# Preentry Issues in Consultation[1]

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*Three important issues confront "consultants" before initiating entry to a client setting. These are: Should one do consultation in this situation? Whose interests will the consultant serve? What will be the primary focus of consultation? Consultants can answer these questions in different ways, and the answers will be determined by a number of factors discussed in the paper. The main argument is that these issues are unavoidable and that consultation effectiveness will be improved if consultants carefully think through these issues early in the consultation process and remain aware of the stances adopted.*

Long before the first approach to a potential client system, a consultant confronts several fundamental issues contained in the consultation process. The ways in which these issues are resolved will substantially influence the consultant's thinking and action throughout the consultation. The consultant's position on these issues also will determine how he or she will be regarded by consultees. These "preentry" issues are important because, if they are not thought through carefully (as they usually are not), frequently the result is unnecessary confusion and ambiguity around the consultant's role and mission. And as research has suggested, such ambiguity often is associated with less effective consultation (Mann, 1973). Finally, an adequate consideration of these preentry issues helps the consultant deal with subsequent issues and problems.

As will be noted below, "consultation" can and is defined differently, depending on how the consultant answers the preentry questions. Generally, consultation may be defined as a process in which one or more individuals, possessing certain knowledge and skills, help individuals and groups within a particu-

lar social system work on one or more work-related problems. This definition of consultation includes the work of Caplan (1970), Argyris (1970), and Sarason, Levine, Goldenberg, Cherlin, & Bennett (1966).

The preentry issues of consultation include: Should one do consultation in this situation? Whose interests will the consultant serve? What will be the primary focus of consultation?

Unfortunately, few consultants have considered in any systematic way these fundamental questions. Most papers and books on the consultation process give scant attention to them. Much has been written about entry, but the equally important issues that temporally and conceptually *precede entry* have been relatively neglected. In this paper, I discuss these questions.

## SHOULD ONE PROVIDE CONSULTATION IN THIS SITUATION?

There are always alternatives to consultation. The most experienced, effective consultants I have known consider the alternatives carefully each time they have an opportunity to provide consultation. They do not compulsively seize at any invitation they receive. Rather, they evaluate the situation according to a previously conceived set of criteria. Less effective consultants, on the other hand, do not seem to possess a set of criteria for deciding this question; in fact, in many instances, they do not even seem to see this question as worthy of consideration.

For instance, a short time ago, I participated in a meeting of a school consultation project. One of the consultants had had an opportunity to meet regularly with an administrator in a school system where mental health consultation was being delivered. Most members of the project seemed to feel that this was certainly a fortunate opportunity. However, the meetings with the consultee were considered by the consultant who attended them to be unproductive, and he thus raised the question: Why should we provide consultation to this person?

The initial response to the question was silence. The silence finally was broken by one individual's somewhat hesitant and confused explanation that consultation should be provided to the administrator because he had made himself available and because he had "high status in the system."

Agreeing to consult with someone in a system simply because he has "high status" does not seem to provide a clear, strong rationale for the consultation. This group of experienced, professional mental health consultants obviously had not given much thought to an important preentry question.

### Why Is the Question Important?

The question, "to consult or not to consult," is important and useful because it forces the consultant to consider the "universe of alternatives." As

Sarason (1971) has observed, carefully considering the possible alternatives to any course of action prevents one from acting in stereotyped, ineffective ways. It helps liberate one from the shackles of tradition, and it forces one to confront fundamental issues. Thus, by self-consciously asking whether or not to consult in a particular situation, the consultant will more likely become aware of *alternatives* to consultation. Then, after deciding to consult, it will be in the context of a careful examination of alternative ways of proceeding; such a stance ultimately will be liberating for both the consultant and the consultees.

The question of whether or not one should accept an invitation to consult is important not only because it seems to provide the basis for more effective consultation but also because of *economic considerations.* As Sarason (1969) pointed out in another context, we do not now have nor will we probably ever have enough consultants to help all of the social systems that are experiencing difficulty. Thus, a consultant who agrees to work within a system is tying up a substantial amount of professional time and energy. Agreeing to consult to one system limits a consultant's ability to consult to other systems. Of course, consultants can and do work in more than one system. However, their capacity to give help ultimately is limited, and they will have little time for future requests or opportunities to consult. Thus, for economic reasons, the question of whether or not a consultant should do consultation in a particular situation is an important one, and a socially responsible consultant will weigh this question carefully before making a major commitment of consultative time and energy.

