Social Work Consultation to Child and Family Services Workers

By

Claudette R.T. Dorge

A Practicum Report
Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements for the Degree of

Masters of Social Work

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba

THE UNIVERSITY OF MANITOBA

FACULTY OF GRADUATE STUDIES

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Dedication

To my papa, Joseph Alphée Dorge (1921-1994) who always encouraged my educational pursuits and my choice of career, even though he hoped that I would become a teacher, rather than a social worker. To my mother, Anne Dorge and to my son, Daniel Leveque, I appreciate your constant love and your understanding and support during the many years of academic studies and that required for completion of this practicum.

Acknowledgements

There are many people to thank and to acknowledge for their support and guidance during my years of effort to achieve my Masters Degree in Social Work.

First of all, many thanks to my son, Daniel Leveque for his understanding and patience through a long process. A special appreciation to my mother, Anne Dorge, who as always, provided emotional support, prayers and demonstrated a belief in my ability to accomplish my goals. My family members understood the time this project took and were always caring, supportive emotionally and in many practical ways. Thanks to my sister, Claire, her husband Emile, children Robert and Marc and to my brothers, Robert, Gerry, his wife Raymonde and their children, Lisa, and Stéphane and fiancée, Aileen. Thanks to Dennis Coulter for understanding my need to be focused, for so many years, on this project. I have been grateful for the kindness and caring demonstrated by my supportive friends and work acquaintances.

The Child Protection Centre was very supportive of this project and I want to express my thanks to many special individuals in that setting. Thanks to the belated and beloved Margot Buck, former associate director, and to Dr. Charles Ferguson, director, and Dr. Debbie Lindsay, associate director. Thank-you to Pat Zacharias, social work manager of Child Protection Centrr. During my practicum, your words of encouragement and supervision for my assessments were always so helpful. Thanks for the encouragement from my colleagues, Sharon Wazney-Prendergast, Neta Friesen, Claire Milgrom and Donna Pierce. Thank you also to the Child Protection Centre's former nurse clinician, Leslie Galloway and to the present nurse clinicians, Lezley Baizley and Kathy Morrison. A very special thanks to Gail Mucha, administrative manager, who was always

so ready to help me in so many ways. Thanks to Debbie Lane, administrative support and to Mike Labella, former administative support person who typed the initial draft of the practicum report.

I have a special appreciation for to the Child and Family Services workers and their clients who consented to take part in my practicum. I continue to respect and admire the commitment of the Child and Family Services workers who provide service in a demanding and complex field of practice.

I am appreciative of the support provided, by Winnipeg Child and Family Services, during the last phase of the writing of the report. I'm grateful to Linda Burnside, assistant program manager and Darlene MacDonald, program manager, Services to Children and Families. Thank-you to my dedicated workers and administrative support staff of South Rural Unit of Winnipeg Child and Family Services.

Finally, I want to thank my committee members. I really appreciated the support from committee member, Dr. Linda Rhodes, clinical psychologist, Manitoba Adolescent Treatment Center, Community Child and Adolescent Treatment Services, who remained on the committee and committed to my project, after leaving the Child Protection Centre. Thanks also to Professor Paul McGeachie associate professor, Faculty of Social Work for the suggestions provided. Thanks, especially to Professor Sid Frankel, associate professor, Faculty of Social Work, chairperson of the practicum committee. I appreciated your dedication and knowledge as my advisor during every stage of this project, especially during the actual practicum. Thanks Sid, for challenging my learning, investing so much time in my professional development and for the considerable guidance regarding the written report.

ABSTRACT

This practicum focused on development of skill and knowledge related to adding a consultative element to assessment of parental functioning. The consultees were eight social workers in Child and Family Services agencies, both in the city of Winnipeg and in rural Manitoba. The consultation was provided to workers with a range of experience and education. The consultation stages included preparation, a contracting stage, data collection, assessment, and formulation of conclusions and recommendations.

The practicum developed an eclectic model of consultation, utilizing concepts from various models. Client, consultee, program and administrative-centered consultation were utilized (Caplan, 1970). Elements from the expertise, the doctor/patient and process models (Schein, 1978) were integrated into the practicum. It also included a triadic relationship and a collaborative approach (Goodstein, 1978; Hollister and Miller, 1877; Kurpius, 1978; Rapoport, 1971 and Shulman, 1987). The Schein (1978) emphasis on a balanced delivery of content and process was experienced as difficult to operationalize.

The evaluation occurred through interviewing the consultees at the termination of the process and through a reflective journal kept by the student.

The main conclusion was that contextual factors are significant and that the "in the moment" focus of the child welfare worker may not be compatible with a pure consultation model. The worker's focus on problem resolution fits the client-centered model (Caplan, 1970); but there may not be as much comfort with the reflective component involved in the consultee-centered consultation.

The main learning was related to integration of theory into practice skills and understanding and meeting the challenges presented by the complexity of consultation. These challenges included simultaneously attending to content and process while actively focusing on the consultee's needs and providing advice for problem resolution.

The literature was helpful for understanding the theoretical underpinnings and the various consultation models. The literature, however, lacked in guidance regarding how to implement the stages, interventions and process, essential elements to a quality service.

The essential elements, theoretical underpinnings, and the content and process factors are familiar to the social worker. Social work basic counseling skills are transferable to consultation, as is the eco-structural model of practice. The early consultation models had a clinical focus (Caplan, 1970; Schein, 1978) but this is inconsistent with social work practice. The social work approach understands consultation as an interpersonal process with recognition of the importance of the contextual aspect for both the individuals and the systems within which they interact (Gallessich, 1982; Kadushin, 1977). As well, Gallessich's (1982) orientation, consistent with that of social work, refutes the more passive role for the consultee, as suggested in some of the clinical approaches, and includes the consultee's ability to contribute much to the resolution of the dilemma as it ismutually defined.

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Chapter I

Introduction

This practicum was based upon an amalgam of these various definitions of consultation. For the purposes of the practicum, consultation was thought of as an interactive process assisting the consultee, sometimes with contact with the client to seek an orderly, mutual problem solving process. The objective was to assist the Child and Family Services workers to resolve a case dilemma and to consider practice-related material to assist in the present and potentially future case resolutions. The process was interactional, including a structure based upon a contract and utilizing sequential steps. Establishing and maintaining an interpersonal working relationship was of central importance. An evaluation of the process was conducted. The consultant shared her expertise and offered direction but the consultee ultimately had responsibility for the case.

Learning Goals

The following are the knowledge and skills that I hoped to develop in the practicum:

a) Through literature review and integrating it with actual practice, to become more aware of the theory regarding consultation.

b) To learn theoretically and experientially the process, intervention skills and roles involved in the actual delivery of consultation.

c) To develop a personal framework for practice, resulting from a combination of various models of consultation. The goal was to develop a framework which would fit the needs of the consultees, child welfare workers, and of the consultation setting, the Child Protection Centre.

Chapter II

Introduction

The literature review will include two sections; the initial section is focused on consultation and the next on assessment models.

Consultation

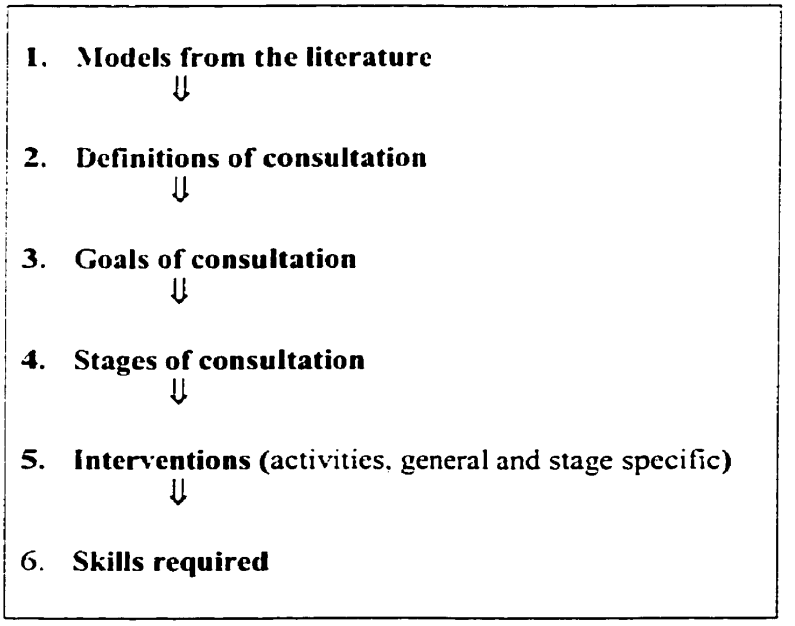
This chapter presents an overview of the literature on consultation including the various models, definitions, goals, strategies for intervention, and skills linked to the process. In addition, the reader will find a section on the literature about the social worker as consultant. Also included is a review of the literature on evaluation, self-analysis and ethics, topics related to the quality of consultation practice.

There is an extensive body of literature on consultation, related to the field of mental health, with the service generally provided by psychiatrists or psychologists (Caplan, 1963,1970; Bloom, 1973; Gallessich, 1982: Kurpius, 1978; Rappaport 1977, and Schein, 1969, 1978). Relevant readings were also found relating to the social worker as consultant (Cogswell and Miles, 1984; Goldmeir and Mannino, 1986; Kadusin, 1977; Rieman, 1992; Rapoport, 1963; Rosenberg and Nitzberg, 1980; and Shulman, 1987, 1995).

The framework for the practicum activity can be conceptualized as in Figure 1, Elements of a Consultation Practice Framework. The operational framework begins with a review of the various models of consultation that range from a clinical therapeutic

orientation to one emphasizing problem-solving components. The focus of the consultation process might be a case, the consultee, or a program or administrative issue. The definition of the consultation expresses the essential characteristics of its objectives, and at times includes either a content and/or a process focus. The goals of the various models have a central theme, to introduce some change in the consultee system. Beyond this, the objectives of consultation are generally a focus on one or both of the following: resolution of the consultee's specific problem and/or enhancing the consultee's professional development. Once the goals of the consultation are decided, the consultant moves through sequential stages that define the process. Within each stage and throughout the process of consultation, the intervention is the activity undertaken by the consultant to influence the consultee. The consultant's skills required to assist the consultee underlie the intervention component of the models.

Figure 1 Elements of a Consultation Practice



Models

This section reviews various models of consultation. Although they include many similarities, they are based upon concepts that involve different dimensions. Caplan (1970) presents a schema based upon variations in focus on two dichotomies: client-centered versus consulte-centered and client versus program or administrative consultation. The consultant must be a substantive expert, and the consultee is under no obligation to accept consultation recommendations. Shulman (1987); Rapoport (1971); Hollister and Miller, (1977); Goodstein (1978); Kurpius (1978); Kurpius and Robinson (1978); and Gallessich (1983) believe that a relationship is at the core of the consultation process. They also suggest that an effective consultant should be knowledgeable in both the substantive area of the consultation and skillful in its process.

Gallessich (1982) conceptualizes a dichotomy between the consultant as technical advisor and social healer, and also focuses on provision of social and emotional support, especially in dealing with interference from emotionally laden themes. Schein (1978, 1989) distinguishes between two content models (expertise, doctor-patient) and a process model, and suggests the possibility of combining them at different stages of the intervention. Goodstein (1978) focuses upon a collaborative approach, and Hollister and Miller (1977) conceptualize consultation as including three processes (relationship building, psychological contract, and definition of the dilemma, including a resource assessment).

Kurpius and Robinson (1978) identify different types of consultation: provision (of direct service by the consultant), prescriptive (diagnosis and specification of intervention by the consultant), collaborative (between consultant and consultee) and mediation (presentation of plan to those directly involved). Blake and Mouton (1978) outline five basic interventions based upon their empirical research: acceptant, catalyst, confrontation, prescriptive, and theories and principles. This section ends with a discussion of variations in the models.

Caplan

Caplan (1970:32-34) identifies four foci for consultation: client-centered, consultee-centered, program-centered administrative and consultee-centred administrative. Client-centered consultation focuses on the consultee's problem in dealing with the case. It is based upon an expert assessment of the nature of the client's problem, with recommendations as to how the consultee should deal with the case. The goal is to communicate to the consultee how the client can be helped (Caplan, 1970:31).

Consultee-centered consultation focuses on the consultee's difficulty in resolving the case dilemma due to lack of knowledge, skill, self-confidence or professional objectivity. The aim is to educate the consultee using the problem and the current client as a learning opportunity (Caplan, 1970:31). Program-centered administrative consultation focuses on the study of the planning and administration of the organization, and on how to develop change with new proposals. The objective is to design an effective course of action in planning the program (Caplan, 1970:31). Program-centered

consultation has been described by Rieman (1992:11-12) as dealing with problems in designing institutional policies related to the organization in question.

Consultee-centered administrative consultation focuses on enabling the consultee (either individual or group) to develop an effective plan to meet the mission of the organization (Caplan, 1970:32). Rieman (1992:11-12) describes consultee-centered administrative consultation as focused on helping the administration or staff group to manage difficulties in the planning and implementation of programs.

Caplan (1970:28-29) also defines characteristics of mental health consultation, which are basically suitable for a social worker practising as a consultant. The concepts in this model are:

1. The consultant must have expert knowledge in the area in which the consultation focuses.
2. The consultant has no administrative or professional responsibility for the consultee's work or for the outcome of the client case. Caplan, (1970) does suggest a secondary professional ethical obligation to protect the client. Specifically, if the consultee's plans or actions are potentially or actually dangerous, the consultant should take measures to avoid harm to the client (Caplan, 1970:28-29). Kurpius and Fuqua (1993) also refer to the shared ethical responsibility that a consultant has regarding the effects, on the client system, of the intervention resulting from a consultation.
3. The consultee is under no compulsion to accept the consultant's ideas or suggestions. In reference to situations in which a client is in danger and the consultee has not acted according to advice, Caplan (1970:29) states that the consultant can act to protect the

client. The need to ensure the safety of the client seems to supersede the consultant's objective of maintaining an equal relationship without coercive power. Caplan (1970) also presents that a consultant should use her/his skills to assist the consultee to understand the reasons for the consultant's concern about the inadvisability of the consultee's plan for the client. It seems clear that a consultant's efforts should focus on educating and persuading the consultee before this issue moves beyond the consultee-consultant relationship.

4. The basic relationship between the consultant and consultee is equal and there is no hierarchical tension.
5. The consultation is brief, and not fostered by continuing contact.

While Caplan (1970) suggests that the consultant's profession usually is different from that of the consultee, he does not articulate the rationale for this stance. He (Caplan, 1970) also discusses emotionally laden material from the consultee, using the term "theme interference". Caplan (1970) suggests that the consultant should not provide therapy to the consultee, but rather should subtly deal with sensitive emotional blocks, through the method of displacement, without entering into a therapeutic relationship. The consultee's anxiety and frustration about a client are dealt with by assisting the consultee to uncover and process the issues impinging on objective understanding and interaction with the client.

Schein

Schein (1978:338-343) describes three models of consultation:

1. the expertise model, focusing on the purchase of specific information or expertise;

2. the doctor/patient model, providing a diagnosis with various remedies;
3. the process model, referring to how the problem is defined, worked on and resolved.

In the Schein (1978) expertise model, the onus is on the consultee to present accurate data to the consultant. There is no expectation, beyond professional norms, for the consultant to determine if the consultee's perception of the situation is correct. For a successful resolution, Schein (1978:340) suggests that the consultee must have an accurate diagnosis of the problem, must identify correctly the consultant's capacities to resolve the issues and must precisely communicate the problem to the consultant. The responsibility to have considered and accepted the potential consequences of the recommendations from the consultation is attributed to the consultee. The consultee decides what, if anything, he or she will do with the information or recommendations offered by the consultant. Part of the risk that the consultee takes in the expertise model of consultation (Schein, 1978) is the abdication of some degree of control to the consultant.

If the diagnosis of the situation is problematic, Schein (1978:341) suggests the doctor/patient model. In this model, the consultee is quite unsure of what the problem is and how to resolve the situation. The consultee is described as dependent on the consultant until a prescription or resolution is offered. This model assumes that the consultee has correctly interpreted the symptoms, "the sick area", and that he or she will reveal the correct information needed to arrive at a diagnosis. While the consultee trusts the diagnostic effort of the consultant, beyond professional norms, the latter does not have

an obligation to determine the consultee's level of understanding of the diagnosis and the consequences of the recommendations.

Schein (1978:341) identifies potential sources of distortion in the doctor/patient model. The consultee may have increased difficulty in offering the facts of the case, perhaps due to dependence on the consultant. In addition, resentment by the consultee can lead to withholding data. In this model the consultee is expected to have thought through the consequences, and to be willing to accept and implement the recommendations. Another assumption within the doctor/patient model (Schein 1978:341) is that the client will benefit, (i.e., remain healthy) after this process. The Schein (1978:341) doctor/patient model, however, involves no inherent reassurance that the consultee will increase her or his problem-solving skills, as within this process there is a significant level of dependence by the consultee on the consultant.

Schein's (1978:78-79) third model, the process model involves two modes: catalyst and facilitator. In the catalyst mode, the consultant focuses his or her skills on helping the consultee to find the appropriate solution to the case issues. When using the facilitator mode, the consultant may have solutions to suggest for the case dilemma. However, for a better resolution and implementation, he or she helps the consultee gain the knowledge and skill necessary to solve his or her own problem.

Schein's (1978) process model is described as systemic, accepting the values of the organization as a whole and attempting to work with the consultee toward a joint resolution fitting the consultee's organization (cited in Rockwood, 1993:636). The

difference between the expert and the process models relates to the focus. The expert models (the expertise and the doctor-patient) focus on the content, the task(s) to be performed or the problem to be solved. The process model focuses on how the consultee can be assisted and guided to find the resolution to the problem.

In the Schein (1978:341-342) process model, the consultee is involved in generating the solution of the problem. This places emphasis on the interactive process between the consultee and the consultant, including a shift from the content of the consultation, to the process by which problems are resolved. The consultee and consultant together determine the problems, why they exist and how to resolve the issues. Having the consultee drawing on his or her past life experience and using creative problem-solving skills complements the more content oriented Caplan (1970) model of consultation. The latter emphasises the consultant having all of the knowledge and problem solving skills.

The assumptions underlying the process model (Schein, 1978:342) are that the consultee needs help, and would benefit from participation in the process of the diagnosis. The problems are seen as non-technical, may involve more than one individual, may have group or organizational components, and include values, attitudes, assumptions, and the consultee's feelings. Another assumption within the process model is that an outsider cannot easily extract the information related to the problem. The consultee is expected to improve his or her ability to gather data, as well as to interpret, diagnose and draw conclusions for the future. In the process model, the consultant's skill is knowing what questions to ask, how to stimulate alternate ways of thinking about a problem, how to separate feelings from facts, and when to have others think for themselves (Schein,

1978:342). The consultant should not allow the consultee to become dependent as the latter is seen as having a constructive intent and some problem-solving ability (Schein, 1978:342). However, Schein (1978) does not provide sufficient detail about the actual behaviours that are involved in implementing these strategies.

As stated earlier, Schein's (1978) models of consultation differentiate the content from the process focus, and his description presented these models as exclusive. In a later explanation, Schein (1989, cited in Rockwood, 1993:638) suggests that the stages of consultation are interactive and that the use of a content and/or a process focus should not be an either/or decision. The process and content focus can both be part of the consultation, perhaps used to different degrees or at different stages. Schein (1989) advises that the consultation should begin with the process model to encourage the consultant to understand the consultee's organizational culture. For Schein (1989), effective consultation means that the consultant can shift easily between the content and process models (cited in Rockwood, 1993:638).

Blake and Mouton

Consultation is described from a three dimensional perspective by Blake and Mouton (1978). In the first dimension, the focal issue is similar to the content or subject matter in other models. The second dimension is the area to be changed: the goals/objectives, the norms/standards, the morale/cohesion, and the power/authority issues. The consultant works on these with individuals, groups or organizations. The third dimension is the interventions that are possible for the consultant. Each of the three dimensions is related to the others.

Kurpius

Kurpius and Robinson (1978:321) suggest that consultation is defined by the actual process ("what the consultant actually does"), and that the role of consultation is delineated by the model that the consultant follows. The theory used in consultation (Kurpius and Robinson, 1978:322) is guided by how the consultant feels that he or she can most effectively and efficiently influence change in the client's system. Kurpius (1978) delineates different types of consultation, including (a) provision, (b) prescription, (c) collaboration, and (d) mediation.

In the provision model (Kurpius, 1978), after the referral is accepted, the consultant is required to provide direct service to the client with little intervention by the consultee. Beyond the point of referral, this model does not involve enough inclusion of the consultee, potentially undermining a consultee's acceptance of the analysis and recommendations regarding the presented case dilemma. This factor might hinder the consultee's learning from the consultation process. In addition, this model might not include an assessment of the case dynamics by the consultant. This factor might impede determination of the diagnosis, prognosis and treatment critical to resolving the case dilemmas.

Kurpius and Brubacker (1978:336) describe the prescriptive model, as similar to Schein's (1978) doctor/patient model, in which the consultant gathers information, diagnoses the problem and then recommends to the consultee how the problem should be solved. In the prescriptive model, the consultee may lack confidence in his or her knowledge level regarding a specific problem or may lack certain skills regarding an

intervention strategy. The consultant's role is to review and, if finding it suitable, to support the consultee's diagnosis and treatment plan or to explore alternatives for defining and solving the problem. The consultant is seen as a competent expert in both the content and process areas.

The prescription format (Kurpius, 1978) has some elements that fit the model for the student's practicum; but there are also some unsettling limitations, especially in that this model is based on a purchase of specific expertise. While the consultant at the Child Protection Centre is expected and does have expertise, the consultee is not always aware of what expertise he or she requires and how this expertise may be relevant to the case in question. If the prescription format includes that the consultee seeks a more expert opinion in a general area, then part of this concept was used in the practicum.

Another area of difference is that the Kurpius (1978) prescription model, much like the doctor/patient (Schein, 1978) model, assumes that the consultee transfers the case to the consultant to be studied, analysed and resolved. Through that process, the consultee abdicates responsibility for the case. This aspect of the prescription model of consultation does not fit with the practice at the Child Protection Centre, wherein the consultee from the Child and Family Services agency maintains the responsibility of case management at all times.

Similarly to Schein's (1978), process model, the collaborative model (Kurpius, 1978) sees the goal of consultation as facilitating the consultee's self-direction and capacity to solve the problem. The consultant presents as a generalist, not a technical

expert. The effort is mainly to develop a plan to solve the problem, to act as a catalyst and to help the consultee focus on the reality of the situation. The consultant assists the consultee to share observations, concepts, and practice ideas on the presented case. The secondary objective is to work in partnership with the consultee to define, design and implement a process of planned change (Kurpius and Fuqua, 1993). This style of consultation is also similar, in its intent and method, to the Caplan (1970) consultee-centered model.

When using the mode of mediation, as presented by Kurpius (1978), the consultant has the responsibility to recognize the problem and to gather, analyse and synthesize existing information to define the problem and present an intervention. The consultant, then, brings together the persons who are in direct contact with the problem and who will have the greatest potential to influence a change.

Kurpius (1978) describes the process of consultation as triadic, whereby there is a relationship among the consultant, the consultee and the client system. It is suggested that, if a triadic relationship exists, there will likely be a more accurate definition of the problem, and subsequently a more appropriate solution proposed. Kurpius (1978) also suggests that this "three party system" provides potential for greater social influence, because the consultant has contact with the client. This should assist the consultant in a more accurate definition of the problem. In addition, with the triadic process, the consultee will be more likely to follow the recommended resolution to the presented problem. Further to this issue, by having been closely involved with the consultant in the

diagnosis and the analysis of the problem, the consultee should have gained a new methodology to which he/she will be more committed in the future.

Rapoport

Much like Caplan (1970), Rapoport (1971:163) describes the following basic principles for consultation. Consultation must have a purpose, a problem and a process. The consultee is free to reject the help so that the effectiveness of the consultation depends on the nature of the ideas, not on the status of the expert. Relationship is thought to be at the core of the process with an effective consultant requiring knowledge in substantive areas and in the process of consultation.

Similar to Caplan (1970), Rapoport (1963) describes consultation as a time-limited, goal-orientated transactional process through which help and technical knowledge, in relation to a problem, are transmitted. She feels that consultation requires a degree of distance and autonomy. Much like Caplan (1963; 1970) and Bloom (1963; 1984), Rapoport (1963) recommends the clarification of roles and functions in the form of a contract. Similarly to Kurpius (1978) and Watkins, Holland and Ritvo (1976), Rapoport (1963:19) suggests that consultation purposes and results should be reviewed and evaluated periodically, during the process, by both the consultant and consultee.

Gallessich

Similar to Kurpius (1978), the process of consultation is tripartite for Gallessich (1982). She (Gallessich, 1982:98-99) describes the role of consultant as either a technical adviser possessing and disseminating expert knowledge and skills, or as a social healer, diagnosing and suggesting treatment for the client. This latter concept parallel's Schein's (1978) doctor-patient model. Gallessich (1982) adds that in the healer role, the consultant conceptualizes problems and goals from a complicated perspective, in which the analysis of the problem involves two levels of client. In this model, the primary goal is to "cure" the client; but the secondary objective is to treat the consultee so that he or she can function more effectively.

Gallessich (1982) suggests that consultation should offer both cognitive and emotional support, and assistance in problem solving. Gallessich (1982) adds that psychological support may help the consultee to gain self-confidence, become more realistic and become more accepting of her or his strengths and limitations and those within the case situation. As well, she suggests that emotional support will help the consultee to deal with any biases or themes resulting from emotionally based thoughts, and will result in more objectivity about the client. Gallessich (1982) argues that critical factors for effective consultation include the consultant's knowledge of the agency and community resources, respect for the consultee's opinions and an ability to establish rapport. She believes that these characteristics are more likely to occur if both parties are from the same profession, and thus share similar values, knowledge and objectives. In these circumstances, the relationship is likely to be more collegial, and the process therefore more interactive.

Gallessich (1982) also speaks to the issue of the power base for the consultant. Specifically, when in the healer role, the consultant's influence stems from a position that is legitimate and has referent power. She (Gallesich, 1982) suggests that referent power is enhanced by the consultant "communicating acceptance and support, demonstrating genuine caring and regard, and explicating and making salient similarities between themselves and consultee", regarding values, beliefs, attitudes, and strategy.

Goodstein

Goodstein's (1978) consultation model is collaborative in nature, much like those suggested by Kurpius (1978) Gallessich (1982) and Shulman (1989). The consultee shares in the diagnosis and is also actively involved in developing the solution. Goodstein (1978) also sees the development and maintenance of a helping relationship as the main area of consultant expertise. Goodstein's (1978) process for diagnosis in consultation includes data collection by direct observation and review of written records or interviews. His precept is that consultation is a process rather than a product. He sees diagnosis as a continuing process, based upon the development of a working hypothesis and searching for confirming and disconfirming data.

Rieman

Much like Caplan (1970) and Rapoport (1963), Rieman (1992) emphasizes the contract phase of consultation. Activity for this stage includes developing a statement of understanding regarding the goals, and establishing working definitions of the problem (Rieman 1992). He also suggests that in the initial stage the consultant's role should not be too precisely defined until there is considerable opportunity to interact with the client

system. Flexibility in the contract allows for redinitions and refinements over time but there should be clarity about the rules and responsibilities for both the consultant and the consultee (Rieman 1992). These rules include the explanation of the time frame, confidentiality, the definition of the discussion content of the consultation, evaluation, and termination of the effort.

Hollister and Miller

Hollister and Miller (1977:445) define consultation as a disciplined, orderly, mutual problem-solving process that should provide the consultee with new options. This definition parallels those provided by Caplan (1970) and Rapoport (1963). Hollister and Miller (1977) place emphasis on the relationship aspect of the consultation process, similar to Gallessich (1982); Goodstein (1979); Kadushin (1977) Kurpius (1978) and Shulman (1987). Hollister and Miller (1977:446-447) suggest that a consultant in training will gain some confidence in this process by experiencing the relationship and having a first hand understanding of the consultee's situation.

Hollister and Miller (1977) describe three sub-processes within consultation: relationship building, "psychological contract" setting and the definition of the dilemma, including a relevant resource assessment. The relationship-building phase involves listening to the description and emotional characterization of the problem and the consultant demonstrating empathy with the consultee's dilemma. The "psychological contract" occurs in a series of interpersonal contracts established between the consultant and the consultee (Hollister and Miller 1977: 446). The development of a contract includes listening to the consultee, exploring the problem, and developing, exploring and

determining solutions (Hollister and Miller, 1977). The assessment of resources should consider ideas, programs, services previously used, and that which might be available to aid in resolution of the problem. To further assist a mutual problem-solving process, Hollister and Miller (1977) suggest a diagnostic inventory to discover if the consultee's difficulty relates to deficits in knowledge, skill, objectivity or confidence. This concept is parallel to Caplan's (1963, 1970), and mentioned by Rapoport (1963).

The third sub-process, that of problem definition and clarification of the dilemmas is emphasized as crucial to a solid consultation. The consultant in this effort is advised to listen carefully to the consultee, to search out her or his problem and to develop and explore alternative solutions to the case dilemma. The consultation is then focused on discussing the implementation of the recommended solution(s) and also evaluating the consultation process.

Summary

The various models of consultation are presented in Table 1, with details according to the different dimensions discussed. In summary, although the models exhibit some variations, one can generalize that there is some agreement in the areas of the definition and the goals of consultation. One of the differentiating pieces with different models is the degree to which the proponents break the model down into subsets. For example, the stages of the process are also similarly described by the different authors, with the only variation being in more detail presented by some authors (Kurpius, 1978). While various authors use differing terminology regarding the interventions, this may reflect the varying knowledge bases and orientations of the consultant. All the interventions suggested reflect

the principle of problem solving in a case, consultee or organization. Some of the ways in which the skills required are conceptualized reflect the stance that consultation is much like other counselling. However, Schein (1978) presents ideas that derive from the recognition that the process is as important as the content of the consultation.

