Mental health consultation

Stages in the consultation process

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This is the second of two articles that present theoretical issues concerning mental health consultation. The first article looked at the question of what consultation is and how it differs from related processes such as supervision, therapy and staff development (Luntz 1999). This paper uses Kadushin's six stage framework for social work consultation to look at some common issues which confront consultants in the process of mental health consultation as they establish, maintain and terminate consultative relationships with agencies and workers, giving an account of some of the complex issues which bedevil each of the stages.

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Kadushin's model divides the consultation process into six stages: contact, entry, contract negotiation, beginning, working through and termination (Kadushin, 1977). In the writer's experience these rarely follow sequentially and additional complexity arises as the process may operate, with considerable overlap, at both the level of a project where there is a relationship with an agency to provide consultation to its workers, and the level of the individual workers themselves. There is usually considerable shifting backwards and forwards as consultant and consultee, whether the agency or its workers, work together on problems. That said, it is important that the contact, entry and contract negotiation stages are at least partly worked through before commencing the beginning stage. This paper looks at issues that need addressing at each stage in order for a successful outcome. Unless otherwise stated the term consultee applies interchangeably to an agency and its individual workers.

CONTACT

Contact can be initiated either by consultant or prospective consultees. When consultees make the approach, they may be seeking to refer rather than to consult. Frequently the request is to refer several clients/patients, either all at once, or over a period. The referrals often have a theme, for example, children from divorcing families or problems with school refusal. When prospective consultees specifically ask for consultation they have generally had previous exposure to the consultation process, making the early stages much easier to negotiate.

When the consultant offers a consultative service, skill may be required in how this is presented so as not to undermine consultee self-confidence. If feeling threatened, prospective consultees may reject such an offer outright. Alternatively, they may accept and then play a particularly tough game of 'let's trip the consultant up' as they challenge them to demonstrate superior experience and expertise. There is minimal margin for error as consultees present the impossible case and are unforgiving when someone they perceive as a self-proclaimed expert is unable to solve the problem instantly. The consultant may then be discounted and dismissed as a useless fraud. If the consultant meets the first challenge successfully, consultees may then present the most impossible case.

This game is not confined to consultations initiated by consultants, although it is often most intense in such circumstances. The need to play games appears to be driven by the ambivalent feelings that underlie almost all help-seeking. Testing takes different forms and occurs with different levels of intensity, depending amongst other issues on the level of consultation, the context, the quality of the relationship, and the stage reached in the overall process.

ENTRY

The consultant's entry into the consultee agency marks the beginning of a complex relationship. To be of maximum assistance the consultant needs a fairly sophisticated understanding of the agency functioning, a challenging task when one is only present on a very part-time basis.

Aspects of agency functioning which are important to have some knowledge about include: a sense of the informal power and the extent to which this is congruent with the formal power; agency factions; the nature of the rivalry between these factions; and whether the intra-agency conflict could impede the consultative work.

Individual consultees may feel confused as to where in the hierarchy to place consultants or how to relate to them. This is especially so if a consultant is well-known and comes with a reputation. If consultees are suspicious of the motives of a supervisor who invites the consultant in without first gaining their support, they may be particularly wary. The consultant will need to work hard to earn their trust before the process can go much further.

During the entry stage, consultant and consultee assess whether they can work together. This includes ascertaining the goodness of fit between the personalities and discovering whether philosophies are compatible. If the answer to these questions is no, it becomes necessary to question whether the differences can be worked through or lived with. When glaring problems emerge at this early stage it may be prudent to consider changing consultant or terminating involvement.

CONTRACT NEGOTIATION

A contract needs to be established before the work can begin. It may be formal or informal, written or verbal but there must be some level of agreement between participants as to why they are there, who is involved, and what they plan to do together.

Kadushin defines a contract as a

> ... mutual agreement on the essential details of how the consultant, the consultee agency and the individual consultees will be working together... It sets out the reciprocal roles, obligations and expectations between the parties (Kadushin, 1977: 122-123).

Issues to be addressed in the contract

Individual consultees may need clarification of how consultation is different from related processes such as supervision, therapy, liaison and staff development. When the consultant plans to work within the framework of the Victorian model of primary, secondary and tertiary consultation (Luntz 1999), an explanation of the different levels and the sorts of problems which are appropriate to present at each level needs to be provided.

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The consultant shares with prospective consultees their particular skills and experience and discusses with them how these may be of help in their work.

