

Running Head: Situational Consultation

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Keywords: flexibility system advisor hermeneutic reflective constructivism position

Abstract

Situational Consultation (SC) is presented as a framework for flexible integration of several models and methodologies in consultation practice by choosing the most strategic model for each specific situation. In SC, models and their characteristic role positions are considered interchangeable tools with qualitative differences in strengths and applicability depending on the situational context. Three ideal-type positions in consultation; the Advisory, the Hermeneutic and the Reflective positions, are used as analytic concepts to guide adaptations of consultation to context and process. Principles developed in a consultation practice that attempts to implement such strategic flexibility, are described with illustrative examples of SC applied in practice.

This paper advocates flexible changes in consultation method depending on context and process. Much consultation practice and literature is based on single theories or models with normative prescriptions of method, analytical perspectives, and role definition dependent on the specific evaluation of the theory. Caplan (2004) envisages a movement toward a more pluralistic view of consultation practice:

Perhaps we have to move to a pluralistic model of our consultation method, namely to conceptualize our increasing range of techniques as a pool of alternatives from which consultants draw particular methods for use in specific instances, much as a physician chooses medicines and uses them with different patients to suit their individual needs (p. 24).

Similarly, Brown, Pryzwansky, and Schulte (2001) also include “consultant’s role varies with consultee’s need” (p. 6) in a list of nine essential definitional characteristics of consultation. But these authors also point to the lack of existing multi-model approaches and guidelines for prescriptive choice of consultation models or strategy. They call for the development of systematic approaches to such adaptive flexibility. “Our viewpoint is that such developments have been hampered by the notion that one theory of change and one model of consultation should be able to meet all challenges of consultation” (p. 302).

Categorization of consultation methods adapted to fixed situational variables exist. Caplan’s categorization (1995) based on whether consultation focuses on the system, the consultee or the client are well-known, and other examples are categorizing by and strategy (Chin & Benne, 1976), or as multi-dimensional categorizations such as the meta-theory proposed by Gallessich (1985). Flexibility in matching the consultee’s rationale (perspective) to the presented problem has been suggested (Conoley, Conoley, Ivey, & Scheel, 1991), and Lambert (1993) considered the selection of a theory relevant to the problem and weighing and testing competing theories to be central in consultation competence. Several authors mention

the possibility of variation or flexibility in the consultant role (Brown et al., 2001; Lippitt & Lippitt, 1986; Stryker, 1982) however, the dominating trend in consultation literature has been to present the consultant's role as a static, prescriptive core aspect of specific consultation models. Despite calls for strategic flexibility, we know only one publication, Lippitt and Lippitt (1986), that discuss several different consultant roles and the selection between them for an entire consultation, for a phase, or fluently changing during the process. They describe several relevant selection variables: Expectations, goal, consultee norms, consultant inclinations and limitations, internal/external position, and context events. Lippitt and Lippitt use three dimensions to describe the variation between their seven roles: a) task focus – process focus, b) consultee focus – client focus, and c) directive – nondirective. However, their seven roles are pragmatic descriptions of consultants behavior, and their discussion does not focus underlying models or theoretical traditions and how these often impose restrictive prescriptions on variations of consultant role.

In this paper we want to renew the focus on adaptive practice by presenting an integrative framework for flexibility in the choice of roles and models of consultation. We have called this framework Situational Consultation, guided by the concept of *consultation positions* and three ideal-type positional cornerstones: a) the advisory, b) the hermeneutic, and c) the reflecting consultant positions. The concept *consultation position* embraces role, analytical perspective, and consultation strategy as well as assumptions about consultation. Each of these three ideal-type consultant positions can be characterized in respect of its approach to relevant information (*input*); what the consultation is intended to produce (*goal*); and how consultants are expected to behave (*output* and *role*). These concepts will be described more fully later.

Situational Consultation is not intended as a new model, that integrates combined elements from several existing models. Rather, the integrative aspect implies respecting and

upholding differences between models as valuable and supplementary but not contradictory; options for practice; available as interchangeable tools of analysis and intervention.

Consultation positions can be changed between consultations or assignments in response to demands, assignment requirements, competence considerations or other fixed situational factors. Furthermore position can be changed dynamically within the consultation process, adapting to phases or changing needs within a single consultation session.

In preparing this paper, we were inspired by a similar development of targeted flexibility in the field of management; *Situational Leadership*), and also found inspiration for the concept we selected for our flexible integrative approach to consultation: Situational Consultation: Tannenbaum, Greene, and Glickman (1989) proposed the term Situational Management for the fixed preference of specific managerial styles depending on the field, the trade, the organization, and its context. Hersey and Blanchard (1993) took a further step in recommending more dynamic formulation of Situational Leadership: A leader should adapt the leadership style that is best suited to the situation: The readiness of their followers and their present performance. Thus, as long ago as in the 1960s, leadership theory started its movement away from invariant static models and strategies, toward adaptation of leadership role and behavior to situational demands and objectives. Our impression is that this has become a dominant thesis among organizational experts, and we hope that the consultation field is ready for a similar integrative step, adapting its theory to the realities developed in practice.

DEVELOPMENT CONTEXT:

THE “CHILDREN IN CRISES” CONSULTATION TEAM

One of the implicit difficulties in this paper is to attempt a separation between the practical developmental context of SC, and the principles and conceptualization of SC that developed during a period of years. When the principles of SC are described, this is also

descriptive of the late practice of the team where it was developed. We consider it important to describe this context of development in some detail to enable readers to evaluate our ideas relative to their practical and theoretical origins and influences.