Table 1 CONSULTATION PRACTICE

DEFINITION	GOALS	STAGES	INTERVENTION	SKILL
Method of communication Not supervision Caplan, 1970; Rapoport, 1971; Shulman,1989, Disciplined, orderly, mutual problem solving, Hollister and Miller,1977	Increase consultee's cognitive grasp and emotional mastery of issues Caplan, 1971	establish nature of request, assess client problem and nature of difficulty, liabilities, assess resources of client system, written report of suggestions, recommendations for resolution of case dilemma Caplan ,1970	technical advisor, social healer, educator Gallessich, 1982; Mediator Kurpius, 1978; Collaborative Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; Shulman, 1989	Process skill, know what to question to ask, how to alternate ways of thinking about the problem, separate feeling from fact, know when to have others think for them-self, no dependency Schein, 1978
Indirect service Caplan, 1970; Rapoport 1963, 1971 Interaction between two individuals Caplan 1970;Kurpius and Robinson,1981; Rapoport,1971	Improve professional planning and actions to better consequences for the client, ;provide new options, increase objectivity and confidence Hollister and Miller, 1977	Determine need for consultation, establish mutually set goals, determine strategies for action, implementation plan, measure and report outcomes Watkins, Holland, Ritvo, 1976	Acceptant, catalyst, confrontation, prescriptive, theories and principles, Blake and Mouton, 1978 Educator, reassuring, supportive Cogswell and Miles, 1984 and Bloom, 1984	Relationship core of process, consultant knowledge is both on content and process Rapoport, 1971
An interactive process with a consultee in generating a solution to a problem Goldmeir and Mannino,1986	Increase consultee skills for the future Schein, 1978	Gather information, explore possible solutions, implement intervention, evaluate effectiveness Kurpius and Robinson, 1978	Reinforce, corroborate, validate, inform, supplement, advise, motivate, facilitate Gilmore, 1963	Relationship building, objectivity, ability to help gather, analyze information and make competent decisions from data Kurpius, 1978
Assists worker with a problem Kurpius and Robinson,1978; Interactional,interpersonal problem solving, helping process, Gallessich, 1982, Kadushin,1977, Rapoport,1963,1977	Consultee thinks systematically and objectively re: problem; increase behavioral options, provide new knowledge, free old knowledge Kadushin, 1977	Pre-entry, entry, information gathering, problem definition, identify and select alternate solutions, statement of objectives, implement plan, evaluate, terminate Kurpius, 1978	Catalyst, facilitator, motivator, role model, clarifies alternatives, helps consultee to think systematically, objectively about problem Kadushin, 1977, Mediation Kurpius, 1978	Basic counseling skills of listening, attending, objectively probing, helping to create an open relationship Kurpius and Robinson, 1978
Time-limited, goal oriented, transactional process to give help, technical knowledge in relation to problem transmitted Rapoport, 1963	increase skill, objectivity, confidence to resolve on their own the case dilemma Caplan, 1970; Hollister and Miller, 1977; Rapoport, 1963	Entry, diagnosis, intervention, evaluation, termination Blake and Mouton, 1978;Gallessich, 1982; Kurpius and Robinson, 1978	Training, provides education, diagnosis, prescription, treatment, direction, emotional support, Gallessich, 1982. Expert Cogswell and Miles, 1984	Permissive, accepting, shares ideas constructively, relates effectively, personal warmth, aware of subtleties of interpersonal relations Bloom, 1984
Has a purpose, problem and process Rapoport, 1971; Shulman, 1989 Goal oriented Caplan, 1970; Rapoport, 1971	correct identification and diagnosis of the problem Schein, 1978 impart change in the intervention or in the consultee Gilmore, 1963		Diagnose, teach, counsel, communicate, model self-confidence, analyze, synthesize, process, formulate, reframe, resolve problems McGreevey, 1978	Ability to be lonely, striving on ambiguity and stress, able to be detached from problem Goodstein, 1978

Variations in the models

In a recent literature review on consultation (Kurpius and Fuqua 1993), some common themes emerged. They are that consultation is a voluntary, non-judgemental process, issue focused and based upon an interpersonal relationship, sometimes defined as triadic. In this process the consultee is provided help with a work-related problem. Kurpius and Fuqua suggest that the consultant's choice of model will depend on individual skills, values and interest, with success being dependent on the degree of goodness of fit between the consultee's needs and the consultant's general orientation. There is agreement that there is no single theoretical basis for consultation and that his or her philosophy, discipline and training must guide the consultant.

All consultation includes listening, understanding, analyzing and communicating with a focus on the relationship and professional ethics. The consultant shares ethical responsibility for the effects of the recommended resolutions for the case or program or administration related dilemma (Kurpius and Fuqua, 1993). It is recommended that the focus should be upon developing a well-integrated model to encompass the complexity of formulations (Kurpius and Fuqua, 1993).

Kurpius and Robinson (1978) suggest that the selection of a theoretical approach is guided by how the consultant philosophically believes he or she can be the most objective and efficient in influencing change in the client system. Cogswell and Miles (1984) refer to a consultant's sub-roles as expert, advocate or trainer, and they note that how the consultant's role proceeds is directly or unconsciously impacted by the basic framework or model chosen for the process.

Gilmore (1963:39) suggests that a consultant's functions are to reinforce, corroborate, validate, inform, supplement, advise, motivate, and to facilitate or to impact change in the intervention and or the consultee. He suggests that the objectives and functions for the consultant will vary with the types of consultee practice and that differences in consultation practice derive from variations in the consultant's self image and theoretical frames of reference. Variation may be related to the consultant's professional role model in her or his current position, the consultative setting, consultant personality and his or her professional tendencies and commitments to theories. The consultant's role may range from helper and enabler to change agent, varying according to the strength of the orientation (Gilmore, 1963).

Shulman (1987:328) stresses the relationship as the core of the consultation process, placing importance on both the content (knowledge) and the process (substantive) aspects. Both Goodstein (1978) and Schein (1978) describe that, ideally, the case dilemma should be processed in a collaborative manner because active consultee involvement should increase his or her knowledge and commitment to the recommended case resolution. Similarly Goodstein (1978) values the development and maintenance of a collaborative relationship, with the consultee sharing in the diagnosis.

There are various classification schemes for models of consultation. Rieman (1992) suggests a scheme based on the purpose of consultation. Client-centered consultation has the objective of improving knowledge, skills, and attitudes in the delivery of services. Program-administrative consultation aims to strengthen programs and enhance intra and inter-agency working relationships. Citizen and professional leader (community

organization) consultation is designed to assist with the planning and implementation of services. Consultant-centered consultation focuses on developing consultation methods. The Gallessich (1982:106) classification scheme suggests that consultation models vary in their focus. She (Gallessich, 1982) includes types focusing upon education and training, clinical, mental health, behavioral, organizational and program orientation issues.

Table 2 lists the different areas of emphasis by various authors. The intent is to determine which authors focused on which aspects of consultation. Much of the literature relates to client or consultee-centred consultation described as a formal, interactional process with disciplined, orderly, sequential steps to meet objectives defined in the contract phase. Emphasis on the negotiation of a clearly outlined contract (Bloom, 1963, 1984; Caplan, 1970; Hollister and Miller, 1977; Kurpius, 1978; Rapoport, 1963, 1971; Rieman, 1992; and Shulman, 1987) characterizes many of the approaches.

Many models suggest that the relationship is significant in the consultation process (Gallesich, 1982; Goodstein, 1978; Hollister and Miller, 1977; Kadushin, 197; Kurpius, 1978; Rapoport, 1963, 1971; Shulman, 1987). Regarding whether the consultant should have direct contact with the client, in order to gather the relevant information, only a few authors suggest a triadic process. In the tradic process, the consultant involves the client as well as the consultee (Gallessich, 1982; Kadushin, 1977; Kurpius, 1978). Some theorists (Gallessich, 1982; Goodstein, 1978) believe that the consultant may have more awareness than the consultee of what data are needed to understand the case dilemma. Kurpius, Fuqua and Rozecki (1993) suggest that the responsibility of gathering,

analyzing, and synthesizing information could be shared between the consultee and consultant.

There are variations in emphasis on the need for technical content expertise (Caplan, 1970; Rapoport, 1963; and Schein, 1978) versus skill in collaborative process (Goodstein, 1978; Hollister and Miller, 1978) by the consultant. Some authors place about equal importance on the two elements (Gallessich, 1982; Goodstein, 1978; Kadushin, 1977; Kurpius, 1978; Rieman, 1992 and Schein, 1978, 1989). Most of the models refer to the consultant and consultee having an equal relationship but the consultant is presented as having expertise in specific areas of knowledge and should be quite skilled in the process aspect of consultation.

Some minor variation exists in defining the stages of the process. Differences relate to the level of detail offered but the major stages of contracting, data gathering, case analysis, and resolution are consistent throughout the various models. Differences also occur on the issue of understanding the context of the consultee. Few authors refer to the context aspect of consultation (Hollister and Miller, 1977; Rapoport, 1963, 1971; Shulman, 1992). The setting can introduce a number of variables that may affect the role of the consultant and present relevant processes and issues. Gallessich's (1982) philosophy is that the consultant should support the social values of the agency which they serve, and should introduce new elements into the consultee's dilemma, including new insights, concepts, perspectives, values, and skills.

The various models also present subtle variations in the degree of empathy to be communicated to the consultee, with Gallesich (1982) emphasizing this factor for a successful process. Similarly, some theorists suggest that verbal feedback must be supplemented by a written report (Caplan, 1970). The issue of evaluation is not consistently mentioned and when it is there is disagreement about whether it should occur before or after termination.

Table 2	EMPHASIS FROM DIFFERENT MODELS							
Authors	relationship	contract	context	content and process	consultatant collects data	consultation triadic	consult to same profession	equal power
Bloom, 1963, 1984		X						X
Blake and Mouton 1978								X
Caplan 1970		X						X
Ggallessich 1982	X		X	X	X	X	X	X
Goodstein 1978	X			X	X			X
Hollister and Miller 1977	X	X				X	X	
Kadushin 1977	X			X		X	X	X
Kurpius 1978	X	X		X		X		X
Rapoport 1963, 1971	X	x	X	X			X	
Rieman 1992		X		X			X	
Schein 1978				X				X
Shulman 1987	X	X	X					

Definition

Most definitions of consultation describe it as a process, which is structured, purposive, time-limited and focused on indirect service through helping consultees to solve, identified problems. In addition, Caplan (1970) and Kadushin (1977) focus on the role of the consultant in helping the consultee to improve her or his problem-solving skills. The anticipated outcome of the consultation is that the consultee should be able, in future, to manage a similar case with more sensitivity and skill (Caplan 1970). Many theorists also focus on the need to build and maintain a relationship to support this process (Gallessich, 1982; Kadushin, 1977, Kurpius, 1978).

Caplan (1970) notes that consultation is a process of formal interaction between two professional persons where the consultant possesses identified areas of expertise and assists another professional to find solutions to an identified problem. He also suggests that consultation provides "helpful clarification, diagnosis, formulations, advice on treatment with the consultant having no authority over the consultee and no liability regarding the ultimate case resolution". For Caplan the responsibility for the eventual case decisions rests with the consultee.

Suggesting many of the same elements, Gallessich (1982), Goldmeir and Mannino (1986); Kurpius and Robinson (1978); and Rapoport (1963, 1971) describe consultation as a formal interactional process, beyond an informal interchange among colleagues, having structure, based on a contract with designated, sequential steps, having roles and boundaries, and meeting objectives.

Both Caplan (1970) and Rapoport (1963) refer to consultation as a method of communication, and an indirect service concerned with defining and solving a problem. Similar to Caplan (1970), Rapoport (1971) defines the process as goal oriented, but adds that consultation is an interactional effort. Many writers (Rapoport, 1963, 1977; Kadushin, 1977 and Gallessich, 1982), refer to the concept of consultation as an interpersonal, interactional, problem solving, helping process, with emphasis on relationship building between the consultant and the consultee.

In an article in the Consulting Psychology Journal (1992 cited in Kurpius and Fuqua, 1993:598), seven experts in the field of consultation were asked to define consultation. While the experts in the field represented different disciplines, their definitions are described as similar. The differences in each consultant's practice were in: a) providing information, advice or help; b) providing an outside gestalt; c) providing a theory of process and organizational functioning; d) use of multiple models; e) needing a strong conceptual process; f) developing a foundation for understanding different ways to view phenomena in organizations; and g) showing how generic knowledge is transferred from the consultant to the consultee system.

The central aspects in the various definitions of consultation are that it is work related, issue focused, voluntary, and non-judgemental (Kurpius and Fuqua, 1993) with some models emphasizing that the process is triadic (Gallessich, 1982; Kadushin, 1977; Kurpius, 1978; Kurpius and Fuqua, 1993). All the definitions focus on resolution of the client system's dilemma with the activities of interaction, transaction, mutual problem solving, and sharing of technical knowledge also being mentioned.

Goals

Some models suggest that consultation should focus on resolution of the problem as presented by the consultee or as diagnosed by the consultant. Other models emphasize the goal of improving the consultee's professional knowledge and skill to benefit the present and future clients. The concepts of increasing consultee objectivity, confidence, freeing up old knowledge and providing new knowledge are central themes regarding the goals of consultation.

Rapoport (1963,1971) and Caplan (1970) suggested that consultation should have as its objective strengthening or helping the consultee in his or her professional role. The Caplan (1970) client and program administrative-centered case consultation provides a prescription for change, with educational goals being less important (Mendoza, 1993). The Caplan (1970) consultee and consultee-centered administrative consultation not has its primary focus to educate the consultee in effective problem solving and to increase the consultee's ability in the future to manage similar cases (Mendoza, 1993: 634). The ultimate goal for Caplan (1970) is to have the client population's mental health improve as a direct result of the consultation effort.

Gilmore (1963) describes consultation as directed to increasing, developing, freeing or modifying the consultee's knowledge, skills, attitudes and behaviours, with the objective of resolving a work problem. She suggests the secondary goal of increasing the consultee's effectiveness in preventing, or solving similar problems in the future.

Gallessich (1982) suggests that the general goal of consultation is to help agencies function more effectively but that this objective may differ according to the target in which change is to be effected (people, processes, policies, service structures). She sees the value of consultation as introducing to the consultee new elements, information, insights, concepts, perspectives, values, and skills. The goal of the Blake and Mouton (1978) model is to identify the focal point of the issue, and aim the intervention in an objective manner to assist in the resolution of a case or organizational dilemma. The Blake and Mouton (1978) intervention concepts can also be used in client and consultee-centered consultation.

Goodstein (1978) describes collaboration as the aim of consultation. Much like Schein's (1978) process model, the consultee shares in the diagnosis and is actively involved in decision-making, with the goals being that the consultee benefits from an understanding of the problem and the intervention choices which are offered and discussed. In this style of consultation, the main area of expertise is the development and maintenance of a helping relationship.

Stages

The stages of consultation suggested by various authors are similar, with the consistent elements being a determination of the consultee's need, gathering of information, an understanding of the dilemma to be considered, and resolution of the presented or analyzed dilemma. The contract should include these activities and a clarification of mutually set goals, followed by the assessment of the client's situation. Some authors (Caplan, 1970; Hollister and Miller, 1977) place importance on assessing

the resources available within and around the client's environment. Although the literature consistently refers to the consultant providing recommendations regarding resolution for the case dilemma, not all authors recommend written reports, as does Caplan (1970) and few suggest evaluation of the process (Watkins, Holland, Ritvo, 1976; Kurpius and Sharon, 1978).

Caplan (1970) describes the process as a simple three-stage one: (1) clarification of request (2) assessment of client problem and the consultee system followed by (3) written recommendations. Gallessich (1982) describes the stages of intervention as entry, diagnosis, intervention, evaluation and termination. Kurpius and Robinson_ (1978) have added the phases of pre-entry, information gathering, selection of alternative solutions, and implementation of the plan. The Kurpius (1978) stages are more detailed with the steps being more finite than other authors, offering a map for a beginner in consultation. They include an evaluation stage to occur before the termination of the process.

Kurpius and Robinson (1978) suggest that the process of consultation is moulded by its goals, with the following activities typically occurring: gathering information, probing, exploring possible solutions, implementing the intervention and evaluating its effectiveness. Other authors are silent about evaluation before the termination of the contract, but Kurpius and Robinson (1978) consider this a necessary part of the task.

Watkins, Holland and Ritvo (1976) outline the stages similar to the other authors (Rappaport, 1979; Kurpius, 1978; Gallessich, 1982). In their view, the stages are: determine the need and request for consultation, establish mutually set goals, assess and

formulate the problem, determine strategies for action, implement a plan of action, and measure and report outcomes. These authors put some weight on the negotiation of the contract with mutual setting of the goals.

Kadushin (1977), identifies the stages in a similar way to those mentioned above but emphasizes the preparatory stage, wherein the consultant analyzes the consultee's context, organization and its resources. This phase should occur previous to establishing a contract. This is consistent with the weight that Kadushin (1977) places on the relationship aspect of the consultation process and is similar to the Kurpius (1978) pre-entry stage of consultation.

The various authors present the stages of consultation quite similarly but information on how to operationalize the stages seems lacking. The stages are described as distinct and separate but experienced as entwined and overlapping. This factor results in a lack of definitive boundaries among the stages. In addition, only one author (Caplan, 1970) emphasizes the potential need to return to an earlier stage that needs to be reviewed, clarified and re-worked with the consultee.

Interventions

Some authors focus on interventions that reflect concepts linked to a clinical approach with terms such as diagnostic, prescription, and treatment; while others refer to facilitating, being a catalyst, and to other social work terms, focusing on helping the consultees to help themselves. The clinical approach seems to require an expertise in content areas, the other an ability to solve problems and be more aware of the process

aspect of consultation. Some models in the social work approach refer to interventions of collaboration, mediation, motivating, and role modeling that describe the process occurring between the consultant and consultee. Other models in the clinical approach refer to counseling interventions such as validating, supporting, reinforcing, confronting, advising and motivating.

Despite different approaches, all the theorists focus on the client by assisting the consultee. At times the clinical approach seems more like counseling (provision of support) while at other times the intent of the social work approach is to teach, to clarify options, to confront, and to help the consultee to consider the elements of the problem systematically and objectively. At times in the clinical approach, the interventions focus on technical expertise while in the social work approach, the process with the consultee is the essential element.

Caplan

Caplan (1970:61) suggests ground rules for the contract. He refers to it as being clearly communicated so that the role of consultant is well defined, with an awareness of the source of the sanction and the consultant's limits. He (Caplan, 1970:67-68) suggests that the essence of consultation is to build a mutually trusting and an empathic, respectful relationship with provision of ego support. He emphasizes a non-hierarchical relationship, in which the consultant is a student of the consultee's knowledge of the social system, organization and role problems. Caplan (1970:22) adds that the consultant must "reciprocally respect the consultee in his own professional speciality in which he is not the expert." He (Caplan, 1970:80) refers to consultation ideally being a co-ordinated

interdependent relationship in which reciprocal benefit results. He (Caplan, 1970:59) also suggests that it is important for the consultant to build trust and to establish him or herself as honest, reliable, consistent, and able to maintain confidentiality. The consultant also should understand the consultee's problem from the latter's point of view and be able to communicate at the consultee's level. The consultee's dilemma should be taken seriously with no quick judgements being made.

Caplan's (1970) client and consultee-centered foci indicate a clinical approach with a focus on the consultee needing the assistance. Despite the caution not to provide therapy, Caplan (1970) places emphasis on interventions that are therapeutically oriented, for example, support to the consultee's ego. The terms "theme interferance" and dealing with "emotional blocks" through "displacement" (Caplan, 1970) are further examples of a clinical approach.

In Caplan's (1970) models, the role of consultant is quite similar to that of a clinician (i.e. his reference to supplementing the consultee's ego strength), who is an expert in his field. He also puts some weight on the consultant being a role model as a quality clinician (professional, objective, and empathic). The Caplan (1970) model can focus on a client, a professional helping person, special program issues, and characteristics of the consultee or the human service agency in which the consultee is employed.

The consultant (Caplan, 1970:87) should emphasise that this process deals with cases that are "complicated, unclear and confusing", to avoid the consultee feeling a sense

of inadequacy. He also suggests that a consultant should be a role model, "demonstrating empathy, tolerance of feelings," and having a conviction that "with enough information, all human behaviour is understandable"(Caplan, 1970:93). The consultee should not feel coerced to accept the consultant's opinion.

He describes the relationship between the worker and consultant as the essential component in the process, parallel to a therapeutic endeavour but not crossing the boundary of focusing on the consultee's personal problems (Caplan, 1970). In consultee-centered consultations, the consultee provides the data about the case and the consultant explores the dilemma. The consultant must consider distortion and should monitor for over or under involvement, exaggeration, confusion or stereotyping by the consultee.

Caplan (1963; 1970) suggests that a consultant can offer helpful clarification, diagnostic formulations and advice on treatment with the consultant not being directly responsible for the outcome of the case. The consultant's contribution (Caplan, 1970:59), is a "widening and deepening of the focus of discussion by suggesting new avenues for collecting information, new possibilities for understanding motivations and reactions of the characters in the case history and new ways in which the situation might be handled."

The statement of recommendations for the consultee should include an offer of emotional and cognitive support (Caplan, 1970) with a range of suggestions to handle the problem. The consultant must avoid sending academic messages but should focus on the practical issues. Beyond suggesting therapeutic techniques, Caplan (1970) does not

present defined interventions for consultation as do other authors (Blake and Mouton, 1978; Gallessich, 1982; Gilmore, 1963; Kadushin, 1977; McGreevey, 1978).

Caplan comments that the vocabulary used in written reports must be understandable and the concepts must fit the culture of the consultee. In both client-centred and consultee-centered consultation, Caplan (1970:294) suggests an evaluation and also recommends that the consultant keep a written account of the consultee's predicament and how the consultant appraised and dealt with the situation.

Blake and Mouton

Blake and Mouton (1978) studied actual practice and found discernible patterns of consultation styles, depending on the nature of the problem. Although there is no emphasis on the relationship component, the suggested interventions Blake and Mouton (1978) present a social work approach to consultation. The five basic interventions are: acceptant, catalyst, confrontation, prescriptive, theories, and principles. The acceptant intervention (Blake and Mouton, 1978) is meant to help the consultee become more objective. The consultant focuses on supporting the consultee's understanding and plan of action for the case. The catalyst intervention (Blake and Mouton, 1978) sees the consultant assisting the consultee to collect data and to reinterpret his or her perceptions of the problem. An additional objective is to assist the consultee's awareness and knowledge of how to handle the presented case dilemma.

In the prescription consultation strategy, the consultant tells the consultee what to do to resolve the given situation or does it for him or her. The consultant takes responsibility

for collecting the evidence for the diagnosis and for formulating a resolution of the case. In the intervention of confrontation, the consultant challenges the consultee's value laden assumptions and the basis of his or her thinking. In the mode of intervention which Blake and Mouton (1978) refer to as theories and principles, the consultant offers theories relevant to the consultee's client situation and helps him or her to internalize systematic and empirically tested ways of understanding the case presented. The intent of this mode is to provide, for the consultee, a more analytical, cause and effect understanding of the case. Blake and Mouton (1978) suggest that consultants employ a mixture of interventions based on the consultee's needs.

Kurpius

Kurpius and Robinson (1978) define consultation as either expert in a particular field offering a prescription as an analysis and resolution to a presented problem, and/or training the consultee with knowledge and skills for a specialized area of service. The Kurpius (1978) model suggests a social work approach, especially given the emphasis on the relationship component of the consultation. With the exception of the prescription mode, the Kurpius (1978) modes could characterize social work practice. Kurpius (1978:335-338) believes that consultation occurs within a triadic relationship and advises different interventions depending on which of the consultation modes are followed.

Kadushin

Kadushin's (1977:152) outlined interventions have been utilized in designing and implementing the practicum as they reflect a social work approach and are potentially congruent with the needs of child and family services workers seeking consultation.

Because the Kadushin (1977) strategies are familiar to a social work practitioner, they are potentially comfortable for the novice consultant. He describes a consultant as "a catalyst, facilitator, motivator, role model; (who) clarifies the consequences of different alternatives, helps the consultee to think more systematically and objectively about the problem he faces so as to increase his behavioural options, (and) provides (the) worker new knowledge not previously available to the consultee or frees up old knowledge." Kadushin's description of interventions is similar to that suggested by Gilmore (1963) and Gallessich (1982).

Schein

Schein's (1978:340) purchase of service/expertise and his doctor/patient models are content focused. These two Schein (1978) models reflect a clinical approach and place emphasis on technical knowledge and a diagnosis of the dilemma. In these modes, he refers to "surfacing" as a method of intervention whereby unconscious material is made available for examination by the consultee. The methodology for "surfacing" and other suggested interventions are not clearly articulated, but Schein (1978:342) does refer to seeing the consultee's world from his or her perspective.

He (Schein 1978:342) suggests focusing on the task and only dealing with consultee intra-personal process, if the consultee seeks this kind of focus or if such process impedes an effective problem solution. When presenting the process model, Schein (1978), sees the consultant acting as catalyst or facilitator, in assisting the consultee's process of exploration and intervention, and where relevant, putting into action the recommendations of the effort.

Gallessich

Gallessich (1982) places some emphasis on the supportive and collaborative elements of the relationship that is, in her opinion, a contextual factor of the consultation process. She (Gallessich, 1982) suggests six intervention strategies: education, a diagnosis, a prescription, treatment, a directive, emotional support, and being facilitative regarding the recommendations. Gallessich (1982) suggests that the consultant should be more skilled than the consultee in collecting the data, and in analyzing problem-related information.

The Gallessich (1982) interventions refer to providing a diagnosis, prescription, education, emotional support, and recommendations for treatment, and also being directive and facilitative). Gallessich's (1982) model seems to have a balance of both the clinical and social work approach but she also places emphasis on the relationship component and cautions that the consultant should be sensitive to the consultee's context.

Goodstein

Goodstein (1978:150-155) suggests that the role of a consultant is to develop collaborative relationships wherein the consultee shares in the diagnosis and is actively involved in the development of a solution. Goodstein (1978) identifies the need to continually monitor the impact of the intervention. These concepts and the Goodstein (1978) roles and interventions represent a social work approach to consultation.

Goodstein (1978) sees teaching as one of the roles of the consultant, as well as providing new information, insights and new ways to understand the issues of the client;

and presenting theory and principles related to the case analysis and to the intervention(s) recommended. When the consultant acts as a student "detective", there is an uncovering of the reasons for the client's problem and the development of an appropriate treatment. The consultant is sensitive to clues from the collected evidence, the causes of the problem and the understanding of the patterns of individual and/or organizational behaviour. As a timekeeper the consultant is to remind the consultee or organization of the failure to set or meet established deadlines. When the consultant is a talisman, this individual is a visible symbol of change. When an advocate, the consultant holds a value position, a commitment to the integrity and dignity of the individual and/or organizational goals and an appreciation for healthy methods of communication and for sound interpersonal relations. As a monitor, the consultant observes the client system. When the consultant is a sacrificial lamb, there is a recognition that he or she is expendable, often used to surface issues that are too problematic to process or to present approaches that are unpopular or seen as risky. Given the outlined roles, with the many demands and pitfalls involved, and the added need to maintain distance for objectivity, Goodstein (1978) describes that the consultant is at times lonely in that role.

Gilmore

Gilmore (1963) suggests the following interventions: to reinforce, corroborate, validate, clarify, analyse, interpret, inform, supplement, advise, motivate, or facilitate change in the intervention and or for the consultee. This range of interventions parallels a social work approach and is a good fit for consultation to child welfare workers with varying level of skill, knowledge and experience. The strategies chosen by the consultant

must be dependent on both the level of consultee skill and knowledge and the details of the consultation case.

Bloom

Bloom (1984) emphasizes the consultant educating, being supportive and reassuring. He (Bloom 1984:175-176) suggests that a consultant should have the capacity to be permissive and accepting in the ability to share ideas constructively, to relate effectively to other people, and to have personal warmth and awareness of the subtleties of interpersonal relations. These concepts (Bloom, 1984) demonstrate a social work approach.

McGreevey

McGreevey (1978) provides the following interventions that are parallel to basic counselling and assessment strategies. The interventions include diagnosis, teaching, counselling, modelling self-confidence, analyzing, synthesizing, processing, formulating, reframing, and resolving problems (McGreevey, 1978). The consultant may be an expert in providing a diagnosis and suggestions for treatment, a trainer and guide in assisting the consultee to gain problem-solving knowledge and skill and to determine and put into action the resolution to the case dilemma (McGreevey, 1978). The McGreevey (1978) concepts reflect a social work approach to consultation.

Hollister and Miller

Hollister and Miller (1979:446) suggest three sub-processes within the relationship building/psychological contract setting phase. The first is verbal and non-verbal

demonstration of empathy with the consultee's experience in dealing with her or his problem and the second is the definition and clarification of the issues and completion of a resource assessment. The third sub-phase, that of problem definition and clarification is presented as crucial to a solid consultation. The Hollister and Miller (1978) concepts for consultation parallel a social work approach.

In summary, the consultant interventions range from providing support, validating the consultee's thoughts, supplementing, providing new information, or assisting the consultee to recall previous knowledge. At times the consultant is accepting, while in other instances, there is a need for confrontation. The consultant is required to provide analysis, synthesize information, and provide prescriptions, and theories and principles. Schein (1978) suggests that an essential element in one's use of interventions is to set a good example for the client system in facilitating a solution to the presented problem. Beyond providing expertise on content, the consultant must be an expert on the process of consultation. Schein (1978) suggests the need for the consultant to have skill in knowing when to focus on content and when to emphasize process but essentially to have both of these strengths.

While the intervention concepts, as suggested, seem to offer clarity, the reality of operationalizing these actions proved a challenge for the practitioner in the practicum. While presented in the literature as pure concepts, to be used exclusively at different phases of the consultation, the reality is that the actions are used simultaneously and overlap each other. The challenge regarding the interventions was for the practitioner to know what interventions were critical while being aware of other essential elements of the

process. The challenge in practice is being aware of which intervention to use while accomplishing the "task process" that is essential to problem solving and also attending to and managing the ongoing interpersonal process with the consultee. The operationalization of the intervention concepts as experienced in practice was complex.

Skills

The literature speaks to the skill of relationship building, basic counseling skills and objectively probing the problem to assess, define and present resolutions to the client system's dilemma. No matter what the client system, the consultant is required to have the ability to observe accurately, be sensitive to the problem areas and be knowledgeable in exploring alternatives and their consequences for the consultee and client (Kurpius and Fuqua, 1993). At times the focus of consultation requires skills related to client-centered issues, while at other times, dilemmas relate to consultee, program or administrative dilemmas.

Kurpius

Regarding the provision, prescription, collaboration and mediation models, Kurpius (1978) describes the skills for effective consultation as relationship building, having the ability to listen, probe, help gather and analyze information, being objective, and making competent decisions. Professional respect and an equal sharing of authority and power are also relevant relationship building skills (Kurpius and Robinson, 1978). Agreement on the style of consultation is also seen as important to Kurpius and Brubacker (1976:35). Further to this issue, they (Kurpius and Brubacker, 1976), add that three party networking

is required with interdependent links among the consultee, his or her client and the consultant.

In the collaborative model (Kurpius, 1978), the consultant needs to reinforce with the consultee that an inability to solve a problem does not reflect inadequacy. This model includes the concept that working collaboratively on this problem should increase the consultee's effectiveness to resolve future problems. The consultee's perceptions and definitions in choosing solutions are used as teaching tools.

Schein

Schein (1978:343) suggests that the consultant should know what questions to ask, how to alter the consultee's way of thinking, separate feeling from fact, know when and how to have others think for themselves and in the process, not to foster dependency. He (Schein, 1978, 1989) places emphasis on the content and process skill related to competent consultation and argues that the consultant should be flexible enough to use all three models. The consultant should have the knowledge to use the most appropriate model for a particular situation. He (Schein, 1978:343) emphasizes that the consultant needs to set a good example and to act congruently in the roles of facilitating, problem-solving, passing on her or his skills and assisting with the immediate problem. The consultant should also be skilled in detecting hidden consultee values or assumptions that may interfere with good problem solving.

Gallessich

Gallessich (1982:141) argues that critical factors for effective consultation include the consultant's knowledge of the agency and community resources, respect for the consultee's opinions and an ability to establish rapport. Gallessich (1982) suggests that at times of high anxiety, the consultant should offer affective support to assist the consultee. The skill of providing support should help the consultee to more objectively assess and tackle a situation, gather data, analyze, make decisions about interventions and follow through with implementation. With emphasis on relationship building skill, Gallessich (1982:100) suggests that referent power is enhanced by the consultant "communicating acceptance and support, demonstrating genuine caring and regard, and explicating and making salient similarities between themselves and consultee", regarding values, beliefs, attitudes, and strategy.