A careful examination of this fundamental question suggests there really are two different types of alternatives suggested by the question. First, the question suggests that one may wish to intervene in a particular situation, but not through the method of consultation. As Caplan (1970) and others have suggested, it is only one of many different types of "social intervention" that can be employed (Hornstein, Bunker, Burke, Gindes, & Lewicki 1971). Investigative reporting (e.g., Chu, 1973), the creation of alternative settings (Sarason, 1972), political action (Alinsky, 1971), or direct service delivery are other ways of confronting problems that exist in social systems. Thus, even when it is appropriate to intervene in a particular situation, consultation may not be the "method of choice."[3]

The question of whether or not one should consult also suggests that one may not wish to intervene at all in a particular situation. There will be many social systems and situations in which one could consult; and some will not be amenable to any constructive intervention at a particular time. Thus, one may decline to consult in a particular situation in favor of more promising ones.

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[3] In some cases, empirical research can help a consultant answer this and other preentry questions. For instance, future research could suggest the system or target characteristics that dictate consultation rather than another type of intervention.

## Bases for Answering the Question

*Value Congruence.* Whether or not the consultant consciously raises and thinks through this basic question of consultation, it is answered in some way; and the answer will be influenced by a number of factors. One basis for answering the question is *value congruence.* For instance, Levine (1969) writes:

> The goals or the values of the helping agent or the helping service must be consistent with the goals or the values of the setting in which the problem is manifested. This postulate assumes that settings have important major purposes, and that the achievement of these purposes is vital to the continuance of the setting. It further assumes that the setting will act to expel or otherwise isolate or make ineffective those helping agents who promote goals or values at variance with the major goals and values of the setting (pp. 218-219).

During recent years, I have seen numerous examples in consultation practice that confirm Levine's premise. For instance, on more than one occasion I have witnessed individuals who were committed to a "radical–humanistic" conception of education assume the role of consultant in the public school system. In virtually every case I know of, the consultation failed, either with a "bang" (the consultants eventually were asked to leave in no uncertain terms) or with a "whimper" (the consultants — discouraged, hurt, and frustrated — eventually left without any sense of accomplishment). In such instances, it probably would have been better if the consultants initially had asked themselves if they should consult in these situations and had considered the congruence between their own values and those of the potential client system.

In many instances, consultants do answer the question negatively because of ethical or value considerations. For instance, despite Bard's eloquent pleas that mental health workers consult with police departments (Bard, 1971), I know of many consultants who will not do so because they believe the police represent values and purposes they regard as socially destructive or immoral. Thus, value congruence should be and often is an important consideration in deciding whether consultation should be provided in any given situation.

*Resources.* A second basis for determining whether one should consult in a situation is *the relationship between the consultant's resources of time and expertise and the resources required to consult effectively in the situation.* A consultant who is asked to provide consultation to an individual or system is, in effect, being asked to devote a certain amount of time and to call upon certain types of knowledge and skills. There will be instances when a consultant should decline to consult, lacking the time or technical resources necessary to help the people involved.

Unfortunately, consultants do not always consciously confront the problem of resources when deciding whether they should consult. Often, a request that one provide consultation to an individual or group flatters a consultant and generates a powerful sense of mission to alleviate suffering or to right some

wrong. The sense of pride and desire to help are understandable. However, feeling flattered and wanting to save people may lead a consultant to ignore the problem of resources. Such a situation may result in a failure to assess the relationship between the resources required and the resources available. Or, in making the assessment, the consultant may *underestimate* the amount and type of resources that are required or *overestimate* the available resources. One way to prevent these problems is for would-be consultants always to be aware of and even make *known* and *explicit* their own particular knowledge, skills, and time constraints.

*Consultee Characteristics.* A third basis for deciding whether to consult in a particular situation is *the characteristics of the consultee.* Previous experience and writing on the consultation process suggest a number of characteristics that could be relevant. For instance, Caplan (1970) has observed that best results in mental health consultation seem to occur in consultees who are most upset by or concerned about their problems. Thus, the client's motivation to change could be an important consideration for Caplan in deciding whether he will consult in a particular situation.

Another writer on the consultation process, Chris Argyris (1970), will only consult to client systems that are "open to and capable of learning" and that provide the consultant access to "the power points in the client system that are the keys to the problem being studied." Argyris also will avoid situations in which proposals for change will be imposed on any part of the organization (Argyris, 1970, pp. 25-26). Not everyone will agree with Argyris's criteria, and exactly how one would assess a potential client system's "openness to learning" is not clear. Nevertheless, Argyris's criteria do suggest that one basis for deciding whether to consult is the presence or absence of certain characteristics in the client system. Undoubtedly, many experienced consultants do consider characteristics of the client system when deciding whether to consult. However, many others with whom I have worked do not seem to systematically consider client characteristics as a basis for answering the question. As a result, they often find themselves enmeshed in consultations that turn out to be of limited value and that tie up time and energy that could be better utilized in more promising situations.