Our ideas about what we now call Situational Consultation developed in consultation practice between 1992 and 2003, working on a project called “Children in Crisis, ” and was driven by the feeling that we needed a more flexible integrative approach than what the consultation team used initially. The Children in Crisis project was established as an on-call, multi-disciplinary team serving a designated county. This consultation team was a joint venture between several agencies that contributed personnel and consisted of a core of three professionals from child psychiatry and child protection, occasionally supplemented by a pediatrician and/or senior police official. Except for the second authors of this paper, there was a slow turnover of participating personnel during the project period.

The team could only be called in by local child protective services on behalf of collaborating groups of local health, education, and child protection services professionals. The service was intended only for possible abuse and neglect cases involving multiple services and perceived difficult or complex to handle locally. It was not restricted by subtype of abuse and neglect. The consultations involved group-to-group consultation (more than one consultant and more than one consultee) and the consultee’s were urged to include all actively involved agencies to increase information availability and effectiveness.

In “Children in Crisis” the consultants also held positions in agencies with potential subsequent direct involvement in the cases. Consultants and consultees often knew each other as former colleagues or partners in contexts across and within services. Accordingly, special emphasis was given to addressing the necessary limitations of these dual roles. Cases were presented anonymously; consultees and consultants were not allowed to write internal reports on the consultations; consultants’ statements could not be quoted later; and consultees had

sole responsibility for decisions and actions based on the consultation. These terms were always emphasized in our meetings with consultees.

Consultant- and consultee-groups across organizations and professions allowed complex analysis when information from multiple agencies could be shared in the meeting. Consultees were therefore urged to ask the families involved in the case to allow unlimited sharing of information. Utilizing the information availability depended heavily on the diverse array of competencies that the “Children in Crisis” consultant team brought from many years of prior experience as consultants towards schools, health-agencies, psychiatry, and child protective services as well as from core practices in psychiatry, family therapy, management, child protection and organizational consultation. The consultation foci could include client-centered, consultee-centered, and/or organizational consultation, depending on the situation. The knowledge base utilized in analysis could include as diverse sources as for example attachment theory, systemic family theory, strategic management, neuropsychology, social advocacy, psychodynamic theory, social learning/behavioral theory and differential/comorbid diagnostics research.

Eventually our search for flexibility included variations in method and position transcending the Caplan-inspired model of client-centered or consultee-centered consultation that was the starting-point. This flexibility emerged through systematic internal evaluative discussions between the consultants after each case. Subsequent follow-up feedback from previous consultees also contributed to the process. Suggested changes were then tried out and evaluated in subsequent consultation assignments. A set of shared values developed in the “Children in Crisis” team and evolved into the principles Situational Consultation that will be described later. First we will describe these underlying principles, before explaining the conceptual structure of ideal-type positions, and exemplify the use of the Situational Consultation approach in some typical situations and in a hypothetical consultation case.

PRINCIPLES OF SITUATIONAL CONSULTATION

The ideas of Situational Consultation builds on general systems theory (Skyttner, 2001) and ecological systems theory (Bronfenbrenner, 1979, 1992) in its analysis at multiple conceptual levels and analysis of interactions within and between levels in order to understand problems and systems. The level of analysis within a consultation could be constrained to the individual and family levels, but could be expanded to include organizational levels as well as the biological, economic or cultural level of analysis. From an ecological systems perspective, including multiple levels of analysis will inevitably imply including possible interactions between these levels. The need for a multi-level perspective and several theories guiding analysis and intervention is not new to the consultation field, but has rather been a growing awareness (Conoley & Conoley, 1982; Lambert, 1993, Sheridan & Gutkin, 2000). Ecological systems theory requires broad competence on different perspectives and theories, as well as competence in conducting multi-perspective analysis. Rather than imposing “super-human” claims on consultants, this can rather inspire consultants to utilize and value consultee competence.

Situational Consultation consider the consultant-consultee relationship an egalitarian relationship, a principle central to many accounts of consultation (Brown et al., 2001; Caplan, 1995; Copeland & Geil, 1996; Erchul & Martens, 2002), and both consultees and consultants are assumed to have knowledge important for the consultation outcome. Acknowledging and using both consultant and consultee competence in multi-level/multi-perspective analysis and discussions of the case can enhance the quality of conclusions as well as strengthen the egalitarian relationship. Consultees are assumed to have unique local expertise with clients, services, local culture, and their shared history, as well as professional knowledge and experience. Consultees are therefore expected to capably evaluate the usefulness of suggestions and solutions developed during the consultation.

But Situational Consultation does not consider consultants as experts only on consultation process as Andersen (1991) argued. SC may include presentations of research and theory, expecting consultants to have and utilize broad knowledge. However, such presentations are not offered as indisputable generalized knowledge, but rather as invitations to discuss their local validity in the context of presented problems and the surrounding systems, as also others have recommended (e. g. Stoner & Green, 1992). This principle of Situational Consultation retains expert experience, theory and research as valuable perspectives for understanding cases and suggesting solutions. However, consultants in Situational Consultation should not claim authority or superiority over consultees in evaluating the local validity and relevance of the presented knowledge.

The perspective on theory in Situational Consultation is close to constructivism in assuming that different theories are not incompatible truths, but rather supplementary alternative perspectives that can generate ideas, interpretations and hypotheses in the consultation process. Theory and knowledge are seen as “the preliminary result of our continuous striving toward bridging the gap between the world we live in and our ability to conceptualize it” (Bateson, 1987). Bateson’s principle turned diversity of observations, or dispute about theory into a valuable resource for interpretive experimentation in consultations. However, the basic epistemological ideas are perhaps closer to critical realism than constructivism, in valuing empirical research as well as acknowledging primary experience.

