the gray area. For example, ethically, there isn't a right or wrong answer, how do I determine what is in the best interest of the client?”
Nothing/N/A	25 (24.3%)	“They're pretty clear.”
Steps	18 (17.5%)	“How to exactly do a referral or what the guidelines are to making that referral and who we can refer to.”
How to Approach with Clients	11 (10.7%)	“How to properly tell the client that they are being referred without hurting the therapeutic relationship. This is a concern because I do not want the client to feel like they are ‘too much to handle’ or ‘unwanted.’”
Community Resources	9 (8.7%)	“How to access good referral sources other than through supervisor/faculty (especially once we have graduated and are no longer a part of the university community).”
Personal Values	6 (5.8%)	“Sometimes it is difficult for a counselor to recognize a difference in values.”
Ethics	3 (2.9%)	“How a state ruling will impact the Code regarding referrals for personal reasons.”
Setting Specific	3 (2.9%)	If/how subjective the process can be in different practice settings.”
Questioning Philosophy	2 (1.9%)	“Who makes the final decision and are they right? Based on what?”

on a continuum, then when can a professional counselor offer specific rationale for referral since competence can always be increased?" In contrast, the second highest recorded responses were under the theme nothing/not applicable (N/A; $n=25$). Some responses under this theme include "n/a" only, while some participants wrote, "There is nothing that is unclear." Three themes related to a lack of clarity in the referral process included a desire for additional understanding on the steps of making a referral ($n=18$), how to approach a referral with clients ($n=11$), and community referral resources ($n=9$). For example, one participant indicated confusion with "the process of aiding in the referral, beyond contact information if asked." Two themes related to ethical considerations when referring including how to separate personal values ($n=6$) and a lack of knowledge on legal statutes and ethical standards ($n=3$). Unclear ethical considerations included "when personal morals can or can't come into play?" Some participants ($n=3$) indicated a desire for additional clarity on setting specific referral considerations (i.e., school settings versus community mental health settings). Finally, the remaining responses indicated questioning who ultimately holds responsibility for the referral decision and the appropriateness of the philosophy of referring within the counseling field ($n=2$).

Training Recommendations

Our third research question asked participants for recommendations to improve counselor training concerning client referrals. Nearly one-third of participants recommended that training programs use teaching tools to improve counselor training ($n=40$; see Table 3). Specific teaching tools mentioned within the theme include role-plays practicing client referrals, case examples featuring client referrals, and concrete tools such as handouts and decision models. Specifically, a participant stated, "Continued case presentations to practice the process for school counselors and clinical mental health." The second most frequent response theme ($n=24$) suggested that more class time be spent discussing client referrals. Specific suggestions cited included implementing training on client referrals across the counseling curriculum and within specific courses such as ethics or practicum. In juxtaposition, the third most frequent theme was nothing ($n=15$), indicating a lack

of specific ethics training recommendations and typified by the response, "I feel my training was adequate." Participants also recommended discussing client referrals more in depth ($n=12$) and focusing discussions specifically on when client referrals *are* appropriate ($n=11$). Finally, participants indicated that counseling programs should provide students with information on the specific steps to making client referrals ($n=10$), community resources ($n=7$), and setting specific client referrals ($n=5$).

Discussion

The counseling profession has made significant changes to ethical codes related to client referrals, acting in response to the groundbreaking *Ward v. Wilbanks* case (ACA, 2014; Kaplan et al., 2017). Even amid renewed attention to values-based referrals, confusion still exists among student counselors regarding referral-related topics (Burkholder & Hall, 2014; Burkholder et al., 2014; Lloyd-Hazlett et al., 2017). In order to increase understanding of what student counselors consider areas of importance and confusion on this topic, the researchers in this study utilized inductive content analysis to identify themes emerging from participants' narrative responses to three, open-ended questions about client referrals.

Determining the appropriateness of a referral was the most frequent response theme to the research question asking what was most important for student counselors to know. Findings indicated that participants' understanding of referrals corresponded to recent revisions of the *ACA Code of Ethics* (2014). Specifically, participants indicated that referrals based on values-conflicts alone were not ethical. Consistent with extant research, themes reflected prioritization of client welfare, awareness of counselor biases, and ethical consultation from supervisors and peers (Author, 2017; Paprocki, 2014). Participants indicated that competence-based referrals may be ethical, however, responses reflected some difficulty discerning clinical competence and confidence. Boundaries of competence may feel particularly blurry for student counselors, many of whom have limited training and experience. This confidence