Consultees share information about their agency; its mission; the clients served; the consultees' own expertise and levels of experience; the resources available to them and where the gaps are. They describe the sorts of problems with which they are confronted and how they anticipate consultation would be able to help with these.

The consultant needs to know whether other outside professionals visit the agency and for what purpose. The roles and responsibilities of such outsiders need to be clarified to enable this consultant to avoid cutting across or duplicating their activities. Obtaining such information may be more difficult than it sounds. Consultees may be fearful that if outsiders know of each other's existence they might stop coming. This fear may lead them to conveniently forget to share such information with consultants who may visit for some time before realising that they don't have the patch to themselves!

The place of confidentiality needs clarification. With whom can the consultant share information and under what circumstances? Can the consultant acknowledge in their annual report that this agency is visited? In some situations the consultant may need to reassure consultees that reporting back to their superiors is not part of the consultant's role. Consultants are bound by confidentiality issues with respect to clients presented, and the work they do with their consultees. However, consultees are not bound in the same way.

Before holding a primary consultation the consultant needs a full briefing on the client's personal details and consultees should obtain permission from clients (or in the case of children, their parents) to divulge this information. In secondary consultation it is common to use only first names or initials, making it unnecessary for clients to be aware of the consultant's existence. With schools or kindergartens though, it is advisable for parents to be informed that a consultant visits and if their child is experiencing relevant difficulties these may be raised with the consultant at some stage.

Contract negotiation also needs to address some housekeeping issues. The consultant needs to know how many individual consultees will utilise the service, whether all professional staff at the agency or only some of them. Will consultation sessions occur individually or in groups? When, where and how often will meetings occur? How long will each session last? Will sessions be part of a broader meeting at which the consultant is expected to comment on a variety of related issues? If the consultant requires written information about the client's problems prior to each session, consultees should be informed of this expectation during contract negotiation. It is also necessary to be clear whether sessions are to take the form of structured case presentations or informal discussions. One agency staff member needs to take responsibility for liaising about these issues with the consultant.

A review date needs to be set to assess how the process is working. Ideally, this should occur about three months into the process so as to address incipient troubles before they are compounded by misunderstandings leading to mistrust. One common

teething difficulty is confusion round expectations as to what consultation will deliver. Consultees may expect to be provided with advice and an uncomplicated referral channel. The consultant may see their role as facilitating discussion and the opportunity for joint problem solving. Such differences need to be ironed out early.

One review is insufficient. Monitoring should occur at regular intervals throughout the life of a project. The time frame for these reviews depends on the type of agency and the frequency of attendance. For example, with weekly consultation sessions, reviews should occur more frequently than if sessions occur bimonthly. Questions to be asked in the review include the extent to which the goals set in the contract have been met or become irrelevant. If both parties are in agreement that the process continue, a new contract is negotiated. If not, the reasons why need to be considered. Have changed circumstances such as staff turnover, increased staff skills or a change in agency mandate rendered this particular type of input unnecessary? Did something go wrong in the relationship and if so can it be remedied? Before a project is terminated, unfinished business must be addressed so that consultees can feel comfortable about recontacting at some future date.

Common problems encountered in negotiating contracts

Consultee reluctance to be involved in contract negotiation is sometimes related to the legal connotations which they might attribute to the term *contract*. This is easily solved by using other terminology such as *agreement* or *memorandum of understanding*.

A more difficult problem is the prospective individual consultee who feels singled out by a superior to attend. It is the unspoken message behind this directive which worries consultees. The consultant can forestall such anxieties by describing the nature of consultation, making clear that attendance is voluntary and that it is not part of the consultant's role to report impressions of consultee functioning to superiors.

BEGINNING, WORKING THROUGH AND TERMINATION STAGES

Kadushin (1977) uses the terms *beginning*, *working through* and *termination* to describe the stages as applied to work with a specific client of an individual consultee. As stated earlier, this is an oversimplification of a very complex process. The overall consultation project has a beginning, working through and termination stage and within that, each problem presented by individual consultees also has a beginning, a middle and an ending.

The types of problems consultees present early in the life of a project are likely to be different from those which are raised later on. For example, in the early stages children who exhibit challenging behaviour often preoccupy consultees. Later on they may become more concerned about the shy, unhappy, withdrawn youngster. The method of presentation and standard of discussions also alters as consultees learn how mental health consultants think about clients' problems and what sorts of information they consider relevant. The consultant's behaviour will also change as they get to know the consultees better and learn about the limitations placed on them by the agency's structures and rules.