Situational Consultation considers a distinction between observations and their interpretations as important. Any experience, recall, or representation of an event is subject to the observers’ interpretation of the event, which implies categorization, assigning meaning, intention or value to the events. Observations and interpretations are subjectively interwoven, may be difficult to separate and the difference is ignored by many and denied by some. In SC the distinction is especially important to focus when there is conflict and disagreements

because these often center around interpretations of events rather than on whether they happened. Conflicts over interpretations can be worked with in consultation, while conflict over facts is usually better left after clarification. Introducing distinctions between events and interpretations can be used actively by consultants when seemingly incompatibly different experiences and stories are presented by consultees. The aim is to open a possibility for experimenting with different interpretations about single events and later the whole presented case, as also recommended by Sandoval (1996).

Based on the principle of an egalitarian consultant-consultee relationship, choice of consultant position should be influenced by consultees and the consultation process – not decided unilaterally by consultants or based on consultant ideology. As in any interpersonal interaction, the roles of consultant and consultee are mutually interdependent and cannot be unilaterally determined as for meaning, although each person decides how to behave. A consultant can assume an expert position, but whether the consultee responds from a position of pupil, opponent or colleague expert will have vital consequences for their following interaction. Clarifying each others expectations increases the chances for a meaningful and effective exchange in consultation.

ROLE-POSITIONS IN CONSULTATION

During the development of Situational Consultation within the “Children in Crisis” consultations, describing and analyzing the variations of consultant approach between and within consultation sessions and assignments became vital for understanding the flexibility that developed in practice. Our view was that we often broke the limits of what we saw as Caplan-inspired consultee-centered consultation and adopted approaches that could be named narrative, behavioral, constructivist, psycho-educational, bio-psycho-social etc. – that is; adopting practices from other traditions. Our own conception of how the flexibility could be

described was not as a mix of elements from different tradition, but rather shifting between approaches during consultations or between assignments.

At first the flexibility was based on intuition based initiatives and decisions, however, we wanted to be able to substantiate a more conscious rationale for the flexibility changes. The first step was discussing the experience between consultations within the team and sometimes with former consultees, focused on how the roles were shaped, how information was handled, and what consultants did and did not do. These questions led us towards describing the changes according to consultation tradition, and eventually we developed and employed a framework of three ideal-type positions as an analytic tool: a) the advisory; b) the hermeneutic; and c) the reflecting consultant positions. These ideal-type positions are characterized by differences on 1) the view on information (*input*); 2) what consultants should do and produce (*output*), 3) what the consultation is intended to achieve (*goal*); and 4) how consultants are expected to behave and think (*role*). This framework was then used both in evaluating consultations, and in guiding how flexibility was conducted during consultations.

Consultation practice based on each ideal-type position has potential *strengths*, but is also vulnerable to specific weaknesses resulting in *criticisms*. The description and criticism of these ideal-type positions is not intended to discredit any tradition or model of practice that may resemble them. Rather, we use them to highlight both the strengths and weaknesses of each position and to guide when and how each is best used. For illustrative purposes, the three consultant positions can be associated with early Behavioral Consultation (Kratochwill, Sladeczek, & Plunge, 1995), early Mental Health Consultation (Caplan, 1970) and early Reflecting Team consultation (Andersen, 1991). However these traditions of consultation are not identical to the ideal-type positions. Most models of consultation are more complex and balanced, and few or no models can be classified as purely representing one position. An overview of the basic features of the three ideal-type positions is presented in Table 1.

Table 1. Contrasting Aspects of Consultant Positions

Consultant Position	Advisory	Hermeneutic	Reflective
Input	Information	Surface expression	Experience
Role	Expert	Catalyst	Mirror
Output	Evaluate / Advice	Question / Interpret	Reformulate / expand
Goal	Decision	Insight	Reconstruction
Epistemology	Positivism	Hermeneutic	Constructionist
Potential criticism	Render passive	Manipulative	Irresponsible
Potential strength	Effectiveness	Complexity	Respect

The Advisory Consultant

The advisory position builds on assumptions characteristic of positivistic epistemology (McEvoy, 2007). Generalized knowledge can be used to predict local events, and local events are assumed to be objective realities that can be understood and evaluated based on observation and description. The advisory method has been widely used in clinical medical consultation, expert consultation in technology, and educational consultation. The advisory consultant gathers information (*input*) on the facts of the case supplemented by the evaluations and opinions of the consultees. The input information is accepted as valid as long as it is presented in a logical and descriptive way, while all evaluations and opinions are coupled with the consultants' impressions of the consultees' competence and skills.

The consultant is considered executing an expert role, which usually implies a hierarchical relationship towards consultees. Such expert roles can be balanced or redefined towards a more advisory than directive execution, and a more egalitarian relationship. However, the consultant is expected to have superior competence and to be in a position to prescribe solutions and evaluate the skills and competence of others (consultees). The

consultant is expected to produce better or more accurate evaluations of the presenting problem, and to dispense advice as to the proper solutions (output). The activities of advisory consultants may also include advising on or participating with consultees making better decisions (goal) on selection of effective strategies and interventions.

Strength and criticism. The primary strength of an advisory position is its probable effectiveness when the primary consultee problem is lack of specific expertise and knowledge, and when there are few complications within and/or between persons and systems involved. However, even under ideal conditions, the advisory position has the long-term potential to create passivity and dependence in consultees if increasing the independent competence and skills of the consultees is not ensured in some way. The advisory position may also provoke resistance because of the inherent imbalance in power and authority, even if a credible non-hierarchical attitude or other strategies to counteract this is included. The belief in the capacity of a consultant to indirectly investigate a situation well enough to prescribe solutions can also be questioned, since the consultant will be vulnerable to omissions, distortions, and selective presentations of information from consultees. The advisory position is also vulnerable to the simplification of complex problems and in danger of ignoring potential resources of consultees. The advice given may simply preserve established patterns and attitudes or result in little more than futile attempts to convince consultees to change as prescribed by the consultant.

