Referral Service: An Effective Tool in Bringing About Behaviour Change

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Abstract
The study investigated referral service as an effective tool in bringing about behaviour change. A 13 year old girl in JSS 3 class who sleeps through classes was used in the study to ascertain the effectiveness of referral service. Behaviour modification technique specifically, proximity control was used to bring about the desired behaviour in client, after establishing the antecedents, precedent and base line data of sleeping behaviour of client. Counselling proved abortive after an intensive session for two consecutive weeks with the technique of proximity control derived from behaviour modification. With clients permission, her parents were invited for a chart. The concerned parents accepted the referral suggestion of the counsellor and took her home for a possible medical evaluation. Two weeks later a letter, was received from the parents of the client stating the doctor’s report about her case. The medical examination reveals that client had a brain tumor. A successful surgery was carried out on client and this made her to bounce back after loosing a full term recuperating from the surgery. No hypothesis was tested in this study, the study only established the effective nature of referral service by illustrating with the fore-mentioned case handled by the researchers.

Keywords: Referral service, behaviour modification, proximity control, behaviour change, sleeping through class behaviour.

INTRODUCTION
Referral service is one of the key services rendered under the guidance programme. Nwamu & Ajoku (2007) describe referral service as one of the guidance and counseling services that supports the basic principles which states that “guidance and counselling services do not provide solution to all problems”. In as much as the counsellor helps the client to resolve many problems as possible, he or she is not all knowing or a master of all, some problems are beyond the professional scope and competence of the counsellor. This basic principle stated above, only cautions counsellors to recognize that he or she has some limitations in handling problems. And as such, should see the need to make appropriate referrals when such limitations are recognized.

Shertzer and stone (1980), describes referral as the act of transferring an individual to another person or agency for specialized assistance not available from the original source. Akinade (2012) sees referral as a
thoughtful, careful and professional transfer of a client to another professional helper by a counsellor due any of the following reasons, lack of time, interest, experience, sex or even religion.

Nwamuo & Ajoku (2007:133) defined referral service as “the process of transferring an individual or person with a problem to another person or agency for the purpose of providing specialized assistance”. It is also seen as the transfer of an individual to a person or agency providing a different kind of assistance. Nwamou & Ajoku gave cogent reasons that can necessitate referrals;
1. When the required assistance is not available from the original counsellor or within the normal setting.
2. When the problem of the client is not within the competence of the counsellor’s resources, that is when the problem is beyond the scope of the services provided by the counsellor.

Hackney and Cormier (2005) regarded client referral as a special form of termination. Hackney et al said referral is initiated by a counsellor on 2 conditions;
1. When the counsellor lacks the requisite skills.
2. When the relationship between counsellor and client is counterproductive.

They noted that referral involves a number of steps;
1. Identifying the need to refer;
   The most frequent reason cited for referral is when the clients’ need some specialized form of counselling. Client may also need to prefer special conditions for counselling. Those conditions might be related to gender, ethnicity or culture. Even when the counsellor recognizes the need, the task remains to help the client come to the same conclusion or referral will not be effective.
2. Evaluating potential referral sources
   It is important for counselor to be familiar with potential referral sources in the community. They should have some information on both public and private sources in these categories amongst others to make referrals stress free.
   - Counsellors
   - Marriage and family therapist
   - Mental health counsellors
   - Physicians
   - Psychotherapist etc.
3. Coordinating the transfer
   Whenever the counsellor is referring a client to another professional, it is important for it to be without undue strain on the client. Successful referrals require that the counsellor contact the receiving professional and provide information that will facilitate the referral process.
4. Preparing the client for referral.
   Preparing the client for referral involves both details of the referral and the client’s anxieties about the new relationship. It helps if the counsellor has discussed the case with the receiving professional and can assure the client that painful details may not have to be repeated or if the counsellor can tell the client some details about the potential new counsellor such as, personal characteristics, professional competency and their receptiveness to the referral details may include helping the client identify what he or she should be looking for in a new counsellor or situation.

Hackney and Cormier believe that before any referral recommendation is made, the counsellor should establish whether the potential receiving professionals are willing or able to accept the referral. Usually, a receiving counsellor will want a written case summary, in addition to the demographic information. Before sending any written material to the potential receiver, a signed consent from the client to provide this information must be obtained, most counselling centers use a standard consent form. Counsellors should develop a suitable one for their practice, that gives counsellors power to transfer written information with the signed consent of the client to other professional agencies or authorities.
With the relevant conditions for referral in place and the right steps taken, referral will effectively bring about the expected change in behavior for the benefit of the client. It is against this background that this study used a 13-year-old client in junior secondary school, basic nine who sleeps through classes to illustrate the effectiveness of referral service. By the end of the counselling session, client should be able to do the following;
   a. Stay awake through class
   b. Copy notes
   c. Participate actively in class.

