

# Consultation

# Consultation

- Consultation is a specialized professional process
- Is performed by a variety of human service professionals in a variety of settings
- Consultants work with individuals and groups for the purpose of helping them to work more effectively on individual, group, organizational, or community levels

# Internal versus external consultants

- Internal consultants are a part of the organization
- External consultants are brought in from the outside

# Internal consultants

- Disadvantages
  - May appear to have less status than external consultants
  - May be restricted by role definitions
  - May not seem to possess the degree of objectivity needed to function effectively in the consultation role

# Internal consultants

- Advantages
  - They are familiar with the organizational process
  - They have increased knowledge of the sources of different types of records
  - They are familiar with informal power structure of an organization

# Consultation Settings

# Community Settings

- Consultation could be offered within some type of human service agency, whose mission is to provide services to the community
- For example, a consultant to a community mental health Center

# Private Firm or Independent Practitioner offering services to the community

- For example, a psychologist in a private practice offers stress management training to the employees of a job corps center



# Schools or other internal settings

- Consultants may work “in house” and consultants may collaborate with the organization that employs them
- For example, a school psychologist or counselor consulting with a teacher about a student’s behavior

# Group Questions

- Define Consultation including roles of consultant and consultee
- Discuss the differences between consultation and counseling, supervision, collaboration, and advice giving

# Consultation Defined

- Like counseling and psychotherapy there is no widespread agreement on the definition of consultation
- Different theories of consultation (mental health, behavioral, organizational, etc.) have different definitions of consultation

# Definition

- Psychological consultation is a service performed by human service professionals in which they assist another person who has responsibility for a case or program.
- The goal of consultation is to solve problems

# Definition continued

- Consultation is tripartite in nature (it involves three parties: a consultant, a consultee, and client system)
- Consultant  $\rightarrow$  Consultee  $\rightarrow$  Client System

# Definition Continued

- The goal of consultation is to improve the consultee and the client system

# Definition Continued

- Consultation is a process in which a human service professional assists a consultee with a work-related (or caretaking-related) problem with a client system, with the goal of helping both the consultee and the client system in some specified way.

# Characteristics of consultation

- Either the consultee or the client system may be given priority at any given time depending on the situation and consultation approach
- The consultant provides indirect services to the client by providing direct services to the consultee



- Consultation can be remedial or preventative at the same time
  - Remedial-the consultant helps the consultee develop an effective intervention
  - Preventative-the focus of the consultation is to assist consultee to increase knowledge and skills for future use

- Participation in consultation is voluntary for all parties involved

- Consultees are free to do what they wish with the consultants suggestions
  - They are under no obligation to follow the consultants recommendations
  - The need for monitoring or being available is necessary to ensure appropriate implementation of the recommendations

- The relationship between the consultee and consultant is one of peers
  - Consultation relationship is considered equal in terms of power and decision-making
  - It is unequal in terms of need
  - A consultant can be both directive and collaborative

- The consultation relationship is temporary ( length may vary)
- Consultation deals with the consultees work-related or caretaker related problems. It does not deal with personal concerns of the consultee
- Consultants can take on a variety of roles in consultation, depending on the nature of the situation

- Consultation tends to be collaborative in nature. The consultant brings expertise and relies on the expertise of the consultee to solve the problem

- Consultation usually occurs in organizational context
- Three key variables within an organization can influence the success of consultation
  - The people involved in consultation
  - How the process of consultation unfolds
  - How change procedures are implemented

## Consultation vs. Supervision

- **Different specialty**
  - **No administrative responsibility**
  - **No responsibility for quality of care to client**
- **Members of the same specialty**
  - **Often have administrative responsibility**
  - **Responsibility of client care**
  -



## Consultation vs. Supervision

- Usually short (some unplanned) meetings
- No power differential (each individual respects other discipline)
- Continuous process
- Higher power

# Consultation versus Collaboration

- The difference between collaboration and consultation is that in consultation the consultee retains responsibility for the outcome, is considered to be the determiner of the suitability of possible interventions, and is responsible for adequate implementation of interventions
- The “trick” of consultation is for the consultant to exert interpersonal influence while maintaining a cooperative relationship

# History of Mental-Health Consultation

In 1949 Gerald Caplan worked  
at the *Lasker Mental Hygiene  
and Childhood Guidance  
Center* in Jerusalem

His duties included supervising the mental-health of 16,000 new immigrant children

The children were aged 14 –18, they were in over 100 residential institutions spread all over the country, these institutions were staffed by non-professionals

Caplan was in charge of a small team of psychologist and social workers who were to diagnose and treat children who were emotionally disturbed

They received nearly 1000 referrals in the first year and quickly realized there was no way for the small team of professionals to meet all the needs of the all of the children

Transportation was difficult as  
the facilities were spread all  
over the country



Caplan and his team sent a mental-health professional to institutions and they began to talk informally to reduce pressures on the children (there was no time for more traditional psychotherapy)

They quickly found that different institutions had different "buttons" e.g. bed wetting, aggression, etc.

They began what they called "counseling the instructors"

## They found:

- Institutions were at wits end - after their discussions they would usually find something that would work for the child

-

There were gross misrepresentations of the instructors reports-the therapist worked on undoing stereotyped perceptions

When the mental health professional talked about the child as a human being rather than a problem child attitudes changed radically and instructors' management of the case improved

They prioritized instructors' crisis (stress level)- focused on the child instructor interaction not on counseling the instructors

Consultation happened on site  
not in central offices (Caplan  
thought this was extremely  
important)

Caplan brought the ideas he learned in Jerusalem back to America-he began using consultation at *Harvard School of Public Health*

According to Caplan a consultant accepts no direct responsibility for implementing remedial action for the client. Professional responsibility for the client remains with the consultee - the consultee is therefore free to accept or reject all or part of the help. The idea is to help the consultee with the current problem and add knowledge to deal with future problems (increased toolbox)



# Group Questions

- Describe the phases of Carkhuff's model- what are the implications for successful consultation
- Describe the verbal and nonverbal components of relationship building. Why is relationship building important to the subsequent problem solving and actions components of consultation

# Carkhuff

- Developing the problem. Carkhuff believes that the goal of counseling (reaching a decision) flows from a comprehensive understanding of the client.
- Breaking down the problem. Alternative courses of action are generated and values are ordered into a hierarchy.