The prerequisites for an advisory position may seem insurmountable or unlikely for psychosocial or organizational consultants, but in medicine and technology such situations are quite usual. In the former fields an advisory position may have potentially hazardous side-effects, even under ideal conditions. In our experience passivity and consultant dependency may however be prevented or counteracted to some degree if consultants emphasize

competence transfer rather than consultant problem take-over, respect consultees right to reject advice, and adhere to the consultee receptiveness and mandate.

The Hermeneutic Consultant

The hermeneutic position is related to the epistemological assumptions found in hermeneutic approaches to interpretation of texts and human behavior (Olson, 1986) believing that expressions and events are surface representations of some underlying meaning or truth. The underlying meaning can better be understood as our general knowledge, the knowledge of a phenomenon or the persons and their culture progresses. The hermeneutic position is represented in the psychosocial field by psychodynamic traditions and early Mental Health Consultation (Caplan, 1970) is an illustration of a consultation approach with similarities to the hermeneutic position. From the hermeneutic position information from consultees (*input*) is seen as subjective experience rather than objective information. Consultee's evaluations of events are primarily seen as information about the consultees themselves, not as valid information about events.

The primary focus of the consultant is on possible interpretations and evaluations of what lies behind the surface presentation, rather than the content of what consultees actually present. The expected product (*output*) of the consultant is interventions and questions based on a deeper interpretation and understanding of the situation. Consultant's interpretations and full understanding of the situation are rarely conveyed directly to consultees. The intended outcome (*goal*) is to lead the consultees in the direction of the better understanding of the client or approach the problem in a better way. That is, to lead the consultee to changes of perception, conceptualization, and behavior. The consultant is assumed to know how best to understand the client, the task, and the consultees. However, the consultee's integrity and free choice are respected. The consultant-consultee relationship is usually defined as complementary or egalitarian in rights, although consultees are presumed hierarchically

subordinated in competence. The issue of hierarchy is however complex, since consultants are considered superior in interpreting and evaluating the situation, but are supposed to act only as a catalyst or helper in bringing forth this true understanding from the consultees.

Strength and criticism. In our experience a hermeneutic approach is probably more effective in situations that involve hidden or distorted information or relationships. In complex, ill-defined problems, hermeneutic consultation may be welcomed by consultees; if consultant interpretations open up new opportunities for coping with the problem.

Hermeneutic approaches can be criticized for masking power issues, and relying on subtle and manipulative power. Hermeneutic consultants who avoid giving direct advice by returning questions can be criticized for lack of usefulness and respect for the practical needs of consultees. The hermeneutic consultant focus on interpreting the underlying “truth” also poses the danger of ignoring what consultees directly convey or request. Consultees may experience a hermeneutic attitude as talking at cross-purposes, confusing, or disrespectful.

A more subtle issue is that a hermeneutic position has strengths in including focus on theme interference (Caplan, 1995) and other irrational phenomena as potential consultee problems. However, consultants’ equivalent vulnerability to subjective experience, personal attitudes, and interpretive tendencies has not been addressed with the same strength. Interpretations are often kept unspoken and rarely presented directly in hermeneutic approaches, and they are hence not subject to open challenge, exploration or discussion. The influence of irrationality on the consultant’s side may therefore push consultant and consultee further apart in their respective conceptualizations of the situation.

The Reflecting Consultant

The reflecting position in consultation is related to the epistemology of social constructivism (Staver, 1998), assuming that knowledge is an inter-subjective consensus built within and between members of a community or group. Hence local inter-subjective

knowledge and meaning is the only possible basis in problem solving, and generalized knowledge, theory-based understanding, and prescribed solution have an oppressive rather than helpful potential (Mingers, 1997). For illustrative purposes the reflecting position could be associated with early Reflecting Team consultation (Andersen, 1991). The reflecting consultant would argue that a consultant ought to contribute only to the *process* of change, not to its content. Any consultee presentation (*input*) of experiences, thoughts and evaluations is considered to be intrinsically valid, but not the only possible conception of what is told. Conflicting stories from different people are also considered valid since truth is at best an inter-subjective reality, and such conflict can never be solved by trying to decide which is true and which is false.

By interviewing and mirroring back different thoughts and perspectives on the presented experiences, the consultant seeks to stimulate expansion of alternative narratives and understandings for consultees to choose between, or contribute to constructing and negotiating increased inter-subjective consensus between consultees (or between consultee and client). The intended result (*goal*) is change in consultee's conceptualizations of the presented problems without any intention from the consultant to predetermine or influence the direction or content of those changes. The evaluations, opinions and values of the consultant are considered irrelevant and potentially obstructive to effective consultation except for ideas on how to conduct the process. The consultative relationship (*role*) is considered egalitarian and nonhierarchical. The consultant may even be considered as subordinate in shaping content of the results of the consultation, except for her process expertise contributions.