BEGINNING STAGE

Tasks of the beginning stage include: assisting consultees obtain maximum benefits from consultation; setting ground rules for the process; and developing a mutually trusting relationship.

Assisting consultees obtain maximum benefits from consultation

One reason why consultation relationships fail is because both parties have to learn how to use the process and this needs time and patience. Consultants learn through attending seminars and courses, reading literature, receiving supervision or seeking consultation when things appear to be going wrong, as well as by practice and reflection. The only way consultees are able to learn is through exposure to the process and experiencing the benefits, both for themselves and their clients. Although consultees learn throughout the duration of the relationship, most learning occurs in the beginning and, to a lesser extent, the working through stages. The experienced consultant considers that a major part of their role is to assist consultees in this learning and is careful to start as they plan to continue. The task may be made easier because consultation is often sought at a time of perceived crisis when tried and tested methods of responding are found wanting. Consultees are thus more responsive to the help being proffered (Caplan 1964: 38-43). The down-side is that during a crisis, self-esteem is often at a low ebb and anxiety levels are very high, so that although the desire to learn and change is great, the capacity to use new information may be interfered with. When consultees are under great stress, consultants are often tempted to be helpful and accept the case as a referral or, at the very least, do a primary consultation. Inexperienced consultants are more likely to succumb to such pressure although the temptation is always there. It can be justified by two factors. First, that the consultant, not knowing the consultee's level of skill, feels safer accepting a referral. Secondly, it can be used as a strategy to show the consultee how helpful consultation can be.

Taking the consultees' problems away may be a trap from which it is difficult to extricate oneself later on. This is not to say that consultants should never do a primary consultation or accept a referral in the early stages of a consultative relationship. Sometimes, this course of action is both appropriate and responsible. The course of action taken should be based on the answer to the question – whose needs am I serving? In many instances the consultee's and client's needs may be best served by providing a safe, containing environment within which to think about the problem (secondary consultation). If consultants respond by taking cases away they may not really be helpful, but only appear to be so. On the other hand, primary consultations can be containing as well as educational when conducted as a partnership with the consultee actively involved. If primary consultations take the form of an assessment done to the client by the consultant with little or no involvement

by the consultee, they are seldom of real help to consultees (Luntz, op cit).

Setting the ground rules

This task is commenced during the contract negotiation stage but at that time it is a theoretical exercise. Only when consultant and consultee start discussing cases do terms like secondary consultation, and consultant expectations with respect to obtaining information beforehand, become meaningful. Some consultees are sceptical of how beneficial the activity can be and patience is required to encourage active participation. Other ground rules involve the actual structure of sessions, including how they are chaired, whether minutes are taken and, if so, by whom.

Developing mutual trust

Trust is the oil that enables the consultation machine to run smoothly. Paradoxically having the development of trust as a goal is the best way to stymie it. Other ways of ensuring its non-development include consultant unreliability in keeping appointment times, not keeping promises made, constantly being late and being unconvinced oneself that consultation is helpful.

On the other hand, trust just develops between people as they spend time together, share information and observe the tact, skill, integrity, genuineness and conscientiousness with which each person addresses problems. If trust does not develop it is necessary to cut one's losses and get out. In such situations it is important that the relationship is terminated properly. This issue will be dealt with later.

WORKING THROUGH STAGE

The major task of the middle stage is to monitor and maintain the consultative relationship. This includes such aspects as: issues of profession and status; fine-tuning the issues appropriate to bring to consultation; collection and assembly of material to present for consultation; discussing options for dealing with problems, selecting the most promising of these and developing strategies for implementing the preferred option.

Profession and status issues

Consultees need to understand the dimensions of their consultant's expertise in order to use them effectively. Ensuring that consultees have absorbed this information is more complicated than it sounds. During the contract negotiation stage the consultant should have stated the breadth and depth of their knowledge over and above that acquired through their original training. Despite this, consultees often retain community stereotypes about limits to the expertise which members of the consultant's discipline should have. Sometimes these stereotypes can work to the consultant's advantage. Usually they present a challenge that needs to be overcome. Problems of credibility posed by these stereotypes are present from the contact stage, but it is usually not until the working through stage that the opportunity to confront and deal with them arises.