# Carkhuff

- Considering courses of action. This step involves a close examination of those values and alternatives that promise the highest degree of fulfillment.
- The final step in helping clients reach a decision is developing courses of action.

# The Stages of Consultation

# The Stages of Consultation

- Entry
  - Diagnosis
  - Implementation
  - Disengagement
- 
- Each consists of four phases.
  - A *process* of events within each stage.
  - Model emphasizes a deliberate process, not a mindless, haphazard process.
  - Not a linear process

# Consultation Stages and Processes

- Each stage involves qualitatively different activities.
- The stage approach is primarily descriptive (occur in MOST instances of consultation).
- Not a lock-step sequence.
- Stages may overlap.
- May have to go back to a previous stage.
- Because consultation is a problem-solving process, the stages follow problem-solving models in many ways.

# The Phases of the Entry Stage

- Exploring organizational needs.
  - Determine whether consultation is the “intervention of choice”
- Contracting
  - Formalizing the agreement
  - Outline expectations
  - Deadlines to be met
- Physically entering the system.
  - Relationships built, contact actually begins
- Psychologically entering the system.
  - Gains acceptance – lasts the duration

# The Phases of the Diagnosis Stage

- Gathering Information
  - Isolating factors that precipitate it.
- Defining the Problem
  - Analyze and interpret the data that has been gathered.
- Setting Goals
  - Goals to overcome the problem
  - Must meet the criteria of an effective goal
- Generating Possible Interventions
  - Specifically geared toward solving the



# The Phases of the Implementation Stage

- Choosing an Intervention
  - After consideration, the plan most likely to solve the problem.
- Formulating a Plan
  - Incorporates the intervention
- Implementing the Plan
  - Consultant typically monitors progress
- Evaluating the Plan
  - Depending on the results, consultation either continues with modifications of

# The Phases of the Disengagement Phase

- Evaluating the Consultation Process
  - Consultee satisfaction
  - OR measuring total impact on the organization
- Planning Post-consultation Matters
  - Discussing how interventions will be carried out after consultation
- Reducing Involvement and Following Up
  - More responsibility is taken on by the consultee.
- Terminating

# The Generic Model into Practice

- *May* not be strictly applied.
- However, it is important to utilize the structure. Literature speaks to the necessity of process application.
- If possible, seek supervision.
- Though you may take on a collaborative role, research suggests that consultees view consultants as leaders.

# Group Questions

- Define resistance in consultation
- Discuss “types” of resistance
- How do you deal with resistance in counseling?
- Discuss ways you would overcome resistance in consultation
- As a new internal consultant how would you structure your work so you can enhance your consultant role.

# Resistance in Consultation

- “Anything that impedes problem solving or plan implementation and ultimately problem resolution” (Wickstrom and Witt, 1993)
- May be reduced when consultants take great care in their physical and psychological entry into a system.
- Like in counseling, resistance can not be ignored.
- Can NOT move forward in the consultation process if resistance exists, must diagnose the source of the resistance.

# Resistance in Consultation

- Caplan – didn't refer specifically to resistance in his writing though it was implicit throughout.
- Sources (Caplan, 1970)
  - Realistic perceptions that the plan might not work
  - Lack of information about how to implement the plan, inadequate skills to implement the plan
  - Lack of objectivity



# Resistance in Consultation

- Gross (1978) sees faulty consulting relationships as giving rise to resistance.
- Believes the presence of resistance is easily diagnosed:
  - Consultee blames others (parents, administrators, etc.) for the problem
  - Consultee tries to suggest that the client's problem is unsolvable because it falls into a specific category
  - Become dependent on consultant (relinquishes responsibility for problem-solving process).
  - Becomes defensive and tries to justify strategies

# Resistance in Consultation

- Wickstrom and Witt (1993) suggest that other explanations of resistance:
  - Organizational or systemic variables (culture, values, expectations for behavior, myths about success, socialization, etc.)
  - Based upon the loss of rewards or the anticipation of unpleasant or aversive outcomes.
  - Psychological –freedom to behave being taken away.



# Factors That Increase Resistance

- Ambiguity
  - May be incongruence between the expectations of the consultee and the consultant.
  - Insufficient structure surrounding the consultation process.
  - CONTRACT
- Overwork
  - Interventions that require too much time
  - Think that the consultation activity is all they're doing
- Psychological Resistance (vs. desire for equilibrium)
  - Self-confidence problems persist despite evidence that contradicts

Discrepancies between subjective and objective

# Factors That Increase Resistance

- Complexity of the Intervention
  - More complex, more resistance
  - Must effectively communicate
- Tradition or Habit
  - Change creates ambiguity and fear
  - Often related to role competence
- Sunk Costs – “we put so much time and energy into making it the way it is”
- Upsetting the Power or Status Balance
- Insensitivity to Cultural Differences, Sexual

# Organizational Resistance

- Remember that resistance is often a survival mechanism... change is frightening.
  - Realistic fear that plan might not work
- Sources:
  - The desire to keep things the way they are
  - The consultant as an outsider
  - New is non-normative
  - Protecting ones turf or vested interest
- Remember who invited you to consult... if it's top down there may be more resistance (they don't anticipate any benefit for themselves)
- If bottom-up resistance from the top is likely (it's



# Consultee Resistance

- May be resistance to the outcome (requires modification and change)
- Need to know that the benefits will be AT LEAST equal to the cost.
- Sources:
  - Lack of information about how to implement
  - Inadequate skills to implement
  - Fear (remember many consultees come as a last resort)
  - Lack of objectivity
- Ways to involve the consultee
  - Keeping consultation voluntary and peer-based
  - Make no “guarantees”
  - Solicit a commitment to some effort
- How do you handle resistance in a counseling

# Managing Resistance

- Dougherty (pg. 53-54)
- Create a strong relationship to build trust and alleviate fear
- Collaborate whenever possible
- Create conditions so that a consultation has a satisfying outcome and is worth the effort
- Allow the consultee as many choices as possible

# Managing Resistance

- Throughout the process, point out how consultation might be helpful
- Distribute the workload and consultation so that the consultee does his or her share
- Give the consultee as much freedom as possible in all aspects of the process
- Be clear about the nature of consultation from the outset



# Managing Resistance

- Challenge any cognitive distortions with specific disputing examples
- Be as clear and specific as possible about what is expected of the consultee
- Use examples to illustrate points
- Try to minimize the new things a consultee has to learn

# Managing Resistance

- Link interventions to the consultee's explanation of the causes of the problem
- Ensure that the consultee has the skills necessary to carry out the interventions



# Managing Resistance

## MUST FIRST LOOK AT SELF/RELATIONSHIP

- May require reconceptualization of the plan.
- Link consultees to resources from which they can gain information or skills.
- Correct faulty logic
  - Challenge beliefs
  - Model possible outcomes that are at odds with the consultees expectations.
- Focus on leadership, communication, and cultural changes
- Remember there may be secondary gain for NOT changing.