Table 3

Training Recommendations

Theme	n (%)	Example
Teaching Tools	40 (39.2%)	“I would recommend that we practice both scenarios that would require referral, and role play telling someone they are being referred.”
More Class Time	24 (23.5%)	“Try to incorporate training about client referrals in more of the classes offered.”
Nothing	15 (14.7%)	“I don't have any further recommendations as just about every course I've been in has covered ethical principles and client referrals. :)”
Go Deeper	12 (11.8%)	“Some issues are fairly clear — don't take on clients with eating disorders without specialized training, don't refer LGBT+ clients due to your own religious beliefs. I'm interested in the gray areas — would it be appropriate to refer a grieving client if you're working through a recent personal loss?”
Which Referrals are Appropriate	11 (10.8%)	“I would recommend increasing educating regarding when it IS appropriate to refer to another counselor and how to process this decision. In the majority of our conversations during the program, we are deterred from referring to someone else. If there is an instance where a referral would be best for the client, I think it is important that counselor trainees have support in that case as well. Since we are advised not to refer, it might feel like client abandonment even if a referral is best for the welfare of the client.”
Steps	10 (9.8%)	“Practical information about steps to take, how to explain it to client.”
Community Resources	7 (6.9%)	“Have student counselors start creating a resource list so that they can have it when they need it, and be able to add to it as they go through with their training. I think it would also help if the program provided some resources to start their lists.”
Setting Specific	5 (4.9%)	“Have situation specific training depending upon your emphasis within your program (e.g., this is how to go about a referral in State VR, a mental health agency, etc.).”

versus competence distinction parallels themes identified in previous referral-related research (Burkholder & Hall, 2014; Lloyd-Hazlett & Foster, 2017; Lloyd-Hazlett et al., 2017; Paprocki, 2014) and may factor into student counselor referral decisions.

Conversely, it is interesting to note that many respondents indicated an absence of confusion related to the topic. Engagement in ethical decision making has been conceptualized as a developmental process (Neukrug, Lovell, & Parker, 1996); therefore, students in our study who are not yet in the field full-time may lack the experiences necessary to foster some of the cognitive complexity around ethical decision making that may be experienced by practitioners encountering real-life scenarios on a daily basis. Additionally, 11% of participants reported not taking an ethics course prior to practicum. Ametrano (2014) discovered students enrolled in an ethics course can readily identify appropriate ethical standards to accompany case studies but they have greater difficulty reconciling ambiguity in ethical codes and professional values. As a result, trainees can have trouble discerning what takes precedence in ethical decision making when gray areas are discovered (Ametrano, 2014). It is possible that some of the trainees in our study had not yet encountered ethical scenarios that introduced this kind of tension, and as a result, felt more confident in their knowledge.

Overall, participant responses in our study tended to indicate more clarity around theoretical considerations related to referrals (i.e., identifying legal and ethical concepts involved, importance of establishing a referral network, need for consultation) mirroring concepts grasped by trainees at a similar developmental level (Ametrano, 2014). In contrast, skills-based application of this knowledge appeared to be something student counselors would find beneficial. For example, information on steps of the referral process appeared in the top three most cited responses to the questions about importance and uncertainty. Similarly, how to identify and develop a list of community resources was a frequently cited theme.

Implications for Counselor Education

Ethical decision making has been cited as a critical content area within counselor education (Herlihy

& Dufrene, 2011). However, the amount of literature related to ethics-focused pedagogy does not parallel the criticality of the topic (Barrio Minton et al., 2014). One important contribution of this study is the inclusion of content- and pedagogical-based recommendations for strengthening ethical training in counselor education programs contributing to a more nuanced understanding of student counselors' perspectives on referrals. This information provides counselor educators with specific foci areas within the topic of referrals in which to direct attention.

Forty participant responses specifically addressed tools counselor educators could use when teaching about referrals. For example, comments indicated that students would benefit from the use of role-plays of ethical scenarios. Role-plays would offer the opportunity for students to engage in practical application of referral content and would be a chance for students to enhance counseling skills related to referrals. Role-play may specifically address how to communicate with clients about the need to refer, a response cited 19 times in both the most important and unclear research questions. Another pedagogical suggestion was the use of referral-based case examples. Case examples would provide students an occasion to engage in dialogue about referral-related concepts, such as the ones noted by participants in this study and to learn from instructors how they have dealt with complex referral situations in the past. In addition, case studies highlighting referral examples from different settings might help students understand considerations relevant to specific counseling environments (i.e., schools, universities, community mental health agencies). Further, case studies that include variation in the developmental and training level of the clinician might offer students the opportunity to engage in rich discussion regarding the previously mentioned competence versus confidence differentiation.

Traditionally, ethics is taught as a stand-alone course (Urofsky & Sowa, 2004). In a sample of 95 counselor education programs, Urofsky and Sowa (2004) reported that a small minority (11%) integrated ethics content across the curriculum. It is noteworthy that 15% of respondents in our study reported no training recommendations and included comments indicating receipt of adequate training in their respective programs. Specifically, a group of participants answered that this topic was integrated across

all coursework mirroring percentages identified by Urofsy and Sowa.