A particular way in which this problem of stereotype plays itself out is in the extent of the gap in status between consultant and consultees. Where the gap is very great, for example, untrained child care workers consulting with a child psychiatrist, consultees may be so awed by the consultant's perceived expertise that they feel completely de-skilled. This is a vantage point from which little learning can occur. On the other hand, if they have strong personalities and strong anti-psychiatry views they may seek to challenge the psychiatrist. This second scenario may be particularly problematic if the consultant's style is somewhat arrogant. In the author's experience, consultees from a profession with a low status are frequently more comfortable working with consultants from less prestigious disciplines.

On the other hand, where the status gap between consultant and consultees is narrow, or when both come from the same discipline, consultees can have difficulty in acknowledging that someone with the same basic training can teach them anything. Competition can become quite intense. Again there are exceptions, and in the author's view there is sometimes a preference for a consultant from the same discipline, rather than from a more prestigious one.

When the consultant comes from a discipline lower in the pecking order than that of the consultees, it makes for even more difficulties. The supreme example of this seems to occur in the liaison psychiatry role which members of psychiatry units play in general hospitals (for example, a child mental health social worker consulting to a paediatrician).

There are no magical solutions to these difficulties. Patience, time and using every opportunity which comes the consultant's way to prove oneself is the only way round this problem. Even then it doesn't always work.

Fine tuning the issues appropriate to bring to consultation

Not all issues are appropriate to bring to consultation. Sometimes the reasons for inappropriateness are inherent in the actual problem, for example, the consultee's personal difficulties, or frustration imposed by external constraints. On other occasions what is more important are such considerations as the consultee's level of expertise and experience generally, the resources of the consultee's agency, and the consultant's competence as a consultant. It also depends in part on the consultant's confidence in the consultee's capacity to use consultation effectively.

Once again, articulating the problem is easier than prescribing solutions. Some issues that are inappropriate can be anticipated and so be covered in the establishment of the ground rules. Others will need to be handled as they emerge. Some matters are more appropriately addressed at the beginning of the consultation process while others are better handled later on. For instance, it is usually not a good idea for mental health consultants to become involved in tertiary type issues early in the consultative relationship (see Luntz 1999). By the working through stage the timing may be right for such involvement. Thus the right type of problem at the right time is an issue which is up for negotiation throughout the contact.

When consultees present personal problems it creates a major dilemma for the consultant. This dilemma has several dimensions. First, the

presentation of such problems may herald the development of trust and setting limits may lead to a withdrawal of that trust. Secondly, for most mental health consultants their primary role is to provide therapeutic services and it is not easy to refuse this help when consultees ask for it. Thirdly, when it is apparent to the consultant that the consultee's personal problems are standing in the way of their capacity to help their client, it can be difficult not to turn the consultee into a patient. There is no single right way of dealing with this and it remains one of the most difficult issues in consultation.

Consultees often present difficulties which they know are insoluble through consultation. For example, some non government organisations find the structures and practices of the government bodies which fund them capricious, negative in their effects on the mental health and/or real welfare needs of their clients, and impossible to influence. How the consultant responds when such problems are presented is often a matter of personal style. Some consultants believe that giving consultees the opportunity to ventilate is valuable in itself. Others see this as avoidance, or misuse of the time by talking about something which can't be changed instead of raising those issues which can.

Collection and assembly of material

Assisting consultees collect information appropriate for a discussion about the mental health dimensions of their clients' problems and presenting it in a form which enables the consultant to be of maximum assistance can be difficult. Information that is relevant in one field is not necessarily seen as important in others. For example, school teachers have limited use for genograms detailing several generations of the student's family, or for that matter, a full developmental history. In child and adolescent mental health services such material is often essential background on which to base an individualised treatment plan. Providing consultees with headings under which to present information helps them to structure their thinking. Consultants have differing opinions as to whether it is necessary/useful for consultees to send them background information before each session. I believe that if a consultant is serious about sharing skills and aiming for the consultees to ultimately manage the mental health dimensions without outside help, then written preparation is essential. It teaches the consultees to structure their thinking and become aware of the gaps in their knowledge about their client's predicament. A bonus of receiving information beforehand is that knowing what issues are being raised by the case enables the consultant to seek out relevant reading materials to give to consultees. This adds depth to the discussion.

