

The Consultation Readiness Scale: An Attempt to Improve Consultation Practice¹

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The Consultation Readiness Scale is designed to facilitate mental health and other forms of human services consultation. The scale is based on the assumption that consultee-consultant relationships vary in their "readiness" for consultation. A basic task for consultants is to assess the current readiness level and help move the relationship to a higher level. The Consultation Readiness Scale facilitates this process by specifying six levels of readiness and indicating the general intervention strategies appropriate for each. Initial, descriptive data based on five consultants and 366 consultees are presented. Most consultation relationships were not at high levels of readiness; readiness varied with the amount of time consultants had worked in the consultees' setting and did not vary by more than one level over a 6-month period.

Consultation is a social psychological process in which a helping professional attempts to improve a client's condition by working with "significant others" rather than by working directly with the client. During the last decade, increasing numbers of professionals in community mental health, special education, vocational rehabilitation, and other human service fields have been asked to spend at least part of their time in the role of consultant. For instance, in the mental health field, "mental health consultation" has become an important component of community mental health programs. Similar approaches are being developed in other fields.

There are three reasons usually cited for including consultation in a human service program. First, in working with community care-givers, such as public

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health nurses, public school teachers, clergymen, and others who are in regular, direct contact with potential clientele, professional consultants ultimately can reach and help many more individuals than if they restrict their activities to direct service roles. Second, many deviant and/or needy individuals can be maintained in normal community settings if significant community care-givers who are working with them are provided with consultation. And third, consultation can allow professionals to influence the social climate of important social settings and thereby reduce the incidence of new problems in those settings. Given the potential usefulness of consultation, it is not surprising that it was defined as one of the "five essential services" in the federal community mental health legislation of 1963 and since has been incorporated in many other human service programs as well.

Unfortunately, several factors have interfered with the effective, widespread utilization of consultation in human service programs. First, most professionals have received no formal training in consultation techniques. Second, many professionals are skeptical about the value of consultation. They believe that only a highly trained professional, working directly with the person in need, can effect constructive change (Reiff, 1966). Third, there are institutional factors that often impede the development of viable consultation programs in many human service institutions (Cherniss, 1977). A fourth impediment to the development of effective consultation programs has been the primitive state of consultation theory and technique. Despite some preliminary work in the area (e.g., Caplan, 1970, Cherniss, 1976, Sarason, Levine, Goldenberg, Cherlin, & Bennett, 1966), there is as yet little in the way of conceptual guidance for would-be consultants. In this paper, a new instrument is presented that may contribute to conceptual development and to more effective practice in consultation.

RELATIONSHIP DEVELOPMENT: A CRITICAL ASPECT OF CONSULTATION

One of the earliest and most fundamental propositions to appear in the consultation literature is that the relationship between the consultant and consultee is a critical factor in the consultation process (e.g., Sarason et al., 1966). Consultation often requires consultees to critically examine their own roles and functions in dealing with the problem. Frequently, the consultant also wants to change the consultee's thinking and behavior. These goals require a degree of openness and commitment from the consultee which usually occurs only in a consultation relationship characterized by mutual trust and respect.

A second important proposition is that not all consultees are equally accessible to consultation. Negative attitudes, role ambiguity, previous disappointment in dealing with consultants, and a host of other factors can impede

the development of a good consultation relationship and thus limit what a consultant can accomplish.

These two propositions suggest a third: potential consultees differ in their readiness for consultation; and consultation readiness can, in part, be conceptualized in terms of the level of relationship that exists between the consultant and the consultee. This formulation suggests that consultation can be thought of as a developmental process in which the consultant begins with a consultee at a particular level of readiness for consultation and attempts to move the consultee to "higher" levels which permit more productive consultation to occur.

For the practicing consultant, there should be a concrete instrument that permits the assessment of a consultee's readiness level. An initial effort in this direction is the *Consultation Readiness Scale* (CRS). The CRS defines six levels of "consultation readiness." Using this scale, the consultee's readiness level can be determined early in the consultation, and the consultant can work towards movement of the consultee to the next highest level. The six levels of consultation that together comprise the CRS are indicated below:

Level 1: No Relationship. At this level, one finds two types of consultees. One type of consultee is hostile, indifferent, or apathetic towards consultation or the consultant. The second type is a consultee with whom the consultant has had no previous contact. With both types of consultees at this level, the development of an amicable relationship is a primary task for the consultant.