Goodstein

In his suggestions for competent consultation, Goodstein (1978:25-26) emphasizes process and establishing the relationship with effective listening, non-punitive feedback and "a superb sense of timing".

Blake and Mouton

Blake and Mouton (1978) offer a summative thought on consultation effectiveness, depicting the competent consultant as having the ability to correctly identify the focal issue, to introduce the kind of intervention the situation requires and to deal with the real client. In summary, no matter what the focus and client system, the consultant must use her or his expertise in knowledge or skill to search out and analyze the data to determine a

diagnosis and resolution that fits the presented issues. Throughout the consultation, skills in the content and process are essential to a successful process and outcome.

McGreevey

McGreevey (1978) considers the quality and type of relationship between the consultee and the consultant as critical, as well as the skills of needs assessment, sensing, diagnosis, problem formulation and resolution. He (McGreevey, 1978) adds that the consultant's ability to reframe, negotiate, communicate, model, teach, and counsel with an attitude of self-confidence are essential elements to a successful consultation.

The Social Worker as Consultant

Various models of consultation (Blake and Mouton, 1978; Kurpius, 1978, Schein, 1978) fit the precepts and ethics of social work practice and embody the values, knowledge, purposes, and objectives of the social work profession. Consultation is presented in many models as an interactional process whereby the consultee seeks expert advice but remains in charge and responsible for the eventual decisions of her or his case. This precept follows the social work ethic of client determination, unless the higher order ethic of no harm to a client must be called into play. The social worker as consultant uses the skills in which he or she was trained: gathering and analyzing data, and presenting treatment suggestions, whether aimed at the client, consultee, program or organizational level. The consultant provides links between the needs of the individual and that part of society established to meet those needs. The objectives of consultation are to help people to understand, use and potentially change social institutions. These are the social work profession's values and objectives.

Many models ((Bloom, 1963, 1984; Blake and Mouton, 1978; Caplan, 1970; Gallessich, 1982; Goodstein, 1978; Kadushin, 1977; Kuurpius, 1978; Schein, 1987) refer to an equal relationship between the consultee and the consultant. This characteristic matches the social work ethic of respect for the client. The recognition of the consultee's strengths and skills and building on these areas in consultation fits the social work profession's belief that there are inherent strengths in each individual and the brief, focused aspect of the process ensures that there is no fostering of a dependent relationship. The profession of social work has a central goal, of helping others, and consultation is an assistance to the consultee's client in an indirect manner with the objective being of increasing the knowledge and competence of the service provider.

Rapoport

For Rapoport (1963:16), the consultant, as a social worker, brings to this role knowledge on human growth and development, and the effects of social stress on social functioning. The argument is that social work brings to consultation its profession's values, purpose and accumulated knowledge (Rapoport, 1963). The goal of consultation is described as bringing about change in the consultee's functioning wherein the social worker understands the interrelationships between an individual's problems and needs, and the opportunities and limitations of the social environment (Rapoport, 1963). The social worker is presented as having the knowledge and skill in the process of study, assessment, diagnosis, planning, evaluation, and in the understanding and skill to manage interpersonal relationships. Rapoport (1963) suggests that the social worker practising consultation can provide to the process a conscious, purposeful evaluation of the self in the problem solving process. Rosenberg and Nitzberg (1980:305) agree with Rapoport's

(1963) comments regarding the "goodness of fit" between the social work profession and the role of consultant.

In her review of Caplan's (1970) book on consultation in mental health, Rapoport (1971) criticises his lack of a socially oriented approach to a problem while arguing that the social work profession could offer this element to consultation. Rapoport (1963) presents that the consultant should be an agent of change with consultation growing as an area of practice for social workers emerging in various forms in response to different needs.

Gilmore

While Gilmore (1963) comments on the lack of consensus on consultation as an area of practice, a social work method or a role with a cluster of functions, she steadfastly links this area of service to the profession of social work. In addition, Gilmore (1963) suggests that the social worker in consultation has special skill in conscious and purposeful use of self in problem solving and the process is primarily an overlay on direct service methodology. She describes that a consultant from the social work profession will emphasize education, and a therapeutic problem solving approach to consultation.

Gilmore (1963) argues that the social work consultant will reflect the characteristics of the model used but that the content and process will be affected by other factors. These include the consultant's previous professional experience, the effects of the setting and requirements of the position, personality and professional tendencies and the theories which the consultant espouses (Gilmore, 1963). She (Gilmore, 1963) presents that for a

social work consultant the goal is to promote the most favourable social functioning and conditions for the client. Gilmore (19630 suggests that the social work orientation to strive for goals while maintaining a value orientation distinguishes that profession from others providing consultation.

Kadushin

Kadushin (1977) believes that the social work profession brings to the consultation process an expertise which results from specialized social work education, practice along a methodological line, in specialized settings or in some particular problem area or orientation.

As a social worker, Kadushin (1977:152) specifies that consultation is to provide new knowledge or to free up old knowledge, and can help the consultee to provide a more efficient, objective service to the case dilemma. The social work profession's knowledge base ranges from the individual in connection with society to the systems concept. This knowledge could assist the sensitivity and perspective necessary to comprehend the consultee role, and the interaction between the consultee, consultant and the organization. Competent consultation has a built-in expectation that the consultant will understand the consultee's organizational culture, values, strengths and limitations. The social worker as consultant also has the counselling skills that are necessary and relevant to a skilled consultation.

Kadushin (1977) explains that this profession's orientation to systems sees the client as part of a complex larger entity, an ecosystem, with which the client interacts. He

(Kadushin, 1977:379) sees consultation in social work as a distinctive process, with the profession having a systems orientation that would be beneficial and be relevant for the area of consultation, but not yet having achieved a clear and stable image. He suggests that the role of social worker as consultant is to be a part of an interpersonal process with recognition of the importance of the contextual aspect for both the individuals and the systems within which they interact. Kadushin's (1977) catalyst and facilitator roles for the consultant are quite compatible with social work training. This model, according to Cogswell and Miles (1984:15), can be used in many different settings because the necessary expertise is in problem solving, not in a specific problem area.

A consultant of the same profession as the consultee would ideally also be familiar with the specific role, demands and issues of the consultee's field of practice. Regarding this issue, Kadushin and Buckman's (1978) survey of 500 social work consultants found that the majority of respondents had acted as consultants to other social workers. The inferance is that consultation from one's profession was more accessible or that a professional from an outside field may not be seen to have the kind of expertise that one from the same profession could offer (Kadushin and Buckman, 1978).

Cogswell and Miles

Cogswell and Miles (1984) offer that the basic theoretical framework directly or unconsciously impacts upon how the consultant's role proceeds and the model chosen for the process. The theoretical framework sets the basic assumptions, suggests the process of diagnosis, the selection of intervention strategies, methods of service delivery and the professional roles to be assumed. Cogswell and Miles (1984) suggest that the social

worker's use of theory in consultation can be eclectic in nature and based on individual philosophical views and styles of practice.

In another perspective on the topic of social worker as consultant, Cogswell and Miles (1984:14), comment on the paucity of writing on consultation in the field of social work. These authors suggest that the Caplan (1970) and Schein (1978, 1989) process consultation models are relevant for the social worker. The models of consultation provided by Caplan (1970), although developed for the mental health setting can be used in many other areas in which the social worker may be involved. These models for consultation can focus on the client, on the professional helping person, on special programs or issues or on characteristics of the consultee or the agency in which he or she operates. In addition, the social work profession can utilize the Caplan model with either micro or macro systems, and therefore can focus on assisting individuals or addresing organizational program dilemmas through consultation.

Cogswell and Miles, 1984:14-15) affirm that the assumptions and the model provided by Schein (1978) are parallel to "the social work principle of helping others to help themselves". The roles suggested for the consultant by Schein (1978), those of facilitator and catalyst, are quite familiar interventions to the social work practitioner. The consultee's joining of the consultant in the diagnosis of a problem and formulating a resolution are concepts that are congruent with the social work principle of client self-determination.

Goldmeier and Mannino

Goldmeier and Mannino (1986) refer to Bartlett (1958) when suggesting that the consultant role in social work is unique because it reflects the values, knowledge, purposes and objectives of the profession. They also offer that the provision of links between individual needs and the social arrangements provided to meet those needs is achieved by helping people to understand, utilize and change social institutions. Goldmeier and Mannino (1986:175) present the previously mentioned "social components" of consultation as inherent to social work practice.

Shulman

In Shulman's (1987) review of definitions of consultation, he suggests a shift, over the years, from social workers consuming the service to becoming providers of consultation. He suggests that social work can synthesize and make a contribution in highlighting the interaction between the two traditional forms of case and program consultation. Beginning with assisting a worker in relation to a particular client, the data gathered might focus on program or structural issues related to a particular group of clients. The individual case consultation can be an opening for program issues while remaining linked with the consultee's day-to-day experiences with individual clients. As consultant, the social worker is sensitive to the impact of the setting and field of practice in which the process takes place. The setting can introduce a number of varying elements (Shulman, 1987).

Rosenberg and Nitzberg

Rosenberg and Nitzberg (1980) describe the social worker as generally task-orientated. They believe that a clinical social worker can move from a therapeutic role to a consultative one. They describe the consultant intervention skills as being cognitive and task orientated. A social worker can use his or her clinical skill and knowledge for the assessment of the consultee's work needs, and can use clinical intervention skills to help the consultee to carry out his or her roles.

Rieman

As a social worker, Rieman (1992:11) describes the consultation process "as one person helping a second person around a third person's problems". He stresses the interaction within the consultation effort and provides that as a social worker, the consultant will pay particular attention to the consultee's agency setting, its objectives, methods, and its working relationships with other organizations. Rieman (1992) details that the prerequisites for client-centred consultation are a consultant with special skills, training and an interest in diagnosis, casework and therapy. In his opinion any of the helping professions can manage this type of consultation.

Rieman (1992) also suggests that a program and an administrative focus can be integrated together as a type of consultation, wherein the goal is to strengthen programs, and enhance work relationships, at an intra and inter-agency level. While arguing that the profession of social work has the ability to provide program and administrative-centred consultation, Rieman (1992) cautions that macro-consultation requires more than the skills and training related to casework, diagnosis and therapy. His belief (Rieman, 1992) is

that the social work profession has much to offer the practice of consultation but social work consultants require specialized knowledge and training. He (Rieman, 1992) suggests that all students of social work, at the undergraduate level, should have some introduction to consultation practice and use. He also suggests that advanced courses and fieldwork are essential to building competencies critical to develop quality consultation knowledge and skills (Rieman, 1992).

Kadushin and Buckman

Kadushin and Buckman (1978) undertook a survey of 500 social work consultants and concluded that this practice was at that time in an intermediate state. In their study it was found that consultants gained their knowledge and expertise through working in specialized areas rather than through professional training in social work. Most of these respondents acted as consultants to other social workers, with 75% of them working as paid staff for an agency that provided consultation to professionals and agencies in the community and 17% offering consultation as a private service. Rather than formulating a written contract, 76% used an informal agreement or understanding. The most frequent reason cited for the consultation was the consultee's need for help with a specific case problem. The second most frequently cited motive was that consultation occurred because the consultee required an outsider's objective assessment of a difficult situation.

In some cases, a consultee may not have sought out the process as a purely voluntary choice, as 11% explained that consultees were sometimes responding to the administrative requirements of their agency. As well, the most frequent type of consultation was the client-centred (36.4% frequently and 19.4% occasionally), while the

consultee-centered type was used the least (11.0% frequently and 32.0% occasionally) (Kadushin and Buckman, 1978).

More recently, social work consultation is presented as a growing and rapidly developing speciality with diverse frameworks of practice (Kurland and Salmon, 1992). Kurland and Salmon (1992) suggest that the consultation might ameliorate the unusually stressful nature of social work practice and the ensuing sense of hopelessness felt by practitioners (Kurland and Salmon, 1992).

In a recent publication, Shulman (1995) describes consultation as a role in which social workers have gained recognition for having knowledge in a wide range of settings. There is a belief that many social work skills can be adapted to the consultant's role. These include problem assessment, problem definition, mediation and negotiation and contract development (Abramson (1989), cited in Shulman, 1990:2377-2378). Shulman (1990:2378) presents that consultation in the social work profession has "a number of core dynamics and processes that have persisted over the years". Both supervision and consultation are believed to be adapting to meet new challenges that are an inherent part of the helping professions, especially as client problems become more complex and organizational and social issues more oppressive.

Many authors suggest that the profession of social work can use its theoretical framework, knowledge and skill in the provision of consultation. The rationalization for social workers to practice consultation seems justified as the essential elements, theoretical underpinnings and the content and process factors are integral to the social

work profession. The literature however, does not offer much comment on the potential need for learning and achieving modified methodology and techniques when practising consultation. There are potential differences in the therapeutic role with which most social work practitioners are familiar and the collaborative role relevant to quality consultation (Rosenberg and Nitzberg, 1980). Social work involvement in and contribution to consultation does, however, seem well entrenched, and can thus be described as an expansion of the role of clinical social worker (Rosenberg and Nitzberg, 1980).

The early models, presented by Caplan (1970) and Schein (1978) focused on clinical issues and with the exception of the process mode (Schein, 1978), there is lack of recognition related to the social context of consultation. The early models (Caplan, 1970; Schein, 1978) were based on principles from clinical practice with a psychodynamic orientation (Goldmeir and Mannino, 1986). The social work belief that the person/environment interface (Goldmeir and Mannino, 1986) is a significant factor in understanding dilemmas and in developing resolutions, seems to be lacking or not well outlined in the clinical approach. The person/environment interconnection is critical to a model of consultation that reflects a social work approach. As a social worker, the consultant should assist the consultee to consider the many factors which affect the client, whether intrapersonal, interpersonal or societal and should focus on how to understand, change and utilize the relevant social institutions (Goldmeir and Mannino, 1986). The consultant should consider the program, administrative and organizational contextual factors impinging on the consultee and her or his client. The contextual factors for both the client and consultee merit recognition and consideration in the analysis of the dilemmas and in development of their resolutions.

Many of the models of consultation suggest elements in the modes and/or interventions that are familiar to the social work profession (eg. relationship-building, equal power, and collaboration with the consultee, inclusion of the client in the process through a triadic process). Despite these elements being involved in the theoretical descriptions, the models might benefit from detail on the actual process of implementing them in consultation practice.

In many models, the consultation types are presented as distinct but the integrated approach of the social work profession understands that there is an individual and social component in all practice (Shulman, 1987). Thus, in relation to the Caplan (1970) models of consultation, there should be an explanation that a program-centered focus might lead to discussion and impact on individual cases and a client-centered focus might necessitate a realization and discussion of the program factors that are implicated.

Schein's (1978, 1989) process model seems to provide a more social work oriented consultation service. While recognizing that the quality of the content is essential, the Schein (1978, 1989) process model places emphasis on how to deliver consultations with emphasis on guiding the consultee to problem-solve in a participatory exploration of the diagnosis and establishment of the service plan (Cogswell and Miles, 1984). The Schein (1978, 1989) collaborative process is based on beliefs that parallel those related to social work practice. His suggestions to accept the goals and values of the consultee's organization, and to use a collaborative process to jointly seek resolutions that fit within the organizational system reflect a systemic approach (Rockwood, 1993). In addition,

Schein's (1989) realization that the content and process aspects of consultation are fluid and not definitively differentiated also reflects a social work approach.

In summary, the early models were presented as reflective of a clinical approach (Caplan, 1970; Schein, 1978, 1989). With awareness of how to utilize the clinical approach, these early consultation models include relevant concepts and processes that can be translated into a more social work oriented process. Gallessich's (1982) detailed writing, based on the clinical approach, provides suggestions on how to widen this perspective with consideration of the contextual factors for the consultee and her or his client. Gallessich's (1982) work exemplifies a social work orientation while utilizing a clinical approach regarding the foci and some of the interventions. While using the four Caplan (1970) foci for consultation, Gallessich (1982) also suggests the relevance of contextual issues and the critical need to provide support to the consultee. Gallessich (1982) thus moves beyond the acceptance of the more passive role for the consultee as suggested in some of the clinical approaches (eg. Caplan (1970) and Shein's (1978, 1989) expert model). She (Gallessich, 1982) recognizes the impact of the cultural context and the relationship as critical elements; as well as the consultee's ability to contribute much to the resolution of the dilemma as it is mutually defined.

While utilizing the significant contributions from the clinical approach, a social work consultant can develop a more social work oriented approach to consultation. The relevant considerations in this process are awareness of various factors. These include the understanding that the four Caplan (1970) foci are not clearly differentiated, and that the stages may not be so easily differentiated as outlined by Kurpius (1978), and are

experienced as fluid and circular. As well, the contextual factors for the consultee and his or her client are an important consideration in all the phases, and the knowledge and skill related to the collaborative process aspect are as critical for consultation as those necessary to expert content.

Evaluation

Although many models of consultation suggest an evaluative component (Caplan, 1970; Gallessich, 1982; Kurpius, 1978), there has been little or no evaluative research on the constellation of goals and objectives in social work consultation (Goldmeier and Mannino, 1986). In addition, it is suggested that consultants have made little or no provision for recording consultation sessions (Kadushin and Buckman, 1978, cited in Goldmeier and Mannino, 1986:189). Contributions of social work to research on consultation are described as rare (Goldmeier and Mannino, 1986).

Caplan

The literature on consultation does offer suggestions on evaluation. Caplan (1970:61) emphasizes the evaluative component of consultation, suggesting that the consultant search in the consultee's voice and non-verbal behaviour for evidence to confirm that the consultant's message has been understood. The consultation process should include the development of self-awareness by the consultant, being able to recapitulate what occurred and then to analyse this effort objectively. Caplan (1970) suggests a recorded account of the consultant's predicament and how the issue was resolved. Further to the issue of recording the content and process of consultation, Bloom

(1973) suggests observation and tape recordings of consultation sessions at the time they occur and follow-up with each consultee two or three weeks after the consultation effort.

Caplan (1970) recommends that the consultant have a method by which he or she can assess whether and to what extent her or his technical response has achieved the desired improvement in the consultee's job performance and/or accomplishment. Caplan (1970) presents that an evaluation of consultation will demonstrate a chain of interlocking factors: consultant intervention, change in consultee's perceptions and attitudes with change in the client behaviour, and then an enduring change in the consultee's performance.

Caplan (1970) suggests that the consultee be included in the evaluation process by commenting on the impact of the consultation. Changes in the consultee's performance, or in her or his perception of the case problem, improvement in the consultee's grasp of the case, and subjective reports from the consultee about their experience of the consultation, would provide much evaluative data. Caplan (1970) suggests, however, that the consultee's report on the consultant's performance should be viewed with caution as the response to the evaluation questionnaire could lack in honesty, being completed with the intent of either reward or punishment to the consultant.

Robins, Spencer and Frank

Robins, Spencer and Frank (1970, cited in Bloom, 1978:178-179), have suggested that important factors, resting with the consultant, would influence a positive outcome. These factors are good preparation by the consultant, a high interest level, familiarity with

the material presented by the consultee, and support to the consultee. Additionally, they argue that the higher the level of agreement among the participants on the purpose of the consultation, the higher the success of the outcome.

Kurpius and Brubacker

Kurpius and Brubacker (1976:35) suggest that the outcome of the consultation be judged according to the objectives established in the contract phase of the process. They advise that evaluation occur during the consultation process and at the point of termination. The critical question of the evaluation is whether the problem solving process helped the consultee (Kurpius and Robinson 1978: 322).

Watkins, Holland and Ritvo

Watkins, Holland and Ritvo (1976:51) offer two foci for evaluation related to service and impact objectives. The service objectives are the implementation and delivery of specific types and amounts of consultation activities. The impact objectives are the positive changes in the functioning or state of the consumers (the consultees), intended to result in a better provision of services or programs.

Blake and Mouton

Blake and Mouton (1978:64-69) believe that the effectiveness of consultation is dependent on the consultant's competence in diagnosis of the focal issue and in designing appropriate interventions. The consultation questionnaire developed for this praticum surveyed the student consultant's ability to comprehend and respond to the consultee's developmental and case issues. For example, if the consultee required case management

recommendations from the consultation then the evaluation should have assessed the extent to which this need was met.

Kurpius

Kurpius (1978) refers to the skill of consultation as being the development of a supportive atmosphere for problem solving, with expertise in solving a specific problem. The competent consultant requires the ability to determine which intervention strategy will benefit the consultee while also having the knowledge in the subject matter pertaining to the case dynamics. If the consultant chooses the collaborative style of consultation, there is an emphasis on the consultant's striving for equality between the two parties, especially, in the domain of power and authority. This could be a step in meeting the goal of helping the consultee to become more independent in his future problem-solving ability (Kurpius, 1978). There is also a focus on understanding the uniqueness of the consultee's position and the various approaches used in the process of helping. Kurpius (1978) mentions the need in this process for the consultant to demonstrate professional respect for the consultee. There were questions on the evaluation of the practicum pertaining to the consultant's level of expertise and other content issues, such as the consultee's perception of the consultant's ability to demonstrate respect. The consultee's sense of having been in an equal relationship with the consultant and misuse of authority and power were also queried.

Kurpius and Robinson (1978:338) and Kurpius (1985:368-389) suggest the need for both intermediate and concluding measures of evaluation to ensure the quality of the outcome of the consultation. While proceeding through the stages of the process, an

informal evaluation is seen as necessary for the consultant to become aware and make adjustments in the areas where deficits have occurred. This is to avoid an undesirable outcome in later stages of service or at the end of the consultation process. Kurpius and Robinson (1978) speak to process evaluation when they suggest, as did Caplan (1970), that the consultant monitors his or her ongoing activities to facilitate the evaluation of the outcome of consultation.

Kurpius (1985) also noted the importance of a variety of evaluation methods. These include skill demonstration, examination, a pre-test, post-test evaluation and an independent review of the consultation process. As the student in the practicum, I endeavoured to have more than a single source of evaluation. Both the consultee and his or her supervisor were to complete a questionnaire, and the practicum supervisor reviewed audio-tapes of the consultation sessions. In addition, the practicum advisor reviewed the student's journal and the written assessments (with measures to ensure confidentiality.)

Kurpius, Fuqua and Rozecki

Kurpius, Fuqua and Rozecki (1993) hold that many consultation interventions are aimed at "changing knowledge, beliefs, feelings, motivation, or behaviour". They suggest the best predictors of success are an accurate consensual problem and utilizing the most appropriate intervention. Furthermore, when the consultant provides too much detail in the diagnosis, the consultee may feel overwhelmed but when not enough detail is provided, the satisfaction of the consultee will be decreased (Kurpius, Fuqua, Rozecki, 1993).

Gallessich

Gallessich (1982) offers a detailed list of the characteristics on which the consultant should self-assess and be evaluated by the consultee. Although not exhaustive, these areas include contractual, relationship building and evaluation skills (Gallessich, 1982). The evaluation should include consideration of the consultant's ability to help the consultee find alternative solutions, make their own decisions objectively, and meet the consultee's needs. Gallessich suggests another potential outcome for consultation, that the consultee's client will be more quickly processed in the consultee's organizational system. The consultant's help with case planning, if accepted by the consultee, might have influenced this outcome. If the consultee was confident in her or his plan and had a well-developed rationale, the situation might proceed to an intervention or treatment phase rather than remaining stagnant in the analysis stage.

Gallessich (1982) suggests that outcomes should be measured from different perspectives. These outcomes should include feelings, perceptions, preferences, motives, knowledge and demographic data. Gallessich (1982) outlines changes in the consultee that should be developed through consultation: changes in attitudes, the ways to manage emotions, learning new skills, concepts or information, and changing behaviour (especially in adopting new techniques). She suggests that a survey can obtain information about the impact of the consultation on the consultee. She (Gallessich, 1982) also identifies the risk that outcome evaluation can be disruptive of the process due to its impact on the focus of the consultee. Gallessich (1982) suggests that a careful explanation of the purposes of the evaluation (in this student's case to emphasize that it is the

consultant, not the consultee who is being evaluated), and encouraging questions about it, should minimize the disruption.

Kenney

In a review of studies on consultation, Kenney (1986) finds that most research has considered that successful consultation leads to an increase in knowledge and skills that enhance the consultee's effectiveness on the job. Some studies did find that the consultee was helped by consultation to better cope and to develop more problem-solving skills. Other findings suggest, however, that the consultee found that the effort helped him or her in other areas, including those affecting empathy, value clarification and sensitivity to his or her client. There were findings that suggested that the consultation effort did increase the consultee's readiness to learn new skills. The consultant's affective and interactive skills were found to contribute most to success. The interactional and relationship elements of consultation were also found to be linked to successful consultation endeavours, but were difficult to analyse (Kenny, 1986).

He (Kenney, 1986) identified two conclusions related to the consultation process. First, services must be perceived as relevant to the consultee's needs and second, the planning of the consultation should include an assessment of the consultee's needs and interest. From outcome research, Kenney (1986) concluded that consultation is most effective in helping consultees in the areas of empathy, values clarification, and overall sensitivity. His review of findings concludes that consultation itself is not a direct critical contributor to the enhancement of work skills but that the process of consultation has an

impact on increasing the consultee's coping, problem solving and readiness for skill acquisition.

Perhaps one of the factors operating in Kenney's (1986) findings was that in the specific case discussion, the consultee did not demonstrate an ability to immediately alter her or his work skills but became more receptive to new concepts. The consultee might have re-visited and considered the relevance of formerly known concepts and also searched for and considered new, not previously considered interventions. The process of consultation could be confirming and bolstering for the consultee and thus a catalyst to further reflection.

When considering the roles and functions of the consultant, Kenney (1986) concluded that the research findings placed emphasis on the need for the consultant and the consultee to clarify their expectations of the process and of each other. He also suggests that the relationship between the consultee and the consultant is crucial to the outcome. Therefore, there must be a significant level of congruence between the role expectations and the task perceptions which each bring to the consultation. The consultant should demonstrate a technical ability to clarify the problem and to determine the priorities to be addressed. She or he should also have the ability to present multiple alternatives to the case dilemma, rather than providing only one solution. The consultation process may also require that the consultee be provided with support to put recommendations into action.

Kenney (1986) recommends that future studies should include assessments of attitudes, behaviours, and reports by the participants on process and outcome factors, with increased attention to the specifics of the consultant-consultee relationship. He (Kenney, 1986) suggests that research on consultation outcomes should be grouped into studies of change in the consultee and the client, in the consultee's system and in the combinations of these entities.

Rieman

According to Rieman (1992:89-90), congruence between the content and process and the goals of the consultation is a crucial factor to question in the evaluative process. Other evaluation issues relate to whether the effort will measure outcomes set forth in the initial purposes of the consultation, and if it will stay within the contract agreement boundaries. Rieman (1992) also suggests adequate objectivity built into the evaluation design, data collection and analysis. As well query the suitability of the content of the consultation to the consultee's work setting should be evaluated. It is suggested that evaluation should test whether the consultation is meeting the consultees' needs or whether improvements are required to increase its effectiveness.

Froehle and Rominger

When considering practice-relevant consultation research, Froehle and Rominger (1993) suggest that the single case design be considered. This is one answer to the criticism that consultation studies rarely use control or comparison groups. Gresham and Kendall (1991, cited in Froehle and Rominger 1993:697), suggest that with single case designs, we can learn more about the relationship between process variables and outcome

measures while also considering variables introduced by the consultee. They (Froehle and Rominger, 1993) argue that surveys are the most likely approach for studying consultation practice, although they add that case studies and observation can also be useful. They (Froehle and Rominger, 1993) suggest that research on interpersonal process is lacking, with only a few studies having considered the variables of verbal interaction and non-verbal behaviours. Regarding methodologies for consultation research, Froehle and Rominger (1993) suggest that with qualitative research, we can learn through a thoughtful presentation of specific intervention cases.

Miles and Huberman; and Patton

Miles and Huberman, (1994) and Patton (1990) explain that qualitative research occurs in a naturalistic setting, and is conducted through an intense and/or prolonged contact with a field or life situation. The goal of qualitative research (Miles and Huberman, 1994) is to "gain a holistic", (systemic, encompassing, integrated) overview of the context under study: its logic, its arrangements, explicit and implicit rules". The data for this research should focus on perceptions, attentiveness, empathic understanding and suspending preconceptions about the topic under discussion (Miles and Huberman, 1994). It is suggested that reviewing the data can isolate themes and expressions that can be organized to compare, contrast, and analyze. Patton (1990) suggests that qualitative inquiry permits the researcher to study selected issues in depth, and that this leads to an examination, judgement of accomplishments, and conclusions regarding effectiveness.

In conclusion, the various authors suggest different foci for process and outcome evaluation. The similarities and differences regarding relevant factors in evaluation will be

presented, as will be the various methodologies offered. The risks and limitations of the suggested methods for evaluation of consultation will also be considered.

When considering process evaluation, the focus is primarily on the consultant's ability to manage the content and process aspects of consultation. The consultant should be aware of the use of the self (Caplan, 1970; Kurpius and Robinson, 1978) and have expertise in content (Caplan, 1970) and process (Gallessich, 1983; Kurpius, 1978). Rieman (1992) suggests that the process evaluation should consider whether or not the process was congruent with the negotiated objectives. The consultant's ability to accurately define the problem, to develop a mutual contract, and to select appropriate interventions are considered important factors to evaluate regarding the process (Caplan, 1970; Kurpius, 1978). The consultant is advised to record the difficulties experienced in the process and the resolutions found (Caplan, 1970). The consultant should seek and consider the consultee's verbal and behavioural feedback on the experience related to the content and process elements of consultation (Caplan, 1970).

Other factors to consider in process evaluation are the consultant's ability to provide a supportive atmosphere (Gallessich, 1983; Kurpius, 1978) for problem solving that is relevant to the consultee's needs and issues (Kenney, 1970). Kurpius (1978) suggests that equality in the relationship is critical to relationship building. Kurpius, Fuqua and Rozecki (1993) add that the consultant's ability to provide essential, but not overwhelming, information regarding resolutions to case dilemmas is relevant to process evaluatuion.

When considering outcome evaluation, Gallessich (1983) and Robbins, Spence and Frank (1970) suggest that the consultant's ability and skills are crucial to evaluate. The qualities to question are good preparation, a high level of interest and adequate support to the consultee, and a high degree of agreement on the purpose of the consultation. The ability to negotiate a mutual contract (Caplan, 1970; Gallessich, 1983) and to link problem solving in ways that will benefit the consultee (Caplan, 1970; Kurpius and Brubacker, 1978) are also important in outcome evaluation.

With the ultimate objective of better service to the client, Caplan (1970); Kenney (1970); Kurpius (1978) and Watkins, Holland and Ritvo (1976) focus on the consultant's impact on changing consultee perceptions, attitudes, and performance. Gallessich (1983) and Kenney, (1970) suggest evaluation of the consultation's impact on the consultee's attitudes, perceptions about the case, receptivity to reconsider previously learned information, to consider new information and to learn new techniques and interventions. Other authors consider as critical, the consultant's ability to problem solve (Caplan, 1970; Kurpius and Brubacker, 1978) and whether or not the consultation assisted the case to be processed more quickly through the system (Gallessich, 1983). Although these concepts are considered important in process evaluation, the consultant's competence in diagnosis, selection and use of interventions are also relevant to outcome evaluation (Blake and Mouton, 1978).

The methods suggested to evaluate consultation and whether it assisted in problem solving, include observations of the consultee (Caplan, 1970), observations and self-reflection by the consultant and objective analysis of this information (Caplan, 1970).