Strength and criticism. The strength of a reflecting position is the genuine respect for any subjective reality, values or choices that may be presented by consultees or described among clients. The danger for overt or covert manipulative or authoritarian power or oppression is reduced because of the emphasis on neutrality not only as a strategy, but as a

basic attitude. The possibility of absolute neutrality based on constructivism is, however, questioned (Minuchin, 1991). Process suggestions, choice of words, choice of themes to dwell on, and choice of alternative descriptions to elaborate are central in reflective consultative behavior. These choices can represent a strong influence on content as well as process, and are hardly arbitrary, although not always clearly motivated choices, and may exert covert power. Avoidance of normative evaluations implicit in reflective consultation is potentially irresponsible in oppressive or harmful situations. Reflective neutrality has been questioned as unethical for not confronting and potentially indirectly tolerating abusive and oppressive behavior or attitudes. Consultees seeking direct advice might feel neglected by reflective consultants who avoid advice or suggestions.

Reflective consultation can also be criticized for neglecting possible useful and helpful expertise on theory and research results that consultants might use actively or share for the benefit of consultees and clients. It may also be considered naive not to “listen behind” and interpret what may be concealed by overt statements and behavior.

CONSIDERATIONS IN CHOOSING AND CHANGING CONSULTANT POSITION

General recommendations for when one consultant position is a better choice than another are not yet well founded, and would be a major ambition to take on since so many factors are relevant: Type of problem, consultant and consultee competence, expectations and personal preferences, relationships, conflict and power issues among consultees, organizational context, multiple roles and relationships etc. We will attempt to do illustrate considerations on flexibility involved in a few example situations. These examples are not intended as standard recommendations for handling similar situations.

Illustration 1: Initial Considerations of Position

A standard aspect of all consultations should be the clarification of mutual expectations between consultant and consultee. In some traditions this might be non-existent

due to theoretical/ideological dictates or because there is a locally established tradition with fixed mutual expectation on goals, output, analytic tools, knowledge base and roles. But accepting and adopting the premise of Situational Consultation that these aspects of consultation are open to flexible changes between and within consultations, some starting point as for consultant position must be chosen. Some consultants might prefer a fixed way to start and explicitly signal possible later flexibility, others may ask for consultee expectation as already when receiving the consultation requests, or start consultations with a standard information gathering phase to acquire a basis for addressing expectations and approach later.

In principle, considerations of which consultation position to chose, initially or during the process, may be kept in the consultant's thoughts only. But a wiser approach in our opinion is to address at least some aspects position openly with consultees, since consultation effectiveness probably relies on combining consultant evaluations with consultee mandate or receptiveness. Such dialogues on expectations are often denoted contract negotiations in the literature (e.g. Low, 2004, Lippitt, 1986). We have chosen to avoid the contract metaphor because it carries less suitable associations to an all-inclusive exchange description and a fixed agreement not easily changed later. However, in Situational Consultation the core is rather a flexible and dynamic adaptation between consultant and consultees continually during the process.

These negotiations will usually focus mostly on consultation output expectations, consultation goals or consultant-consultee roles, not directly on consultant position or theoretical orientation. Consultees may focus on what they want and expect: Advice on what to do, help to understand the case, assistance with conflicts, evaluations, or assistance in interventions towards the presented problem. In our experience it is usually sufficiently to present a rather general clarification to the presented expectations, give a preliminary sketch

of how to start or conduct the consultation process, describe some possibilities and limitations in the subsequent process, and explicitly state that there is room for flexibility on the way.

Some considerations will be typically secluded to consultants' thoughts during the consultation and may result in initiating a change of position or the insertion of a supplementary element into the process: "What competence do consultees and consultant appear to have in relation to the presented problem?" "How do consultees respond to the initial approach?" "Does any of the information presented or behavior exposed by the consultees require a shift in approach?" "Does the consultees seem to reveal what is important here?", "Are there conflicts between consultees or towards someone outside?"

What is central to Situational Consultation is that consultant position is not determined a priori by a prescribed model, theory or consultant decision, but is a process element influenced by both consultants and consultees. The subject may be discussed directly with consultees, and discussions between consultants in a team on how to conduct the consultation may even be done with consultees as audience. However, consultants have more competence on the ethics and effectiveness of consultation methods and must therefore carry more responsibility for choice of position and method initially as well during the process.

Illustration 2: Strong expectations and demands for advice

Consultees sometimes launch strong expectations and even demand to be given advice to consider a consultation worthwhile. In an advisory consultant tradition this would be welcomed as appropriate receptiveness. A traditional hermeneutic consultation response could be to explore cautiously emotional and relational reasons for such strong demands. A reflective consultant may reject the consultees' demands by portraying himself as a non-expert who is unable to give such answers.

From a Situational Consultation perspective such demands may initially be met as a negotiable question of mutual expectations. After exploring and discussing these expectations

shortly, an initial way to approach the case at hand could be suggested. This Situational Consultation strategy implies neither rushing into accepting, rejecting or interpreting the demands, but meeting them as a presumed active constructive initiative. This is possible since SC holds such aspects of consultation open for flexibility and change.

However, whatever the reasons for wanting advice, a wise and safe way to proceed will be to propose a joint exploration of the presented problem and its context before returning to what consultants may be able to offer needs exploration. This may be seen as cautious hermeneutic attitude regarding the possible agendas and attitudes hidden behind the demand: Conflict, negative expectations, passive aggressiveness, power struggle, avoidance of responsibility, attempts to oversimplify a complex case or some other complicating factor.

Conflict and other potentially destructive agendas usually require a different approach than straightforward advice. If such complications are revealed, they may require the primary attention of the consultation. If no such complications emerge, the resulting approach might simply be to meet the demand for specific answers and advice. The positive and negative potentials in advisory consultation (as outlined earlier) may be openly discussed as part of the further process. When consultation advice is eventually given, our preference is to present several alternative answers focusing underlying premises and potential limitations. The reason for preferring such elaborate answers is our emphasize on competence transfer and introducing elements than may aids the consultees' own evaluation and decision-making rather than decide for them or try to point to some indisputable golden answer to the problem.