Case History
Angela Dumle (real names withheld) is a 13-year-old girl in JSS3. She lives with her parents in Diobu area of Port Harcourt and attended one of the university owned secondary schools in Port Harcourt. In JSS1 & JSS2 she was among the top three in academic performance. There was a turn of events when she was promoted to JSS3 class. Angela formed a habit of sleeping through classes. Her teachers and friends reported the matter to the counsellor because their frequent rebukes, punishment and advice could not help matters rather it became worst. Angela could not copy notes in class nor submit assignments or participate actively in class. This became a major concern to all those who knew her before. The counsellor invited her to the office and had a chat with her. It was discovered that she did not even know what was happening to her and cannot give an account of what she was passing through. She however promised to do her best by being herself in class as she was. The counsellor encouraged her and promised to help her in any way possible. She thanked the counsellor and left the office promising to bring back progress report weeks after. The counsellor adopted behavior modification techniques to help client.

Antecedents
Sleeping through classes was not part of our clients’ behavior, the behavior was observed as she passed into JSS3. She said before now she only feels sleepy in class when she eats something like eba (garri) before coming to school, even at that she had control over sleeping by suppressing it to participate in class actively.

Precedent
There are three precedents associated with the clients’ behavior.
1. When classes are going on
2. During break time, when everywhere is noisy.
3. Continues sleeping even after school
Consequences: The after-effect of sleeping through classes are enormous for instance client is unable to do the following;
Pay attention in class
Participate actively
Copy notes
All these ultimately may lead client to academic failure or poor academic performance.
Contingency: Having discovered the antecedents and consequences of the maladaptive behavior, the counsellor explained to her that when this behavior is modified, she will bounce back as it was in her JSS1 & 2. She was told that all her friends and teachers are concerned about this newly acquired behavior of hers. The research assistant took the baseline data before counselling.
Week 1 – Occasions when sleeping through class occurs and their frequency.

<table>
<thead>
<tr>
<th>Days</th>
<th>Number of Periods before break.</th>
<th>Frequency at sleep</th>
<th>No of periods after break</th>
<th>Frequency of Sleep</th>
<th>Reason for Sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>5</td>
<td>3.5</td>
<td>4</td>
<td>3</td>
<td>Feel like Sleeping</td>
</tr>
<tr>
<td>Tuesday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>Feel like Sleeping</td>
</tr>
<tr>
<td>Wednesday</td>
<td>5</td>
<td>2.5</td>
<td>4</td>
<td>4</td>
<td>Tired</td>
</tr>
<tr>
<td>Thursday</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>Tired</td>
</tr>
<tr>
<td>Friday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>Feel like Sleeping</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>17</td>
<td>20</td>
<td>17</td>
<td>Did not know I Slept</td>
</tr>
</tbody>
</table>

Total Frequency = 34 out of 45 periods in a week.

Observation was carried out for one week to determine the number of periods sleeping through class occurs in the client. The above was the base line data taken by the research assistant.

**Behavior Contract**

The client and the counsellor had to enter a contract. The counsellor explained three possible behavioral contracts that could be used to modify the behavior, proximity control, token economy and Biblio-therapy were explained in details to the client and the client chose “Proximity Control”.

This technique controls a disruptive behavior through non-verbal means by placing oneself very close to the source of the problem. The counselor/teachers will simply move close to the client to prevent the behavior from occurring, standing beside the client with the mal-adaptive behavior can help eliminate the behavior or help infuse confidence in the child knowing that someone cares about her and about her success in school.

**Treatment Strategy**

Having agreed on the treatment strategy to be applied, established occasions and frequencies of sleeping through class, treatment strategy was mapped out as follows; all the subject teachers were educated on how to apply proximity control to make it effective, and were asked not to drive her out of class or scold her.

**1st Week of Treatment**

During the first week of treatment, the client and the counsellor decided that the client should keep busy by copying notes not copied during past classes, and suspend the coping as soon as the teacher for the next lesson comes in. This trend should continue until break time. After break, the same process should be religiously followed until school period is over. The treatment for the first week was completed and by the end of Friday, it was discovered that there was no significant improvement, despite all the efforts of the teachers at applying proximity control while teaching just to catch her attention and interest.

**1st week of treatment – occasions when sleeping through class occurred and their frequency.**

<table>
<thead>
<tr>
<th>Days</th>
<th>No of Periods before break</th>
<th>Frequency of Sleep</th>
<th>No of Periods after break</th>
<th>Frequency of sleep</th>
<th>Reasons for sleeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>Too tired</td>
</tr>
<tr>
<td>Tuesday</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>Too tired</td>
</tr>
<tr>
<td>Wednesday</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>Just Feel like sleeping</td>
</tr>
<tr>
<td>Thursday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>Did not notice I slept</td>
</tr>
<tr>
<td>Friday</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>Just feel like sleeping</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>16</td>
<td>20</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Total frequency = 30 periods of sleep out of 45 periods in a week.

With the little observable change, counsellor went ahead with treatment for the 2nd week.
During the second week of treatment, the client was asked to get out of her seat and chart with her friends about the assignments she has not done and other matters that are of interest to her and run back to her seat as soon as she sight the teacher. This trend was adopted throughout week two. By the end of the 2\textsuperscript{nd} week, it was noticed that there was no change at all rather the frequency increased.[see frequency below].