# Managing Resistance (continued)

- Reduce the Threat
  - Consultees are full partners
  - Competence threat
  - Support from status leaders and informal leaders
  - Provide training
- Developing Positive Expectations
  - HOPE
  - Visit other people, places, organization that have overcome similar concerns

# Managing Resistance (continued)

- Establish a clear contract.
- Reduce the consultee's effort.
- Develop multicultural sensitivity.
- Recognize that you're taking away the consultee's freedom to act/do as they wish
- Establish a co-equal relationship
- Employ collaborative decision-making processes



# Managing Resistance (continued)

- Remember, resistance is not something **WRONG** with the consultant... have to be process focused.
- Gross (1978) suggests a direct, confrontive style in dealing with consultee resistance:
  - Advantages/Disadvantages
  - Statement/Question
    - It seems to me that you are saying that because the child has an attention deficit disorder, the situation is hopeless.
    - Is it possible that you think that because the child has an attention deficit disorder, the situation is hopeless?

# Group Questions

- Recall a situation when an outsider entered your classroom work place-what was your immediate reaction-how does this relate to your entering a system as a consultant?
- What characteristics would you look for in an organization or consultee before you would agree to consultation?

# Group Questions

- How would you as a consultant go about accomplishing physical and psychological entry?

# Entry Stage

# Phase One: Exploring Needs

- In book can substitute organization with anything/anyone (parent, teacher, administrator, group, etc.)
- Sometimes the problem is not clear to the consultant.
- Need to be thoughtful and considerate before jumping to conclusions.
- Problems are often misidentified.
- Pre-entry needs:
  - Is the consultant the right person? Consider match between needs and skills.

May disagree as to the nature or source of the



# Phase One: Exploring Needs

- Determining if Consultation Is Indicated
  - The degree of congruence (values, etc.)
  - Resources available and commitment to the consultation process
  - Whether the consultee perceives the need for change
  - Mutual understanding of expectations
  - Agreement on who constitutes the consultee system and the client system

# Phase One: Exploring Needs

- Questions:
  - Why am I here?
    - Begin defining the problem
  - Who are you?
    - Defining roles
    - Determining goodness of fit
  - What is likely to happen?
    - What is the goal
    - Education about the consultation process
  - What will be the result?
    - Evaluation procedures/assessment of progress
  - What can go wrong?
    - Failure to ID the real problem
    - Promise too much
    - Failure to delineate the consultant role
    - Failure to adapt to the organization/group/family

# Phase Two: Contracting

- Must engage in a clear negotiation of terms.
- Just like informed consent... if it's not down in writing, neither you or the consultee are protected.
- Suggest written contracts. Gives time to consider the specifics.
- Things to include:
  - Expectations and Obligations
  - Frequency of Meetings
  - Access to other consultees or to the client system.
  - Data to be collected
  - Fees
  - Evaluation of services
  - Intended Outcomes
  - Confidentiality and Limits of Confidentiality

# Stages of Change and Readiness

- Important in determining details of the contract, particularly in regard to length and expectations
- Stages:
  - Development Stage -- (problem begins)
  - Maintenance Stage – (problem is established)
  - Declining Stage – (problem begins to get worse)
  - Crisis Stage – (problem is imminent)

# Readiness

- Readiness – (Prochaska and DiClemente) the degree to which a community/agency/person are willing to put resources into managing or solving a problem (time, personnel, money, etc.)
- Stages
  - No Awareness
  - Denial
  - Vague Awareness
  - Pre-planning
  - Preparation
  - Initiation
  - Stabilization
  - Confirmation/Expansion

# Prochaska & DiClemente's Stages of Change

- Pre-contemplation-Not considering change-unaware of problem behavior
- Contemplation- Beginning to recognize problem behavior – awareness

- Preparation-Ready to change – planning to take action
- Action-Behavior modifications/changes

- Maintenance-sustain the action to prevent relapse
- Termination- Individual is sure he/she will not return to prior behaviors



# Contracting (Continued)

- Awareness of stage of change and level of readiness will impact the terms of the contract and provide information regarding expectation for outcome
- Formal vs. Psychological aspects of contracting
  - Formal
    - Simple vs. Technical (mutually agreed upon)
    - Development is a joint venture and should reflect the needs of the organization/group/person
    - Minimize the possibilities of role conflict, dual relationships, and resistance.

# Contracting (continued)

- Elements of a Contract
  - Goals of Consultation
  - Time Frame
  - Consultant's Responsibilities
  - Consulatee's Responsibilities
  - Consultant's Boundaries
    - Contact Person
    - Who they have access to
    - Access to departments, meetings, documents
    - Bringing in additional consultants
    - Confidentiality
  - Periodic Review and Evaluation
- (Sample Contract)

# Contracting (continued)

- Psychological Aspects
  - Developing the Relationship
  - Developing Trust
  - Establishing a Commitment (both sides)
  - More crucial to success... once broken difficult to repair
- Case Example in Book

# Additional Aspects of Contracting

- Literature (Gallessich, 1974; Martens, Lewandowski, & Houk, 1989; Pipes, 1981)
- Remember to specify parameters of the relationship (fees, obligations, times, acceptable activities, time limits, etc.)
- The particulars **MUST** be clear.
- Original contract should also address renegotiation at the request of the consultant or the consultee.
- Original negotiation should take place with those in a position to see that its terms are carried out.
- Mini-contracts are made throughout the course of the relationship.