Level 2: Social Relationship Only. At this level, there is amicable, informal social contact between the consultant and the consultee. However, the consultant does not readily engage in discussion of work-related issues. The primary task is to move into mutual discussion of work-related issues.

Level 3: Limited Work Relationship. One finds two types of consultees at this level. One type asks the consultant for help but does not "follow through." The consultee is clearly distressed and wants help but seems defensive and is not open to modifying his or her own behavior. The second type of consultee at this level readily engages in discussion of problems when approached by the consultant but does not effectively participate in the development and implementation of problem solutions.

There are two tasks for consultants who find themselves at this level with a consultee. The first is to attempt to identify the factors that are preventing the consultee from readily accepting and implementing the problem solutions. For instance, is there something in the consultant's attitude or behavior that is alienating the consultee? Is there something about the work issue that makes it difficult for the consultee to deal with it in an objective, unconflicted manner? Once the consultant feels that the underlying problem in the consultation relationship has been discovered, the second task is to develop consultation strategies that will remove the problem and allow for more productive consultation. Of course, if these strategies fail, the consultant must reassess the problem and develop a new set of strategies based on a new formulation.

Level 4: Adequate Work Relationship. At this level, the consultee is open to consultant-initiated contact concerning problems and cooperates in the development and implementation of problem solutions. The consultee does not seem to recognize when consultation would be most appropriate but is ready to accept and use consultation when it is offered by the consultant. The consultant's task at this stage is to train the consultee to recognize and identify problems suitable for consultation so that the consultee will begin to initiate consultation contacts around relevant problems.

Level 5: Informed Work Relationship. Consultees at this level initiate contact with the consultant whenever the consultee has identified a potential problem. As at Level 4, consultees at this level effectively participate in the development and implementation of problem solutions. Since a consultee at this stage can help the consultant to develop better relationships with other potential consultees who are at lower readiness levels, the consultant's task is to encourage the consultee to do so.

Level 6: Reciprocal Work Relationship. Consultees at this level not only seek consultation when it is needed, but also become active advocates for it with other potential consultees in the consultation setting. The consultee has become interested enough in the consultant's work and its potential value to be willing to help the consultant expand consultation in the setting. Thus, at this highest level, the consultation relationship has become truly reciprocal.

In reading the descriptions and the primary consultant tasks that are called for at each level, it should be evident that consultation readiness is influenced by the interaction between consultant and consultee. If a consultee is at a low level and is not progressing, the problem may well reflect the *skills* of the consultant, or situational factors that are in no way the consultee's "fault." When consultants are faced with seemingly intransigent consultees, they should avoid the understandable but ultimately self-defeating tendency to blame the consultee.

DATA COLLECTED WITH THE CONSULTATION READINESS SCALE

Although comprehensive data on the CRS have not yet been collected (a study to accomplish this is currently in progress), some illustrative data are available that were collected from an initial group of five consultants who were asked to assign a CRS level to each current or potential consultee with whom they worked. The *consultants* were special education "teacher consultants" who are expected to spend a good part of their time providing consultation to classroom teachers working with special education students placed in regular classrooms. The *consultees* were classroom teachers and administrators in junior and senior high schools.

Table I. Distribution of Consultees Across CRS Levels for All Consultants

Readiness level	Totals		Individual consultants ^a (%)				
	Frequency	Percentage (%)	1(.5)	2(1.5)	3(3)	4(4)	5(6)
Consultees (n)	366		142	86	46	48	44
1	71	19	44	5	5	0	5
2	98	27	32	29	16	3	37
3	127	35	20	64	24	18	33
4	31	8	1	1	22	28	16
5	24	7	3	0	13	21	7
6	15	4	0	1	20	6	2

^aFor the breakdowns by individual consultants, only percentages are given. Numbers in parentheses refer to number of years consultant has worked in setting.