*The Influence of the Social Milieu.* A basis for determining whether a consultant will work in a particular situation is provided by the *social milieu* in which consultants work. Consultants, like the rest of humanity, do not operate in a social vacuum. First, consultants always work in a particular *institutional context;* and the norms, traditions, policies, and economics of the consultant institution will influence when and where consultants intervene. For instance, university-based consultants are part of an institution that traditionally values teaching and research (Cherniss, 1972; Nisbet, 1971). These consultants will most likely consult in situations where there is an opportunity to pursue re-

search of some sort and/or to involve students in some type of learning experience. For the individual working in a private, profit-oriented consulting firm, economic factors will play a large role in determining whether consultation is provided in a particular situation. Public sector consultants also are sensitive to financial considerations, since consultation frequently is a more institutionally marginal activity in their settings (e.g., community mental health centers) and thus must often "pay its own way" (Reiff, 1966; Cherniss, in press).

In addition to their institutional context, consultants are influenced by *the ideas and social forces that shape the "spirit of the times."* The prevailing *zeitgeist* makes certain issues, problems, and even professional theories and methods seem more "important" and "timely" (Levine & Levine, 1970). Historical forces influence the consultant directly as an individual, and they also influence the institutional context in which the consultant works. For instance, when the Soviet Union launched its Sputnik in 1958, American pride was damaged, and concern with the quality of public education was aroused (Sarason, 1974). During the subsequent decade, growing numbers of professionals from education, mental health, and organizational science worked in public school settings. In the latter part of the 1960s, however, spurred in part by the Nixon administration's emphasis on the "law and order" issue and the growing unrest among inmates at Attica and other prisons, correctional settings increasingly were identified as targets for consultation (e.g., Reppucci, Sarata, Saunders, McArthur, & Michlin, 1973; Sarason, 1974; Katkin & Sibley, 1973; Levine, Gelsomino, Joss, & Ayer, 1973). Most recently, there has been growing pressure in a number of states to substantially reduce state mental hospital populations. To accommodate the growing numbers of discharged mental patients, various types of community living facilities have been created; and many community mental health professionals have become interested in providing consultation to these settings. Thus, the "spirit of the times" as well as the specific institutional context in which one works will influence a consultant's decisions about the desirability of consulting in any given situation.

In summary, the first important preentry question that a consultant faces is, "Should I consult in this situation?" Effective consultants recognize that there always are numerous possible alternatives, and consultation in a particular situation is but one of them. Also, they realize that their time and resources ultimately are limited and that the decision to provide consultation thus should be weighed carefully. In deciding whether to consult, one inevitably confronts issues such as one's own values and their congruence with those of the consultee, the relationship between the consultant's present resources and those required to consult effectively, certain consultee characteristics, and the consultant's own social milieu.

## WHOSE INTERESTS WILL THE CONSULTANT SERVE?

All social settings are characterized by conflict and competition between diverse interest groups. These groups are aware of their differences, and when a consultant enters a setting, they are anxious to see whose interests the consultant seems to be representing. If consultants do not think through this issue before entering a setting, their behavior will appear ambiguous and confusing to consultees, trust between consultant and consultees will develop slowly at best, and consultation will be less effective.

The "constituency issue" also is important because its resolution will influence how consultants define their role, what immediate and long-term goals they will pursue, and what strategies and techniques they will use. Some potential implications of the question are discussed in the following example suggested by Seymour Sarason.

Suppose one has agreed to consult in an elementary school classroom where a number of conflicts and problems have occurred. Suppose further that the consultant is one who often helps consultees learn and use behavioral techniques to better manage problems in their work settings. Preliminary observation in the classroom suggests to the consultant that a modification of certain reinforcement contingencies will improve the situation. But whom will the consultant train in the use of the technique? This may seem to be an odd question, because most consultants would teach the techniques to the teacher without even thinking that there might be an alternative.