# Phase Three: Physically Entering

- First contact with other consultees or members of a system (even if they are not directly part of the consultee system)
- Think of anthropology and the study of different cultures (emphasis on the need to be a process observer)
- Where will the consultant be working?
- Begin building relationships.
- Meet people in their space, not yours
- Make your availability as predictable as possible.

# Phase Four: Psychologically Entering

- Gradual acceptance
- Consider two levels:
  - Process level – how the organization functions
  - Personal level – interpersonal relationships and communication
- Follow existing rules, regulations, and communication channels.
- Be respectful – DON'T over identify
- Don't jump too soon to talking about

# Remember

- Entry represents the consultant's crossing of "organizational" boundaries into a system or work setting.
- Most relevant for external consultants, but internal consultants should attend to these as well.
- There are two distinct components:
  - Formal Entry
  - Informal Acceptance

# Group Questions

- What skills are needed to increase the chances that a diagnosis will be accurate?
- Which method of collecting information are you most likely to use as a consultant?
- How would you assist a consultee in generating a list of possible interventions



# Diagnosis Stage

- APCE 660

# Diagnosis

- Used in most theories of consultation
  - Mental Health
  - Behavioral
  - Organizational
- The general process of diagnosis will look the same, the types of data gathered will differ.
- A thorough and accurate diagnosis is the basis (foundation) of effective consultation.

# Phases of Diagnosis

- Gathering Information
  - Defining the Problem
  - Setting Goals
  - Generating Possible Interventions
- 
- Again, the success of the consultation process rests on accurately diagnosing the problem

# Definition of Diagnosis

- Identification of the forces underlying or precipitating the current way things are in a given situation.
- More specifically, interpreting the data collected and making meaning.
  - Identifies strengths, opportunities, problem areas.



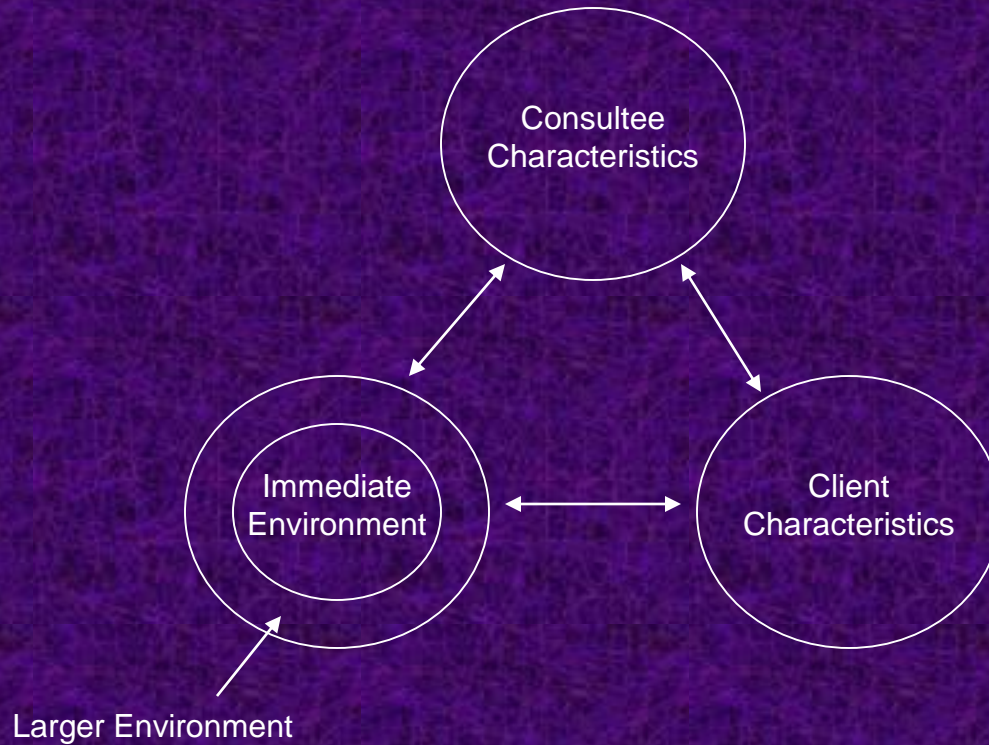
# Diagnosis Defined (continued)

- Must determine where the problem is located (this differs from finding fault)
- How diagnosis is approached depends on what has been contracted (resources, time, complexity, etc.)
- Tichy (1983) (Types of Organizational Diagnoses) – require different levels of assessment
  - Radar Scan Diagnosis
  - Symptom-focused Diagnosis
  - In-Depth Diagnosis

# Assessment

- Consultation models vary on what is assessed.
- Primarily differ according to beliefs about the causes of human behavior and how people change.
- Three major domains of assessment
  - Consultee Characteristics
  - Environmental Characteristics
  - Client Characteristics
- Models of consultation differ in terms of the particular domain(s) assumed to be important in the change process.

# Assessment (continued)



# Assessment (continued)

- For example:
  - Operant learning theory – human behavior explained in terms of the immediate environment (consequences following behavior)
  - Adlerian Model – client characteristics and goals of misbehavior.
  - Caplan –attitudes, feeling, and skills
- Variables that are ignored during assessment most likely will not be considered in defining a problem and developing a solution.
- If a consultant and consultee assume a problem lies in the client and design a solution based on this assumption, consultee actions or environmental problems will be ignored, jeopardizing resolution.



# Assessment (continued)

- Must include multicultural considerations.
- Quinn and Jacob (1999) recommend that traditional assessment be supplemented with a cultural inquiry process – examines ways in which cultural differences contribute to problematic situations with clients.

# Assessment (continued)

- Questions (Related to Multicultural Understanding)
  - What cultural assumptions of the consultee organization might be contributing to the problem situation?
  - What perceived imbalances of power might be contributing to the problem situation?
  - How might (mis)interpretation of the client's culture be contributing to the problem situation?
  - Are language barriers contributing in some way to the problem?

# Assessment (continued)

- Questions (Related to Multicultural Understanding) – continued
  - What conflict in styles of communication might be contributing to the problem situation?
  - How might value differences between the consultee and client be contributing to the problem situation?
  - To what extent are issues of transition, such as recent immigration, contributing to the problem?