Bloom (1963) suggests observation and tape recording of the sessions and follow up interviews subsequent to the termination of the process. Kurpius (1978) suggests pre and post tests of the consultee and demonstration of the newly learned skills. Robbins, Spence and Frank (1970) and Gallessich (1983) advise questionnaires of the consultee regarding the consultation process, the consultant's skill and the outcome of consultation. Similarly, Kurpius and Brubacker suggest an evaluation by the consultee commenting on the congruence between the outcome and the negotiated objectives of the consultation.

Froehle and Rominger (1993) suggest a qualitative case study to evaluate the process and outcome of consultation. Qualitative questions are suggested by Gallessich (1983) regarding the relationship factor between the consultant and the consultee; Patton (1990) and Miles and Huberman (1994) also focus on the relationship aspect of consultation.

There are risks and limitations to the suggested methodology for evaluation but potentially suggestions can be offered to counterbalance these factors. Caplan (1970) and Gallessich (1983) suggest that the consultee's feedback might be suspect and lacking in objectivity. Gallessich (1983) comments on the inconvenience of evaluation to the consultee and suggests that obtrusive evaluation might be limited by stressing that the feedback is to evaluate the consultant, not the consultee. A potential resolution to the lack of objectivity by the consultee is to ensure that the consultant is blind to the respondents of formal evaluations. This suggestion does not however resolve the difficulty in seeking informal and continual feedback during the process of consultation.

Although much of the literature on evaluation places emphasis on the consultant's ability to build a relationship with the consultee, the interactional element is difficult to analyze and evaluate (Kenney, 1970). As well, objectivity by the consultant regarding description of the process and its evaluation, as suggested by Caplan (1970) might be difficult to achieve. Tape recordings, audio-visual recordings reviewed by an objective individual or group, and/or in vivo supervision would be helpful to provide objective feedback on the content and process of evaluation. These techniques, however, would not assist in the long-term evaluation of the effectiveness of consultation.

The effectiveness of consultation is difficult to evaluate, especially if there is no long-term contract between the consultant and consultee. A consultee's impression of the usefulness of the process and the impact on change regarding attitudes, behavior and benefit to the client would be difficult for the consultant and consultee to gauge, both in the short-term and over the long-term.

Potentially, the most suitable methods for evaluation of the process and outcome of consultation would include informal feedback, during and at the termination of the process. In addition, both quantitative and qualitative questionnaires, whereby the consultant is blind to the respondents might be gathered at the termination and at a follow-up point. The gathering of subjective, qualitative information and quantitative data with a consultee over a long-term contract might resolve some of the risks and limitations of the various methods of evaluation.

Self-analysis

Self-analysis is an element of the consultation process and its evaluation. Schön (1983) presents concepts on self-inquiry, "reflection-in-action" that are relevant to any practice, and, in this practicum, were integrated in the use of journalising.

Schön (1983) suggests that problem solving is a process that interactively involves naming the things to which we will attend and framing the context in which we will address them. He notes that in order to solve a problem by application of existing theory or technique, the practitioner must be able to map out theoretical or technical categories onto features of the practice situation. He (Schön, 1983) speaks to the non-technical process of framing the problematic situation to organise and clarify both the ends to be achieved and the possible means of achieving them. "... *W*hen practitioners (*for example, social workers*) do resolve conflicting factors, it is through a kind of inquiring which falls outside the model of technical rationality, it is the work of naming and framing that creates the conditions necessary to the exercise of the technical expertise" (Schön 1983:41).

Schön (1983:43-49) refers to social work practitioners as having chosen to work in the "swampy low lands." In other words, the social worker is trying to problem solve those pertinent questions about complex human situations in which there is no guaranteed correct solution or objective reality (Goldstein, 1993:96). Goldstein (1993) suggests that when social workers describe their methods of inquiry, they speak of experiences, trial and error, intuition and muddling through. Schön (1983) suggests an epistemology of practice that is implicit in the artistic, intuitive processes that some practitioners bring to a

situation of uncertainty, instability, uniqueness and value conflict. "Reflection in action" or reflexivity is thinking about doing something while doing it (Schön, 1983:54-69). He (Schön, 1983) suggests, that in this effort, our knowing begins in our action, and then in thinking about "the stuff" with which we are dealing, sometimes even while doing it. Reflection in action is turning "thought back on action and on knowing which is implicit in the action" (Schön 1983: 49-50).

Schön (1983:50) offers that, as the practitioner tries to make sense of the "puzzling, troubling, interesting phenomena, (*she or*) he also reflects on understandings which have been implicit in (*her or*) his action; understandings which (*she or*) he surfaces, criticises, restructures and embodies in further action". The questions which the practitioner reflects upon are (Schön 1983:50): "what features do I notice when I recognise this thing?" "What are the criteria by which I make this judgement?" "What procedures am I enacting when I perform this skill?" "How am I framing the problem that I'm trying to solve?" Reflection in action (Schön 1983:56) "hinges on the experience of surprise, then focuses interactively on the outcomes of action, the action itself and intuitive knowing implicit in the action".

Schön (1983) explains reflection in practice, as linked to that element of repetition where a "case" denotes units that make up the practice and the types of family situations that have similar dynamics and issues. A professional "develops a repertoire of expectations, images and techniques, learns what to look for and how to respond to what he finds" (Schön 1983). Therefore, having reflected and knowing more about the practice, the professional should become increasingly tacit, spontaneous, and automatic.

This process confers on her or him and on her or his clients, the benefits of specialisation. However, Schön (1983) suggests that specialisation can lead to a narrow vision that can break down an earlier attained holism whereby the professional can become inattentive to details that do not fit the categories of her or his knowing in action. The result can be boredom, burnout, narrowness, rigidity, and over-learning what the professional already knows (Schön, 1983).

A practitioner's reflection can correct the above-outlined phenomena. Reflection criticises the tacit understandings that have resulted from the "repetitive experience of specialized practice and make(s) new sense of situations of uncertainty, uniqueness" (Schön, 1983). The reflection will have varied objectives and foci on strategy, theory, judgement, or course of action demanded from his or her role (Schön, 1983). The reflection in practice (Schön, 1983) presents as an on-the-spot experiment, and in action requires that a practitioner become a researcher in the practice context (Schön, 1983). Thinking and doing are not separate as the action implementation is built into the inquiry. In a reflective practice, the action on a situation is integrated with deciding and the problem solving is a part of the larger experiment in the problem setting. The frame experiment sets the problem to be solved and problem solving is one element in the practitioner's test of the frame (Schön, 1983). Schön (1983) presents that when involved in a process of inquiry, an overarching theory supplies the language from which to construct particular descriptions, themes and interpretations. The practitioner is described as using theory to guide the reflection and action.

Ethics

Levy (1976:25) describes social work ethics as signifying "what ought to be done" in professional practice, "because of the responsibility assumed to be carried by virtue of (one's) occupational capacity." He clarifies (Levy 1976:29), that "ethics deals with standards, expectations of behaviour, action or inaction in relation to others or for others, based on the nature of the relationship." The relevant ethical statement for this consultant originates from the Social Work Code of Ethics, delineated by the Canadian Association of Social Workers (1994). Social work ethics relate to expectations of professional conduct in the areas of duties, obligations, propriety, competence, professional development, service, objectivity, integrity, and scholarship and research. In relation to consultation, as in other service provision, the client's needs are the priority. In this practicum, the consultee was the "client"; but meeting this individual's needs should directly or indirectly have been of benefit to the agency and the consultee's client. The practicum arrangements involved respect for the client's privacy and confidentiality and for their right to self-determination. The client for the consultation was under no obligation to take part in the practicum and was provided information and opportunity to question the objectives and process before considering signing consent to participate. The sesions were audio-taped with the client's consent and after review, were erased. The evaluation questionnaires were distributed and received by the practicum advisor to ensure that the consultant was blind to the respondents. The student recognized responsibility by the consultant to provide the highest quality service possible, with accountability, to the full measure of competent practice, for the foreseeable results of the recommendations. The social work supervisor at the Child Protection Centre and the

practicum advisor reviewed the client-centered consultations. The consultee's agency management and/or the parent(s) legal counsel and/or Child Protection/Family Court judges reviewed many of the resultant written reports. The consultee, program and adminstrative-centered consultations were reviewed by the practicum advisor through review of the audio-tapes, journals and/or in vivo supervision.

Rieman (1992) suggests that in consultation there is an obligation that the process and related activities be carried out in accordance with the contract negotiated between the consultee and consultant.

Walsh and Moynihan (1990:295) suggest that ethics should permeate the thoughts and behaviour of the consultant, and that it is critical to the establishment of a relationship that there be consonance on the ethical issues, among the consultant, the consultee, and the agency to which the consultee is accountable. This concept sees the consultant as striving to be in support of the values, ethics and related activities of the agency, which the consultee represents. In the practicum, the ethic of working towards the protection of children was the guiding mission of both the consultant's and the consultee's organization. The consensus on this general ethic does not exclude the possibility of disagreements on the many subtle and significant ideological nuances involved. For example, the degree of safety, and when and if to remove children from a questionably unsafe family environment might be the subject of variant views. Any difference of opinion of this nature would have to be carefully sorted out, and if not worked through to the satisfaction of both parties, could have necessitated an agreement to terminate the consultation process.

Assessment Models

The family referred for assessment to Child Protection Centre may demonstrate issues of neglectful or abusive parenting (physical, emotional and/or sexual) or a combination of these dynamics. While much of this student's practice is an eclectic mix of theory and learning from practice, there are some primary theories that guide the assessment process used in the consultations.

Assessment of families with abusive components is based upon literature related to the dynamics of abuse, the impact of the dysfunctional behaviour on the children and the considered risk factors. The seminal materials for an understanding of abuse are from Oates, (1982; 1986; 1996) and Helfer and Kempe (1987). In the area of neglect, the student relies on the work of Polansky (1981) and Egeland and Erickson (1987). Formulations on physical abuse which are most relevant are from Gelles (1972); Steele and Pollock (1974); Steele, (1987); and Helfer and Kempe (1987). For sexual abuse, the relevant literature includes work by Sgroi (1982), Finkelhor (1984; 1986), Faller(1988; 1991) and Trepper and Barrett (1986; 1989).

Neglect of children can occur in relation to physical, emotional, safety, medical or educational needs. Neglectful care-givers are typically isolated from support systems, impoverished and depressed (Polansky, 1981). The impact of neglect on children includes discontinuities in crucial developmental phases, often resulting in learning problems, poor decision-making skills, and an inner sense of rage. This, in turn, can lead to depression or anti-social behaviour on the part of the children.

Emotional abuse is the underlying characteristic of all forms of child abuse. Garbarino, Guttman and Seeley (1986) define it as a concerted attack by an adult on a child's development of self and social competence. They outline five types of emotional abuse: rejection, terrorizing, ignoring, isolating and corrupting. Oates (1996) notes that the emotionally abusive parent lacks sufficient child development knowledge to cope with the normal demands of children in different developmental stages. Emotional abuse is also described as occurring more in poorer communities characterized by high unemployment, poverty and a sense of powerlessness and frustration in the parent (Polansky, 1981; Oates, 1996). All forms of abuse, including sexual, are also, however, found in middle and upper-class families where dysfunction, stress and tension are coupled with inadequate parenting skills and unrealistic expectations of children. Emotionally abusive parents seem unable to meet their children's psychological needs and respond to them inappropriately by giving them too many responsibilities that are beyond their age capacity and then punishing them if they fail in their efforts (Oates, 1996). Some emotionally abusive parents infantilize their children or fail to express respect for their children's thoughts or feelings. Children of emotionally abusive parents may receive conflicting messages and may see their parents as unreliable (Egeland, Stroufe and Erickson; 1983). In a study of emotional abuse, Brazelton (1982), showed that when compared to a control group, these parents had poorer coping skills, poorer child management techniques, and more difficulty in forming relationships. The children of emotionally abusive parents were found to have behaviour that is more deviant.

In child sexual abuse, the child is, from the offender's point of view, the ideal victim. Children have been taught to obey adults and they also believe threats, whether

veiled or made explicitly. Some children are at greater risk for sexual abuse than others. Girls are more at risk than boys, especially when they are preadolescents. Other features related to elevated risk for sexual abuse are parental absence, parental unavailability (psychologically or physically); the presence of live-in partners (especially where they are not the biological parent) and children witnessing conflict or violence between the couple (Sgroi, 1982). Finkelhor (1984) has described four preconditions that must exist to facilitate the occurrence of sexual abuse. The adult must have sexual feelings for the child or for children in general. The adult must overcome his or her internal inhibitions against acting out these sexual feelings. The adult must overcome the external obstacles to acting out the sexual feelings and the adult must overcome the resistance or attempts at avoidance by the child.

Finkelhor (1984) suggests that the sexual abuser is arrested in his or her psychosexual development and, therefore, relates more easily, to children. The abuser generally has low self-esteem and seeks power and control over children to overcome his or her feelings of powerlessness, likely related to childhood abuse or other early trauma. Some sexual abusers have experienced an early introduction to the experience of sex and find children arousing. To assist in the arousal process, some perpetrators may use pornography as well as alcohol or drugs.

Intrafamilial sexual abuse is a symptom of a more general dysfunction in the family (Trepper and Barrett, 1986; 1989), and is often associated with neglect, emotional abuse, deprivation and even physical abuse. Children who have been subjected to third party or extra-familial abuse, especially those repeatedly victimized, may also come from families

characterized by neglect, deprivation and emotional abuse. The independent effect of sexual abuse, in a situation where other types of abuse also exist, is difficult to decipher. However, children who have been sexually victimized often have feelings of guilt, depression, and helplessness. Some children present with symptoms of post-traumatic stress: acute anxiety, nightmares, flashbacks, night terrors, phobias, and fear of another assault (Faller, 1988a; 1988b; Sgroi, 1982). As well, due to chronic sexual abuse, some children experience gender and other sexual identity problems. Brassard, Germain and Hart (1988) refer to the devastating effects of sexual abuse on a child's psychological development. Their sense of trust and security have been exploited and damaged. The adverse effects and psychological sequelae of sexual abuse may be demonstrated differently by each child, as much depends on the particular level of psychosocial development at the time of the incident(s). Other factors also may determine the depth of the impact of sexual abuse. These include the closeness of the relationship between perpetrator and victim and the presence and type of threat used to gain the child's involvement. Other relevant factors impacting on the victim are the intensity of physical and emotional intrusion, chronicity of abuse, and the level of belief and support provided to the child after disclosure and discovery of the abuse (Trepper and Barrett, 1986; 1989).

Oates (1996) states that society contributes to child abuse with the acceptance of corporal punishment as a method of discipline. The literature on child abuse also refers to other societal factors related to family stress and socio-economic issues. The economic factors, interpersonal relations and socio-cultural factors act together in abusive families to create severe economic hardship and stress. Child abuse can also be linked to the caregivers' violent and criminal behaviour and in some families to the use and abuse of

alcohol and drugs. Abusive parents are described as having intense feelings of anger, which result from frustration and loss of impulse control of their impulses (Steele and Pollock, 1974; Helfer and Kempe, 1987).

Parental characteristics often found in abusive families (Steele and Pollock, 1974; Steele, 1987; Oates, 1996) are depression, low emotional maturity, poor ego strength, and poor mental health. Maltreating parents often tend to be younger when they have children, are simplistic and egocentric in their thinking, have poor levels of physical health, and are less mature in the expression and regulation of their emotions than are non-abusing parents. Abusing parents often experience poor interpersonal relationships and poor marital relations leading to a series of unsatisfying unions or frequent changes of partners. For the children, this can contribute to unpredictability and instability in their home-lives.

There are various situational factors which may contribute to child abuse (Helfer and Kempe, 1974; 1987; Oates, 1996; Steele, 1987). These include an unplanned pregnancy and birth, long and difficult labour and delivery, and a premature birth interfering with the bonding process. When the child's natural father is not involved or is unhelpful in caring for the child, and when the mother's partner is not the biological father of the child the risk of abuse is increased. The child's presence may be perceived as a financial burden, interfering with a previous life-style, and disrupting education or career plans. If a child has developmental, mental or physical limitations or resultant handicaps, he or she may be perceived as different, less acceptable or may possess special needs beyond the capacity of an already limited parent. By the same token, a child with a

difficult temperament, a chronic illness or behavioural problems may be overloading a parent with unmet developmental needs, who has limited parenting and coping skills. The child's behaviour and temperament may stem partially from unmet basic needs due to parental limitations or victimization from the abuse experienced by the child.

The effects of both emotional and physical abuse on children are wide ranging (Steele and Pollock, 1987; Oates, 1996); but many of these victims present as apathetic or withdrawn, and may also be vigilant in watching the care-giver and their environment for signs of impending danger. These children, as did their parents, often fail to develop a basic trust and many demonstrate impaired ego functioning. Superficially, the children of abuse may appear well adjusted but aloof, unable to form meaningful relationships, and may have a fear of becoming dependent, or conversely, may be quite dependent. Nevertheless, others may be quite independent individuals whose demands and needs are almost impossible to meet.

The psychoanalytic view of child abuse suggests that the cause of abuse is the parents' own psychological problems (Steele, 1987). Their basic need for love and nurturing as children was inadequately met. Therefore, they look, unrealistically, to their own children to meet these needs. Abusive caregivers often have high standards and unrealistic expectations for their children's behaviour. They also expect their children to understand their personal needs. They expect the children to provide them with the nurturance, unconditional love and acceptance that was absent in their own childhood. When the child cannot meet these impossible expectations, the caregiver may lash out emotionally and physically at the child. The abusive adult often lacks in attachment in his

or her initial and/or primary relationships. This adult often lacks basic trust of other individuals and may present as isolated with limited networks and few supports. The adult who exhibits unresolved childhood attachment issues often is less flexible, less resourceful, more anxious, more hostile, and more lonely than other parents. They seem to have fewer peer and family supports, and have difficulty attaching securely and relating to their own children (Oates, 1996).

The theory of attachment is a component of the parent/child assessments (Ainsworth, 1972; 1973; 1979; 1985; Ainsworth et al., 1978; Bird, Kestenbaum and James, 1988; Bolton, 1983; Bowlby, 1969; 1977; 1988; Egeland and Sroufe, 1981; Sroufe, 1979; Sroufe and Rutter, 1984; and James, 1989; 1994). The basic tenet of this theory is that the human being, for his or her survival, must have his or her basic needs met (physical, emotional, psychological). The human's need for a profound bond between a parent and child is the essential building block for trust and ego strength. According to Bowlby (1969; 1977; 1988); Ainsworth (1973) and James (1989), there are several types of attachment, which reflect health or dysfunction in the parent/child bond. This basic theory of attachment has produced much research over the years (Main and Goldwyn, 1984; Main and Solomon, 1986). Attachment theory is empirically verified and can be used as one perspective from which to assess the quality of the relationship between a parent and a child. The quality of attachment and sense of security and well being, which are critical building blocks for one's view of herself/himself and the world around him or her, depends fundamentally on the quality of care received in one's early months and years (Sroufe, 1979). The effects of early attachment are believed to be significant throughout one's life and to be relevant for significant life decisions (Bowlby, 1969; 1977;

1988). There has recently been more recognition that a person's early experience of attachment is a predictor of the manner in which he or she relates as an adult in his or her close relationships, to children and to adult peers (Bowlby, 1977, 1988; West and Keller 1994). Many child neglect and abuse theorists believe that indications of an impaired parent-child attachment will be found whenever dysfunctional parenting occurs (Steele and Pollock, 1974; Helfer and Kempe, 1974; 1987; Parenting Capacity Assessment Research Group, 1993).

The issue of learned behaviour (Oates, 1996) is also relevant to understanding causal factors for child abuse. Some abusive caregivers were subjected to or have witnessed aggression or violence in their families of origin. At times a victim of abuse identifies with the power of the aggressor and feels that her or his impoverished sense of self can only feel confident and competent in repeating previously learned aggressive or abusive behaviour. Without amelioration, the abusive style of interaction may be repeated into the next generation. One possible ameliorating factor is the parent's desire or ability to seek other ways of managing feelings and resiliency in the child. Intergenerational transmission of abuse is often a factor in both abusive and neglectful parenting.

Developmental theory (Helfer 1987; Pearce, Pezzo and Pearce, 1994) is also a relevant source of the knowledge necessary to undertake parent/child assessments. Clients' problems can be understood as difficulties completing life tasks that are critical to the demands of social roles and life cycles, such as identity formation and change or transition to new social relationships. Developmental psychopathologists see development

as consisting of important age and stage appropriate tasks that are critical to the child's continuing adaptation (Martin, 1980; 1982 and Sroufe, 1979).

The theory linked to the problem-person-situation model should be eclectic in combining elements of personality and social system theories about role identity, deviant behaviour, social situations, crisis, and conflict resolution. The model for assessment at the Child Protection Centre is the problem-person-situation model based partly on the traditional casework model as originally developed by Richmond (1917). The central belief is that the professional social work focus is on the issue of social functioning, that is defined in the interaction of the person and the environment (Bartlett, 1970), with an orientation to the person within the problem situation.

Assessment has a problem task focus, wherein the problems are identified as a set of tasks that must be achieved to move beyond obstacles and to attain desired and defined goals. According to this concept the consultant and the consultee become collaborators in understanding the differences between the client's social role and the adequacy of his or her performance as a parent. The social worker focuses on the social functioning of the person in her or his life situation, with concern for both the inner person and the outer factors (societal, community, familial, network), that impact upon functioning as individuals, family members, and parents. The goal for the social worker in the assessment is the enhancement of the person and her or his self-realization and growth, with the consideration of the interdependence of the person and the situation. Because of children's vulnerability, in combination with the crucial developmental time lines, the assessment of a family situation is considered from the perspective of the child's needs as

paramount. While the assessment process at Child Protection Centre respects and strives to maintain the integrity of the family, the need for a safe, harm-free home and meeting of the child's emotional, physical and intellectual needs are the primary foci.

When an assessor considers the individual parent or parental system, the personality, identity, personal adjustment and interpersonal competence are considered as well as the behaviour and personality changes necessary to achieve quality parenting. The social situation and social system are the basic operational units for the individual and the group, and a natural and basic unit for assessment (Siporin, 1972). Many of the families involved and issues of child protection demonstrate ineffective and inadequate functioning and are characterized by dysfunctional role performance of parents. When a family is referred for consultation and assessment, either their children are in care, or they are under supervision or investigation by a child welfare agency, and therefore the parents are at some level of crisis.

The intervention goal and strategy for resolution of case issues should be specific to the case problem and situation (Siporin, 1972:154). The task procedures that are part of the implementation of a planned action in parent-child assessment have the purpose of problem solving. The parent-child assessment involves judgements about the client of the consultee and any incongruity between what exists, what is appropriate for a well functioning individual and family and what is actually occurring. If a parent is found to be abusive and/or neglectful the critical issue becomes his or her ability to recognize his or her responsibility for this behaviour, and his or her sense of empathy for the child who has, in some form, been damaged by the parent. Judgement is also required of the parents'

capacity to alter their behaviour and attitudes, so as to be able to meet their child's needs in a time frame that is relevant to the child.

The parent/child assessment model followed at the Child Protection Centre was developed in about 1984, by the former Associate Director, the late Margot Buck, when she was the project director of the Parent and Child Therapy Society of Vancouver, B. C. (Health and Welfare Canada, 1984). Although developed quite independently, Ms. Buck's approach is parallel to that developed by the psychiatrist, Steinhauer (1983; 1995; 1996; Steinhauer, Leitenberger, Manglicas, Pauker, Smith and Goncalves, 1993). There is little difference in the theoretical base among the frameworks presented by Buck, (Health and Welfare Canada, 1984); Steinhauer (1983; 1995; 1996) and Steinhauer et al. (1993). These models for parent-child assessment also emphasize data gathering through interviews and observations and prioritizing the children's needs above those of the adults (whether this relates to the parents or the system's workers). As is the practice at the Child Protection Centre, Steinhauer et al. (1993) recommend completing a written report for the referring worker. Although it is not explicitly stated, there can be a safe assumption that the primary data gathering vehicle, the interview, should include a focus on the development of an empathic and respectful relationship with the parent(s) and their children, as did Buck's (Health and Welfare Canada 1984) model. Her (Health and Welfare Canada, 1984) parental interview approach moves back and forth between the parents' experience, their role as caregivers, their experiences in childhood, their perceptions of these experiences and the similarity or discrepancy between their experience and that provided for their children. Buck (Health and Welfare Canada, 1984),

Steinhauer et al. (1993), and Steinhauer (1983; 1995; 1996) use observation of the parent-child interaction as another mode for assessment of the family dynamics.

The Toronto Parenting Capacity Assessment Project (Steinhauer et al., 1993) has produced guidelines to process the data for clinical decision-making rather than developing a risk scale to make the actual decision. Steinhauer et al. (1993:18) believe that the Toronto Parenting Capacity assessment can serve as a basis to assist with permanency planning for children, setting case goals, monitoring intended interventions, and assessing the likelihood of significant change in response to intervention. These Guidelines for Assessing Parenting Capacity (Steinhauer et al., 1993) can be utilized on their own or as an adjunct to risk assessment guidelines. Both the Buck (Health and Welfare Canada, 1984) and Steinhauer (1983) models focus on developing an understanding of the parental style of care, attachment and interaction, and their sense of responsibility regarding incidents of child abuse and/or neglect. It is also relevant to assess the parents' potential to meet the children's developmental needs. If the parents' behaviour is found to be damaging to the children, then the need for early intervention is a critical factor. Steinhauer (1983, 1995, 1996); Steinhauer et al., (1993), and Buck (Health and Welfare Canada, 1984) place emphasis on early intervention and providing a child with a sense of safety, well-being and permanency as soon as possible.

Miller et al., (1988) point out in their review of the risk assessment scales that caseworkers can only measure risk through a careful consideration of many interconnected factors. McDonald and Marks (1991) critically reviewed 10 risk assessment scales, used from 1970 to 1988. They found that the various scales offer

diverse approaches to the actual assessment of risk (McDonald and Marks, 1991:116); but that ambiguity exists concerning the definition and measurement of risk factors related to the child, caretaker, family, and environment (McDonald and Marks, 1991:121). They suggest that this is less true of the characteristics of the maltreatment and perpetrator's access, which tend to be more reliably measured; but are frequently overlooked (McDonald and Marks, 1991:121). These researchers also note that there is a need for separate prediction models for physical abuse and neglect which they believe could perform reasonably well (McDonald and Marks, 1991:121). They also comment that there is disagreement on what should be considered when assessing risk for abuse (McDonald and Marks, 1991:114). The strongest predictors of physical abuse were prior reports of abuse, previous placement of children, the number of children in the home, and negative social relations within the family and in relation to external networks and systems (McDonald and Marks, 1991:118). The strongest predictors of neglect (McDonald and Marks, 1991:118), were single parent homes, and the age of the caretaker (the older the caregiver, the less likely the occurrence of neglect). Eight of the instruments largely agreed, with a narrow focus and a limited number of variables related to severity, chronicity, and the perpetrator's access to the child (McDonald and Marks, 1991:119). McDonald and Marks (1991) found that both practice guidelines and research have concentrated more on the characteristics of the caretaker and the environment. This focus has been at the expense of factors related to the child, the parent-child interaction, the family, the character of the maltreatment, and the perpetrator's access to the children. McDonald and Marks (1991:222) conclude that the use of risk assessment scales has occurred without adequate testing of the predictive validity of these instruments.

Steinhauer (1983; 1995; 1996) believes that all of the above factors should be considered in assessing risk of harm. He presents that it is the cumulative and interactional risk patterns that define the likelihood of neglect and/or abuse. In addition, Steinhauer (1983); Steinhauer et. al., (1993) and Buck, (Health and Welfare Canada, 1984), posit a link between abuse in the parent's family of origin and dysfunction in the contemporary parent-child relation.

Steinhauer's (1983) and Steinhauer et. al. (1993) assessment process focuses on the context of the family (current stresses) with additional attention and note taken of the child's developmental progress. The parent-child relationship, the parents' impulse control, acceptance of responsibility, adult behaviour affecting parenting, and the parents' relationship to the community (support, co-operation with social institutions, history of extra-familial violence, criminality) are also evaluated. Lastly, Steinhauer (1983) considers the parent's use of clinical intervention.

At the Child Protection Centre, the parent-child assessments are qualitative, open-ended efforts that do not use formal risk-assessment scales. The objective of the assessment is to understand and recognize the parenting style (neglectful, abusive or a combination of these characteristics), and the impact of this parenting style on the child's development. The children's present and potential future needs, especially if damaged by past life circumstances, are critical in evaluating the parents' potential to provide, over the long term, to the children in question.

The basic premise of the Child Protection Centre parent/child assessment is that the family is the essential system to provide a child with unconditional love and a sense of trust and security. This will have a significant impact on her or his view of self, sense of worth, esteem and view of the world as a place that is either safe or hurtful. The family's responsibility is to develop a child who will, as an adult, function adequately and attain his or her potential emotionally, physically, psychologically and socially. In addition, the parent/child assessment considers that a child cannot and should not be left in a state of limbo that can be quite detrimental to her or his well being. The timelines for children are crucial, and this premise is relevant in determining whether or not the parents will be able to meet a child's needs within a time period that fits the child's timelines.

As well, when neglect or abuse is confirmed or suspected, the assessment considers the parents' past behaviour in responding to these occurrences. Whether or not the parents have accepted responsibility, are prepared to work towards change, and are committed to that effort requires assessment. Other significant issues considered are the parents' ability to control their impulses, past ability to accept supports and their level of co-operation with social institutions. In addition, consideration is given to child resiliency factors, extra-family supports and parental strengths.

The parents' history of intra-familial and extra-familial violence and criminality is also considered, as well as the parents' past use of clinical interventions and the usefulness of particular interventions and their predicted level of success. If the historical patterns of parenting have been detrimental, then the question under consideration is "does this parent have a capacity to change her or his parenting style?" As well, the

assessor should question whether the change necessary in a parent could occur in a time period that is relevant to the children's needs for security and a sense of permanency.

The Child Protection Centre consultant's responsibility is usually to respond to a child welfare case manager's request to evaluate parental capacity and/or to make recommendations for case management with special consideration for planning for the children's future. The collection of data to attain understanding of parental functioning and children's needs is multi-modal. First is the parental interview, observation of parent/child interaction and review of significant events in the life of the child and in the past or present life of the parents. Having analyzed this information, the consultant develops hypotheses regarding family functioning, parental style, areas of negative impact on the child and areas where change is necessary. The second level of data collection utilizes collateral data, observations from professionals in other areas (day-care, school, foster caregivers, counselling, therapy and educational or support groups). The parents' consent is of course required. If possible, with the family's consent, a last step is a review of the Child and Family Services agency file. The consideration and analysis of this data is helpful for developing a parenting profile. The relevant characteristics of the children are then juxtaposed against the parents' ability.

The conclusions of the assessment comment upon the general style of parenting, parenting difficulties, children's experiences, and resiliency in the context of the family. Also considered are the issues, damage, needs of the children and the strengths and potential for the parents to adequately meet the children's needs. There should also be consideration of the parents' ability to be rehabilitated, if provided some form of

intervention. If the parents could benefit from therapy, teaching or supports then the recommendations will reflect these thoughts, and will also suggest the potential time lines and indicators of progress as the intervention proceeds. If the conclusion is that these parents do not have adequate parenting skills and demonstrate little or no potential for change, then the needs of the children must remain the primary focus of the recommendations of the consultation. Where possible and relevant the assessor will comment on the issues of access between the children and parent(s), and permanency planning.