But recall the proposition that all social settings are characterized by conflict and competition between *diverse interest groups.* Waller (1967) argued that in the classroom, the teacher and the students represent different and usually antagonistic interests. They have different "agendas" and "priorities." Thus, in choosing to train the *teacher* in the use of behavioral technology, our hypothetical consultant has made an important decision (a decision that probably was made *before* entry with little awareness on the part of the consultant). The consultant could have chosen at least two other approaches in the situation: Training and consultation could have been offered to the *students* or to the students *and* the teacher. A recognition that competing interests were involved, and a careful consideration of the question, "Whose interests will I serve," could lead the hypothetical consultant to some very different decisions about role, strategy, and goals, and probably would facilitate development of the consultant—consultee relationship.

Unfortunately, consultants often ignore the "constituency issue." They seem unwilling to accept completely the existence of competing interests in social settings. Many consultants attempt to sidestep the issue by believing that

"in the long run" everyone is interested in the same goals. In these cases, the consultants attempt to avoid taking a stand by asserting that they are "everybody's" agent or even that their constituency is "society." Such platitudes may help consultants to dismiss a sensitive and complex issue; and in "the long run," there may even be some truth to the claims. However, consultants working in the world of action never are dealing with the "long run"; they are facing various interest groups that are primarily concerned with very different goals. Unless consultants clarify their own stance *before* the entry phase begins and communicate that stance to the consultees, consultation may falter from ambiguity and mistrust.

## WHAT WILL BE THE PRIMARY FOCUS OF THE CONSULTATION?

Prior to approaching a potential consultation, the consultant usually has selected a *primary focus*. The focus may not be articulated to others, and the consultant may not even be aware of having selected a focus that will guide future thinking and actions. However, choosing the primary focus is another important preentry issue which must be considered.

### Four Areas of Focus in Consultation

The primary focus in most consultation work tends to be in one of four areas — organizational structure and process; technology; the mental health of individuals; and the group or organizational environment. To clarify how each of these can serve as a primary focus of consultation, let us examine them in the context of one possible client setting: a public elementary school.

Some consultants to a school setting will tend to focus on *organizational structure and process* (e.g., Argyris, 1970). They will be concerned with how well the internal social organization of the school is functioning. They will assess communication patterns, decision-making, interpersonal relations, morale, and performance. Their basic mission is to identify obstacles to adaptive organizational functioning and recommend modifications intended to rectify the problems. Consultants who take this focus may assume that an improvement in the school's organizational functioning will be beneficial for the mental health of individuals, for the educational process, and for the welfare of the entire community. However, they focus primarily on the organization and its properties, and a better internal climate and more effective problem solving are their primary goals.

Other consultants in this situation will focus on the *technology*. In a public school, this would be the educational process as it occurs within the classroom. A specific example would be a consultant who helps teachers transform

their classes into "open classrooms." Such a consultant focuses on how the teacher thinks about, organizes, and conducts the educational process. The primary goals are to make the teacher a better teacher and the classroom a richer learning environment.

I refer to this primary focus as "the technology" with much misgiving. In human service settings, the term may be at best nondescript and at worst highly misleading. By "technology," I mean in part the skills, techniques, and processes required to perform a particular task, and this is the traditional definition of the term. However, in the case of educational, correctional, and mental health settings, "technology" as I am using it here also includes knowledge, values, and even personal feelings that are critical ingredients in performance of the teaching or helping process.

The *mental health of individuals* is yet another possible primary focus of consultation. When mental health is the focus, the consultant ultimately is concerned with the cognitive and affective functioning of particular individuals. Although the consultant may never see these individuals, the goal of the intervention is to bring about change that will facilitate either treatment or prevention of individual emotional problems. In the school setting, a mental-health-oriented consultant spends much time helping staff work more effectively with students who manifest some type of behavioral problem (cf. Caplan, 1970; Sarason, et al., 1966). When not concerned with a particular student, a mental-health-oriented consultant will tend to engage in activities closely related to student mental health (e.g., helping school staff set up an early identification program for "high-risk" students).

Still other consultants tend to focus on the *group or organizational environment.* In the school setting, such a consultant may be concerned with school—community relations and might attempt to help the school staff develop more effective community programs in the school. The ultimate goal is harmonious, mutually satisfying and beneficial relations between the school and its surrounding community. Staff morale, the quality of the teaching process, and student mental health are not of primary concern to this consultant. However, like the other consultants, this one may assume that the primary focus, better school—community relations, will improve functioning in other areas as well.

It can be argued that these areas of primary focus in practice are not mutually exclusive. A "mental health" consultant may (some would say "should") also become highly involved in organizational, technological, and community issues. In reality, one's primary focus is constantly shifting; and it should shift as the situation dictates in order to maximize the consultant's effectiveness. Some may also argue (e.g., Sarason, et al., 1966) that initially a consultant should avoid assuming a primary focus; the focus should be formulated in collaboration with the consultee(s) and based on a careful "assessment" of current needs and problems.