# Assessment (continued)

- Questions (Related to Multicultural Understanding) – continued
  - To what extent is the problem behavior considered normal within the client's culture?
  - What are the cultural strengths that can be used in addressing the problem?



# Assessment (continued)

- **WARNING:** Automatic rejection of a domain of assessment on the basis of the *consultants* or the *consultees* preconceived notion of the problem and the contributing factors **WILL** lower the chances of positive results!

# Diagnosis

- Who is your client group?
  - Affects the diagnosis.
  - Size and location.
- When the client group is complex, the diagnostic situation increases in complexity and the need for diverse methods.
- Data should be selective, relevant, and understandable!!!!

# Diagnosis

- Scanning
  - The importance of scanning is to look at the “gestalt” of the problem, not focus on the obvious aspects of the problem.
  - Provides information about:
    - Validity of the problem
    - Factors contributing and supporting the problem.
    - Bias

# Gathering Information

- Who will/should collect the data?
- Unobtrusive
  - Historical Data
  - External Data
  - Observational Data
- Obtrusive (Mandatory Disclosure)
  - Questionnaires
  - Surveys
  - Interviews



# Gathering Information (continued)

- Soft vs. Hard Data Collection
- In general move from less to more structured methods... WHY?
- Methods used should depend on the organizational structure and the nature of the client system.
- Remember – data help a professional to be objective in reflections about a case.

# Gathering Information

- Case Notes or Diaries
  - Promote greater understanding of the case and related variables
  - Identify interaction patterns
  - Provides documentation of the type and duration of consultation
  - Try to standardize as much as possible.

# Gathering Information

- Examples:
  - Babcock and Pryzwansky (1983) “Consultation Preference Scale” – allows the consultee to state a preference for the type of consultation preferred.
  - Paul (1979) – recommends a standard intake be used, similar to direct service.
  - Parsons and Meyers (1984) “Formative Evaluation Checklist” – assists the consultant in summarizing issues related to the entry stage

# Documents and Records

- Advantages to “secondary data” analysis:
  - Time
  - Cost
  - Credible
  - Non-Reactive
  - Free from Response Bias
- Disadvantages
  - Inaccuracy
  - Incompleteness
  - Limited Availability
  - Possible Resistance
  - Can at time have little relation to reality



# Questionnaires and Surveys

- Standardized
- Modified
- Custom Made
- Fixed Responses
- Efficient Sampling of Large #'s
- Non-Empathic
- Lack Adaptability
- Difficult to Interpret
- Response Bias

# Interviews

- Allows in-depth discovery
- Facilitates understanding and intervention implementation
- Provide a wealth of information, but are time consuming.
- Bias is more likely to become a factor
- Can be perceived as threatening

# Observation

- Gather objective features of behavior
- Naturalistic
  - Observation within an environment
- Systematic
  - Standardized method
- Specific, observed information
- Strong Face Validity
- Adaptive
- Expensive
- Sampling only
- Observer Effect

# Phase Two

- Defining the Problem
  - Critical Stage!
  - Should have a systematic, deliberate, and predetermined plan for analysis of data
  - Consultant can model problem-solving
  - Allows for more knowledgeable definition of the problem and a more complex conceptualization.
  - Reasonability, Workability, Motivation



# Phase Three: Setting Goals

- Need to be expert in goal-setting
- ACTION
- Closes the gap between now and then
- Steps:
  - Determine the possible goals
  - Specify the task or objective
  - Specify how the above will be measured
  - Specify the target or standard to be reached
  - Specify the time frame
  - Prioritize
  - Rate goals with respect to difficulty and importance
  - Determine coordination requirements

# Phase Four: Generating Possible Interventions

- Things that can be done to reach goals.
- Actions or activities
- Develop a broad array
- This is NOT a haphazard process – you need to establish some validity to your intervention choices.
- Prompts: People, Places, Things, Organizations, Prepackaged Programs, Consultee Resources

# Group Questions

- What are some ways in which consultants can learn new interventions?
- How would you evaluate the effectiveness of interventions?

# Implementation Stage

- APCE 660



# Implementation

- This is the action stage of the consultation process.
- This is where clients reap the benefits of consultation.
- Must choose the plan that has the highest probability for success (comes from comprehensive assessment and knowing the system well).
- Answering the questions:
  - What and How
- A heightened awareness of the problem and reposituring to cope with the difficulty.

# Phase One: Choosing an Intervention

- One of the most awesome (and intimidating) aspects of effective consultation.
- Must have some knowledge of the intervention and the validity of its use with the defined problem (RESEARCH).
- Must weigh the costs and benefits of an intervention.
- Must fit with the availability of the consultee and the readiness of the

# Choosing an Intervention

- Decision consultation (pg.97-98)
- “... not a matter of imposing a favorite technique, but rather entails an approach that will address specific needs and concerns”
- To what degree has the consultee developed a wide range of alternative interventions?
- To what degree has the consultee considered the objectives and related values of the possible interventions
- To what degree has the consultee search for new information relative to each intervention



# Choosing an Intervention

- To what degree has the consultee processed the consultant's comments about potential positive and negative factors related to the interventions?
- To what degree has the consultee made a final decision of the interventions potential positive and negative consequences, as well as the driving and inhibiting forces that affect their implementation?



# Choosing an Intervention

- To what degree does the consultee have the capacity to successfully execute the chosen intervention?
- Which interventions have been set aside for use in contingency plans?
- Do we (consultant and consultee) believe that the intervention will really work?

# Choosing an Intervention

- Can the consultee implement the intervention with high levels of treatment integrity?
- As the consultee see it as part of his or her duties to carry out the intervention?
- is the intervention in line with consultee's perception of what needs to be done?
- Does the intervention fit relatively easily within the consultee's routine?

# Choosing an Intervention

- Try to use positive interventions first.
- Avoid complex and intrusive interventions.
- If the consultee is to learn a new skill, incorporate it into daily routines as much as possible.
- Promote interventions that requires the least amount of time.
- In addition to empirical research on the interventions, rely on the consultee variables discussed previously.