The consultants were asked to refer to the CRS and then indicate, for each consultee: (a) the current CRS level, and (b) the CRS level 6 months ago. In addition, the consultants were asked to report how long they had been working as consultants in the present setting. Altogether, the consultants assessed the CRS level of 366 consultees. The data for the *current* CRS ratings for all consultants combined are presented in Table I.

The modal CRS level for this group was Level 3: 35% of the consultees were placed at this level. The mean CRS level was 2.7. There was a drastic drop in frequency between Level 3 and Level 4. In fact, only 29% of the consultees were rated at Level 4 or higher. Thus, the majority of consultees in this sample did not seem to use consultation effectively; less than one of five consultees use consultation effectively according to the CRS ratings by the consultants. However, it should be remembered that the consultees should not be “blamed” for ineffective use of consultation. The causes are usually complex. The data also are broken down for each consultant in Table I. As one might expect, the consultants who spent less time at a particular setting had fewer consultees at high CRS levels.

In addition to examining the data on current CRS levels, the changes in reported readiness during a 6-month period also were examined. The total distribution of change scores by consultant is presented in Table II. For this particular group, no consultee dropped in readiness by more than one level. Also, few consultees moved more than one CRS level higher during the previous 6 months.

Clearly, these data can be considered only suggestive; the small number of consultants who were involved and the restricted sample limit the generalization of these findings. We are currently conducting research that will produce a more adequate data base for studying the characteristics of the CRS and for suggesting changes and refinements in it. Reliability and validity studies also are needed

Table II. Amount of Change in Consultees' CRS Level Over a 6-Month Period

Amount of change in readiness level	Consultant ^a					Total
	1(.5)	2(1.5)	3(3)	4(4)	5(6)	
+4	5	0	0	0	0	5
+3	7	0	0	2	0	9
+2	22	3	4	10	1	40
+1	48	18	20	14	3	103
0	62	59	15	21	42	199
-1	0	4	6	0	0	10

^aNumbers in parentheses refer to number of years consultant has worked in setting.

and are being planned. However, because the consultants who used the CRS found it to be extremely useful in their own work, there is reason to believe that it can be helpful to others even at this stage of its development.

CONCLUSIONS

Initial trials suggest that the CRS is a potentially useful instrument that can be employed in assessment or diagnosis, goal-setting, strategy formation, conceptualization, and evaluation in consultation. Perhaps its greatest value is that it can provide consultants with a common framework and language for thinking about and communicating consultation experience.

A tool like the CRS seems to be badly needed in consultation practice. For instance, in a recent unpublished study of worker satisfaction in community mental health centers, most staff reported that they would prefer to engage in direct service rather than in mental health consultation if given a choice. When asked why, many staff indicated that the goals in consultation seemed to be less clear and that it was difficult to obtain clear feedback on one's efforts in this area. An instrument such as the CRS gives the consultant a way of determining clear, realistic goals and provides a framework for continually assessing progress towards those goals. Thus, the CRS may help make consultation less confusing and more satisfying for those who do it.

The CRS also has the potential for stimulating productive research on the consultation process. It can provide a common, developmental framework for conceptualizing the consultation process in a variety of different contexts. One may thus be able to use the instrument to formulate and study a host of questions about the consultation process. Some of these questions are: What characteristics of consultants and consultees influence readiness level? What strategies tend to be most useful for consultees at each readiness level? Do consultees in

different roles and settings differ in their reported distribution across readiness levels?

In addition to addressing these more general, empirical questions, the CRS perhaps can be used as a means of evaluating the effectiveness of different consultation techniques. For example, if one developed a particular technique, one could evaluate its effectiveness by assessing consultation readiness of a target group of consultees before and after the intervention. By adding control groups and groups receiving different treatments, one could determine the extent to which the experimental technique increased consultation readiness. Thus, the CRS seems to have potential value for research as well as practice in consultation.

In conclusion, the CRS represents a development in consultation technique that could make a contribution to both researchers and practitioners in the field. The instrument seems to reduce some of the ambiguity and uncertainty that have plagued the art of consultation, and it provides a general framework for conceptualizing the consultation process.

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