Since Situational Consultation does not have any prescribed attitude to demands for advice, an open but cautious approach is possible. A desire for advice and answers can be respected and met to the degree that the consultant considers this advisable, but preferably in a way that also leaves the consultees better able to handle later similar situations.

Illustration 3: Dominating confusion

Consultees sometimes present a shared, over-riding sense of confusion, often combined with a pressure to act to alleviate a crisis. A possible expert response (advisory position) would be to intervene in the situation by taking leadership with concrete instructions; sort out the situation without “wasting time” on explanations, educating consultees, or expecting them to draw conclusions or make decisions themselves. A pure hermeneutic approach would be to explore the interpersonal and emotional aspects of the confusion and crisis, anticipating hidden conflicts or disabling emotional reaction among consultees to target those rather than the presented problem. Premature expert action to reduce the crisis without evaluating the situation could at best solve the presented problem, but also exacerbate confusion or produce dysfunctional results. However, dwelling on emotional states and interaction without preparing action might increase tolerance for the pressure without reducing it or solving the problem at hand.

An alternative approach based on Situational Consultation principles could be to start by directly addressing the confusion by exploring its facts and prior evaluations broadly, building a multi-faceted but not necessary coherent picture of the situation. Situations with confusion and irresolution are often short of alternative interpretations and alternative interventions and has got stuck in one way of thinking. A necessary element could also be explicitly emphasizing the necessity to use extra time, despite the temptation to reduce stress and frustration as soon as possible, if necessary supplemented with a reassuring explicit promise to give advice eventually, to reduce the pressure further.

We would consider this as taking a reflecting position, since both interpretations and conclusions should be actively avoided at first. The focus is rather to stimulate consultees to participate in gathering even more information, consultants actively contributing to a broadening of the scope as well as clarifying, integrating, systematizing, visualizing and reformulating the information into different possible scenarios in a joint process.

Referring to this as a reflective position might be confusing to some readers since the role is very active and directive. The constructionist cornerstone in this approach is the emphasis on openness to several parallel conceptualizations of the situation, in contrast to the implicit or explicit consultee urge to be given one normative evaluation. Besides evaluations and decisions may hopefully appear clear to consultees once the broadening assessment process has been carried through. If not, Situational Consultation allows a shift to an advisory position, fulfilling the earlier promise if the need is still there.

Sometimes such a reflective approach will highlight emotional reactions or conflict between professionals blocking them from addressing the confusion adequately. That might require a temporary shift to a hermeneutic approach and strategies reduce conflict and emotionality before returning to exploration and broadening of the problem picture. Whether emotionality and conflict have created the confusion, or conflict has resulted from it is irrelevant. Besides; creating a fundament for united collaboration can be just as favorable for reducing emotionality and conflict as a strategy that focus them directly.

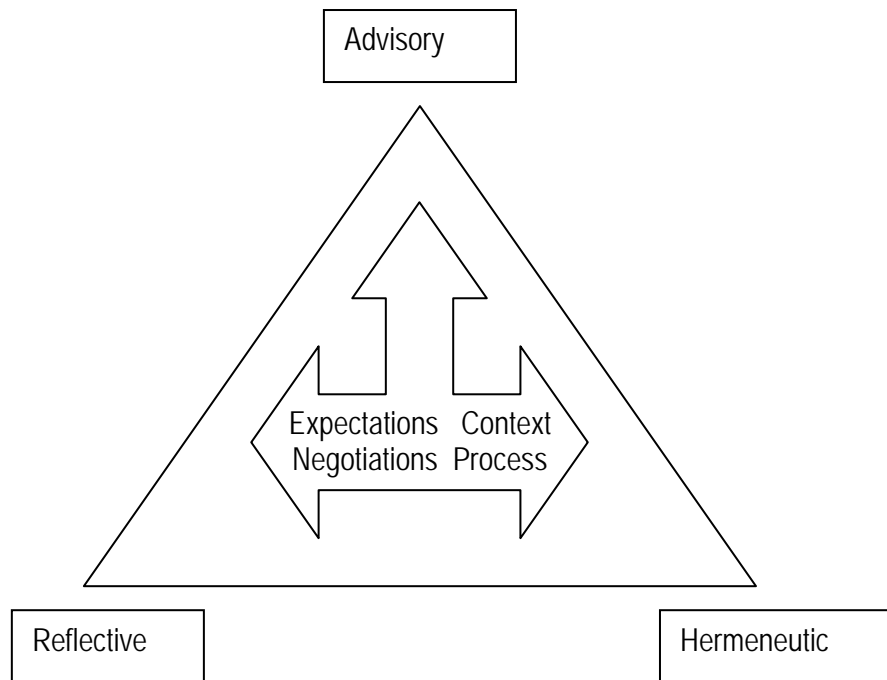


Figure 1. Ideal-type consultant position; alternatives in Situational Consultation

ILLUSTRATING ADAPTATION TO PROCESS AND PHASES

Situational Consultation opens for changes of consultant position during the stages of a consultation session. Changes during the process should not be based on fixed schemas, but on an ongoing evaluation of situational demands, including what consultees prefer as well as consultant initiatives. Adaptation to process and stage Situational Consultation can result in maintaining a single position throughout the process as well as changing positions several times. A choice may be abandoned because it seems unsuccessful, or the intended outcome has been achieved and there is time for another approach from another position.

A sketched consultation case, the case of Betty, is used in this section to illustrate position changes between stages and exemplify the “Children in Crisis” practice including group-to-group consultation. We do not intend to present this example of handling a case or the stages as outstanding or recommendable standards. They are illustrations of how changes

in consultant position can be used in flexibility tailored to situational factors. This example will only include some ways of conducting consultation although several positions were utilized.