\textbf{2\textsuperscript{nd} week of treatment – occasions when sleeping through class occurred and their frequencies.}

<table>
<thead>
<tr>
<th>Days</th>
<th>No of Periods before break</th>
<th>Frequency of Sleep</th>
<th>No of Periods after break</th>
<th>Frequency of Sleep</th>
<th>Reasons for sleeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>No reason</td>
</tr>
<tr>
<td>Tuesday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>Just too tired</td>
</tr>
<tr>
<td>Wednesday</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>I don’t know</td>
</tr>
<tr>
<td>Thursday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>Too weak</td>
</tr>
<tr>
<td>Friday</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>I do not have a reason</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>21</td>
<td>20</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

Total Frequency = 39 periods of sleep out of 45 periods in a week

With the disappearance of the little observable change, counsellor decided to change strategy. Client was invited for a chat to determine the next line of action. With client permission, her parents were invited with the following letter;

\begin{center}
Office of the counselor,
International Secondary School,
Port Harcourt
\end{center}

Dear Sir/Ma,
I write to invite you to meet with the counsellor of your daughter Angela’s school. An important matter concerning the well-being of your daughter. Please keep a date with me on the 25\textsuperscript{th} of November, 2016 between 10:00am to 12:00noon at the counsellors’ office. Will be glad meeting you.

Thanks for your prompt response.

Yours faithfully,
Margaret Kennedy (Ph.D)
School Counsellor

Both parents came on the appointed date at 10:30am. In the absence of their daughter, the concern of the school was made known to the parents in the following words; after exchanging pleasantries.

Welcome our beloved parents, we appreciate your quick response to this call, this goes a long way to show that you love and care for your daughter and hold the school ideals on a very high esteem. We love you & God bless you richly.

We called this meeting because your daughter Angela is very dear to us, we are very concerned about the latest development in her life. She is a very responsible girl and very serious with her studies, but lately she sleeps all the way in class. All her friends, teachers and classmates are very worried about this development, they even brought this matter to my attention, I thought counseling could help but it has not helped much. Do you have anything to say about this sleeping behavior?

\textbf{Mother:} Actually, I met her sleeping each time I came back from work, I thought it was because of busy and tight school work that made her sleep in that manner. I also thought same way when I noticed such behavior over the weekends. If this was what happened in school, then it’s a serious matter.

\textbf{Father:} I returned late from work and have not actually observed such in her. What do we do counsellor?
Counsellor: That is why I invited you. I want to suggest to you to take her to a physician for a detailed evaluation. Sleeping through classes has made her a concern to all, she does not copy notes or do assignments. More so, when asked why? She will tell you, she was too tired, I just felt like sleeping, I didn’t know I slept in class, these are her usual answers. Let us take her to a physician for proper evaluation.

Father: We will do that as early as possible. Can we take her home now?

Counsellor: Yes, you can, but let me obtain a permission for you.

Parents: Thank you so much

Counsellor: Returns with the permission letter and a letter addressed to the physician stating the school counsellor’s report. Please endeavor to communicate to the school whatever concern that is observed.

Parents: Thank you counsellor, God bless you we will get back to you.

Angela was called out of class, the counselor had a brief session with her by informing her of the decision to seek the best medical attention for her to be able to come out of the problem she was facing. She welcomed the idea and followed her parents’ home.

Two weeks later, a letter was brought from Angela’s elder brother stating that the series of test conducted on Angela revealed she had a brain tumor that will require urgent surgery. She was referred to one of the teaching hospitals in the east for the surgery.

One month later, we were told that Angela had a successful surgery, she resumed school after a full term. She bounced back as an active intelligent student.

CONCLUSION

Referral service is an accepted, recognized and effective professional service rendered by professional counselors to resolve problems. Counselors are not all knowing. They cannot handle all manner of problems individuals bring to them, some are beyond their competence and scope of services rendered. Referral is necessary to assist the client get the best from a competent hand (Ifeunni, 2001). If the client above was kept to undergo continuous counselling, we can guess the resultant effect, probably by the time we will realize that what she need is medical attention, it might be too late to remedy it. Counsellors should identify the needs of the students by critically examining the problem and making appropriate referrals. He/she must be skilled enough to know at what point during or before the counseling process a referral is considered necessary. When referral is done at the appropriate time to the appropriate place, a lot of situations can be saved. Based on the foregoing, the researchers conclude by saying that, referral service saves the counsellor from prolonging the counselling relationship unnecessarily. Based on this the following suggestions were made:

1. Counselors’ should not delay in referring matters beyond the scope of their personal or professional resources/competence.
2. Counselors should be careful to make referrals to the appropriate quarters.
3. Make referrals when you realize that you don’t have a good grasp of the needed techniques to assist a client overcome his/her problem. You can refer client to a senior colleague who has the technical know-how.
4. Counsellors should endeavor to have a good knowledge of different types of referral agencies within and outside the school and the type of services they render.
REFERENCES