# What the Researchers Say

- Influences on Intervention Chosen
  - The diagnosed need
  - The context in which the intervention is to be used
  - The target group
  - The consultant's match of values and skills
  - Reduction of costs (\$, time, energy)
  - Speed of the change
  - Minimize psychological & organizational strains
  - Maximize likeliness of reaching goals



# Choosing an Intervention (continued)

- Consultee follow through is often a function of the degree to which they perceive the intervention as “a fit”
  - Beliefs
  - Difficulty
  - Quality
  - Compatibility
- Know the questions (Gutkin & Curtis, 1999) on page 98.

# Potential Obstacles (Phase One)

- Adequately and thoroughly processing the information gathered to choose an appropriate intervention.
- Difficult to accurately assess/project outcomes.
- Dougherty suggests having the consultee keep intervention notes (can facilitate re-examination of the problem).

# Types of Interventions (Dougherty)

- Individual
- Academic
- Behavioral
- Consultee-Centered
- Dyadic and Triadic
- Third-Party Peacemaking
- Groups and Teams
- Team Building
- Nominal Group Technique
- Quality Circles
- Work Teams

# Types of Interventions (French and Bell)

- Individual – enhance overall functioning by improving some aspect of the functioning of key individuals (skill development or attitudinal change)
- Group – Process consultation, mediation, conflict management to enhance the functioning of dyads or triads. Group cohesiveness and communication (e.g.: Quality Circles)



# Types of Interventions (French and Bell)

- Intergroup Organizations – process consultation, mediation, conflict resolution, etc.
- Total Organization – culture building (new normative structure), strategic planning, job enrichment and redesign, etc.

# Types of Intervention (Blake and Mouton)

- Four general types of problems in systems:
  - Power/Authority
  - Moral/Cohesion
  - Norms/Standards
  - Goals/Objectives
- May reside within individuals, groups, intergroup, or total organization.
- Choose from five interventions:
  - Acceptant – client-centered
  - Catalytic – client-centered, but more directive
  - Confrontation – “face the facts”, probing, challenge
  - Prescriptive – consultant as expert or authority
  - Theory and Principles – validated models

# Phase Two: Formulating a Plan

- Sequence and Time Line Formulation
- Sometimes a handful of plans are made – ultimately leading to the one with the highest possibility for success.
- Consider
  - What (Goals and Objectives)
  - Where (Location)
  - Who (Delegate and Assign Responsibilities)
- Always assess for feasibility, cost effectiveness, and capability of

# Phase Two (continued)

- Common Pitfalls:
  - Trying to accomplish too much
  - Formulating too large a plan
  - Overanalyzing the plan, which causes disinterest and resistance
  - Underanalyzing the plan and failing to anticipate pertinent problems
  - Failing to consider the plans' system-wide impact
  - Inadequately defining the plan's desired outcomes.
  - Failing to consider the human-side factors.



# Phase Three: Implementation

- Human factors can get in the way of plans looking “just the way we thought”
- May require tactical assistance from the consultant.
- Also may require quality control measures to assure proper implementation on the part of the consultee.
- Mutually agree upon the amount, timing, and level of observation of implemented activities.

# Phase Four: Evaluating the Plan

In general evaluation tells us whether or not we effectively did what we said we were going to do.

- So, the PLAN and the RESULTS should be evaluated (implementation and outcome)
- Evaluation is often skipped because it is at times complicated and often time consuming... BUT it is essential.

# Group Questions

- How does the term disengagement differ from the term termination?
- What does the following statement mean “the consultant begins termination (disengagement) upon entry into the consultation process”?
- Describe the differences between formative and summative evaluation- why are both important?



# Disengagement Stage

- PPSY 660

# Phase One: Evaluating the Consultation Process

- A properly performed evaluation can provide the consultant with a quality control device, a learning device, legal protection, and a marketing tool.
- Want to evaluate instrumental and expressive elements
  - Instrumental: how much did the assistance help in solving the problem?
  - Expressive: level of comfortability each of the involved parties has with the other.

# Phase One (continued)

- Do NOT have to be an evaluation or research expert to practically evaluate consultation effectiveness.
- Evaluation information should be provided to the consultee, administrators, and at times the client (must consider confidentiality).
- Must be knowledgeable regarding how the evaluation data will be used.

# Phase One (continued)

- Primary Skills:
  - The ability to identify the consequences of actions taken.
  - Ability to compare results to some standard.
  - The consultee and consultant must decide who will gather and interpret the data... it depends.
  - Primary consideration: The person evaluating does not have a conflict of interest and is qualified.

# Phase One (continued)

- Regardless of who performs the evaluation, the consultant is in charge of arranging and they should include a self-evaluation as well.
- Evaluation should be performed throughout the process.

# Phase One (continued)

- Three steps:
  - Formation of Criteria
    - Designation of criteria (often goals)
  - Assessment of Attainment
    - What, how, and by whom information is to be gathered
    - How data will be analyzed
  - Utilization of Results
    - Dissemination

# Phase One (continued)

- Data can be gathered from all or any of the following:
  - Questionnaires
  - Surveys
  - Interviews
  - Organization's Documents



# Evaluation Questions to Consider

- To what degree has behavior in the client or client system changed in the desired direction?
- To what degree was a consultant able to enter the system psychologically?
- In what ways has the organization changed as a result of consultation?

# Evaluation Questions to Consider

- To what degree have the goals established in the contract been met?
- To what degree have established timetables been met?
- How successful has the given intervention been carried out?
- How effectively has a consultant established an effective working relationship with the consultee?

# Evaluation Questions to Consider

- Specific items that can be evaluated:
- Consultee preference for given models of consultation
- Initial planning of the consultation process
- Quantity and quality of consultee reports about the work-related problem
- Progress made relative to each consultation stage

# Evaluation Questions to Consider

- Organizational variables that affect the consultation process
- Consultant behaviors at each consultation stage
- consultee behaviors throughout the consultation process
- Client behaviors throughout the consultation process
- Consultee satisfaction with the consultation

# Evaluation Questions to Consider

- The degree to which goals are being attained
- Adequacy of each consultation contact
- interpersonal behaviors of the consultant and consultee
- Institutionalization of change

# Phase One (continued)

- Formative Evaluation
  - Performed throughout the process of evaluation (not about the finished product).
  - Can be performed at the “end” or “transition” of each phase.
  - Can be formal or informal.
  - Review chapter for guidelines for formative evaluation at each stage – Discuss questions that could be evaluated at each stage of Consultation.