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Discussing options and developing strategies for implementing the preferred one

Early in the beginning stage consultees often see only one option – to refer clients to the consultant. By the working through stage they will hopefully have experienced success in managing troubled clients with backup from the consultant. This makes them aware that there are alternatives and frees them to think more broadly and devise their own solutions. The consultees' solutions are usually preferable to any proposed by the consultant for two reasons. First, they take account of the limitation imposed by their own agency. Secondly, if consultees make the suggestions they are more likely to retain greater feelings of ownership that in turn brings a commitment to implementation.

Consultees should never be made/ allowed to feel unable to retain responsibility for managing their clients. One of the best ways of preventing this from happening is to encourage brainstorming about alternatives once the case details have been presented. During the beginning stage consultees are often reticent to make suggestions for fear of being considered foolish by the consultant. Once trust has developed through each option presented being considered seriously, consultees become ever more creative in their solutions. By the working through stage the consultant's own suggestions have become less important.

By the end of the working through stage consultant and consultee should be aware of each other's strengths and weaknesses. Consultees should be confident with the process and be using it effectively. They begin to feel that most difficulties that fall into the consultant's area of expertise can be comfortably contained through consultation rather than referral. When this point is reached it is time to start planning for termination over time.

TERMINATION STAGE

Consultancy projects can terminate successfully or unsuccessfully. They should not drift on year after year without review until neither party remembers why they originally needed to meet but both are too polite to say that it is time to part. This scenario can be avoided by holding regular reviews to assess how the process is going and whether change is required.

Successful terminations

When the consultancy process has been successful, the decision to terminate is usually made at a regular review session. In such instances the reason for termination is usually that consultees have gained all they can from meeting with this consultant and are looking to extend their skills in a different direction. Sometimes this point is reached because the consultant has taught the consultees all they can. In other instances, the agency has changed its mission and requires a different form of assistance. In ideal circumstances consultees are able to articulate what they have gained from the contact and the new directions they wish to pursue. The consultant can describe what they themselves have learnt from the

experience. Both parties can also acknowledge where things fell short of expectations and how they could have been handled differently. Unfinished business is addressed and consultees feel comfortable about re-contacting if and when necessary.

Ocassionally, because of the high turnover in some agencies the consultant may be asked to re-enter shortly after a successful termination because the knowledge so carefully built up has been lost. Sometimes when recontacted not one member of the previous consultee group remains.

Unsuccessful terminations

When consultation projects have been unsuccessful it is essential to hold a review in order to learn what went wrong. In the most extreme situations a third party may need to take the chair, or even to meet with consultant and consultees separately. There are several common reasons why consultation projects end unsuccessfully. They include:

- The personalities of consultant and consultees have not gelled and there is no trust on which to build the relationship. It is important to note though that personality clashes are actually rarer than one might imagine. When properly debriefed it often becomes apparent that what presented as a clash of personalities was actually a structural problem.
- The initial stages of the consultation process may not have been addressed carefully enough and so understanding of, and expectations about the process were unattainable because they were unrealistic, or not clearly articulated.
- A difference in values emerges. Sometimes such value differences are fundamental, for example, the consultant and consultees take opposite sides on the abortion or euthanasia debates. If these values are relevant to cases presented this matter may be irresolvable. An option of changing the consultant to one with different values may help in some circumstances. Usually termination is the only course of action. When the differences concern instrumental values and have more to do with means rather than ends they are more easily addressed, and by airing the differences a solution often can be found.
- The Rebecca Syndrome, so-called because the phenomenon takes its name from Daphne du Maurier's book *Rebecca*. This can occur when a consultant who has successfully consulted over a long period leaves and consultees find the replacement unable to fill their shoes. There appear to be two alternative strategies to address this situation. One involves terminating the relationship with the new consultant, and advising consultees to make contact again after a period, rather than for the new consultant to try to enter in the former consultant's shadow. The other is for there to be an overlapping period when both consultants work on the project together as a way of helping the new consultant join the system. This sometimes works but it is by no means foolproof.

CONCLUSION

The forerunner of this article published in *Children Australia* Vol 24 (3) sought to explore the nature of mental health consultation and the way it differs from related processes such as supervision, therapy and staff development. In this paper the author, based on her experience, has attempted to look at consultation in practice and some issues which commonly confront mental health practitioners acting in the consultant role. The six stage framework developed by Kadushin (1977) has been used as a guide to this examination. It seeks to give an account of some of the issues which bedevil each of the stages as consultants go through the processes of establishing, maintaining and terminating consultative relationships with agencies and workers within them. □

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