The assessment report is used for the agency's case planning and at times for decision making in the child protection court process. The use of the assessment report for legal purposes presents implications for the report and the consultation process. The consultation report should be written in a form that provides a comprehensive view with supportive data for the conclusions and recommendations. If required for the court hearing or contested trial, the legal process determines the timelines for completion of the document. The role of the Child Protection assessor includes being challenged and providing expert testimony regarding child abuse, neglect and parental capacity assessments. As well, unless the assessment report is accepted by all legal counsel (representing the agency and the parent(s)), the assessor will undergo direct and cross-examination. The assessor usually is presented to the court as having some expertise related to the case, to parental assessments and in the area of child abuse and neglect.

Beyond the issue of the court process determining the time lines for the report, the implications for the consultation process are that while the client-centered material is an

integral element, the consultee-centered material that might be part of the consultation cannot be included in the written report. The dilemma regarding the consultee, program, and administrative-centered consultation is that, if known to legal counsel opposing Child and Family Services, it may be used against them and potentially harm the agency's position. The implication for the practicum on consultation was that the written report would exclusively reflect the client-centered consultation.

With the inclusion of a consultation component in the assessment process, (Steinhauer 1995), the child welfare case manager should have the opportunity to have:

- an increased knowledge of the family and parents' functioning;
- an awareness or further understanding of factors contributing to the ongoing problem;
- realistic goals established regarding the functioning issues and expectations of the parents and children;
- a cognitive structure or model to guide case planning in key areas;
- an understanding of the basis of the conclusions regarding the family and the rationale regarding the recommendations,
- a written report including case analysis and recommendations for case management for the consultee and/or other agency worker(s), management and legal counsel.

Chapter 111

Practicum Intervention

This chapter will review the consultation model developed for the practicum. Details of the model's definition, stages and interventions will be provided. The elements upon which this model places emphasis are discussed, including the contract, the triadic process, the relationship, a balance between content and process, and equal power. This chapter also provides discussion on the elements of evaluation, the reflective journal and the ethics practiced.

Consultation Model

Models determine an approach to consultation and help to explain what has occurred. This practicum developed an eclectic model of consultation, choosing concepts from various models to operationalize a congruent and relevant consultation framework. Variations from the conceptualized model occurred in the foci of the consultation. While the practicum model was aimed at client and consultee-centered consultation, in some instances, program and administrative-centered consultation were required (Caplan, 1970).

Table 3 defines the elements and sources of the consultation model utilized. As suggested by Rapoport (1977), the consultant's skill, theoretical background, expertise, training, experience, interest and preferred conceptualizations influenced this model. The consultation model was offered using the parent-child assessment as the vehicle through which the contract, intervention and strategies of consultation occurred for case, practice, program and administrative issues.

Table 3	Consultation Model for Practicum "Social Work Consultation With Child and Family Workers"							
Definition	Caplan 1970	Gallessich 1982	Goldmeir and Mannino 1986	Kadushin 1977	Kurpius and Robinson 1978	Rapoport 1971	Shulman 1987	
Stages	Caplan 1970	Blake and Mouton 1978	Gallessich 1982	Kurpius 1978	Kurpius and Robinson 1978	Shulman 1987	Watkins holland and Ritvo 1976	
Interventions	Blake and Mouton 1978	Caplan 1970 Gallessich 1982	Gilmore 1963 Goodstein 1978	Kadushin 1877	Kurpius 1978	McGreevey 1978	Shulman 1987	Shein 1978
Skills	Bloom 1984	Hollister and Miler 1977	Goodstein 1978	Kadushin 1977	Kurpius 1978	Schein 1978	Shulman 1987	
Emphsis on Contract	Bloom 1984 Caplan 1970	Goodstein 1978	Hollister and Miller 1977	Rapoport 1971, 1977	Reiman 1992	Schein 1978		
Triadic	Gallessich 1982	Kurpius 1978	Kurpius and Brubacker 1976	Kurpius and Fuqua 1993				
Emphasis on relationship	Goodstein, 1978	Hollister and Miles, 1977	Kurpius and Brubacker, 1978	Kurpluys and Robinson, 1978	McGreevey, 1978	Rapoport, 1971	Shulman, 1987	
Emphasis on context	Kurpius and Brubacker 1978	Rapoport 1971	Schein 1978	Shulman 1982				
Emphasis on Content and process	Kurpius 1978	Rapoport, 1971	Schein, 1978					
Emphasis on equal power	Bloom, 1984	Kurpius, 1978	Kurpius and Brubacker, 1976	Rapoprt 1977	Schein, 1978			
Evaluation	Caplan, 1970 Gallessich, 1982 Kenney, 1986	Kurpiusand Robinson,1978 Kurpius 1985	Kurpius and Fuqua, 1993	Kurpius, Fuqua and Rozecki, 1993	Miles and Huberman, 1994	Patton, 1990	Rieman, 1992	Robins, Spencer and Frank, 1970
Self-analysis	Goldmeier and Mannino 1986	Schön 1983						
Ethics	Levy, 1976	Rieman, 192	Walsh and Moynihan, 1990					

Description of the model

The practicum model was based on Caplan's (1970) consultation model, with client-centered and consultee-centered foci and emphasis on the contract phase. The model's definition of consultation derived from Caplan (1970); Gallessich, (1982); Goldmeier and Mannino (1986); Kadushin (1977); Kurpius and Robinson (1978); Rapoport (1963, 1971) and Shulman (1989). The stages for the practicum model were those suggested by Kurpius (1978) but concepts regarding the steps from Caplan (1970); Blake and Mouton (1978); Gallessich (1982); Kurpius and Robinson (1978) and Watkins, Holland and Ritvo (1976) were reflected in the practice. The interventions conceptualized for the model were those suggested by Blake and Mouton (1978); Caplan (1970); Gallesich (1982); Gilmore (1963); Goodstein (1978); Kadushin (1977); Kurpius (1978); McGreevey (1978); Shulman (1987) and Schein (1978). The skills practiced in the content and process aspects of the model were those suggested by Bloom (1984); Hollister and Miller (1977); Goodstein (1978); Kadushin (1977); Kurpius (1978); Kurpius and Robinson (1978); Schein (1978) and Shulman (1987).

The intent of the practicum was to add a consultation process to the assessment of a case. The consultant reviewed with the worker the reason for the consultation and clarified the problem, the caseworker's analysis of the situation, and the case dilemma. A written contract was established, directed to ensuring that the referring worker understood the expectations, process and limitations of the consultation effort. The collaborative component of the consultative process occurred in gathering the data and during discussion with the consultee about the theory base, the hypothesis developed regarding the case dilemma, the supporting data and ultimately the recommendations. The

discussion of the hypothesis was to enhance or alter the consultant's understanding and suggestions for the case in question. The consultation effort also included a discussion of "the fit" of the consultant's suggestions for the case, including resource availability and organizational factors. Sessions with the consultee occurred once or twice to establish the contract and then once or twice more to discuss the findings and recommendations. An initial written draft of the conclusions and recommendations provided the basis for discussion with the consultee. As is the practice of the Child Protection Centre, the completed written assessment (the client-centered consultation) was forwarded to the consultee and his or her agency.

The consultee-focused element began in the initial session, wherein the worker either presented practice issues with which he or she was struggling or requested more discussion and knowledge. At times, as the consultant, I would recognize areas of practice related to the case where the consultee might benefit from further opportunity to consider theoretical or practice issues. Because the worker's primary need was for the resolution to the case dilemmas, and due to the amount of time this task demanded, the consultee-focused consultation occurred in a single session exclusively devoted to it.

With consideration of the classification provided by Gallessich (1982), the methodology in the practicum was clinical (diagnosis, based on clinical analysis of the data, prescription, and treatment suggested). Following the mental health stream (Gallessich, 1982), the objectives of the consultation were education, diagnosis, facilitation and support. The practicum also borrowed from the Gallessich (1982)

classification of consultation models in the program and organizational areas and utilized similar interventions.

The goal of consultation was to provide service to the consultee's client by increasing the consultee's understanding of the case and his or her capacity to manage the present situation and similar cases in the future (Caplan 1970). In planning for the practicum, I hoped to be an educator regarding the content and analysis of the case dynamics but I soon realized that education on practice areas was also required. Although there might be occasions when the consultation would free up knowledge already known to the consultee, hopefully, the consultation effort would provide some new information on the case and objective solutions to the consultee's dilemma (Kadushin, 1977). In the practicum setting, child neglect, abuse and family dysfunction are the foci of many of the consultations. There was an attempt to practice Gallessich's (1982:8) suggestion that consultation should introduce to the consultee "new elements, information, insights, concepts, perspectives, values, skills."

This practicum used Kurpius' (1978) conceptual definition of consultation as being triadic, voluntary, and providing a prescription for the case in a collaborative format. Consultation is to deliver expertise in both its content and process aspects. Kurpius (1978) also values the role of the consultant as a trainer and supervisor, but within a relationship that aims, as much as possible, to be egalitarian. These interventions were appropriate and necessary to the needs of the consultee and the child welfare system that expects the consultant to have expertise in the area of parent/child assessment. The consultee,

however, also should be treated respectfully while seeking and experiencing a consultation.

The learning in the practicum was extensive. As I began the practicum, I understood that consultation should bring knowledge to the consultee and help with case planning and problem solving. In this context, I understood that as consultant, I was to simultaneously accomplish the following tasks:

a) learn about the case by gathering data

b) feel what was going on with the consultee,

c) observe the consultee,

d) provide suggestions, questions, impressions, and alternatives to the case resolution (Rieman, 1992:11).

A flow chart was developed to assist in comprehending the stages of consultation and to clarify the roles at each step (see Table 4). The Kurpius (1978); and Kurpius, Fuqua and Rozecki (1993) stages are the most detailed. The practicum followed suggestions from Goodstein (1978); Kadushin (1977); Gallessich (1982) and Shulman (1987) with data collection including direct observation, interviews and review of written material. This process was familiar and followed in this practicum, as this format had been part of our training and practice in the parent/child assessments at the Child Protection Centre.

Table 4: FLOW CHART ON CONSULTATION PROCESS

1. Referral from Child and Family Services consultee.

2. Pre-entry. Consultant needs to understand her beliefs, values, the theoretical base; conceptualize meaning and operation of consultation.

3. Entry. Problem exploration and contracting with the consultee. Establish the relationship with consultee, write the contract, prepare statement of problem.

4. Data gathering, problem confirmation, goal setting. Consultant and consultee share responsibility to gather, analyze, and synthesize data.

5. Solution searching, intervention selection. Consultant analyzes the case dilemma, prepares body and conclusions of assessment and the resolutions to be discussed with consultee.

6. Consultant meets with consultee to discuss case analysis, problem statement converted to goal statement. If ambiguity, return to step 3, (statement of problem) and/or step 4, (data gathering and analysis). Meet with consultee to present recommendations to case dilemma and to generate and discuss other potential interventions. Sharing of solution proposal with consultee to include discussion of prediction of consequences.

7. Evaluation. Informal feedback to consultant by consultee.

8. Termination.

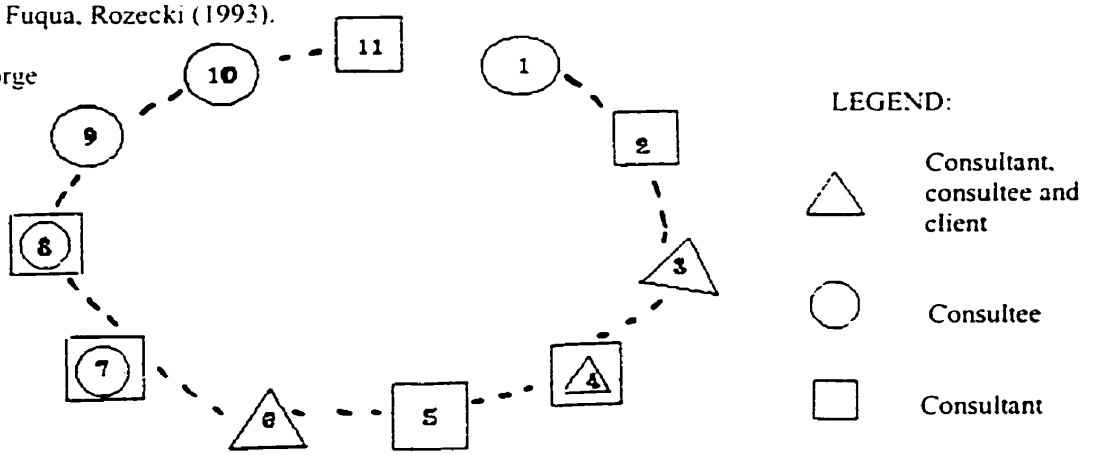
9. Evaluation by questionnaire by consultee and her or his supervisor.

10. Evaluation in three month follow-up questionnaire by consultee and her or his supervisor.

11.Consultant reflection, review of journal; evaluation of consultation process.

Source: Kurpius, Fuqua, Rozecki (1993).

Flow chart C. Dorge



I recognized the equal importance of the process and content areas of consultation. The original objective of collaboration on the analysis of the case and recommendations

was expanded to other areas, including the consultation process and discussion of the implications for the consultee's practice. I learned that collaboration is essential in most of the stages of the process, including establishment of the contract.

Part of the practicum effort was the student's study and determination of the usefulness and "goodness of fit" of the Kurpius (1978) model of consultation in my practice. Kurpius (1978:337) describes nine operational stages within the consultation process: pre-entry, entry, information gathering, problem definition, identification and selection of alternative solutions, statement of objectives, implementation of the plan, evaluation, and termination. See Appendix H, for more detail on the operational steps in consultation, as suggested by Kurpius (1978).

The interventions incorporated into the proposed model were from Blake and Mouton (1978); Gallessich (1982); Gilmore (1963); Goodstein (1978); Kadushin (1978); Kurpius (1978); and Schein (1978). Blake and Mouton (1978) studied actual practice and found discernible patterns in consultation styles, depending on the nature of the problem. The five basic interventions are to accept, facilitate, confront, prescribe, and theorize.

The acceptant intervention (Blake and Mouton, 1978) was to help the consultee become more objective through the consultant's focus on supporting the consultee's understanding and plan of action for the case. In the catalyst intervention (Blake and Mouton, 1978) the consultant assisted the consultee to collect data and to reinterpret his or her perceptions of the problem. An additional objective was to assist the consultee's awareness and knowledge of how to handle the presented case dilemma. The Child

Protection Centre consultations were also prescriptive (Blake and Mouton, 1978) as the objective of the process was a suggested resolution to a case dilemma. The prescriptive style was necessary to provide the consultee with advice, with the consultant having the responsibility to delineate the evidence of the analysis and the formulation of the recommendations to be followed (Blake and Mouton, 1978).

In the intervention of confrontation, the consultant challenges the consultee's value laden assumptions as the basis of his or her thinking. The consultant would utilize confrontation to challenge a consultee's biases or when her or his case plan was not congruent with the child's best interest. The mode of intervention that Blake and Mouton (1978) refer to as theories and principles was integrated into the practicum model. The consultant offered theories relevant to the consultee's client situation and helped him or her to internalise systematic and empirically tested ways of understanding the case presented. The intent of this mode was to provide, for the consultee, a more analytical, cause and effect understanding of the case.

Gallessich (1982) suggests six intervention strategies: providing education, a diagnosis, a prescription, treatment, a directive, emotional support, and being facilitative to the consultee. The prescription intervention might be useful when the consultee is uncertain about the elements that are causal factors for the client's issues. A treatment intervention would be helpful to map out the treatment of a client's issues and would present indicators of progress. A consultee might benefit from a directive intervention to provide clarity in case planning goals and process. This intervention might be useful to an inexperienced consultee.

The Gallessich (1982) strategies were relevant to the practicum student, as they are familiar components of previous experience in the field of social work and seemed to encompass many of the needs of the consultee from the child welfare system. While diagnosis and suggestions for a treatment would be necessary to consultation, when a collaborative consultation approach is required with child welfare workers, the most useful strategies might be those of education, emotional support and facilitation. In addition, it is also of value that Gallessich (1982) has not described these strategies as being exclusive of each other. This fit my perception and experience that a consultant at various times in the same consultation effort can reach for any or all of these interventions.

Gallessich's (1982) and Caplan's (1970) observations on the emotional aspects of a consultee's issues were useful in carrying out the practicum due to the stress and emotional triggers experienced by child welfare workers. Emotion-laden material was presented by the consultees and processed during the consultations. Some consultees experienced feelings of attachment to children on their caseload and possible interference with the objectivity of judgements regarding parental functioning was discussed. In another situation, a consultee's frustration and anger with a client led to some avoidance. Vicarious traumatization resulting from the knowledge of emotional and physical abuse suffered by children was a relevant factor in another consultee-centered consultation.

Upon review of the audio-taped sessions and reflections in the journal, there was evidence that Gilmore's (1963) interventions were critical to the process. Gilmore (1963) presents that a consultant's functions are to reinforce, corroborate, validate and also to

inform, supplement, advise, motivate, and to facilitate or to impact change in the intervention and/or the consultee. This author suggests that the objectives and functions for the consultant will vary, as will the types of consultee practice.

As consultant, where the consultee had adequately analyzed the case dilemma, reinforcement and validation of the knowledge was provided. At times, as consultant, the consultee's case data, and analysis were supplemented with new data. If the consultee's case plan was appropriate, it was corroborated. Where there was uncertainty, the consultant provided the consultee with information to support the analysis, conclusions and recommended case plan. Advice was provided regarding potential negative impacts of the consultee's presented case plan and the discussion on recommendations and the written report were to motivate the consultee to follow the consultation suggestions.

Goodstein (1978) outlines consultation strategy options, including: acceptant, catalytic, confrontational, prescriptive and educational. These are similar to the interventions suggested by Blake and Mouton (1978). These interventions were, at various times, congruent with the consultation efforts at the Child Protection Centre. For example, the consultant might be required to be confrontational in a situation where there was a need to highlight for the consultee inappropriate, invalid or unjustified values from which he or she was operating. As consultant, I was to help unravel the underlying values and challenge, by presenting facts, counter arguments and other logical explanations. This process would have challenged the consultee to reconsider his or her thinking, and thus "provide alternate courses of action that stretch... (her or his) value system and bring it to sharper relief" (Goodstein, 1978:35). The process of consultation was generally to be

educational, hopefully, for all parties involved, the consultee, her or his client and for the consultant.

The Goodstein (1978) prescriptive intervention was utilized with an inexperienced consultee who required guidance and detailed theory and process suggestions, about the causal factors of client resistance, and how to counteract this defence with social work techniques and process. The content and process of consultation were to be a catalyst to the consultee's case management and the actions required to provide quality service to the child and family under study.

Kadushin's (1977) interventions were also relevant in the practicum. The consultant was a catalyst, facilitator, and role model when helping the consultee to think systematically; to clarify alternatives, and receive new knowledge or freeing up previously known knowledge. When a consultee was lacking in knowledge about risk assessment, the consultation provided theory and practical understanding of how to assess risk. Consideration of the factors that had decreased risk was a catalyst for the consultee to consider the recommendation of reuniting a family. As facilitator, the consultant made a referral to a therapist and provided the material necessary to develop therapeutic goals for a case. In a discussion between the consultant and the consultee's supervisor, role modelling on presenting and defending a case analysis and plan occurred.

The Kurpius (1978) provision model in its pure form was not compatible with the practicum. This model expects the consultant to provide the treatment to the consultee's client. Although the plan for the practium did not anticipate use of the Kurpius (1978)

provision model, there were times when the consultant provided actual service to the client. This included advocacy on behalf of the client with the agency and locating treatment resources, when negotiated with the consultee. There also were times when the assessor worked on some parts of the case with the consultee remaining involved with the client during the process. In this practicum the role of consultant and child welfare worker were clearly differentiated. The responsibility for the case remained with the case manager, the consultee.

In the student's experience, the mediation model (Kurpius, 1978) might be utilized in consultation. For example, meetings to mediate a case plan, with the child protection representatives, the parents and respective legal counsel have led to agreements on a resolution. This approach might also be useful in other consultation efforts where there is conflict between the consultee and their client. If mediation were required, this request would have necessitated a re-negotiation of the original contract, which would then include the client.

The collaboration model (Kurpius, 1978) partially determined the student's consultation practice at the Child Protection Centre. The intent was to engage the consultee in a collaborative exchange regarding the analysis, conclusions and recommendations for the client, consultee, program and administrative-centered process.

The collaboration model (Kurpius, 1978) and the Schein (1978) process model, suggest that the consultant and consultee both define the problems, why they exist and through an interactive discussion, formulate a resolution. This places emphasis on the

interactive process to which the consultee brings critical knowledge and experience. When the Kurpius (1978) collaboration model and the Schein (1978) process model were used in the practicum, they were experienced as complex and a challenge to practice. The difficulty might be linked to the consultee's expectation that the consultant is responsible to find and present the best resolution. When successfully attained, the hope was that collaboration would validate the student's present belief in its importance in consultation and would enhance the quality of practice through an exchange of thoughts and discussion about case analysis and recommendations to resolve the dilemmas. The consultee brings critical knowledge and experience, and it was anticipated that if the consultee played a more active role, there would be a higher commitment to the developed plan.

The practicum involved some elements of Schein's (1978) process model. The consultee was expected to participate in some aspects of the diagnosis, and hopefully, to gain skills in gathering data, interpreting it and developing conclusions. The resolution was to be provided through an assessment and written recommendations that were discussed with the consultee.

Schein's (1978) expert model, in its pure form, does not fit with consultation at the Child Protection Centre. The consultant's input is only one of many contributions to the final case decision. The consultee returns to her or his organization and processes the case with many individuals and systems, for example, the caseworker's supervisor, the Child and Family Services director and/or legal counsel. In addition, at times a family court judge ultimately decides on the consultant's suggestions.

Although the Schein (1978) expertise model involves some risks, the student utilized some aspects of it. This occurred with a child protection worker with extensive experience in the field, and in testimony in the court process. The case worker had developed a plan but the situation required a comprehensive understanding of the weaknesses in the evidence and how to use the various aspects of the service delivery system more effectively. The worker did not understand that important data was being missed and that elements in services provided to the family were too limited.

Given the need for expert advice, the consultation process involved some elements of Kurpius and Robinson's (1978) and Schein's (1978) prescription mode. The difference is that there was an effort to achieve a more egalitarian position with the consultee. The emphasis of the student's model of consultation was to encourage the Schein (1978) process mode, which is one version of the collaborative model for consultation.

The present format of consultation at the Child Protection Centre, however, only partially fits the Schein (1978) doctor/patient model. The practicum departed from this model, in which the consultant gathers data only from the consultee. While the referring consultee provides basic information, it generally lacks depth and breadth. For this reason and for increased confidence in court testimony, in most of the consultations, the student gathered data from various sources, beyond the consultee.

In addition, with the Schein (1978) doctor/patient model, the consultee relinquishes some of the control, and transfers broad power to the consultant, implicitly committing to accept her or his analysis and recommendations. Generally, the consultees who approach

the Child Protection Centre are seeking an expert opinion on their case but do not turn over responsibility for the case. This aspect of the doctor/patient model is not followed. Another deviation from the Schein (1978) doctor/patient model is that the consultant would not necessarily expect automatic acceptance of the recommendations from the consultation.

The emphasis on the contract phase, suggested by Bloom (1984); Caplan (1970); Goodstein (1978); Hollister and Miller (1977); Rapoport (1971); Reiman (1992) and Schein (1978) was incorporated into the practicum model. The contract should clarify the consultee's needs, and establish mutually set goals. The establishment of the contract for each consultation was based upon a belief that the quality and success of this initial step was essential to the satisfactory completion of the consultation process (Caplan, 1970). The contract was to specify the steps of the consultation process, the goals, the responsibilities of the consultant and the consultee, and the objectives of the practicum study. During the consultation process, attention was given to the Kurpius (1978) phases of pre-entry and entry, with the critical steps being understanding the consultee's needs, clarifying the expectations of the players and developing a contract.

The concept of the triadic relationship (Gallessich, 1982; Kurpius, 1978; Kurpius and Fuqua 1993) was essential to the practice of consultation at the Child Protection Centre and thus will be discussed in some detail. There were three interactive players in the consultation: the consultee, her or his client system and the student in the role of the consultant.

Beyond wanting the consultation practice to reflect the triadic concept (Gallessich, 1982; Kurpius, 1978 and Kurius and Fuqua, 1993), having two levels of client in a consultation fits the practice of consultation at the Child Protection Centre. Gallessich's (1982) reference to the complexity of the consultant's perspective from two levels of client was experienced during the practicum. In essence, both the consultees and their client(s) have needs and issues that require understanding. The multiple levels of client demands a balancing act, as the consultee and consultant may, at the outset, have quite different perspectives on the case diagnosis and the appropriate solution(s) (Gallessich, 1982). The consultee's client is also a dimension of the process, as her or his viewpoint might also differ from that formulated through the consultation process.

The model emphasized the relationship between the consultant and consultee (Goodstein, 1978; Hollister and Miles, 1977; Kurpius and Brubacker, 1978; Kurpius and Robinson, 1978; McGreevey, 1978; Rapoport, 1971 and Shulman, 1987) as non-hierarchical (Bloom, 1984; Caplan 1970; Gallessich 1982; Kurpius, 1978 Kurpius and Robinson, 1978; Rapoport, 1977 and Schein, 1978). The relationship between the consultant and the consultee was recognized as a critical element of a successful process (Gallessich, 1982; Hollister and Miller, 1977; Rapoport, 1971, 1977; and Shulman, 1987).

The number of consultation sessions was limited. Therefore the concept of relationship building (Caplan 1970; Hollister and Miller 1977; Gallesich 1983; Kadushin 1977; Kurpius and Robinson 1978; and Rapoport 1971, 1977) was complicated. The consultation setting and the consultee's requirements for a timely case resolution resulted in a task focused relationship of about three or four sessions between the consultant and

the consultee. Despite the brevity, it seemed to be significant for assisting the consultee. In this practicum, with the benefit of many years in the field of child welfare, the Hollister and Miller (1977) suggestion that the consultant understand the consultee's situation was at least partially satisfied.

The practicum setting, the consultee's needs and the consultee's field of practice brought particular contextual issues to the practicum (Rapoport, 1977; Shulman, 1987). These resulted in further variation from the conceptual consultation model. Because the setting at Child Protection Centre, was multi-disciplinary (Schmitt, 1978) and sought for its expertise in child abuse, there was an understanding that the consultee wished to receive expert advice (Caplan, 1970; Schein, 1978; Kurpius and Robinson, 1978). The vehicle for the consultation, the parent-child assessment, could become part of the evidence in a contested child welfare process. This factor resulted in the consultant's need to gather data directly to achieve objectivity and the ability to withstand direct and cross-examination on the report provided to court.

Caplan (1970:125) and Kurpius (1978) suggest that a consultant may see a consultee's clients directly. This may assist in gaining a more objective view and was a concept integrated in the practicum model. Gallessich (1982) notes that the consultant may have more expertise in the collection of the information than the consultee. Another contextual factor that led to the consultant directly collecting case data is that the written consultation is often presented to the parents, their legal counsel and the court. Direct data gathering allows a consultant to take an independent view. The hope is that the

consultation/ assessment will have credibility, and will stand up to the scrutiny of the rules on expert testimony.

The practicum was to include a representative selection of consultees to maximize learning opportunities. The consultations were indeed provided to consultees with varying degrees of experience in child welfare, education and from mainstream and aboriginal agencies. There also was variation in the type of maltreatment, in other details of the case data and in the related practice issues. These factors presented interesting challenges to the student to adapt the consultation model to each case.

Gallessich, (1982) and Kadushin (1977) offer thoughts about consulting to a professional, in the same field. The experience in this practicum matches the suggestions from Kadushin (1977:119) and Gallessich (1982:294) that the more similar the functions and techniques of the professionals, the greater the competitive usurpation of roles. As further suggested by Rapoport (1963:15), I experienced that consultation within the same profession may lead to less acceptance of the consultant's expertise. However, a potential advantage, experienced in this practicum, was that I brought an understanding of the consultee's culture, values, organization, and professional objectives (Rapoport, 1963:20).

As a student consultant, I attempted to seek the consultee's information about their organization's expectations of them, resources and those parts of the legal system that pertained to child welfare issues. These factors confirmed or disconfirmed the situation as previously known to the consultant. The intent was not to make assumptions but rather to search with the consultee for the contextual features. This contextual information was

relevant for determining the consultee's needs and designing the resolution of the consultation dilemma.

Kadushin and Buckman (1978) found that child welfare and family service consultees were more frequently problem, task oriented, needing consultation for assistance in identifying resources, or for finding alternative solutions to a problem. In this survey, the consultees were found to have less interest in requesting help to express anxieties or frustration, or for their therapeutic growth. The conclusions of Kadushin and Buckman's (1978) survey included that child welfare workers sought a solution to the presented case problem. The findings by Kadushin and Buckman (1978) regarding the type and reason for consultation fit the student's experience both as a child protection worker and as a consultant in this practicum at Child Protection Centre. The consultee was requesting help for a specific case or problem, a second opinion of her or his analysis and case plan, and consultation to meet administrative requirements. Most consultees came for help with a specific case problem, and not for professional growth, as concluded by Kadushin and Buckman (1978).

Being a consultant in a multidisciplinary health setting sometimes requires assisting a consultee to analyze the medical as well as the psychosocial dynamics of neglect or child abuse. Sometimes the consultant must discuss these factors with the clients in a non-judgemental fashion. The consultant anticipated guiding the consultee to consider the child's developmental tasks and need for a trusting, protective relationship and constancy in the caregiver. Some consultees required assistance in understanding intervention effects and developing indicators of success. Improving understanding and the presentation of a

practical case plan, were designed to provide the motivation necessary for the consultee to put the suggestions into action. Some consultees lacked confidence in the actual process of interviewing and establishing a case plan with the client. As consultant I sometimes role modelled and at times facilitated these steps (Gilmore, 1963).

Through the consultation effort, the consultee was to develop increased knowledge about the case, and of the theory involved and be provided with the opportunity to consider the different options for the resolution of the case dilemma. At times, when the consultee had a good grasp of the dynamics of the case, there was a need to confirm that knowledge and discussion of case dynamics or emotional issues. These were practice-related areas that I had anticipated addressing in consultee-focused consultation. Sometimes, the consultation process freed up uncertainties within the consultee, or her or his agency that were impediments to the case resolution. Sometimes all that was required was a second opinion for systemic reasons.

Another contextual factor of consultation stems from the child welfare agency's accountability to the court system. This factor necessitated consultant knowledge about intent, meaning and operation of Child and Family Services legislation. The consultant also required an understanding of the critical factors pertinent to court decision-making, "in the best interest of the child". Other relevant contextual issues included organizational factors in the consultee's individual agency and professional social work ethics.

The practicum integrated Goodstein's (1978) suggestion that consultation is a process and not just a product. The process valued on the development and maintenance

of a collaborative relationship, whereby the consultee shared in the diagnosis and had an active involvement in all aspects of the process of consultation. The content of the consultation varied according to the specific case demands and issues. The role of the consultant in this practicum was to be empathetic with the consultee, and to build a relationship that began with a significant degree of comprehension of the consultee's work setting (Rapoport, 1971).