# Phase One (continued)

- Summative Evaluation
  - Evaluation of the product or outcome
  - Were the objectives met?
  - Procedures can be qualitative, quantitative, or a combination of both.
  - Be familiar with the differences between the two and the advantages/disadvantages of both.



# Phase Two: Postconsultation Matters

- The goal is to increase the likelihood that consultation efforts will be continued.
- Identify resources available to the consultee system to lay out a plan for post-consultation matters.
- Identify possible barriers to on-going efforts.

# Phase Three: Reducing Involvement/Follow Up

- Gradual process.
- Fading – the consultee eventually takes over the role that the consultant previously filled.
- This process should be negotiated and agreed upon.
- Follow-up reduces the stress of ending the consultation relationship.
- Follow-up also allows for additional evaluation of effectiveness.

# Phase Four: Terminating

- Provides closure
- Important element of the process
- Inappropriate Termination:
  - Unilateral Decision
  - Abrupt Termination
  - Indefinite Retention
  - Unnecessary Extension
- Deal with any unresolved problems.

# Ethical, Professional, and Legal Issues

- PPSY 660

# Scenario A

- A consultant is contacted by a hospital that is experiencing staff relationship problems. The consultant has no past training or experience in working with this type of problem, but accepts the job because he intends to gain the competence needed, although the job begins in four weeks. Are there any circumstances under which this consultant could be functioning ethically?

# Scenario B

- The consultant working with several therapists in a correctional institution introduces aversive conditioning strategies as a historical example of “what not to do.” She discovers that one of the techniques is being employed by one of the therapists. After warning the therapist that the technique is inappropriate, she learns that the technique is still being employed. The consultant reports the therapist to the supervisors of the therapy program. Is this ethical?

# Scenario C

- A consultant is asked by the director of a small mental health center to tell him “what the staff really thinks of him.” The consultant provides a general overview of the employees’ perceptions of the director, many of which are negative. The consultant does not name names. Is this ethical?

# Scenario D

- A well-trained, school-based consultant states in her introductory remarks to the faculty of a school the desire to become involved in consulting relationships with the teachers because she is confident that many of the learning problems encountered by children can be eliminated as a result of consultation. Is this ethical?



# Scenario E

- A consultant working at a mental health center has been assigned to work with the police department to enhance its effectiveness in working with juveniles in the community. It is obvious that the consultant enjoys this association, and it continues for two years. The evaluation of the project indicates that no progress has been made toward bettering police-juvenile relationships. Was this consultant functioning ethically?

# Scenario F

- A consultant openly states that he is the best trained and most effective consultant in the area. He also indicates that persons from other specialties are not as well trained or effective as he is. An examination of his vita shows that he has, in fact, received excellent training and reports show that he has been an effective consultant. Is he acting ethically?

# Introduction

- An emphasis in the ethical codes on consultation reflect the increase in consultation services.
- Pryzwansky (1993) and Newman (1993) – the critical area of ethical practice in the consulting relationship is receiving some much needed attention.
- Aspirational vs. Mandatory Ethics
- Plethora of Ethical Codes

# Purposes of Code of Ethics

- “Grounded in the highest moral standards of society” (Pryzwansky, 1993).
- *“If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists meet the higher ethical standard”*
- Codes are an attempt to guarantee members of the public that their welfare will be the first consideration of the group.

# Purposes of Code of Ethics

- Ethical Standards set forth *enforceable* rules for conduct.
- Codes also serve the professionals who promulgate them.
  - Professional Status
  - Allows for Formal Recognition
  - Result in Lobbying Efforts and Licensure Laws.

# Purposes of Code of Ethics

- Roles the Codes Play in Regulating the Profession
  - Delineate the Responsibilities of the Profession to Society.
  - Responsibility to the Profession
  - Specify Acceptable and Unacceptable Practices
  - Set Forth Values to Guide the Profession
  - I.D. Values Adhered to by the Profession

# Purposes of Code of Ethics

- Ethics are rarely comprehensive enough to cover all of the situations.
- Values are used as a basis for decision making.
- Codes ARE NOT exhaustive.

# Principle One: Competence

- Belong to and participate in professional organizations
- Obtain the appropriate national and state credentials, certificates, and licenses for the profession in which they are trained.
- Participate in continuing education activities.
- Participate in consultation continuing education.
- Co-consult with an experienced colleague.
- Obtain supervision on consultation efforts.



# Principle One: Competence

- Professionals Gain competence and Retain competence by continuing education
- *Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting resources needed...*
- Interpretation is NOT clear.
- No clear but standards for training.
  - Increase consensus

# Principle One: Competence

- Newman (1993) “the most basic requirement for consultants in ensuring competent practice is a thorough understanding of their own limitations?”
- Ethics for *emerging areas*:
  - Standards of training and practice have not been articulated
  - “Counselors practice only within the boundaries of their competence, based on their education, training, and supervised experience...”
  - Implications?

# Principle One: Competence

- Suggests that the counselor/consultant assess their own competencies prior to engaging in various types of consultation.
- Questions:
  - Is there potential harm to the consultee if consultation is initiated and the consultant does not have the skills to carry the process to a successful conclusion?

# Principle One: Competence

- Questions (continued):
  - If a consultant engages in consultation and fails, will it tarnish the image of my profession and thus the ability of other professionals like myself to help members of society?
  - If a consultant engages in consultation without the proper skills, is he/she likely to be charged with malpractice?

# Principle Two: Protecting the Welfare of Clients

- Beneficence and Nonmaleficence
- In consultation you have to keep in mind not only the client and the consultee but others who may be affected by the consultation.
- Have to recognize the impact on the “hidden client”.
- *Counselors attempt to develop a clear understanding of problem definition, the goals for change, and predicted consequences of interventions selected”*

# Principle Two: Protecting the Welfare of Clients

- Triadic nature of consultation creates a unique concern (beneficiary or victim of services)
- Consultants must be aware of *their* behavior as well as the behavior of the consultee (who they are ultimately responsible for).
- Constant vigilance regarding the legal, civil, and human rights of consultees and clients is required of consultants. (e.g. ability grouping/de-facto segregation?)

