

# CONSULTATION AND EDUCATION COMPETENCY

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Professional psychologists engage in psychological consultation and educational activities in a variety of settings to address problems experienced by individuals, groups, or organizations. Psychologists working in community mental health centers regularly consult with crisis-intervention agencies, public schools, social services, and day-care settings on individual or program problems. In medical settings, psychologists are involved with life-style training and stress-management programs. Psychologists in schools consult with teachers and parents about the developmental needs of children, conduct psychological skills training groups with at-risk students, and teach high school psychology courses. Increasingly, psychologists consult with business and industry on topics such as health promotion, peak performance, employee-assistance programs, worker satisfaction and productivity, leadership, and organizational development. Many professional psychologists teach undergraduate-level and graduate-level psychology courses at colleges and universities. In addition, they provide in-service education to staff members or colleagues through workshops and lectures. Consultation and teaching activities will continue to expand as the field of professional psychology becomes more diverse, relevant in an increasing array of settings, and at the same time more specialized.

Although consultation and education activities constitute a substantial portion of the practice of professional psychology, professional training programs traditionally have not placed great emphasis on explicit training in this area (Bourg et al., 1987). In this chapter, we describe the knowledge base, applied skills, and professional attitudes

required for consultation and education as well as training components that facilitate thorough preparation for them.

## Background and Rationale

Psychological consultation and education activities are rooted in the history of psychology as evidenced by the early emergence of the American Psychological Association's divisions (numbered in the order that they were created): Teaching of Psychology Division (2) and Consulting Psychology Division (13). Psychologists have long been involved with developing and applying knowledge in areas such as normative human learning and development, positive and healthy psychological functioning, and promotion of humane and responsive societal institutions and organizations. There is a strong base within each of the various schools of thought in systematic psychology (e.g., behavioral, humanistic) for this orientation.

The advent of the community mental health movement in the 1960s (Rappaport, 1977) served to increase the involvement of professional psychologists in consultation and education activities. Interventions with a broader range of effectiveness were sought given the inherent limitations of individual therapy, concerns about its overall efficacy, and the severe shortage of trained mental health personnel to address societal mental health needs. Aided by the Community Mental Health Centers Act of 1963 (Rappaport, 1977), these concerns gave rise to a new direction in psychology, with an emphasis on promoting human welfare through prevention programming, "giving psychology away," and strengthening the community context. Rather than viewing human problems as amenable only to traditional individual-level intervention, community psychologists, with an ecological orientation, focused on strengthening the individual and the setting in which problem behavior emerged.

As prevention and intervention programs (e.g., coping-skills training) designed to attenuate psychopathology and disturbance evolved, problems began to be defined more broadly to include underused resources and missed opportunities. Thus, professional psychologists broadened the emphasis from a traditional clinical focus to include a broad array of problems and possibilities in human services, business and industry, government, and other settings. Examples of emergent areas for practice in which consultation and education competencies are preeminent include sports psychology, social skills training, behavioral medicine, community-based treatment, substance-abuse education, workplace literacy, and management-skills training.

## Definition and Description of Consultation and Education

### Consultation

Consultation refers to the planned collaborative interaction between the professional psychologist [consultant] and one or more clients or colleagues [consultees], in relation to an identified problem area or program. Psychological consultation is an explicit intervention process that is based on principles and procedures found within psychology and related disciplines, in which the professional psychologist has no *direct* control of the actual change process. Psychological consultation focuses on the needs of individuals, groups, programs, or organizations. (McHolland, chap. 21, p. 165)

The task of the consultant is to assist the consultees in problem identification and resolution through facilitative social influence processes, many of which are parallel to psychotherapy. The key distinction between the consultant and the psychotherapist is that the consultant has no direct control of the actual change process among the ultimate consumers of the services.

Although consultants draw from various theoretical orientations and strategic approaches, consultation is essentially a problem-solving process with identifiable components. Usually consultants begin by defining and clarifying the problem situation with the consultees. Then they conduct an analysis of the problem in context, including characteristics of the setting and historical factors that may be contributing to problem maintenance. Consultants facilitate consideration of a range of alternative strategies that can lead to problem amelioration or resolution and help consultees to evaluate and decide among these. After the consultation itself has been conceptualized, consultants and consultees determine their respective roles in implementation and in monitoring progress, periodically meet to review the implementation process, and ultimately make determinations about the success of the chosen strategy.

### **Education**

"Education is the directed facilitation by the professional psychologist for the growth of knowledge, skills, and attitudes in the learner" (McHolland, chap. 21, p. 165). Education involves social influence and problem solving, but it may involve less collaborative interaction around a particular problem focus or goal than consultation. Education is a more foundational process: Its objective is the transmission of information and skills to others (e.g., clients, supervisees, staff members, other consultees). Formal education occurs within the context of sound instructional design in which the learner's needs and goals are identified, appropriate instructional methods and materials are used in delivery, and attainment of learning objectives is assessed.

### **Knowledge, Skills, and Attitudes**

There are specific competencies that professional psychology training programs should incorporate to prepare trainees adequately for consultation and education. The content knowledge, skills, and attitudes considered essential to competence in consultation and education are now discussed.