The majority of respondents, however, provided ideas for furthering training in this area. Based on participants' responses, opportunities exist for inclusion of this content in field experience, professional practice, multicultural, and diagnosis courses, in addition to ethics courses. For example, one noted area for additional training appearing in response to each of the three questions was the development of community resources. Participants recognized that maintaining a current and relevant referral list was important, yet they also indicated that they would like training in how to identify and connect with community resources. The action-oriented skills this requires might be an important addition to field-based experiences, such as practicum or internship. As such, a specific course objective might include locating the field site's referral list and vetting it based on insurance provided, ability to take new clients, availability of language interpreters, and identification of professionals specializing in certain mental health diagnoses and interventions.

In addition to identifying referral resources, university supervisors may find it beneficial to discuss developmentally appropriate caseloads for practicum and internship. This is also important information to relay to site supervisors and allows for an opportunity to talk with students about the difference in clinical competence versus self-confidence. Supervision also provides an important opportunity for students to consult with supervisors regarding cases and to engage in ethical decision making regarding how and when to make a referral. Field-based counselors serving as supervisors to students may benefit from continuing education related to referrals through workshops or trainings sponsored by the counselor education program.

Professional practice courses are an opportunity to further expand on referral-related content. For example, material related to how to document a referral, verification of insurance information, and the referral process in different settings could be covered. Participants indicated that video demonstrations from practicing clinicians related to referrals would be helpful. A diagnosis course might be a good match for covering content related to referrals based on treatment specialization. A few participant responses

indicated that greater coverage of diagnoses more likely to need referrals would be beneficial. Topics related to referrals with specific client populations (e.g., LGBTQ clients/students) might be an important topic to cover in multicultural courses and speaks to the need for greater training and competency development. Finally, topics identified by participants such as recognizing value differences, limits of competence, and legal precedents would be valuable in a legal and ethical course. For organizational purposes we have aligned these pedagogical recommendations to specific CACREP courses; however, based on recommendations from participants for more class time on this topic and a desire to go deeper, integration across curriculum would likely better assist students in achieving knowledge and skills related to ethical referrals. The inclusion of ethics topics across multiple aspects of a counselor education program aligns with recommendations made by scholars interested in supporting students' multicultural and social justice development (Pack-Brown, Thomas, & Seymour, 2008).

Limitations and Recommendations for Future Research

The findings should be considered in light of several limitations. First, the sample was relatively homogenous (e.g., predominantly white and female). As such, the sample may not have captured the referral perceptions of all student counselors. Cultural context impacts our understanding and enactment of ethical principles and codes (Herlihy & Painter, 2016). Second, participants provided responses to questions regarding importance, confusion, and training implications for referrals. Participants were not specifically asked to provide information about areas of clarity related to referrals. The inclusion of this question would have permitted researchers to compare and contrast areas of clarity versus areas of confusion. Finally, participants represented different stages in their counselor education training (i.e., practicum and internship). Future research with a larger, more diverse sample specifically looking at one foci area of training might provide more nuanced information. For example, the majority of participants in a similar study were in prepracticum (Lloyd-Hazlett et al., 2017). In the current study, based on

number of reported credit hours and clinical hours, participants were mostly students in internship. Longitudinal research following a group of students from prepracticum through internship would allow researchers to observe developmental distinctions in ethical decision making across the course of a training program. For example, 25 responses of *nothing was unclear* were recorded. It is unknown whether this was because participants had not encountered any ethical dilemmas, possessed a high level of confidence in their skill and referral ability level, or is representative of cognitive developmental differences. Future research might inform how existing developmental models such as the Integrated Developmental Model (Stoltenberg & McNeill, 2009) can be applied to differences in understanding of ethical dilemmas and decision making. Further, research with practitioners might elucidate differences in referral decision making following graduate training.

In addition, there is a dearth of research exploring how counselor educators train students about client referrals. The pedagogical tools outlined in the implications section could be researched within counselor education courses to assess their effectiveness. Further, how counselors-in-training are assessed on ethics and referrals is relatively underresearched. For example, it might be prudent to examine how programs are assessing referral-related competencies via comprehensive exams or course assignments.

In conclusion, the results of our study raise certain questions also expressed by previous researchers (see Paprocki, 2014; Pope, 2014). For example, *appropriateness of referral* is a broad term that is often used when talking about this topic. Indeed, most of our participants used this language. This phrase, however, is relatively ambiguous. What specifically are students referring to when they reference “appropriateness”? Further, when considering the competence versus confidence continuum, are there specific considerations for counselors-in-training just starting out in their clinical work compared to those fully licensed in the profession, and if so, how are our ethical codes allowing for these developmental differences? Notably, one of the participants in the study identified the underlying philosophy of ethics in our profession as problematic, perhaps because it cannot dynamically account for the complexity of differences in trainee professional development. It

also appears that there is a dichotomy in place between *never refer* and *always refer* in instances of value conflicts. It might be important to approach ethical competence as an ongoing rather than fixed entity.

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