# Principle Two: Protecting the Welfare of Clients

- Assessment and Ethics
- Reliability, Validity, and Appropriate Norms
- Consultant created assessments must have the same considerations.
- Disclosure regarding intended purpose, development and dissemination.



# Principle Two: Protecting the Welfare of Clients

- Whenever institutional and/or governmental regulations are contradictory to their ethical guidelines, they are to adhere to the ethical principles and work to change the contradictory regulations.
- Cultural Sensitivity
  - Know your own stereotypes
  - Linguistic problems, interactional styles, and power-authority perceptions
  - Cultural bias in assessments

# Principle Two: Protecting the Welfare of Clients

- Fee Setting
  - The best interest of the consultee in mind
  - Some services should be provided for little to no \$.
  - Consultants are responsible for finding appropriate services if suitable fee arrangements cannot be reached.
- Avoiding dependency relationships.
- ACA says if the consultant terminates because it is no longer beneficial, the consultant must find alternative sources of assistance.

# Principle Two: Protecting the Welfare of Clients

- Must make continuous assessment of the progress of consultation and must be constantly alert to the possibility that a particular consultation will be unproductive.
- Make referrals to other consultants based on what criteria?
- Finally, abandonment...

## Principle Three: Maintaining Confidentiality of Disclosures

- Consultants **MUST** address the limits of confidentiality with all consultees.
- Should occur at the beginning of the relationship.
- Must also identify the foreseeable uses of the information gathered during the consultation process.

# Principle Three: Maintaining Confidentiality of Disclosures

- Much of the information gathered in consultation drives the decision-making process.
- The consultant is responsible for informing those who complete questionnaires and surveys how the information will be used.
- Consultants frequently get put in the position of “revealing their sources”
- It is the consultants responsibility to anticipate and discuss these areas for potential disagreement in the entry phase.

# Principle Four: Responsibilities When Making Public Statements

- ACCURACY
- Avoid deceptive practice.
- Statements announcing the availability of consultation services should be restricted to naming highest academic degree, credentials (licensure), professional membership affiliations, consultants.
- No advertisement should include testimonials from current clients.
- Consultants should not engage in direct solicitation.

## Principle Four: Responsibilities When Making Public Statements

- When credentials are misrepresented the consultant should make reasonable efforts to publicly correct these errors.



# Principle Five: Social and Moral Responsibility

- Guidelines for regulating your own ethical and moral behavior.
- Reacting to ethical breaches in others.
- What personal need or personal agenda could be met in the role of consultant?

# Principle Five: Social and Moral Responsibility

- Unethical Behavior That Could Grow From Consultant Personal Need:
  - Becoming the decision maker
  - Seeking significant favors from the consultee
  - Prolonging consultation as a means of maintaining income.
  - Failing to recognize one's own limitations
  - Not taking stands against unethical/illegal behavior on the part of the consultee
  - Not considering readiness for consultation prior to initiating the consultation process

# Principle Five: Social and Moral Responsibility

- Unethical Behavior That Could Grow From Consultant Personal Need:
  - Failing to maintain objectivity and becoming embroiled in the politics of the setting in which the consultation occurs.
  - Imposing one's own values
  - Not reporting accurately the outcomes of consultation
  - Not respecting consultants from other disciplines
  - Resisting evaluation

# Principle Five: Social and Moral Responsibility

- Sexual Intimacy
- Dual Relationships

# Principle Six: Relationships with Other Consultants

- Delineates standards for intragroup and interprofessional relationships.
- Be familiar with and respect the expertise of other professionals
- Respect the client group of other professionals.

# Legal Concerns

- Breach of Duty
- Slander and Libel
- Sexual Misconduct
- Misrepresentation of Credentials
- Use of Inappropriate Assessments
- Breach of Contract
- Privilege and Confidentiality

# Legal Concerns

- Malpractice:
  - Misrepresenting one's training and skills
  - Failing to respect integrity and privacy
  - Using improper diagnosis and assessment techniques
  - Using improper methods to collect fees
  - Making inappropriate public statements (libel and slander)
  - Failing to honor agreements
  - Failing to keep adequate records
  - Failing to provide for informed consent
  - Providing poor advice.



# Ethical Decision Making

- Ethical Codes do NOT Provide Clear-Cut Answers
- Pryzwansky (1993) enhance ethical practice by:
  - Adopting a decision-making strategy
  - Rooted in ethical principles
  - Concern for dignity
  - Concern for free will

# Apply Ethical Decision Making Model to the Following

- A teacher-consultee seems to have a serious mental health problem that is interfering with his ability to deal with students effectively.
  - Is there a clear-cut principle involved?
  - Is there a viable solution?

# Apply Ethical Decision Making Model to the Following

- The director of a mental health center with whom you are consulting reveals that she takes cash paid by clients of the center to pay for her lunches. This information has nothing to do with the consultation, which is aimed at enhancing the outreach program.
  - Is there a clear-cut principle involved?
  - Are there reasons to deviate from the principle?

# Apply Ethical Decision Making Model to the Following

- You have been providing counseling services to a fourth-grade student. It has become clear that you need to enter into a consulting relationship with the parents to speed the process.
  - Is there a clear-cut ethical principle involved?
  - Is there any reason to deviate from the principle?
  - Are there potential problems that need to be anticipated?
  - How can these problems be resolved?

# What do you do...

- If you observe another consultant action unethically?

# Ethical Dilemma I

- A teacher-consultee seems to have a serious mental health problem that is interfering with his ability to deal with students effectively.
  - Is there a clear-cut principle involved?
  - Is there a viable solution?

# Ethical Dilemma II

- The director of a mental health center with whom you are consulting reveals that she takes cash paid by clients of the center to pay for her lunches. This information has nothing to do with the consultation, which is aimed at enhancing the outreach program.
  - Is there a clear-cut principle involved?
  - Are there reasons to deviate from the principle?

# Ethical Dilemma III

- You have been providing counseling services to a fourth-grade student. It has become clear that you need to enter into a consulting relationship with the parents to speed the process.
  - Is there a clear-cut ethical principle involved?
  - Is there any reason to deviate from the principle?
  - Are there potential problems that need to be anticipated?
  - How can these problems be resolved?