#### **Knowledge**

The core of basic knowledge related to consultation and education is derived both from psychology and from related disciplines (e.g., education, systems science). The key areas of knowledge with which all professional psychologists should be familiar are as follows:

1. Historical development of the community mental health and community psychology movements, including concepts of primary and secondary prevention, "giv-

- ing psychology away," strengthening the competency of individuals and settings, and consultation and education roles of professional psychologists.
2. Conceptualizations of human behavior that emphasize ecological-transactional perspectives and their application.
  3. Theoretical and empirical knowledge base for consultation processes found within psychology, including behavioral theory, mental health, organization development, and related consultation approaches.
  4. Principles and procedures of sound instructional design, technology, and the teaching and learning relationships found within psychology and education.
  5. Group, social, and organizational psychology concepts, including group dynamics, interpersonal relationships, organizational theory, systems analysis, program planning and evaluation, and models of planned organizational change.
  6. Foundation knowledge about organizational design and features (e.g., political, economic, legal) of a broad array of service-delivery systems within which professional psychologists may consult, such as health services, education, corrections and justice, governmental and regulatory agencies, social services, and business and industry.
  7. Needs and characteristics of high-risk populations or those for whom nontraditional services may be more appropriate, such as minority groups, the long-term mentally ill, and developmentally disabled persons.

### Skills

Core skill competencies in consultation and education for all professional psychologists include the following:

1. Establishing the consulting relationship by gaining entry into the setting, negotiating about the purposes of consultation, and delineating the process that will follow.
2. Capitalizing on the consultation relationship through effective interpersonal skills such as listening, paraphrasing, empathy and genuineness, persuasive communication, and elicitation of consultee involvement (cf. Polite & Bourg, chap. 11).
3. Gathering data about the nature and severity of problems and formulating hypotheses about the factors that are contributing to the problem through qualitative and quantitative means (e.g., interviewing, observation, surveys; cf. Trierweiler & Stricker, chap. 14).
4. Conducting a contextual analysis of the problem, arriving at a problem conceptualization, and framing this for the consultee.
5. Agreeing on a course of action to address the problem and establishing a strategic plan for the change process.
6. Facilitating collaborative interaction through teams and work groups within the setting to implement system interventions, manage conflict, and improve long-term maintenance of change.
7. Balancing the needs, wants, and interests of various client or consultee systems

10. Selecting appropriate methods (e.g., didactic, experiential) and materials to facilitate the transmission of information and the development of requisite knowledge and skills of learners.
11. Conducting and evaluating instruction using sound principles of instructional design, such as lesson planning, sequencing and pacing the presentation, varying instructional approaches, involving learners in discussion, and seeking feedback.

### **Attitudes**

Core attitudinal competencies in consultation and education for all professional psychologists include the following:

1. Tolerating ambiguity and inadequate data in making decisions about interventions.
2. Making a personal commitment to precepts of psychology in the public interest, in social responsibility, and in service to one's community.
3. Believing in the ability of organizations, institutions, and other social systems to change through collaborative planning and systematic intervention.
4. Recognizing and advocating the psychological and civil rights of individuals and groups in society, particularly those who are most vulnerable, and seeking their empowerment.
5. Considering the diverse and often contradictory demands of multiple-client systems without being judgmental or arbitrary.
6. Being sensitive to and appreciative of multicultural diversity and communicating this attitude to others.
7. Maintaining equanimity and personal integrity in high-stress, conflict situations.
8. Engaging in sophisticated reasoning about complex ethical dilemmas and using specific ethical principles in seeking their resolution.
9. Respecting and communicating the fundamental worth and dignity of learners, clients, and consultees.
10. Demonstrating enthusiasm for learning, capacity for psychological growth, intellectual curiosity, openness to experience, and appreciation for empiricism.

### **Recommendation for a Model Curriculum**

We propose the following program components as one approach to the inclusion of consultation and education competencies in the training-program curriculum:

#### **Formal Course Work**

The training curriculum should include a course, taught no later than the second full year of training, that provides a comprehensive overview of consultation and education. The course, entitled "Consultation and Education," "Consultation Processes," or "Psychological Consultation," should incorporate both didactic and experiential components including both a systematic review of the knowledge base previously described and planned training experiences in consultation skills, systems analysis, and

teaching. Specifically, experiential components of the course should include practice in consultation interviewing and in microteaching, and it should require the completion of a small consultation project in an organizational or community setting.

### **Consultation and Education Skills Portfolio**

Before the internship experience, the student should be required to submit a description of a program or project in consultation or education that he or she has conceptualized and performed in an organizational or community setting under the supervision of a professional psychologist, preferably in the context of a practicum placement. The project description should be sufficiently detailed to demonstrate knowledge, skill, and attitudinal proficiencies, including a discussion of the presenting problem, a theoretical and conceptual analysis of the situation, the rationale for the change strategies that were used, and methods and materials developed to implement the change. Whenever possible, audiotapes or videotapes of consultation or teaching experiences should accompany the program description.

Because a secondary purpose of the project is to instill through modeling a commitment to community service, faculty should be involved in assigning and coordinating these projects. Examples of acceptable projects include consultation with community agencies (e.g., schools, day-care centers, neighborhood services, programs for the elderly), involvement with prevention programs (e.g., crisis hot lines), consultation with businesses, institutions, or agencies (e.g., health promotion, organizational development), or an extended teaching experience (e.g., parenting classes, social skills training).

### **Internship Level**

A full range of consultation and education experiences should be included in the training of each intern. This component should be specified in the student's internship plan, with goals and activities delineated. Activities should be individualized based on the unique needs of the intern and of the setting. At a minimum, the intern should be expected to complete at least one systematic consultation program continuing during an extended period of time and to provide training for other staff members using appropriate instructional methods.

### **Conclusion**

As a field, professional psychology has gone forward beyond its historical emphasis on research, assessment, and intervention. Every bit as stimulating, challenging, and complex as these traditional areas, consultation and education increasingly are becoming staple activities of professional psychologists. Coherent, systematic training in consultation and education should be a central element in the preparation of the professional psychologist both for today and for the future.