I had planned to follow the Schein (1978) process mode of consultation, in generating the solutions to the case problems but did not operationalize it entirely. Because the consultation focused on resolution of the case dilemmas, and the consultees semed to want answers to their questions with little contribution to the process, the process was not as interactive as anticipated. The process was not a mutual problem-solving effort (Hollister and Miller, 1977). In that respect, the practicum model was more oriented to the expert and doctor/patient (Schein, 1978) or prescriptive modes (Kurpius, 1978).

While I was concerned about the content aspect of the consultation, I discovered in the practice that the process was more complex and more difficult to comprehend and manage. It was especially difficult to be aware of what intervention I was using, or should be using, and how the individual components of the consultation built on each other to form a whole. As a student in the practice of consultation, I found it challenging to maintain the flow, sand ensitivity to the case and the consultee and to present myself confidently. Another area of difficulty was in the need to know when to ask open-ended questions of the consultee and when to query more specifically. The few sessions

available because of limited worker time and the traditional pattern of service at the Child Protection Centre also made it difficult to accommodate all the stages of consultation. The expected role of the Child Protection Centre is to provide an assessment, and not necessarily to include a consultation process.

The practice of collaboration (Kurpius, 1978; Gallesich, 1982; Goodstein, 1978; Schein, 1978; Shulman, 1987) was to be an essential element but was difficult to implement. The consultees expected the Child Protection Centre setting to provide its more common service of assessment and did not necessarily wish to engage in an active consultation component. The more experienced workers seemed to comprehend, accept, engage and appreciate the consultation element more than those with less experience. I did not initially realize that I would be contributing more in the process than the consultee did. Although I needed to increase my skill at seeking consultee involvement, the process was, at its core, generally collaborative. The consultee was carefully considered and included in the establishment of the contract and in the case analysis, development of resolutions and in managing practice issues.

As the student-consultant, I hoped to move between the content aspect and the process aspect of the consultation (Schein, 1989 cited in Rockwood, 1993). I attempted to deliver the content in a manner wherein the consultee felt respected and comfortable in the process. The process component of the consultation, or the "how to" steps, were to be fluid and to occur through the discussion of the content and formulation of case plan. A consultant cannot make a definite separation between these two components because they do not necessarily always follow the other but may share some of the same elements.

Generally, the literature does not provide more than a sketchy description of the process, and therefore my struggles were especially in implementing the stages and interventions. Another area, not well described in the literature, is how to bring to the surface the issues beneath those presented by the consultee and when and how to consider venturing into consultee-related issues. There is little guidance on how to process an interpersonal question without doing therapy.

In this practicum, one of the objectives was to maintain an equal level of power with the consultee and minimize the use of power and influence. The consultation process was to maximize the interactive, collaborative approach (Goodstein, 1978; Hollister and Miller, 1977; Kurpius, 1978; Rapoport, 1971; and Shulman, 1987). The primary source of power for the consultation was expert, legitimate and referent power, essentially following the ethics of social work practice.

The model integrated the concepts on evaluation as suggested by Caplan (1970); Gallessich (1982); Kurpius and Robinson (1978); Kurpius and Fuqua (1993); Kurpius, Fuqua and Rozecki (1993); Patton (1990) and Rieman (1992). The components of the evaluation were 1) an informal interview of the consultee before termination 2) the consultant's reflective journal 3) questionnaires for the consultee's and her or his supervisor.

When considering the issue of evaluation, the protocol developed for the practicum focused on the consultee's perception of the consultation process and their learning and

skill development as suggested by Caplan (1970). It also aimed at considering the consultant's process ability as evaluated by the consultee. Given the inherent difficulties in the evaluation of change in the client, this practicum did not attempt to evaluate that specific area.

The Kurpius' (1978) suggestion of informal evaluation before the termination was implemented through discussion with the consultee. The actual case planning and recommendations were given to the consultee before he or she was requested to formally evaluate the consultation process through the questionnaires.

In relation to the evaluation questionnaires, this student's research was a mix of qualitative and quantitative methods. I used many of Gallessich's (1982) suggestions on the content and the methods of evaluation. She suggests open-ended interviews in addition to questionnaires, to make the evaluation more complete. She also suggests that anonymity will lead to more candid responses to the questionnaires that include open-ended questions to decrease ambiguity about the meaning of the responses. I used both open-ended and closed questions and also endeavoured for conciseness in the questionnaire, being conscious of the consultees' and their supervisors' workloads. In consideration of the Gallesich (1982) thoughts and to encourage candour, I was blind to the respondents of the evaluation questionnaire.

Data were gathered by questionnaires mailed by the student's advisor, to the consultees and to their respective supervisors at the termination point of the consultation and three-months later. The questions focused on the consultee's perception and rating of

the consultant's performance, the consultee's knowledge and skill learned through the consultation process and the usefulness of the consultation process and of the written report.

The evaluative comments, by the consultees and their supervisors were to increase my awareness of strengths and weaknesses in the content and process of consultation and its relevancy and value to child welfare workers. The evaluation queried my ability to be clear about the consultant's role, develop a working relationship and contract related to the topics and issues to be discussed in the process. The questionnaires also included a rating of my ability to assist the consultees to develop a range of solutions to their case dilemmas.

The practicum included a reflective journal (see Appendix G), a valuable tool to assist with professional self-awareness, recapitulating what took place in the consultation. The journal was a record of my thoughts on the consultation contract, process, interventions used and evaluative comments on my strengths and weaknesses in the areas of content and process. The journal recorded reflections on the actions, thoughts, engagement, interaction, and the link between the theory on consultation and the actual process. This reflection clarified gaps in my knowledge and skill in all components of the individual consultations, including learning to better use my observations and those of clients in evaluating practice.

Goldmeier and Mannino (1986) found, in a review of consultation research, that a significant number of consultants had made no provision for supervision or recording of

consultation sessions or for any other review of their activities. This practicum included tape recording and review of the consultation sessions. The thoughts on self-analysis suggested by Caplan (1970); and Schön (1983) were also an element in the practicum and integrated in the journal (Appendix G).

In addition to the audio recordings, that were data for the practicum advisor, there was a journaling of self-reflection, which included thoughts and analysis for preparation and evaluation of consultation. The journal provided the practicum student an opportunity to become more aware of the theory involved in consultation practice. The learning from this format was two pronged. While I found that my review and analysis of the consultation was a significant source of learning, there was also benefit from a different perspective and comments offered by the practicum advisor.

The self-reflection component (Schön, 1983) occurred during the stages of the consultation (pre-entry and entry, contracting, data gathering, analysis, development of hypothesis and discussions of the recommendations). As a student in consultation, I journaled my thought processes and the relevant issues with which I struggled in the understanding of case and consultee dilemmas. My conclusions and recommendations were also included in the journal.

To further support reflection (Schön, 1983), at the end of each case, I completed a "Consultant self-assessment' form (see Appendix F). This questionnaire considered my self-evaluation of the knowledge, and skill exercised in the content and process areas of the consultation. Specifically queried were skill exercised in contracting, considering and

selecting interventions, relationship building, and problem resolution, termination and practising professional ethics. As student-consultant, I also answered open-ended queries in the self-assessment, related to an evaluation of my weaknesses and strengths in both the content and process aspects of each consultation session.

Alterations in the proposed model began with a purposeful change in focus from the Caplan (1970) client and consultee-centered centred model. As a result of consultee need, I also focused on her or his practice-related issues as defined in the Caplan (1970) consultee-centred model. I realized that the consultee's practice-related issues needed to be addressed to maximize learning and skill development. Adding a more consultee-focused element led to the use of a different knowledge base and variant practices. Sometimes a marked separation was necessary between contracting for case and practice-related issues. It became evident that the attempt to deal with practice related areas, meant more sessions for contracting and consultation.

In response to particular issues, I also moved into both program-centered and consultee-centered administrative consultation Caplan (1970). The experience of having moved beyond client and consultee focused consultation widened my understanding of the flexibility necessary in the consultant's skill and knowledge base. It also heightened my awareness of the importance of balancing content and process aspects, and necessity of using many interventions, from different models of consultation. Confronted with them in the actual practice, I was aware of the need to consider organizational, and systemic issues implicated in the case dilemmas.

In relation to the social worker practising consultation, my experience in the practicum suggests that consultation differs in many respects, from direct social work practice. Consultation requires learning new skills that would be enhanced by an internship under live supervision. The role of the consultant differs from that of direct service provider because, unless contracted to use the provision intervention, the consultant offers advice but does not provide the treatment. In addition, the consultant then applies tasks of data collection, analysis, diagnosis and recommendation for intervention somewhat differently when providing direct service. While the assessment of functioning feels comfortable in the direct service social work role, it presents complexities when the analysis includes ascertaining the consultee's limitations and strengths. Unless a clear contract is established, this aspect of the process might be perceived, as invasive, breaching boundaries usually not crossed between professionals. Consultation as a process, follows the precepts of ethical practice that should include evaluation of the service. In these features, the consultation does not differ from methods previously learned and practiced.

Previous practice experience called for skills in working with individuals and with systems. However, these generally were used to provide service primarily to one individual or system at a time. Consultation requires intervention with the client consultee, management personnel, the child and family service system, often, other service systems, and the court system, all in conjunction with the same case, in a limited number of sessions. The intensity of the consultations stemmed partly from the complexity of the dilemmas, and the multiple foci. These factors were exacerbated by the

limited time allotted (time per session and number of sessions) during which both content and process factors had to be managed.

Another complexity of consultation that differs from previous experience, is establishing collaboration with a consultee who may not necessarily be seeking it or define it as beneficial. Previous practice experience, in which the role of the social worker carried with it inherent authority, did not generally present the challenges of attempting to seek collaboration within an equal relationship. While the literature makes reference to this concept and places some emphasis on collaboration, it offered little detail on "how to" achieve it.

Despite the differences outlined above, many aspects of social work practice skills can be transferred to the specialization of consultation. These include listening at the content and emotional level, clarifying through reflective listening, gathering of data from many sources, developing a working hypothesis, analyzing confirming and disconfirming data, and seeking and providing feedback. When reviewing the practicum, it became evident that moving back from the case issues and considering the larger picture in an analytical manner was a previously learned skill that was also relevant to consultation. As well, while remaining objective and respectful to the consultee, it was helpful to integrate the skills necessary to competent casework: engagement; developing clarity on the role and boundaries, assessing strengths, considering what factors impinged upon functioning and practicing collaboration.

The practicum served as a limited form of internship (as described by McGreevey, 1978:432), which most commonly involves the relationship between a journeyman and an apprentice. The internship included review by the practicum advisor of the practice of consultation and the reflection provided in the journal. With both direct and indirect supervision from the practicum advisor, there was opportunity to develop some of the skills necessary to consultation. Froehle (1978:436) believes that such a training opportunity will develop cognitive understanding, a methodology, and an ability to analyse, synthesise and increase interpersonal skills. As a novice and intern in consultation, I required and received benefit from live supervision in three consultations, to develop both conceptualization and behavioural skills.

During the actual practice of consultation, however, I became aware of the complexity of the process and realized that numerous tasks, in addition to those listed above, are simultaneously required of the consultant. These include but are not limited to the following:

a) demonstrating sensitivity and responsiveness to the two levels of client, the Child and Family Services client and the consultee.
b) establishing an understanding of the consultee's strengths and limitations,
c) demonstrating awareness of the stage that is being undertaken at each phase of the process
d) establishing a clear concise contract regarding the case and consultee related issues and the readiness, ability to re-negotiate necessary changes,
e) analyzing the case data
f) developing knowledge and skill in the content and process areas of the consultation,

g) seeking to recognize what is occurring within the consultee, and consultant and between the two parties during the discussion of content and process on case and practice issues

h) developing the ability and confidence to probe the consultee at various phases in the consultation regarding both the content and the process areas,

i) developing awareness of which intervention to use and when and how to intervene appropriately,

j) observing and questioning the consultee on responses to suggested resolutions and thoughts in the case and practice areas,

k) developing awareness of which role and intervention is being introduced, and its appropriateness for the case, the worker and the consultation,

l) developing awareness of the ethics and principles of competent, client-sensitive social work consultation

m) developing awareness of the impact and effectiveness of consultation on the consultee's management of his or her case

n) developing an awareness of the evaluation process

In conclusion, as suggested by Rieman (1992), one of the challenges of consultation is the consultant's need to gain skill attending to many areas simultaneously. These include, but are not limited to, gathering data (on the client, the consultee, her or his program, and organization) and being aware of what is going on within the consultantation, between and within the environment of the client and the consultee. Additional tasks for the consultant are observing, clarifying, and providing feedback regarding the client, consultee, program, organization resources, and strengths and

limitations. Other demands placed on the consultant include formulating questions to clarify the dilemma and assess the consultee's and program's strengths and limitations. As well, the consultant should provide impressions, alternate ways of analyzing and maintain objectivity, and professional distance while doing this. The focus is not on the personal problems of the consultee but rather on work related dilemmas.

Consultees

The consultant was the practicum student, a social worker with 26 years of experience in child welfare and child protection work. Consultation services were provided to eight social workers in the field of child welfare. The consultees were the individuals from Child and Family Services agencies requesting a parent/child assessment and agreeing to participate. The consultees' education varied. Most of the consultees had achieved an undergraduate degree in social work and one had completed a Master's degree. Some did not have a professional degree but considerable life and work experience. The experience level of the consultees also varied, from a few months to more than 15 years of practice in child welfare.

Winnipeg Child and Family Services workers generally have a Bachelor of Social Work degree but there was a wide range of variation in their years of experience. Where a worker has education other than a social work degree, they might have an under-graduate degree in Human Ecology, Educational Counselling or a Bachelor of Arts with a focus on the social sciences. Some Winnipeg Child and Family Services workers have graduated recently while others have worked in the child welfare system for one or two decades. Many child welfare workers have a Master's degree in Social Work with their

undergraduate work in either this same area or other related fields of study. The rural Manitoba Child and Family Services consultees tend to include a greater mix of educational backgrounds. Many had Bachelor of Social Work degrees and some have also completed Master's degrees.

Nevertheless, consultees from reserve-based agencies were widely varied in both their years of experience and their educational backgrounds. In recent years that system has employed graduates of the Bachelor of Social Work program but these individuals will likely have five or fewer years of experience. A significant number of workers have graduated from the Winnipeg Education Centre, which offers a Bachelor of Social Work degree, especially to adults who are educationally disadvantaged. In the reserve-based child welfare system, at the local community level, many workers carry significant responsibility and have frequent contact with families; but generally lack formal education and training in child welfare.

The educational background and experience of the consultee was thought to potentially affect the content and focus of the consultation. A consultee who did not have social work education might, for example, require more help with the theory relevant to understanding neglect and abuse dynamics, as well as on the topic of basic intervention strategy. A consultee with education and knowledge in this area might instead require more detail on other case management issues, such as indicators of progress in treatment. In addition, a consultee having limited experience in the field of child protection might be hesitant in making child protection decisions and providing court testimony. The consultant might be required to focus on these needs.

The literature on consultation refers to the fact that generally more knowledgeable, sophisticated workers would seek consultation (Kadushin and Buckman, 1978; Gallessich, 1982). The student's experience was that this finding would generally fit but some novice workers also sought consultation. These consultees might have been following the advice of a supervisor; but not really understanding the reason or potential benefit from the consultation. In this last described situation, the consultant role involved inherently different demands.

Setting

The setting for this practicum was Children's Hospital Child Protection Centre, a multidisciplinary consultation unit. The early efforts in the 1960's to participate in, co-ordinate and manage child abuse cases in Manitoba were undertaken by the Child Development Clinic and Ambulatory Care sections of Children's Hospital. The focus at that time was on the medical diagnosis of physical abuse and the impact of neglect and abuse on the development of the child. The increase in the numbers of child physical and sexual abuse/neglect cases and a recognition of the need for a more concerted effort in the area of consultation, resulted in a full-time case manager (nurse) position in 1981. This individual worked with medical staff in the hospital and with the child welfare workers in the community. In 1988, with funding from the Manitoba Department of Family Services, a multi-disciplinary unit was created. The positions at the Centre then included a full-time paediatrician as director of the unit, an additional paediatric position, a social worker as assistant director, a social work position, a child life specialist, and a psychologist in addition to the initial position of nurse and paediatrician. At the time of the practicum, in

addition to these positions, the staff compliment included a paediatrician as assistant director, a social worker as manager of the psychosocial positions, three additional social work positions and a psychological assistant.

Child Protection Centre provides: (a) assessment of physically and sexually abused children, (b) early intervention with abusive families, (c) consultation for professionals and other members of the community, (d) interdisciplinary and public education, and (e) medical and non-medical research. As a consultation unit, the Child Protection Centre works with, but on the periphery of, the mandated Child and Family Services agencies. This system, across the province of Manitoba, is the highest source of referrals to the Centre, for both medical and psychosocial assessment and consultation. The Child Protection Centre staff are viewed in the community and by the funding body (Manitoba Department of Family Services), as including experts in the areas of child abuse and neglect, and, within that role, child advocates. The assessor may be subpoenaed to family court to give testimony. All of the medical and psychosocial staff, including the social workers, are deemed as expert witnesses before or subsequent to their coming to the Child Protection Centre.

The Child Protection Centre is a part of the Children's Hospital and provides consultation on both inpatients and outpatients. Some of the families for which the child welfare system seeks consultation are not known to the Children's Hospital. This feature renders Child Protection Centre quite different from the other hospital services, which provide help primarily to individuals or families with a prior link to the hospital. Although Child Protection Centre makes yearly reports to the Department of the Paediatrics, Children's Hospital, the hospital system has little influence on its day to day

work. The medical component of the Child Protection Centre does assist in the training of medical students and residents at Children's Hospital. The psychosocial staff do participate in this training. Child Protection Centre is somewhat of an anomaly in the larger Children's Hospital as the Manitoba Department of Family Services directly funds, in particular for psychosocial services. By contract with the provincial government, there is an expectation of certain services, including medical examinations of children suspected as victims of abuse and parent-child assessments of families involved with the Child and Family Services agencies.

The disciplines of psychology, social work, and child life provide the psychosocial services at the Child Protection Centre. Social work generally provides brief consultations at the sexual assault/outpatient, medical clinic and responds to referrals from the Emergency Department and inpatient wards of Children's Hospital. However, the most frequent referrals and the largest commitment of time for the social workers, are from the child welfare system, for parent-child assessments. These assessments concentrate on understanding the abusive attachment patterns and the resulting developmental and behavioural problems of children. Parental capacity and the children's needs are considered, as is the ability to rehabilitate and where possible, reunite the family. The goal of the parent-child assessment is to provide the agency with a case management plan, including suggestions of interventions to be utilized. At the present time parent-child assessments are provided to the referring child-welfare worker in a written format; but without the benefit of a consultation component, which this practicum provided.

The process of consultation during the practicum began from the initial contact between the consultant and the referring child welfare worker. The vehicle for the consultation was the parent/child assessment, assigned according to worker availability and position placement on the waiting list. There was a letter of introduction about the availability of the opportunity for a more formal consultation effort, with presentation of the objectives and requirements to the referring worker (Paraphrase, Appendix B). If the worker then expressed a willingness to receive consultation, then the first step of the consultation process was to discuss the practicum process including, the objectives of for the consultee and the practicum student.

Procedures

The practicum began in October 1998; the last consultation session was completed in late July 1999. The consultee's expressed need was for a client-centered focus but during the process there was a realization of the need to move beyond this area, to consultee, program-centered and consultee-centered administrative consultation. As is the practice in the host setting, each consultation resulted in a written report, on the client-centered aspects of the consultation. The consultee-centered and organizational-centered aspects were not delivered in written format, as this feature was not contracted with the consultee, given the potential damage to the worker and agency.

The student's goal was to complete eight to 10 consultations. The uncertainty in the projected number of consultations arose from the variation in the complexity of the cases and time required providing consultation. Some consultation efforts might be more time

consuming, which could hinder the student's ability, in the period allotted, to complete ten consultations. Each parent/child assessment was completed over an approximate 12-week period. In eight months there were eight assessments and consultations completed. Approximately 25 to 30 hours were devoted to the interviewing of the individual parents/caregivers, observing parent-child interactions, direct contact with the children and/or their foster caregivers (where this is relevant), and interviewing collateral sources. The writing of each assessment involved approximately 25 hours, which, in addition to the more direct efforts for the assessment, totals approximately 50 to 55 hours for each assessment. The additional component of the consultation effort added approximately 10 to 12 hours to each case. This included direct meetings with the referring worker for two or three time spans of 1.5-hours each and about one-hour for the reflective journal on each session with the consultee. The total time devoted to the practicum was about 520 hours.

As is the practice at Child Protection Centre, the Social Work Manager, Ms. Pat Zacharias, reviewed the parent-child assessments that were the content for the consultations. A meeting between the student-consultant and her advisor occurred after the establishment of each contract with the consultee. The practicum advisor reviewed the audio-tapes of the consultation sessions with the consultees, the assessment report and the student's journal. The advisor's supervision assessed and enhanced this student's learning and skill in consultation. The advisor joined the last three consultation sessions with three different consultees and provided live supervision, feedback, and guidance to the consultation process. This experience enhanced my learning as the live observations provided him more data on which to comment and offer guidance.

The complex demands of consultation in this practicum may have resulted from characteristics of the consultee's field of practice and may also reflect the multiple requirements of consultation practice. These included the need to consistently remain aware of the various levels of need and remain focused on process, while also intervening with the consultee, her or his client and the organizational aspects of the agency.

Although I had anticipated that the practicum would provide primarily client-centered consultation, the needs of the consultees were varied and also called for consultee, program and organizational-centered foci. The central case problem for the client-centered aspect of the process related to neglectful or abusive styles of parenting with the dilemma being related to identifying the best case management plan. Generally, consultee interest focused on the assessment process and recommendations regarding competency in parenting. Some consultations had additional requirements relating to practice issues for the consultee, stemming from the case in question. These areas included whether or not a worker could differentiate causal factors for neglect (cognitive or emotional), how to assess risk and how to engage with resistant clients. Other examples of practice-related issues that surfaced in the consultations were how to evaluate risk in an ongoing manner, how to counteract risk, how to recognize and evaluate indicators of progress in therapy and how to directly or indirectly evaluate the impact of trauma on children. The emotional context for workers was touched on in more than one case consultation. This area of consultation related to vicarious traumatization, following investigation and, in another case, to the potential impact of worker attachment on the evaluation of parental capacity and resultant case plan.

While the consultation process proceeded from a client related focus, there was an understanding of the complex links between a worker and the many program and organizational factors that compliment or hinder quality case management. Assisting the consultee to understand the client's problems and how to resolve the case issues resulted, at times, in a need to move beyond the worker practice issues. Program and organizational considerations were an integral aspect of some of the consultations in the practicum. In essence, the client-centered consultation at times necessitated consideration of consultee practice issues and/or discussion of how organizational issues affected both the worker's practice and the case factors. In this manner, the practicum's initial focus on client-centered consultation was expanded and required further learning and skill development relevant to this broader perspective.

The program, administrative and organzational foci in the consultations resulted from the consultant's realization that a consultee's understanding and planning for a case is affected by many aspects of the consultee's organization. Some consultee-centered consultations required broadening the focus to include the consultee's supervisor to deal with case management issues that were negatively affected by features of the organization's processes. In one instance, the practice was complicated because the consultee perceived the children as at high risk, while also understanding his or her role to be supporting the restoration of the family unit. In this situation, there was an additional complicating factor. The organization had accepted a case transfer at the management level without the previous and present workers collaborating to clarify the past and present concerns, the goals of the case plan and the necessary casework process and interventions. Resulting confusion impaired to some extent, the worker's ability to engage

with the client, and this caused alienation between the client and worker. The previous agency and present agency presenting quite different definitions of risk and required services triangulated the client and the worker.

In another situation, the organization-consultation focus was to demonstrate how program and organizational factors had limited the worker's knowledge of relevant case data. As well, there was a need to consider organizational factors that caused gaps in the data pertinent to the evaluation of parenting capacity. The need for case notes from paraprofessionals and their requirement for education and supervision were additional issues requiring discussion in this case. There was a need to process at the worker and management level, the meaning of the data known in a fragmented manner to various parts of the agency. There was further consideration about how the functions of various parts of the system were linked, and that the required data flowing to support this linkage, was not occurring. In addition, the need for professional and paraprofessional staff to practice collaboratively was discussed in a consultation. The lack of long-term case planning was an aspect of this consultation discussion, given potentially negative contact for a child with a parent and a lack of permanency. The consultee's need was to develop a case plan subsequent to many unsuccessful attempts to reunite a family characterized by a lack of progress in improvement of the parenting. In addition, the child was in the care of the agency for a significant portion of his or her life without the benefit of the agency having legal guardianship. For reasons related to organizational issues, the case drifted, the child lacked permanency and was left in limbo due to changes of worker, and lack of ongoing monitoring of progress toward intervention goals.

This practicum was to provide a more formal learning process to validate and add to my present knowledge base and skill repertoire in consultation. I hoped to gain an increased awareness of the consultation process, beginning with a review of the literature and moving into actual practice. The consultation process stages are described in much of the literature as linear but as suggested by Kurpius, Fuqua and Rozecki (1993:606), the stages may not follow the prescribed sequence and may be partly or wholly repeated during the intervention. My experience in the practicum was that the many stages of the consultation process were experienced as interconnected, entwined, needing to be adjusted or repeated with a slightly different focus. In essence the stages of consultation were not sequential, but rather organized and completed in a circuitous manner related to the circumstances of each case.

In addition, while initially having understood the content and process aspects of consultation as separate, my experience was, as described by Schein (1989:5, cited in Rockwood, 1993:638), that these areas are interconnected. Rather than understanding and experiencing the content versus process models in an either-or manner, these seemed to be interactive, at times difficult to separate and impacting on each other during the consultation. The practicum experience led to a realization of the importance of grasping the meaning of content and process and gaining skill in using both aspects in a balanced manner. The process aspect of a consultation is linked to the content but also guides the whole effort, from how to engage and contract with the consultee to how to intervene in a meaningful style with the consultee, and case and organizational aspects of the dilemmas to be resolved.

I aimed to provide a beneficial problem-solving and educational service to the consultees. Additional goals were to improve the quality of case management and increase the consultee's level of confidence in implementing the suggested resolution of the case dilemma. I hoped to gain an increased awareness of the sequential phases of the consultation process as suggested by Kurpius and Robinson (1978), Kurpius (1978), Kurpius, Fuqua and Rozecki (1993), and Rockwood (1993).

Another objective was to include the consultee in a collaborative process with discussion of the analysis of the case dilemma, conclusions and recommended resolutions. In an interactive style of consultation, following a study of the case dynamics and dilemmas, the consultee and I were to discuss the draft recommendations. As a consultant, I wanted to ensure that the recommendations were feasible and that they fit resource availability and the child protection system's requirements.

Although the intent of collaboration affected the consultations, I had not anticipated the difficulty and uncertainty that I experienced in this process. One barrier to collaboration resulted from the workers' expectation that consultation would provide answers rather than raise questions for reflection. An external assessment of the consultee's family called for an expert mode by the consultant and this may have reinforced the consultee's passive role (Gallessich, 1982). The workers' stance was often a passive one, awaiting the consultant's offer of conclusions and recommendations for the presented case dilemmas.

In addition, initially, I did not fully appreciate the literature's references to the consultant gaining a level of comprehension regarding the consultee's knowledge base, practice style, strengths and difficulties related to management of the case in question (Caplan, 1970). I discovered through experience that this step is critical for the consultant to know in what areas and how to potentially supplement the consultee's knowledge and skill level. Another area of difficulty related to the worker's primary goal being case related resolution and not necessarily being interested in the closely connected theory, practice dynamics and organizational impinging factors.

My experience in consultation was that the less experienced the worker, the less comfort in considering consultee practice issues raised by the case in question. The more experienced workers were more committed to using the consultation as an opportunity to reflect on the various issues that lie beneath and beyond the resolution of the case issues. The consultees involved in organizational-centered consultation seemed to appreciate the opportunity to understand or receive another perspective on issues beyond their practice, that may have affected their practice.

I also hoped to gain an increased awareness and ability to fine tune the objectives in consultation, which are broadly classified as problem solving for immediate case management and/or education of the consultee for future cases. I wanted to develop the ability to encourage the consultees' comfort in a consultee-focused consultation, and in that context, to provide an opportunity for additional learning about practice issues, through reflection and discussion related to the case studied. The beginning step was to contract with the consultee to move beyond prescriptive resolutions to the case dilemmas

by raising for discussion practice-related issues that had become apparent in the management of the present case management.

A further intent was to consider and comprehend the impact of the Child Protection Centre as the consultation setting, issues related to the consultees' setting and how these impact the consultation process. According to Shulman (1987:328), the setting presents a number of variant elements that may impact the consultant's role, and present unique issues, processes and difficulties to the consultation effort. I hoped to appreciate the potential opportunities, idiosyncrasies and limitations of the consultee's agency and of the service resources.

Ethical Issues in the Practicum

As a social worker it was necessary for the student to follow the code of ethics of our profession relating to service to the client and relations with colleagues. One aspect of ethical practice was the need to ensure that the consultee's clients understood the practicum objectives and the process that involved the data gained from the assessment of their family. As suggested by Rieman (1992:85), the consultation was completed in accordance with the contract guidelines and as described in the paraphrase of the practicum proposal (Appendix B). The paraphrase outlined the objectives of the study, and the process involved in the consultation and evaluation of the practicum. The paraphrase also spoke to the consultee's right to withdraw from the consultation without any negative repercussions. It reassured the consultee, her or his supervisor and the consultee's client that participation was voluntary and that confidentiality was respected. There was also reassurance of confidentiality of any participants in any publication. The

paraphrase included an explanation that the objective of the evaluation was the assessment of the skill and effectiveness of the consultant.

Another aspect of ethical practice was the need to respect confidentiality about case details. In the contract phase of the consultation there was agreement that the consultant and the practicum advisor would respect the confidentiality on client data and data from the consultation sessions. The practicum advisor, as a social worker, was bound to maintain confidentiality by the same social work ethics as the student consultee. The review of the parent-child assessments was, as previously stated, at the Child Protection Centre. As stated earlier, the tapes of the consultation sessions, having references to data from the assessments, were destroyed within two weeks of the sessions.

As per the Canadian Social Work Code of Ethics (1994), there could be, in certain situations, a release for the social worker from the obligation to maintain confidentiality. For example, information could be released under authority of a statute or an order of a court of competent jurisdiction or when otherwise authorized by the code. For example, The Manitoba Child and Family Sevices Act obliges reporting of suspected abuse to a child. A client could provide signed consent for release of information on their case, for example, to another helping professional. There could also be disclosure by the social worker to another person in the workplace who had by virtue of their responsibility, an identified need to know the case situation.

The Canadian Social Work Code of Ethics (1994) also authorizes instances of disclosure that are mentioned in the practicum as potentially being necessary. Disclosure

of information by a social worker is permitted where a) the information involves threat of harm to self or others and b) the information was acquired from a child of tender years and the social worker determines that its disclosure is in the best interest of the child (Canadian Social work Code of Ethics, 1994, 5.25).

In the paraphrase on the practicum (Appendix B), provided to the consultee and her or his supervisor, there was explanation that confidentiality regarding the case manager/consultee would be respected unless legal obligations superseded this ethic. Details of the case and/or the behaviour of the consultee could be communicated, in the instance of a legal professional obligation to report child abuse or imminent harm. If omission or commission in a case plan left a child at risk, the consultant would have the responsibility to make all attempts to present to the consultee a clarification of values and counter arguments to his or her plan. If serious concern about a child's safety continued, then the next step would be a report to the supervisor or other administrative authority over the consultee. The report of a child at risk would be sent to the mandated child welfare agency, in the relevant geographical area, and potentially to other significant professionals involved with the child (e.g. legal guardian). The concern of harm to another adult would be reported to that individual and to the local Mental Health agency, significant medical or other professionals involved, and/or to the police authorities.