The process in this case was structured in stages close to stage descriptions by other authors (Brown et al., 2001, Lippitt, 1986). The core issue here is not these stages, but the changes in consultant position during the stages. The case does not include a concluding stage because the “Children in Crisis” strategy implied not to participate in any subsequent concluding decision-making among consultees. However, this is not a normative principle of Situational Consultation. At some point of the case example we will sketch how other circumstances might have resulted in selection of a different consultant positions.

Phase 1: A Reflective Approach

Betty was ten-year old girl called Betty and her family – her mother and a two-year old brother. The consultation had been requested by the local Child Protection Agency, and also involved her school, school psychologist, and the community nurse. The local agencies felt paralyzed after pulling in different directions, but agreed to ask for group consultation at the County Hall. The “Children in Crisis” consultation routinely started by clarifying expectations, presenting the fixed terms of the service and sketching a preliminary way to proceed.

In this case, the disagreements between agencies had been presented as a core problem, and it turned out that their expectations towards the consultation differed too. One consultee wanted support for her demand for action; another wanted assistance in decision making; one looked forward to an interesting discussion; and another was skeptical about the idea that consultants could contribute to the evaluation of a family they did not know. The consultant team first, reflected back the metaphor of “sitting in the same boat – also carrying the family” despite their differences – reflecting the fact that neither one of the consultees

could alone push the case effectively in the direction they preferred and none if they could escape it.

What the consultants initially offered was to assist them in clarifying their disagreements and search for some elements of understanding or approach that the consultees could agree upon (a reflective position). The limitations that operate for consultants in evaluating and recommending decisions based on “second-hand” information were recognized as important, and the consultees’ independence and responsibility in making their own evaluations and decisions were underlined. This initial sketch was accepted by all consultees|.

Phase 2: Narrative Information Gathering

The reflective position was carried forward in a narrative version of the information gathering phase: All consultees were interviewed in turn in order to gather facts, viewpoints, and experiences concerning the presented case, background, broader networks, and relationships. In this case the consultants employed a specific role division, where one took the task of conducting the process (*conducting* - a reflective position), including interviewing consultees, while the second consultant took the task of observing and pointing out neglected aspects on the way (*observer* – a hermeneutic position), and the third consultant would focus facts and systematize information on a large white-board (*fact focused* – an advisory position), employing structuring methods such as a genogram, time lines, and separation by arena, theme, or issue, similar to techniques described by Gutkin & Curtis (1990).

The interviewing focused on narratives, giving room for and exploring different subjective experiences and constructions of the presented problem. Content was not evaluated or interpreted, but only subjected to some clarification, reflection, or supportive comments. The consultants explicitly suggested that conflicting information from consultees probably would be complementary and reflect important differences in their experience, their available

arenas, information and viewpoints, rather than being irreconcilable. A central strategy was implicitly and explicitly to value and acknowledge all stories as equally valid aspects of the case. Attempts at interruptions, objections or discussion were diverted (stopped and referred to a later stage) to avoid elaborating antagonism. Each story should be allowed to unfold undisturbed. The main purpose of narrative information gathering was to build the consultation atmosphere and exchange in depth the diverse stories in such a way as to reduce dominance and conflict between consultees, and broadening the perspective on the case.

The Case

The teacher Theresa is upset because the Child Protection has not intervened in Betty's family to remove her to custodial care. She smells of urine and refuses to undress for gym classes. The principal however thinks Betty is a nice girl, who takes care of smaller children. Child Protection has supported Betty's mother in many ways for years and find her flourishing and coping much better after her postnatal depression two years ago. They are worried because Betty's Uncle Tom is accused of mild sexual abuse of a neighbor girl aged 6. The police are investigating the case, but there is no information on their progress. The girl's family has been involved in many conflicts, also involving the police. The school psychologist is concerned about Betty's reading difficulties and possible ADHD. Betty's mother was very similar when she was a school girl 15 years ago. The community nurse has a positive relationship with Betty's mother and describes with enthusiasm how Betty's younger brother is clinging to his mother.

Phase 3: Re-interpreting and Reformulating Stories

In the third phase of the "Children in Crisis" consultation about Betty, the conducting consultant position shifted to a hermeneutic position, actively interpreting and reformulating the presented stories. This was done in dialogue with the consultees rather than as a one-way speech, and by invited the "fact focused" and the "observer" consultant about their ideas on

missing aspects, alternative ways to understand and interpret observations or other specific contributions, before continuing to discuss each input with the consultees:

The “fact focused” consultant was brought in with short reviews of attachment behavior, possible consequences of parental depression and the non-specificity of most indicators of sexual abuse, while the “observing consultant” challenged what she called the “negative myth about neglecting parents” and urged sobriety against stretching selective information in interpretations, and challenged implicit interpretations of her little brothers clinging behavior, Betty’s caring nature and her reluctance to undress.

The discussion was actively led and shaped by the conducting consultant in order to produce more than one possible explanation or understanding of the situation at hand, as distinct from promoting one specific interpretation or trying to build one coherent picture of the case. All facts, observations, and experiences were still considered valid. However, interpretations were actively experimented with in dialogue through naïve questions, reflecting creative ideas, suggested interpretations and hypothetical guesses. Questions and hypotheses were considered openly without any conclusions. The aim of this phase was to add new ideas and interpretations to the initially fixed and partly conflicting perspectives, and to develop a broader and more nuanced story with potential to expand and challenge established evaluations, or embrace seemingly contradictory information.