It is true that consultants often work on more than one type of concern, and, during the course of a consultation, the focus may shift. However, an individual consultant usually does assume some kind of primary *focus* as I have defined it, even though the specific activities may vary; and in one way or another this focus is communicated to the consultees. Thus, on both sides, consultants are identified with a particular concern: the mental health of individuals, the functioning of the organization, etc.

It should be noted that initially identifying a primary focus does not "hem in" consultants or make their roles too inflexible. Within each primary focus there is a wide latitude of possible activities in which the consultants may engage. For instance, a mental health consultant may work with individuals or with groups, with line staff or with administrators, around specific cases, around the consultee's own skills, or around programs. However, in all these instances, the consultant may retain a primary focus on the mental health of individuals.

Many consultants, in an effort to "keep their options open," attempt to avoid answering the question, "What will be the primary focus of the consultation?" In every case I know of, such a maneuver merely impeded the consultation, and eventually, if the intervention survived, the consultant became identified with the primary focus that might have been chosen anyway if the issue had been confronted in the very beginning. As with the other preentry questions, a consultant's failure to consider this one confuses the client about the nature of the consultant's role and thus interferes with consultation effectiveness. Flexibility in role is one of the unique advantages available to a consultant; however, role flexibility is different from the ambiguity, confusion, and manipulativeness that arise when a consultant attempts to avoid an identification with a primary focus.

## Bases for Answering the Question

As was the case with the other questions I considered, there are many factors that will influence a consultant's choice of primary focus. For instance, a consultant's values and conception of society may lead to a favoring of one primary focus over another. Similarly, the policies and mission of a consultant's own institution may strongly influence the choice of focus. A consultant working out of a mental health agency will not only be expected to focus on mental health issues by colleagues and superiors; consultees also will expect the consultant to focus on mental health (Cherniss, in press). Naturally, a consultant's previous training and experiences also will influence which primary focus is chosen. A school consultant who has extensively studied educational theory and practice will tend to focus on the technology, while a school consultant who has studied organizational and administrative theory will tend to focus on organizational functioning. Personal style and aptitude may be yet another factor influencing choice of focus.

The choice of primary focus has a number of implications for the consultation process. First, a consultant's primary focus may influence when and where the consultation occurs. It also may influence the entry process, the initial activities in which the consultant engages, and the initial "diagnostic questions" that are emphasized. In short, the decision concerning primary focus, made before contact with the consultee, influences a number of subsequent decisions and actions; and thus it is another important preentry issue in consultation.

## CONCLUSION

I have argued in this paper that there exist certain basic questions of consultation. These questions should be confronted in some way by the consultant before "entry" and often before any contact is made with the client system. Observation of consultants at work suggests that these preentry questions are rarely articulated in any explicit way by consultants; and their failure to do so seems to impede consultant effectiveness. (Testing this particular notion would be a fascinating area of research.) Thinking through these questions helps a consultant make more rational, coherent choices about many of the issues that arise during the consultation and minimizes much of the ambiguity, conflict, and confusion that interfere with effective intervention.

Some of these questions can only be answered in the process of entry. For instance, deciding whether one should provide consultation in a particular situation requires some information about the situation. Much of this information can only be gathered during the entry process. Also, the nature of the contract negotiated between consultant and consultee during entry may resolve (or exacerbate) some of the preentry issues that have been discussed.

However, while many of these preentry issues cannot be resolved before entry, they should be and can be considered before entry begins. A consultant often must initiate entry to decide whether consultation would be appropriate; but the idea that "whether or not to consult" is an issue, and the criteria to be used in evaluating it, should be formulated *before* entry begins.

In conclusion, I believe there is a pressing need for well-thought-through models or theories of consultation that include clear, carefully arrived at answers to the preentry questions. In this sense I am endorsing Lewin's now famous statement that there is nothing so practical as a good theory. However, I also believe that, while formal models are necessary, they are not sufficient prerequisites for effective consultation. The effective consultants I have known are guided by theory, but they also are guided by a store of knowledge concerning *actual consultation experiences.* They have observed, both directly and indirectly, choices and actions actually made by consultants and the events that followed. In other words, effective consultants not only have studied the "preentry issues" in consultation; they also have devoted much time to the study of *the natural history of consultation practice.* However, as a way of understanding and

making sense of this natural history, and as a necessary task in and of itself, thoughtful consideration of the preentry issues in consultation represents vitally important, unfinished business for most of us involved in the field.

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