As a social worker and practicum student, I was aware and aimed to be sensitive to the ethics of informed consent by forwarding a letter of introduction and explanation of the practicum, to the workers referring a case for assessment. The paraphrase (Appendix B) described the practicum, the goals of the study and invited the consultee and his or her supervisor's participation. There was a contact person and telephone number for questions

and concerns. The consultee (Appendix C (ii)) and his or her supervisor (Appendix D (i)) were asked to give informed written consent to participate in the practicum and to respond to the evaluation questionnaires.

A letter of information on the practicum (Appendix E (i)) and a consent form (Appendix E (ii)) were also signed by the client. This document explained that the caseworker/consultee was to be involved in consultation sessions in which the discussion would focus on the data from the assessment of the client's family. This statement included an explanation that the practicum advisor, Dr. Sid Frankel, associate professor of the Faculty of Social Work might review the parent-child assessment, altered to protect the family's confidentiality. The statement also explained that the consultee sessions between the case manager and consultant would be audio-taped and reviewed by the practicum advisor. There was reassurance that any tapes would be destroyed within two weeks of the consultation sessions. The consultee's client was reassured that any publication of the data from the practicum would not include identifying information.

I endeavoured to maintain confidentiality for both the consultee and her or his client. The written assessments were altered to protect the identity of the client so that the practicum supervisor could review them. The student's self reflection journals on each session of the consultation were not shared except with the practicum advisor.

Rieman (1992) sees ethical neglect as an avoidance of evaluation or failure to use adequate mechanisms to measure the consultation process and outcomes. The practicum has endeavoured to elicit an evaluation of the consultation by each consultee and his or

her supervisor. Other examples of ethical neglect would be the inability to recognize the importance of ethics in the evaluation phase, insensitivity to the topic, an indifference and/or manipulation of the subject by the consultant or the consultee. I was cognizant and sensitive to the need for an objective stance to the consultee both during the consultation and during the evaluation stage. To ensure that I was blind to the respondents, my advisor coded the evaluation questionnaires and forwarded them to the consultee and her or his supervisor at the termination and at the three-month follow-up to the consultation. I was therefore removed from any direct involvement in the evaluation stage. The questionnaires for evaluation were coded for correlation purposes by the practicum advisor.

Recording

Implementation

The consultation session in which the contract was developed was recorded and later reviewed and my thoughts on the session were then noted in a journal. The parent/child assessments were recorded in narrative form. They followed Steinhauer's et al., (1993) "Guidelines to Assess Parenting Capacity" and those prescribed by the former associate director of Child Protection Centre, Margot Buck. After completion of the assessment, the conclusions and recommendations were prepared, in draft form. The actual consultation sessions were tape-recorded for review. After the consultation sessions, a final report was prepared and forwarded to the consultee.

I found the journal (Appendix G) helpful to describe the difficulties that had occurred and the reflection valuable to enhance my understanding of practice issues. This process addressed the questions outlined in the earlier section on self-reflection. In order to satisfy the need to make comments for later analysis, the journal format allowed for notes in the margins.

As stated in the earlier section, the practicum advisor reviewed the student's journal and the assessments that are the vehicle of the consultation. The practicum student's advisor also reviewed the audio-tapes of the consultation sessions and observed the last three consultation sessions. As stated in the above section, the advisor met with the student regularly, to provide supervision and consultation. This service was beyond the supervision provided at the employment site by the Social Work manager and at times in the context of peer consultation that also occurred at the Child Protection Centre. At the conclusion of each consultation, I completed a self-assessment that evaluated my knowledge and ability in consultation.

Progress

It was difficult to gauge the effects of the intervention while it was being delivered. I sought feedback on the content of the consultation, but I did not generally ask for a response to the process in any detailed manner. The reluctance was related to potential consultee discomfort and that he or she might find it difficult to provide negative feedback. I would ask if the process felt comfortable or if the consultation resulted in further questions but I did not venture much beyond this level of feedback from the consultee regarding progress through the intervention. The consultees' verbal feedback

was recorded in the audio-taped sessions, in the notes made during the sessions and in the reflective journal. The consultee generally would express appreciation for the thoughts and recommendations in the written report and presented and discussed in the consultation sessions. These limited requests for feedback were based to avoid biases, in response to the evaluation questionnaires. My thoughts relating to the content and process of the intervention, and consultation were consistently recorded in my journal.

Case summaries

Case A

Consultee background, previous experience

The consultee had about 10 years of child welfare experience, an undergraduate degree in Social Work and had begun course work toward a Masters Degree. He or she had responsibility for a wide range of families but provided service to many young parents requiring either support or more protective child welfare interventions. The consultee practiced in a well-established Child and Family Services agency in an urban community providing the range of child welfare services.

Case summary

Child and Family Services requested an assessment and consultation in a situation where an only child, three-years of age had been removed from the care of his or her young, single parent home because of neglect. Before the commencement of the consultation, the parent in her early 20's and the child were reunited after 13 months of separation. During the child's time in foster care and subsequent to the reunification, the agency had provided a family support worker to assist and guide the parent. The consultee questioned if the child's transition home was satisfactory and if the situation was stable, meeting the child's needs and should be maintained.

Consultation definition and goals

The consultee requested help in understanding of the mother's strengths and weaknesses and help in determining if the recent reunification was appropriate. The consultation was to provide suggestions for a case plan, and an assessment of the parent-child relationship including the mother's partner of one year. The consultee wanted the attachment between the mother and child evaluated and sought advice on how to bolster the parent's weaknesses, especially to understand how the mother best learned.

The consultee presented practice issues from this case that were to be discussed in the consultee-focused component of the consultation. There was a desire to learn more about the definition and patterns of attachment as a child, then as an adult, and as a parent, and how to assess them. In addition, she or he wished to learn how positive change could be brought about in this factor. The consultee also wanted to consider how to decrease a

client's resistance to services and how to assess what best services might benefit the client.

The objectives operationalized in this consultation were those from Caplan, (1970) and Rapoport (1963, 1971), to strengthen or help the consultee in her or his understanding of the case and in managing future cases, in her or his professional role. The consultation was triadic (Gallessich, 1982 and Kurpius, 1978), as my assessment of the family would provide the responses to client-centered issues.

Consultation stages, and content

The consultation was completed in four sessions. The initial contract session focused on a discussion of consultation objectives, the roles and boundaries of the parties and presentation of some case data. The contract initially developed focused on case analysis and recommendations. A second contract session included a commitment to the consultee-focused process.

The third meeting focused on the client-centered consultation session and the consultant's draft consultation report. It included data previously not known to the consultee related to indicators concerning the degree of insecure attachment between the child and parent and risk of child abuse from the mother's partner. The recommendations were that the agency should not proceed with the plan to close the case but rather increase supports while providing clear expectations for change to the mother and her partner.

Consultee-centered consultation focused on four issues. First, I shared thoughts from the literature on childhood attachment templates and the worker seemed to listen closely and asked clarifying questions. Secondly, I then provided literature on the social work relationship with a difficult client and linked material on damaged personality with the causal factors of resistance. The consultee indicated that this input fit his or her practice needs.

Thirdly, the issue of the client feeling betrayed within the context of a relationship with a child protection worker, was discussed. The topic area was raised spontaneously by the consultee. I validated the worker's practice of reviewing the goals, contract and progress with the client as the case unfolds. We agreed that genuine expression by the worker can be therapeutic and supportive but that role boundaries should be maintained. We shared and discussed case examples regarding how to assist parents in a grieving process when they lose guardianship. I suggested that support to the parents was a valid service to ameliorate their emotional pain and as early intervention to prevent future parenting difficulties.

Fourthly, I asked for clarification about the consultee's understanding of the term, "service issues". Although, the consultee's recollection was unclear, we agreed to link this issue with the recently assessed case. She or he acknowledged that at times there is lack of clarity about the client's service needs and the appropriateness of generic programs. I confirmed the practice of altering case plans in the light of new data or developments.

Although not contracted, the consultee raised a program-related issue. She or he shared a dilemma with the child welfare system that does not formally sanction helping parents after a permanent order. I supported the worker's practice, of maintaining contact to establish support programs for parents to cope with this loss wherever possible. There was some discussion on how the consultee might seek support from colleagues to lobby agency management to change relevant policies. The worker presented as animated and energized by our discussion.

We briefly discussed the prioritization of case issues and objectives and the consultee provided feedback through case examples. I provided a framework and confirmed that the process in practice as described, reflected a "critical worker" approach and the importance of this quality in child welfare work. In discussion, we agreed that this consultee had realized the importance of seeking and considering feedback from the client and others significantly involved in altering case plans.

The consultation might have become clearer in this area but I did not pursue the worker's comment that the concept of the "critical worker" was "too intellectual" and consequently this opportunity for collaboration was not developed. When I queried if there was interest in knowing more about this concept, the consultee remained engaged as material was discussed.

We briefly engaged in an exchange of ideas on how to prioritize a caseload and factors considered critical in the assessment of risk to children. I asked how, as a worker, this consultee remains energized, but I did not pursue the topic, when the reply reflected

uncertainty as to whether or not there is an ability to recharge in the stressful field of child welfare. I provided relevant reading material to the worker, related to the topics reviewed in the consultation. We terminated with a brief clarification about the next phase of the process, that of the evaluation of the consultation through the questionnaires.

Consultation process

I set the framework and asked questions to clarify the case consultation needs, and consultee learning needs. I tried to develop an understanding of the similarities and differences of this case with the others on the worker's caseload and the skills that are to be strengthened. In the contract session, I clarified the role and function of the consultant, but I forgot to clarify the difference between supervision and consultation. Another error was that too much time was spent on gathering case details and not enough on case and practice dilemmas. Because of the uncertainty in both content and process during the initial contract session, I requested a second opportunity with the consultee to develop a more clear understanding of his or her learning needs.

In the client-centered part of the process, I asked open-ended questions, tried to challenge the consultee to think about how the case had progressed thus far, and to define objectives and progress indicators. I also provided literature and didactic recommendations. I explained how data were gathered and how recommendations were grounded in this data. The recommendations were explained in detail.

Some of the questions that I put to the worker, in the second contract session, led to reflection but in the session on case analysis and recommendations, the consultant's

questions related to his or her practice seemed disconcerting to the consultee. Although the contract had outlined the consultee-centered issues, he or she explained that these questions had not previously been considered in the day to day practice. Potentially, the contract phase had not been clearly negotiated or in the time that had transpired, was now forgotten. The consultee's comment was further explored and seemed to reflect the reality of child welfare practice, that is "in the moment" and focused on resolutions of crisis with little opportunity to ponder theoretical considerations.

The consultee-related consultation included asking questions to understand the worker's beliefs, approaches, strengths, limitations and the specifics of her or his concerns. I offered validation of client-sensitive sound examples of practice that the consultee shared. I provided education in some theoretical areas. To keep the presentation focused, I used examples from the focal client and shared relevant material from my practice experiences. Connecting the theory and practice learning to case data helped the worker to remain engaged and we could then share thoughts about a situation with which we were both familiar. There was also mutual discussion about worker objectives and systemic problems. Despite the consultee's initial hesitation to the consultee-centered discussion, the consultation seemed collaborative in content and process.

My goal was to seek collaboration (Goodstein, 1978; Schein, 1978) with the consultee, but this was difficult. I was not successful in eliciting a significant degree of interaction, especially in the first contract session and in the case-centered consultation. Although I was more confident in the content area of the consultation on the client-centered issues, this aspect of the consultation was difficult. The client-centered issues

were numerous and while I was hoping for collaboration, the consultee seemed to await the recommendations without much feedback or query to further the interaction. I also had difficulty in the process area related to both client and consultee-centered issues as I was not always certain what intervention I was trying to use or which would be most appropriate at any given moment.

In the final session, presenting material in response to the practice issues, I used a more didactic teaching style than intended. The consultee did join the discussion more than previously, but I was uncertain how to reach out to her or him, and develop a more collaborative process. While the consultee was interested and did ask for clarification at various points, I may have been more successful at collaboration if I had asked for more continuous feedback, had presented my thoughts more tenuously, and had asked more questions about the consultee's views.

Interventions

The client-centered consultation was in the prescription mode, (Kurpius, 1978) or expert, doctor/patient model (Schein, 1978). Because the consultee requested that the consultant contact the client's therapist to negotiate a treatment plan recommended in the consultation, there was a minor element of the provision mode (Kurpius, 1978). I tried to be a catalyst, motivator, a role model, offering alternatives, helping the consultee to think objectively and systematically, as suggested by Kadushin (1977). I brought new information to the consultee's attention.

The consultation was not as collaborative as intended (Gallesich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; Shulman, 1989). The process did seek the consultee's thoughts on the case and on the issues to be resolved but the presentation of case analysis, recommendations and practice issues were not inclusive enough of the consultee. In the client-centered consultation areas, the consultant did teach, analyze, synthesize, process, formulate, reframe, and resolve the case related problems (McGreevey, 1978). The consultee-centered consultation lacked in the process element and did not meet the expectations presented by McGreevey (1978). The consultee-centered concepts were presented in a stilted style and due to lack of feedback, I am uncertain if the content and process was relevant to the consultee's practice issues. Where I was potentially more successful and felt more confidence was when linking the consultee-focused issues to the focal case.

Further to the above interventions, I think that I informed, reinforced, supplemented, clarified, advised, motivated and facilitated (Gilmore, 1963) the consultee with content. I think that I was competent in the diagnosis of the case problem and in recommendations for treatment. My expertise was stronger in the content area. The process was weaker and it lacked awareness and skill and therefore, inadvertently altered the collaborative model developed for the practicum.

Skills

I attempted to use the consultant skills of listening, understanding, analyzing and communicating (Kurpius and Robinson, 1978) but I needed to hone all of these qualities. I had an awareness of the consultee's context and that of the consultation, as suggested by

Rapoport (1977) and Shulman (1977). Although I tried to be collegial and ensure that there was no power differential, (Bloom, 1973; Kurpius, 1978; Kurpius and Brubacker, 1976) I am not certain that this was the consultee's perception, as I did not seek feedback in this area. I did recommend an alteration to the consultee's service plan and he or she expressed agreement with this recommendation and seemed to appreciate the information gathered about the family dynamics and the risk to the child.

I tried to use Schein's (1978) process model which is systemic, and accepting of the consultee's organization as a whole. I worked with the consultee toward a resolution that would fit her or his organization. The part of Schein's (1978) process model not practiced was related to involving the consultee in generating the solutions to the case. The session during which the case analysis and recommendations were given lacked interaction. I provided the solutions and the consultee was less involved. Due to the same weakness, I did not follow the collaborative model (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978 and Shulman, 1989) wherein the consultee shares in the diagnosis and is actively involved in developing the solutions to the case dilemma(s). The consultee articulated agreement with the case analysis and recommendations but given the lack of collaboration, I remain uncertain about his or her level of understanding and learning about the rationale for the case resolution.

Evaluation of the struggles, successes as an apprentice

I assisted her or him to collect the data and provided interpretation and a perception of the case dilemmas and solutions. I provided the consultee with new data on this family. Before the consultation, the worker's intent was to close the file. There was no awareness

of the potential for physical abuse by the stepfather and the concerns in the attachment between the mother and child. The consultee stated that with this new information, there would be continued agency service, a more protective focus for this case and clear expectations articulated to the caregivers. This intervention was catalytic (Blake and Mouton 1978) and should provide the consultee a better awareness of how to proceed with the case plan for the family.

I think that focus on the case was significant to maintaining the worker's level of engagement, both in the client and consultee-centered consultations. I think that the consultee-centered consultation affirmed the worker's knowledge base, beliefs and practice in some areas. In other areas, the consultee heard new material being presented. The consultation was supportive to the worker and potentially catalytic to continue to practice in a sensitive, competent, thoughtful manner. I am uncertain whether or not the consultation has assisted the worker beyond this case. The worker did seem to be hearing new material and expressed an interest in further pursuing the concepts discussed.

My process skills were weaker than the content aspect of the consultation. I lacked awareness of what interventions I was utilizing and how to make the process more interactive. I think that I should have presented more curiosity and should have gently probed the consultee more often to make his or her perceptions more central. Asking more questions rather than too quickly providing answers may have led to more reflection by the consultee. I did better in this last area, during the second session focused around practice issues, as I did seek clarification and feedback from the consultee.

New learning accomplished and future learning needs

The new learning in this first consultation was related to awareness of the differences between direct intervention and consultation. I also realized that the contract stage was critical and should reflect a wider range of consultee needs, beyond those that are client-centered. Given the difficulty in engaging the consultee in client-centered discussion, I realized the complexity of seeking collaboration. I also realized that I was uncertain regarding the process aspect of consultation, including what interventions were being utilized and how to gain some interaction in the discussion. There also was recognition that the consultee-based issues should be linked to the focal case to make the content and process more meaningful.

My future learning needs were numerous. These include realization of the need for the Kurpius (1978) pre-entry stage and Caplan's (1970) concept regarding gaining awareness of the consultee strengths and limitations. I should have found out more of the worker's perspective about her or his agency and client context and the similarity of the current case dilemmas to others. I needed to gain confidence in provoking an explanation of what the consultee understands about consultation and begin from that point to add to that knowledge. I needed to try to become more questioning of the consultee's experience in the field and in identifying the current case could facilitate more general learning. I needed to learn how to develop a broader relationship with the consultee. I needed to explain earlier on that the consultation process is in addition to assessments and differs in process and provides additional value to the consultee.

There was a need to become more skilled in developing a clear contract. Perhaps the consultee and I would have benefited from a brief written summary of the contract. My reluctance was to avoid a potentially dangerous use of such material by the legal counsel representing a family. For this reason, I had provided an oral summary of the contract to the consultee at the end of the contracting session and at the beginning of the discussion of recommendations.

I needed to better determine what the worker wanted from the consultation. I should have spent time laying out the framework of consultation with some mention of how it differs from supervision but does more than offer suggestions for the case dilemma.

The contract discussion also should have included explanation that the consultation process was inclusive of the consultee with the expectation of an exchange of ideas and input by him or her regarding the case analysis and recommendations. I needed to learn how to help the consultee think more broadly and reframe problems. There should have been a better understanding of the relationship between the case dilemma and general consultee learning needs.

I should have remained more neutral in the early discussion of case data, avoiding statements that agreed with the worker's perceptions of a case. I should have suspended judgement until sufficient data were gathered for an independent assessment. I could have proposed questions or left the consultee's queries hanging until the last session when they could be addressed in a more knowledgeable fashion.

The need to seek and gain a more collaborative process was an essential skill to learn. I should have helped the consultee become more engaged in the case analysis and recommendations. Perhaps this would have more easily occurred if I asked the consultee for his or her ideas before presenting my own. I needed to learn the skill of helping the consultee to understand the logic involved in recommendations. I should have more specifically connected the consultee's learning needs to the case in question. I should have paraphrased more and asked more questions, even if I was uncertain where this discussion would take us. I might have asked questions such as: "Am I seeing the whole picture? What are the client needs from your perspective?" I should have given the consultee more time to consider and articulate his or her learning needs and helped by asking more questions to assess learning needs. I should have used more of my client-related social work skills, including challenging through reframing and probing gently.

I needed, in general, to become more confident and less stilted. Perhaps more preparation through review of my notes on consultation should have occurred before each session. Alternately, or in addition, a review of the purpose of the session and planning of required interventions may have helped me to be and feel better equipped.

Limitations placed on the practice

One difficulty experienced was that without my suggestion, the consultee might not have requested a consultee-centered consultation. The consultee was primarily concerned about seeking resolution to the case issues, a client-centered consultation. While the consultee accepted and became quite engaged in the consultee-centered focus, this was introduced by the consultant and thus potentially was not a burning issue for the

consultee. In addition, the difficulty with gaining collaboration with the consultee might have been linked to the expectation that the consultant has expertise to provide and therefore there is a lack of understanding that the consultee should contribute to the case analysis and resolutions.

Journal reflections

The journal on Case A reflects that the process skills were more difficult to develop than those related to content of the consultation. The experience also demonstrated a lack of ability to identify the interventions utilized in the client and consultee-centered consultation. There was a question as to whether or not the Caplan (1970) client-centered focus was less educative than the other foci, in it's objectives and approach. This hypothesis was developed before reflection on the consultant's contributions to a process wherein there is a collaborative sharing of the discussion on resolutions and theory and principles. In essence, there was recognition that the responsibility for the process as well as the content of much of the consultation is the consultant's knowledge and skill in the theory and practice of consultation. The incomplete pre-entry stage (Kurpius, 1970) and lack of questioning on consultee resources (strengths and limitations in knowledge and practice) was not realized during the reflection of Case A; but was a critical element in the difficulty to obtain a more collaborative process.

Case B

Consultee background and experience

The consultee had less than two years experience in the field of child welfare and little formal education. He or she presented as conscientious and possessing relevant life experience. The consultee intended to seek a Bachelor of Social Work.

The employing agency was a reserve-based system that services many communities. The consultee's home office was on a reserve in a rural setting. He or she resided on the reserve and had protection-related cases. However, the consultee did not consider the family service caseload as "protection-oriented" because the unit and agency had other workers that are responsible for investigations. The Family Service Worker role was described by the consultee as requiring generic child welfare skills wherein the primary task was defined as assessing the family's strengths as a guide to intervention. All case related decisions were ultimately the unit supervisor's responsibility. The worker therefore owed a high degree of accountability to the unit supervisor.

Case summary

The worker described the family as the highest-risk on his or her caseload. The mother had five children with the oldest residing with extended family since the age of one year. Prior to the apprehension of the children, the children's father had regular access and due to the mother feeling overwhelmed, was briefly providing care for two of the children. The incident leading to apprehension of the children was an alleged physical abuse by the mother, on the then two-year old child. The children were in care due to the

mother's history of poor parenting, neglect and instability relating to personal issues and involvement with abusive men. The four younger children had been in the care of the agency for 15 months but in the absence of a court order.

The apprehension of the four children was by a mainstream child welfare agency in the rural town servicing the community that included the shelter facility, where the mother was residing at the time of the apprehension. That agency transferred the case to the mother's home community agency where the consultee then assumed responsibility. The mother resided in a small rural city, some miles from the aboriginal agency. The mother was described as disagreeing with a temporary order and suggesting return of the children under a supervision order. She contended that she would not return to her home reserve, had supports in the city where she resided and preferred services from the mainstream agency that apprehended the children.

The consultee described the mother as untrusting of the agency and a challenge to engage. The mother was described as not following through on agency expectations to attend parenting courses. The mother was described as reasonable when seen on a one to one basis but difficult if others were present. The two youngest children had approximately seven different foster home placements. Moves sometimes related to the mother's concerns, sometimes to the agency's concerns, and sometimes to the foster homes' response to the perceptions of intimidation by the mother.

Consultation definition, goals

The initial session with the worker resulted in a more complete understanding of the consultee fears related to the case dynamics. The consultee reflected on the uncertainty as to whether or not the abuse allegation had been thoroughly investigated, and expressed difficulty in implementing a case plan determined by a previous worker. When queried, he or she explained that there had been no transfer case conference but rather that the case came to the reserve office from the apprehending agency through agreement of the supervisors. The apprehending worker and current worker had never met jointly with the mother.

The case required an objective consideration of the risk factors for future neglect or abuse and the client's strengths and limitations. The worker's perception of risk was based on a recent allegation where the investigation result was not known and on past concerns that potentially had been altered.

The agency and the mother were at an impasse with unresolved disagreement about the case plan. Thus, the family court ordered the completion of an assessment of both parents to clarify the issues and to determine case management plans. The agency requested that the assessment consider the mother's strengths and limitations, how to respond to these issues and how to plan for the safety of the children. The contract session outlined the goals of consultation and the differences between consultation process and supervision. The client-centered questions included how to engage with a difficult, challenging, untrusting client and the resultant anger and resistance. The consultee also wanted to understand and have ideas on how to help the mother increase her capacity in

child management. Lastly, the consultee wanted recommendation regarding the children remaining in care or returning home, potentially under an order of supervision.

Although the consultee-centered questions were entwined with client-centered issues, they were teased out through discussion. The discussion indicated many areas where an inexperienced worker was having difficulty understanding the interpersonal dynamics and how to engage with a challenging client in a confident manner. The consultee-centered issues were related to understanding how to gauge risk to children and what factors might mitigate this concern. The consultee wanted to learn assessment skills vis a vis maintaining children in care versus returning them home. There also was a need to understand what services might be helpful to a family under an order of supervision and what elements were essential to competent case management whether the children were in care or returned to the mother.

Another practice issue was the worker needing guidance to become more comfortable in the role of engaging with families with protection issues. Specifically, a consultee-centered question was how to use authority in the role of child welfare worker while also engaging and developing a working relationship with a client. The consultee also requested a discussion on understanding and dealing with the complications of being a Child and Family Services worker working on the home reserve.

The case under consultation had consultee-program and administrative issues. This case exemplified the problem of assessing risk when family service and protection services are so definitively separated. This role differentiation led to ambiguity in the role

and tasks for the consultee. Although the worker had a protection case, there was not complete awareness of the case details and thus the worker did not feel sanctioned or confident to manage the resultant issues. As well, the lack of discussion between the past and current worker and the client led to uncertainty regarding the reasons the children were in care. This issue increased the client's ability to question the current worker's implementation of a case plan. In addition, the agency practice of having the supervisor make case decisions left the worker unable to give fairly immediate feedback or clear responses to the client.

Consultation stages and content

The consultation process was completed in two sessions but the latter meeting was in two parts, the first including the consultee's supervisor. The latter half of the second session involved the consultee and the consultant. During the initial session, I presented the concept of consultation, and the process, including the need to establish the parameters within a contract. The worker presented the case dynamics and shared concerns about the family, the need for the assessment and the difficulties with the client. The discussion with the worker clarified agency and practice-related issues complicating the management of the case described.

The assessment was completed and forwarded to the consultee. The first part of the following session included the supervisor and focused upon the recommendations and the theoretical rationale for them. Issues related to the program and administrative practices were also discussed. The process was challenging but the approach focused specifically on the focal case. This part of the discussion was focused on the difficulties experienced

in case management because of the consultee's role confusion and inability to provide immediate and clear feedback to a client. The discussion was somewhat limited by a focus on client-related issues as the problem, rather than consideration of how the agency might enhance a worker's ability in case management.

The second portion of the session included only the consultee and the consultant in a broader consultee-centered focused discussion with some time spent on the client-centered issues. The client-centered focus in the case recommendations were briefly reviewed with feedback from the consultee that they were acceptable to the unit supervisor and made sense to him or her. The content was on a more in-depth understanding of the client needs and how the worker might encourage trust and collaboration. The consultee-centered process included information on how to assess risk and how to minimize this factor for children when considering their return home.

Consultation process

In the initial contract session, my aim was to focus more on the consultation aspect of our contract than on the assessment process. I felt the need to encourage the worker's sharing about the case and practice dilemmas but clarified the differences between supervision and consultation. I became aware that the worker was inexperienced and potentially hesitant about the consultation process finding fault with his or her practice. Despite this, I hoped to engage him or her in the process in an interactive manner. In that context I felt it quite important to reassure the worker that the case issues were complex and that difficulties in managing this case were to be expected. I was patient, tried to slow down my usually quick pace and validated the consultee's competent knowledge of the

case and the desire to make a sound plan for the children. I wanted to support the worker and help him or her to learn what to decrease and amplify in dealing with damaged clients.

The contract was established related to client-centered issues but there was hesitation by the consultee about including consultee-centered issues. To this end, I gently probed and tried to encourage the consultee's understanding that practice issues are a normal part of child welfare work and working on them may provide an indirect benefit for the client. The worker was appropriately concerned about the client needs and seemed to relax. There was a contract developed to discuss consultee-based issues and the discussion was in the context of the case dynamics.

My intent was to validate the worker's concerns about the client and to help him or her reflect on how he or she perceived the client, on how the worker could use knowledge and skill, and on the impact of administrative issues. I was directive regarding the recommendations for the case and provided education on relevant practice issues. I felt it important to role model clear communication and to present a position based on evidence and the least detrimental intervention. The client's problems were re-framed so that the worker could increase his or her understanding and respectful responses aimed to calm the client rather than amplify her weaknesses. I provided a formulation of the case resolution that put some emphasis on the interpersonal relationship between the client and worker how to maximize the client's strengths and attain progress in the case.

The style of the second consultation session, in both parts, was interactive at some stages (Gallessich, 1982; Schein, 1978). There was an interactive element to the discussion on recommendations and during the teaching about child welfare case issues and management. The consultee-centered discussion seemed more acceptable to the worker when the focus was on practice issues related specifically to the focal client.

The process was collaborative (Goodstein, 1978; Schein, 1978) in that I made an effort to seek the consultee's definition of his or her needs related to case and practice issues. I sought the consultee's and the supervisor's input in the sessions. The consultee seemed to await answers but he or she did query the recommendations for further understanding of the theoretical rationale. The teaching style was too didactic and should have included more thoughtful questioning and requests to have the consultee articulate his or her understanding of the material being presented and its usefulness.

Interventions

I did provide correct identification and diagnosis of the case problems (Schein, 1978). Through the consultation, I did try to improve the professional actions and planning for the client, provide new options, increase objectivity and enhance consultee confidence (Hollister and Miller 1977). I think that I assisted the consultee to think systematically and to have more behavioral options (Kadushin 1977) for this case.

I did attempt to use the basic counseling skills of listening, attending, objectively probing (Kurpius and Robinson, 1978). To the extent that the consultee moved from hesitancy to discuss in the initial session to asking questions and joining in spontaneously

to the discussion in the later sessions, there was some relationship building (Kurpius 1978) in this consultation

Beyond the model's reference to interventions as suggested by Goodstein (1978); Kurpius (1978); Kurpius and Brubacker (1978), the actual consultation used a wider range of interventions. As stated earlier, I think that while I used the collaboration (Kurpius, 1978; Gallessich, 1982; Goodstein, 1978; Kurpius, 1978, Schein, 1978 and Shulman, 1987), there was a greater contribution from the consultant. Given the consultee's inexperience in child welfare and some indication of anxiety about the process, it is understandable that there was hesitancy to develop more collaborative interaction during the initial session. I tried to be a technical advisor and educator (Gallessich, 1982) especially in the substantive elements of the client and consultee-centered material. The sessions were limited in number but due to extensive research and preparation, the case related material touching on client and consultee-centered issues was detailed and presented thoughtfully.

I was neutral, detached from the client problem, open-minded, and adaptable in problem solving (Goodstein, 1978). In particular in the session that included the unit supervisor, I put aside the resistance that was initially expressed to the case assessment conclusions and recommendations and explained the rationale and remained committed to the suggested case management plan. It was necessary to be adaptable to the supervisor's context and skilled in remaining focused on the focal case to discuss program and administrative issues.

I believe that I did motivate the consultee to consider the relevancy of the recommendations and was a role model in relation to assessment of a client in a careful, respectful manner (Kurpius, 1978). The role modeling was during the consultee's observations of my interaction and feedback to the mother in observation of her access with the children. I also role modeled when the consultee observed my interaction with the unit supervisor on client and program, administrative-centered discussion.