Phase 4: Integrating Scenarios and Hypothesis

In the final phase of the consultation about Betty the conflict tendencies among consultees were markedly reduced, so the “Children in Crisis” team launched a suggested evaluation that integrated the presented information. However, on some points, different alternatives were held open. However this was done in the way that the “conducting” consultant returned to a reflective position, but invited the two other consultants to present

their alternative interpretations (a hermeneutic position) as well as direct evaluations expert opinions, and facts on statistics, and legal matters etc. (advisory position).

Despite her good intentions and attempts, Betty's mother probably had great difficulties in meeting her children's needs due to her own capacity and problems, leaving her children neglected and insecure. Her neglect would require major compensatory interventions to support the children and assist their mother in caring for them. Caution was urged towards whether Betty might have been sexually abused or only may be at risk of future abuse. Betty's behavior, her relationship with her uncle, as well as the abuse accusations against him were discussed relative to different scenarios.

Comments to the case

In this example case the result ended with a broader consensus among consultees than usually, relative to a difficult starting point involving conflicting opinions. If the somewhat challenging hermeneutic approach had evoked more defensiveness or resistance, the consultants might have selected a more wary reflective approach in the third stage of Betty's case, expanding stories in underdeveloped directions rather than challenging and interpreting them. The richness of stories in the narrative phase and the consensus-developing re-interpretive phase determined how elaborate or conservative and conditional the scenarios could be in order to not evoke resistance. In another context than "Children in Crisis", a Situational Consultation approach could have included a heavier advisory phase if the process demanded or mandated it: Direct evaluation, teaching, offering specific intervention assistance, strategic discussion of coordinated action between agencies etc. A final integrative phase may also sometimes only sketch two or more equally plausible scenarios, or only point to important open questions for the consultees to explore further.

DISCUSSION

The “Children in Crisis” context where Situational Consultation was developed might represent a somewhat special example of consultation practice that may have influenced SC considerably. The aspect of employing a consultant’s team and serving a consultee group imply some potentials and complications that might be less relevant for traditional one-to-one consultation. The practice was also special in that consultants held double positions in the local system of institutions and that the project intended the consultation assignments to be relatively short and excluded active involvement. Situational Consultation has been developed in the psychosocial field, focusing on child abuse and neglect, and mental health. This experience base may have rendered the framework less well developed for other fields such as technology and organizational consultation.

During the experimentation and development, the team was inspired but debates within family therapy criticizing neutrality and social constructivism, literature on management and organizations, and by clinical attempts to increase client empowerment in combination with acknowledgement of the value of theory and research based knowledge. Although the “Children in Crisis” practice was rather close to modern Consultee-Centered Consultation (Lambert, 2004) in many aspects, the general perspective of Situational Consultation overarches variants of consultation practice including Consultee Centered Consultation, Problem Solving Consultation, and Organizational Consultation and others. Situational Consultation was developed in consultations related to psychiatry, schools and child protection; however we consider the ideas of SC equally relevant for other fields of consultation.

Attempts at integrating consultation models in practice may become confusing and inconsistent if based only on intuitive experimentation and if important model characteristics are ignored, a warning also found in Caplan (2004). Situational Consultation makes rather high demands on consultants’ competence and will probably not improve practice quality

unless the consultant is skilled in evaluating situations and processes and can master several different consultation models in practice. There is ample reason to urge inexperienced consultants to resist an omnipotent temptation to try Situational Consultation methodology at the risk of embarking on confusing trial and error shifts of little help to consultees. The flexibility of Situational Consultation rather offers a framework for increasing flexibility while developing consultation competence from beginner to experienced, as also other have suggested (Dreyfus & Dreyfus, 1986).

Training in consultation may better start within one consultation model, with some modesty in accepting assignments, and later expand the repertoire step by step. In stable contexts with relatively little variability in problems, requests, and expectations, single consultation models may function rather well, and Situational Consultation may be redundant as long as there are few complicating factors within and between persons and organizations. Flexibility is not imperative when not necessary. Experience in consultant group and consultee group consultation may be especially valuable in developing consultant position flexibility, but also require skills in team-work and practical approaches to groups and systems.

Situational Consultation is a framework for guiding choices and changes of consultant position based on analysis of the challenges at hand, rather than based on global intuition or ideological prescription. We believe that conceptualizations of consultant positions can offer a tool for analyzing; discussing and guiding practice towards more analytically based flexibility rather than chance experimentation. Situational Consultation is not intended to replace existing consultation models but is in opposition to mono-theoretical practice and theoretical orthodoxy while upholding the contrasts between earlier models as valuable supplementary tools of analysis, understanding and intervention.

Theory has a potential for guiding and improving practice provided that the available theory is elaborated enough to cover the applied challenges (Brack et al., 1996). However, we believe that expansions and adjustment to one of the existing consultation theories cannot meet the entire span of consultation challenges. Consultation practice embraces a broad span of consultative needs such as serving the insecure inexperienced professional; increasing effectiveness of public services, facing heated conflict in organizations; assisting alleviation of serious social problems in the community; or supporting competent organizations engaging in complex ventures. The potential array of situations and complexity are unlikely to be approached adequately with a small number of tools of analysis and consultant repertoires limited by theoretical orthodoxy.

Experienced consultants may favor one theory of consultation, but their practice is often adapted, expanded, and varied far beyond their theoretical inspiration. It is time to adjust the theoretical maps to the terrain, rather than leaving situational variations to trial and error in areas where the maps of theory are blank or too crude to aid practice. We urge a further exchange of ideas on how theoretical models can be best developed to aid analysis of adaptation in consultation to situation, context and process - taking into account the real diversity in consultation challenges and needs.

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