In the client-centered presentation of case analysis and recommendations, I also moved into consultee-centered concepts. In this aspect, I tried to be a facilitator in the case and a catalyst to have the consultee think more globally than this case (Kurpius, 1978). When moving into consultee-related material, I used the case dynamics to teach the social work process concepts related to work with damaged individuals. This material was an attempt to have the consultee think systematically and objectively about the case dilemmas and about the practice related issue (Kurpius, 1978).

Skills

In this consultation, I clarified the nature of the request, listened at the content and emotional level, and provided positive-feedback (Blake and Mouton, 1978: Caplan, 1970 and Kadushin, 1977). The skills used in the consultation sessions were clarifying the nature of the request, listening, positive-feedback, supplementing the consultee skills with joint examination of the case facts and sharing concern and a healthy respect for the anxiety about the case dilemma (Blake and Mouton, 1978: Caplan, 1970 and Kadushin, 1977). These skills led to realization that the consultee lacked basic understanding about

damaged clients, the role of the child welfare worker and how to manage a protection case. There was realization that the consultee-related issues were critical to discuss, but that the content and process should be closely linked to the case dynamics to decrease the worker's anxiety about lack of competency. There was also a respect for the consultee's context that beyond inexperience and lack of formal education included the supervisor's expectation that all case management decisions were to be made at the management level rather than by the caseworker.

I did fairly well in the relationship building (Kurpius 1978) with a hesitant consultee. I did attempt to use the basic counseling skills of listening, attending, objectively probing and tried to build an open relationship (Kurpius and Robinson, 1978). The skills led to the consultee's increased ability to share anxieties about the case and practice issues and to a higher degree of engagement in the second session. The consultee's comfort level and ease with joining in the presentation of case analysis and recommendations might have been important in decreasing the supervisor's defensiveness noted in the initial moments of the first part of the second session.

I used some of the skills as offered by Bloom (1984): personal warmth, acceptance, sharing ideas constructively, relating effectively and being aware of subtleties of interpersonal relations. These skills were essential to help the consultee relax and engage in the process of the consultation and in the interactive aspects during the client, consultee and program and administrative-centered discussion. As per Kurpius (1978), I was objective, analyzed information and made competent decisions from the data. The

feedback from the consultee and supervisor was that the client-centered consultation was helpful and the recommendations would be followed.

According to Schein's (1978) suggestion, in this consultation, I used process skills, knew what questions to ask, how to alternate ways of thinking about a problem, separated feeling from fact, knew when to have others think for themselves and did not create dependency. The most challenging aspect of the consultation was in the discussion that included the consultee's supervisor. The process skills were to present the case analysis and recommendations and presentation of thoughts on the program and administrative factors in a manner that would decrease the defensiveness presented in the initial moments of the session. The questions asked and the ability to reframe the issues to link them to case dynamics, rather than the management style by the consultee and supervisor, were critical to having the concepts considered. The concepts reflected a separation of the consultee and the supervisor's feeling from the facts of the client and program, administrative issues. I had decided to avoid the issue of the unit supervisor's management style negatively impacting the caseworker's relationship with the client. Rather, the concepts were presented in an alternate way that related to the challenge of the client-centered issues and how they might be worked through with clarity of the worker role and timely, consistent, clear feedback by the case worker.

Evaluation of struggles, successes as an apprentice

I did vary the definition of consultation as conceptualized for the model in the practicum. Initially, I had anticipated providing only client-centered consultation but then

moved into consultee-centered and in this case, also provided administrative-consultation (Caplan, 1970).

In the consultee-centered consultation, my goal was to be training, providing education, a diagnosis, prescription, and direction provided about the case (Gallessich, 1982). These goals and provision of emotional support for the consultee, was successful in my estimation (Gallessich, 1982). The consultee's increased level of engagement, sharing of case and practice dilemmas, and positive feedback about the content and process, demonstrate some success in the consultation.

In the content and process of the client and consultee-centered discussion, I did teach, diagnose, counsel, and communicate with the consultee and supervisor. I did model self-confidence (sometimes, not consistently), regarding the case analysis and recommendations and the theoretical underpinnings which were explained to the consultee and his or her supervisor. Regarding the client and consultee-centered issues, I analyzed, synthesized, and processed the factual and emotional dynamics (McGeevey, 1978). To present the program and administrative issues in a manner that would be acceptable, I formulated, and reframed the content and used considerable caution in the process of presenting these concepts (McGeevey, 1978). The process was successful as the consultee expressed positive feedback during this discussion and the supervisor was visibly more relaxed at the closure of that part of the session.

As per the positive feedback from the consultee at the termination and that provided by the apprehending agency, the recommendations to the client-centered dilemmas were

actualized, therefore there was resolution of the case problems (McGreevey, 1978). I did reinforce, and corroborate the concerns about the client, where appropriate, but I also informed, supplemented, advised, motivated and facilitated in the case resolution and in encouraging learning about practice related issues (Gilmore, 1963). I do not think that I was an expert in consultation but I did provide some expertise (Cogswell and Miles, 1984) in the teaching area related to the practice issue for the consultee.

I tried to place equal emphasis on content and process (Kurpius, 1978; Schein, 1978) but feel that I was not always aware, until my review of the taped sessions, of what had transpired in the process realm. I was conscious of being aware of the context for the worker and for the consultation (Rapoport, 1977; Shulman, 1987. In the consultation, I considered the consultee's inexperience and the supervisor's potential reasons for the management style. I attempted not to use differential power (Bloom, 1973; Kurpius, 1978; Kurpius and Brubacker, 1976) and demonstrated this feature through positive feedback for the worker's knowledge and commitment to a difficult case. I put emphasis on the relationship building with the consultee (Goodstein, 1978; Hollister and Miles, 1977; Kurpius and Brubacker, 1976; Kurpius and Robimson, 1978; McGreevey, 1978; Rapoport, 1971 and Shulman, 1987) and this factor led to a considerable increase in engagement and interaction between the first and second session.

The consultee stated that the assessment and consultation were helpful in developing a case plan, that the unit supervisor would present the report to the legal counsel and that ultimately, the central recommendation of the consultation would occur. The consultee and supervisor had decided to transfer the case to the agency in the

community where the client was presently residing. The worker stated that the consultation assisted with an increased understanding about the client and how to interact with this consultee. The consultee expressed an increased understanding of the objectives of the process of assessment and found that we agreed on many points about the client. In particular, the worker seemed more able to think and be aware of an internal reaction to the client and how important it was to have awareness and resolve one's fears about a case or client and respond clearly in providing feedback to an anxious individual. The worker seemed more reflective, less anxious and encouraged by a presented resolution to the case dilemmas. The consultee seemed to make the connection between the presented theoretical material and the interactional issues between a worker and a client.

During the latter part of the second consultation session, the consultee seemed more confident about sharing thoughts and expressed an understanding of how a similar case could be differently managed in the future. While the consultee was reflective and presented as having sound values about protecting children and assisting families to remain unified, I am uncertain as to how this individual could continue to have opportunity to learn. The hope was that the unit supervisor had also learned from the experience of assessment and discussion of case and practice issues. The consultee planned to pursue formal university education in social work and hopefully this process would further clarify and build on the practice and theoretical material presented in this case.

New learning accomplished and future learning needs

The case dilemmas involved some complexities and merited careful analysis and precise recommendations that would consider the needs of the children and the family. The worker was hesitant but over time, became more willing to become engaged in the consultation. The practice issues were initially recognized more by the consultant but seemed quite significant to the resolution of the case issues and to enhancing the worker's knowledge and skill in the area of child welfare. The content of the consultation sessions was demanding but the process was more of a challenge. As a consultant, although I did use process skills (Schein, 1978), in knowing what questions to ask, moving easily between content and process areas of discussion, I lacked some confidence in this aspect of consultation. While only sometimes aware of the interventions being used, it seemed appropriate to clarify, gently probe and to link the client issues more closely with the practice elements in child welfare work.

The most difficult phase of the consultation was not taped, but was an integral part of the process. The feedback, discussion of case analysis and recommendations with both the worker and supervisor meant that the skills of counseling, educating and rapport-building came to the fore. These skills did facilitate the earlier part of that session, and resulted in an enhanced understanding of the analysis and recommendations for the case issues. The worker's enthusiasm, values about children, families and commitment to quality work were a catalyst for the consultant's research and communication of the material for the objective of enhancing the consultee's knowledge and skills.

In future consultations, I would want to be more comfortable to ask the worker's perceptions as we go along, about the case analysis, the recommendations and the relevancy, value and practicality of the research material provided. I would hope to be confident enough to ask if the teaching style is acceptable or if it could be altered to better fit the consultee's needs. I would also like to ask how the worker might consider continuing his or her learning and if they have resources available (reading material, supervision, colleagues, and consultation possibilities).

During future consultations, I would like to be more aware of what intervention I am using and which would be most helpful to practice according to the worker context, needs and style of interacting and relating. I also want to have more engagement with the worker, in the session responding to the practice-related material. I think that I need to become more reflective and seeking their opinion rather than simply presenting the material in a didactic style of teaching.

Journal reflections

The Case B journal demonstrates an awareness to focus the contract on multiple factors, including the consultation service attached to a case assessment. Given some previous experience, there was some awareness to be more cautious to seek out the consultee's resources to assist in a better fit when presenting new concepts on knowledge and skill for practice. There was awareness of the need to be cautious and gentle with a hesitant consultee, resulting in a recognition of the importance of a building a trusting relationship.

The journal also reflects that in this consultation, there was an experience of triangulation from the organizational factors related to use of an adversarial process rather than establishing clarity on the differences and common elements regarding the case dynamics and service goals. Despite difficulty related to that factor, the relationship and objectives established with the consultee led to a relaxed level of interchange with the consultee taking some risks in sharing of anxieties about the case dynamics and the related practice factors and issues. The process facilitated the consultee's careful attention, reflection, consideration, processing and analysis of the case material.

Awareness of the consultee's context, that included limited experience, inability, (given the management expectations), to make independent case decisions and residence in the area of service delivery were significant factors considered in the journal and in the content and process of the consultation. The awareness of the consultee-centered administrative factors hindering previous resolution of the case dilemmas was an additional element commented on in the journal. The process of consultation needed to be sensitive to all these factors and to include thoughtful but rather directive recommendations which might lead to decreased anxiety by the consultee that needed clarity in the case analysis and recommendations. As well, the concepts related to practice issues were to be provided with respect for the consultee's context and dilemmas but with enough clarity to be meaningful and to fit the consultee's recently gained and limited experience in the field of child welfare. The consultee's anxieties were skillfully searched and probed and thus the resultant recommendations for case resolutions and practice concepts to fit the needs.

The journal comments on the recognized limitations regarding engaging the consultee in a collaborative discussion on both the case and consultee foci. While there was more collaboration in the area of the consultee practice issues, the consultee seemed to await the consultant's thoughts on the case resolution. The consultant's seeking of feedback on the content and process resulted in a positive response. The consultee described a sense of relief about the recommended case resolutions and an agreement by the agency to follow the ideas presented. In relation to the consultee-centered focus, the response was that the material presented provided relevant concepts on risk assessment, client functioning, and the factors leading to a level of engagement and trust in the client-worker relationship. The concepts of the mandate, role and use of authority in the child welfare worker's position were also appreciated by the consultee, who commented that the concepts provided opportunity to identify strengths and difficulties in the practice of child welfare.

Case C

Consultee background and previous experience

The consultee had about five years of experience in child protection and a Bachelor Degree in Social Work. The area serviced by the consultee was the core of Winnipeg, plagued by issues of multi-problem families and consequently high-risk caseloads.

Case summary

Winnipeg Child and Family requested an assessment regarding a mother in her mid-20's having previously lost three children to Child and Family Services. During her pregnancy the mother requested services and entered a sheltered environment,

specializing in pre and post-natal support and teaching. The agency had provided support, teaching services and monitoring while the parent was residing in this setting and later when there was a move to the second stage housing. The child was in care in the early months of life and then placed with the mother under a court order of supervision. The parent was described as able to provide the physical care but there was concern that she could not manage the child's emotional needs. The agency was concerned about the mother's deficits and was uncertain if the causal factors were cognitive and/or emotional. The agency requested case-planning recommendations for the parent and the child almost one year of age. There was an expectation that the family could not reside much longer in the second stage housing.

Consultation definition, objectives

The consultation was a goal-oriented (Caplan 1970; Rapoprt 1971) method of communication, an interaction between two individuals (Caplan 1970; Kurpius and Sharon, 1981; and Rapoport, 1971) and was to assist a worker with a problem (Kurpius and Robinson, 1978). The consultation was a time-limited, goal-oriented, transactional process to give help, and technical knowledge in relation to a problem Rapoport (1963, 1971). The process was triadic (Gallessich, 1982; Goodstein, 1978) as I included the client in the assessment process that was the vehicle for the consultation.

The foci of the consultation were both client and consultee-centered. The client-centered questions were whether or not the client had potential to parent and if this individual could put into practice ideas taught about parenting. The consultee had a need to know if the parental deficits stemmed from cognitive or emotional deficits. The

consultee wondered how might the parenting limitations be bolstered and if the client should live independently or in another sheltered situation. The consultee also questioned the mother's relationships and the impact on the quality of the parenting.

The consultee-centered needs were difficult to seek from the worker. After some difficulty on the consultant's part to explain the concept of consultee-centered consultation and the worker's hesitation to focus beyond client-centered issues, there was one practice area raised for consideration. The consultee wondered how to differentiate if a client's limitations resulted from emotional or cognitive issues.

Stages, content and process

The stages of the consultation were as suggested by Caplan (1970), I established the nature of the request in the contract, assessed the client problem, liabilities, resources of the client and provided a written report of recommendations for the resolution of the case issues. The contract session included a brief oral summary of general objectives in client and consultee-centered consultation. Although I questioned the caseload size and type of services needed and provided, I was not skilled in my attempt to seek an understanding of the consultee's resources and had difficulty seeking an understanding of the consultee's learning mode and strengths and weaknesses (Caplan, 1970). This feature potentially was linked to problems negotiating consultee-related issues for consultation.

The client-centered discussion focused on case issues, dynamics and dilemmas to be resolved for case planning. I explained the sources of information and the process of the assessment, to assist the worker to think about practice related issues. I also gently

questioned past experiences and attempted to increase interest and animation on the subject of practice. In an attempt to seek a contract on consultee-centered issues, I explained that consultation should answer specific case needs but also present ideas, discussion on practice areas that might increase the worker knowledge, thoughts, skills on this and similar cases. Subsequent to the contract session, a written summary of the contract on client and consultee-centered issues was forwarded to the worker for possible changes.

The balance of the consultation to the worker was provided in two sessions. The initial meeting was to provide the case analysis and recommendations. The objective was to encourage discussion and ensure that the concepts were understood and the recommendations feasible within the agency context. The Child Protection Centre psychologist was present in the session on client-centered issues that were entwined with the consultee-centered question. There was a three-way consultation about whether or not the mother in question had cognitive limitations that might impair her ability to parent. The psychologist supported my analysis that if presented exclusively by myself, might not have been credible enough for the worker. The research literature (Caplan, 1970; and Kurpius, 1978) regarding providing consultation service to one's profession does suggests that it might be difficult to be granted referent power in that context.

In relation to case issues, I suggested that one must bolster the mother with ongoing opportunity for reflection on her parenting but overall, concluded that her strengths out-balanced the weaknesses in the parenting. Of primary importance were the mother's insights, learning from past experiences, her receptivity and seeking of supports. These features encouraged an informal but consistent support by the child's former foster

parents and the agency support worker. With continued agency and informal supports, the recommendation was continuation of the mother parenting her child in an independent residence. I provided some details as to how and in what areas the support worker could assist the mother. I also offered thoughts on the mother's therapeutic needs. The worker seemed pleased with this level of detail in the client-centered consultation.

In the third session, the consultee-centered material was from research in the area of neurological and emotional damage from deprivation, lack of stimulation, neglect and physical abuse to a child whereby the neuro-development processes are damaged. In addition, the concept of intergenerational neglect/abuse was presented as it bolstered the research on neurological and emotional damage. The discussion with the consultee reflected on our knowledge of the client's early childhood problems from a neglectful, abusive family environment and the parallel's with the research on causal factors related to emotional and neurological damage.

I referred to research material on the concept "emotional intelligence" and linked it to the consultee's practice-related question. Because the worker presented that a client with borderline intellectual functioning might have the capacity to parent, I also reviewed research on parenting capacity with mentally challenged individuals. I highlighted the biased attitudes and the misconceptions but also explained the research based areas of potential concerns and the factors that might increase risk of neglect or abuse to children of mentally challenged parents. Because of a reference to the client as "borderline intelligent" I reviewed the suggestions about how to teach, support, and bolster a parent with this level of functioning. Beyond immediate feedback and hands-on teaching, I

recommended that any therapy be closely linked to anecdotal material from the parenting and observations by others related to actual parent-child problems in the relationship. I explained why didactic teaching does not fit with many parents whose neurological and psychological systems are damaged.

Interventions

I did provide identification and diagnosis of the problem and a prescription for the resolution and treatment of the presented case-related dilemmas (Schein, 1978). The assessment of the case provided information and supplemented the consultee's knowledge (Gilmore, 1963) about what factors were relevant in assessing parenting capacity and how to bolster limitations in a parent.

I tried to be a technical advisor and educator (Gallessich, 1982) regarding the case analysis and recommendations and the consultee-centered question. I was a role model in relation to assessment of a client in a careful, respectful manner and through the detailed recommendations, did motivate the consultee (Kurpius, 1978). The consultee expressed intent to follow through on the client-centered recommendations. Later contact with the client and caseworker validated that the recommendations were in place. I tried to be a facilitator in the case by providing theoretical underpinnings related to understanding and assessing emotional and cognitive effects on parenting capacity. I attempted to have the consultee think systematically and objectively about the case dilemmas and about the practice related issue ((Caplan, 1970; Kurpius, 1978).

In the client and consultee-centered discussion, the interventions were providing education on the issue of cognitive and emotional damage. I provided a prescription and direction through a written case analysis with specific recommendations for support and treatment that fit the client's needs and limitations (Gallessich, 1982).

I did reinforce and corroborate the consultee's concerns about the client, where appropriate, but I also informed and supplemented his or her assessment of the parental functioning capacity. I advised the consultee in client and consultee-centered issues and through the written report and consultation discussion, motivated and facilitated the case resolution and encouraged learning about practice related issues (Gilmore, 1963). I do not think that I was an expert in consultation but I did provide some expertise (Cogswell and Miles, 1984) in the teaching area related to the consultee-centered question. In both the client and consultee-centered consultation, in the provision of new knowledge and concepts to the consultee, I was using the Blake and Mouton (1978) theories and principles intervention.

Skills

The skills used in this consultation were that of clarifying the nature of the request, listening, giving positive-feedback, supplementing the consultee skills with joint examination of the case facts and sharing concern and a healthy respect for his or her anxiety about the case dilemma (Gallesich, 1982). In the content and process of the client and consultee-centered questions, I used skills of personal warmth, acceptance, sharing ideas constructively (Bloom, 1984). When attempting to negotiate the contract on consultee-centered consultation, I had difficulty sharing ideas about the objectives and

process constructively. While aware of the subtleties of interpersonal relations (Bloom 1984) and the potential link to some hesitation by the consultee regarding an interactive process the consultee-centered discussion, I was uncertain how to impact a change. Although not planned, the role modeling of my consultation with a psychologist and seeking validation of the research on the consultee-centered question did seem to increase my credibility with the consultee. Throughout this consultation, I was confident in my objectivity, analysis of the case and presented competent decisions from the data (Kurpius, 1978). The client-centered and consultee-centered discussion was competent in content and theoretically sound but the process for the practice-related discussion was lacking in collaboration and was more didactic than intended. The success with the consultee-centered question seemed partly because it was linked to the focal case and because a psychologist validated the case analysis, supporting research and case management recommendations.

Evaluation of struggles and successes as an apprentice consultant

I may, in a limited way, have achieved some success in providing new options and increased objectivity and confidence that were linked to the case under discussion and potentially future cases (Caplan, 1970; Hollister and Miller, 1977).

I think that I tried to be organized in my content but I was not always sure of what process was occurring or of what intervention I was using. It was only after review of the tapes and reflection that I could refer to my literature on consultation and begin to decipher what intervention I had used. I found this feature disconcerting, as I wanted to be more aware of the process as I was doing the actual consultation.

There also was some difficulty in the skill area related to process (Schein, 1978). In both the client and consultee-centered aspects, I had difficulty knowing what questions to ask, how to alternate ways of thinking about a problem and how to move smoothly between the content and process aspects of the consultation (Schein, 1978). I do not think that I was successful in the use of the intervention of collaboration (Kurpius, 1978; Gallessich, 1982; Goodstein, 1978; Kurpius, 1978, Schein, 1978; Shulman, 1987) but did, engage the consultee to consider a practice-related question.

In relation to the material presented in the consultee-centered consultation, the consultee presented as somewhat disinterested. Although there was an engagement in the discussion, the consultee's parting comment denoted a lack of interest in the causal factors of emotional and cognitive damage and therefore how to use this information when assessing and/or establishing a case intervention plan. I was disappointed that there was a lack of collaboration during the consultation and that I did most of the talking in all of the sessions. I remain with the impression that it is difficult to gain collaboration and for this process to occur, there must be mutuality regarding the contract and the process, to meet those objectives. The effort was not collaborative (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; and Shulman, 1989) but rather had the consultant taking the lead and the worker rather passively listening. I am uncertain if this reflects an impoverished style of consultation or that the consultee issues, are an extra layer, not as desired by a worker that focuses on one case at a time.

New learning accomplished and to be achieved

Given experience in earlier consultations, I realized that I could not complete both the client and consultee-centered discussion issues in one session and therefore negotiated two sessions beyond the initial meeting to establish the contract. I experienced more confidence in the difference between client and consultee-centered consultation and realized that the latter mentioned would be more successful if clearly linked to the focal case.

In future consultations, I hoped to become more aware of what intervention should be used and when to bring them into play. I would have liked to have more awareness of what intervention I was using at the time that it occurred. I hoped to be more careful about listening, present as more tentative, and ask more questions of the worker, before I offered comment.

I wanted to consider the causal factors related to the lack of collaboration in this consultation. I question if I have ultimate responsibility for the lack of interaction or if this element reflects a difference in objectives between the consultee and the consultant. Perhaps I needed to increase my flexibility and learn a different approach with the more reserved worker. I'm not sure how I would do it differently, except to be more low-key, less enthusiastic about the subject matter and thus match the consultee's presentation. Perhaps it would be more appropriate to try to do less and be satisfied, if the objectives and process were more determined by the consultee.

Limitations placed on the practice

The consultee seemed interested only in the client-centered consultation process. This factor may have been a critical element in the lack of interaction on the consultee-focused discussion, although the questions were raised by the worker and closely linked to the case in question. The ideal model does not speak to the research component involved in consultation but due to a lack of confidence and to present as qualified as possible in the effort, I did research the consultee-related issues. The literature does not refer to the degree of detail that I felt compelled to share about the practicum process. This feature was likely resulting from my attempt to engage the consultee in a contract that included practice-related discussion.

Journal reflections

The journal on Case C reflected an awareness that more time in the initial session was afforded to negotiating the client-centered questions because, rather than revisit and question the consultee's knowledge of consultation, there were questions resulting from the paraphrase on the consultation practicum, provided prior to the meeting. The consultee seemed more concerned with an answer to the immediate case dilemma. Through linking the case dynamics to practice areas, there was an interest in a practice issue. Although the consultant was concerned and potentially focused on increasing the consultee level of interest in the subject matter, there was a subtle but positive change in this factor, especially in the last session. The consultee asked clarifying questions and remarked, when questioned, that the material would serve well in assessing risk elements in this and other cases. This process was potentially assisted by the consistent linking of the

theoretical material to the consultee's central question and concern about the case dilemmas and case management.

In addition, the process of increased engagement by the consultee may have been linked to a downplaying of the data and analysis that disconfirmed the consultee's working hypothesis. The emphasis on validating the consultee's concerns, while also presenting new data, assisted in attentiveness to material that led to a different hypothesis, analysis and recommendations than those initially brought forward by the consultee. The recognition that there needed to be a clear linkage between the new theoretical material and the consultee's case-oriented questions seems critical to opening up discussion and interaction. Linking the new theoretical concepts to the consultee's day to day struggles in child protection seemed to lend credibility to the material.

The journal includes thoughts on how to increase engagement and interest in the consultee with awareness that potentially a more hesitant style rather than didactic teaching might have increased the interaction level and led to a more collaborative process. The critical element in this consultation was the apparent lack of credibility being granted to the social work consultant by the consultee of the same profession. The literature on consultation presents this factor as one that potentially hinders the process and this matches the experience in the sessions on Case C consultation. The question is related to whether the social work consultee recognizes another individual in the same profession, but in a different role, as having expertise and credible knowledge and skill to offer in a consultation. It seems, however, that credibility was increased by a warm style of presentation with genuine listening and caring about the consultee's dilemmas. As well,

the process of consultation including another discipline, a psychologist, that supported the social work consultant's case analysis seemed to increase the credibility level for the consultee.

Case D

Consultee educational background and previous experience

The consultee had a Master's in Social Work and more than 15 years of child welfare experience. The worker's case related and practice-related issues depicted an ability and receptivity to understanding the causal and impacting factors of parental neglect.

Case Summary

The case was a multi-problem family with 5 children ranging in age from toddler to early latency. The couple began parenting when the mother was an adolescent and the father was in his early adult years. The parenting issues related to neglect, secondary to substance abuse issues, domestic abuse, and lack of knowledge about normal child development and children's needs. The agency had a ten-year history of concern and had provided opportunities for learning in the parenting area through in-home teaching, support services. The agency expectations for the parents had been generally consistent over the years with little noticeable positive change.

The older children had been taken into care at various times and generally returned with a later continuation of past patterns of neglect. The children demonstrated various

levels of damage from the family history, these included role reversal, and lack of socialization. The children were difficult for the parents to manage even in the context of brief in-office family visits.

In response to the most recent apprehension of the children, the agency offered reunification with clearly articulated expectations for change. The expectations included treatment for substance abuse, parenting courses and monitoring of these efforts and of the family. One of the parents refused to consider treatment services and an order of supervision, therefore the children remained in care for about a year with a pending contested hearing for a temporary order. Due to lack of admission of responsibility, little follow-through on expectations, scant progress by the parents and concern from observation of family visits, the agency considered applying for a permanent order of guardianship.

Consultation definition, goals

The consultation was a time-limited, goal-oriented, transactional process to give help and technical knowledge in relation to a dilemma (Gallessich, 1982; Kadushin, 1977; and Rapoport, 1963, 1971). The consultation was to be disciplined, orderly, and a mutual problem-solving process (Hollister and Miller, 1977). The objectives were to provide increased objectivity, and confidence to help the consultee with resolution of his or her case dilemma (Caplan, 1970; Hollister and Miller, 1977; Rapoport, 1971). The consultation was triadic (Gallessich, 1982 and Kurpius, 1978) as my assessment of the family would prepare for the responses to the client-centered issues.

I hoped to increase the consultee's cognitive grasp and emotional mastery of the dilemmas and issues (Caplan, 1970). The client-centered consultation sought assessment of the parental functioning and recommendation for case management. The consultee-centered issue was related to concern that attachment to the children might hinder an objective assessment of the parental capacity.

Stages, content and process

My intent was to follow the nine consultation stages as suggested by Kurpius (1978). Although there was questioning of the worker's education and previous work experiences, as consultant, I did not at that time, comprehend the full meaning of the Caplan (1970) and Kurpius (1978) suggestions in the entry and pre-entry stages. The process was voluntary, triadic and interpersonal (Gallessich, 1982 and Kurpius, 1978).

The consultation process occurred in three sessions. In the initial session, I developed the contract that established the nature of the request, and goals for the consultation (Caplan, 1970; Kurpius, 1978; and Watkins, Holland and Ritvo, 1976). The negotiation of the client and consultee-centered contract was non-problematic, as it was not difficult to gather details from a worker with extensive understanding of relevant case dynamics. The contract was written and sent to the consultee for any changes or questions.

My intent was to begin with the worker's practice-related issues before those connected to the identification of the case issues to be resolved. I was attempting to avoid the limited available time being spent on discussion of case details. This worker's

confidence, and experience with case discussion were positive factors that led to a fairly easy movement from practice to case issues in a flow that seemed comfortable for both parties.

The client-centered questions were linked to a parental capacity assessment with recommendations for case management. Despite many years of in-home teaching and other individual and couple focused services, there was little positive change in the parenting problems that had negatively impacted on the children's well-being. The children had been in foster care, under apprehension, for more than one year. Given the guidelines of the Manitoba Child and Family Services Act, the children, less than 5 years of age were unable to remain in temporary care for any further time. If the family was unable to reunify, the agency would need to move to permanency planning for the younger children while also considering the needs of the older children, still under ten years of age.

Other client-centered questions were sub-texts of the central issue, namely developing a case management plan that was meaningful to the children's needs and the parental capacity assessment. Each of the children had special needs and difficult behaviors, resulting from their family-of-origin experiences but the children were well established in placements that met their needs. Another client-centered question that also was linked to a consultee-centered issue, queried consideration of any chance that the parents could make positive changes, in a timely fashion, for the children. The consultee wanted thoughts on the quality of the bond between the children and parents and how to factor this issue into a potential recommendation of a permanent order of guardianship.

In the client-centered session, as the consultant, I carried the greater burden for contributing to the thoughts advanced for discussion. I spoke to the worker's questions about the characteristics of the attachment patterns as it related generally and specifically to the children's needs. I also commented on the parents' inability to comprehend, and admit to their individual, family and couple dysfunction, resulting in lack of commitment to positive change and to the programs that might have assisted in that objective. There was role modeling in the explanation of the analysis of the attachment patterns, and in the evaluation of the resources and the parents use of these opportunities. The client-centered recommendation was that the agency should proceed to request a permanent order of guardianship on the 5 children.

On the issue of the worker's attachment to the children there was question as to how to manage these feelings and gauge if they were impinging on one's objectivity about the family functioning. In regards to the worker's feelings of concern, especially for one child, there was a need to consider an avenue other than "pulling away" from this child's request for a special relationship. Given information shared by the consultee, there was some venturing into how administrative factors might add to the consultee's dilemmas for this case and how this factor might be addressed in the written report.

A sub-text of the consultee-centered question on worker objectivity, related to the worker questioning if he or she was missing any data in the case analysis of this family and if there was any possibility of working towards a return of these 5 children, to their parents. Subsequently to the client-centered case recommendations, the worker raised the issue of attachment on the children's part to their parents, and questioned how to help the

children understand the agency decision to ask the judge for a permanent order of guardianship.

There was brief discussion on an administrative issue that might have been a barrier to the consultee's objective to continue the relationship with these children beyond a permanent order of guardianship. The worker's practice dilemma related to a potential administrative decision that when children become permanent wards, their cases would be transfered to a worker specializing in that area. The consultee and I agreed that the written recommendations for this case should consider the children's needs for constancy during the potential anxiety related to the loss their parents through the granting of a permanent order. The recommendations were to include that the present consultee assist the children in a carefully timed and considered transfer process to another worker specialized in permanency planning. In essence, the consultation in this aspect had systemic, administrative, organizational focus.

Interventions

Beginning with the first session, the content and process was to provide a diagnosis, a prescription, direction and emotional support with the establishment of rapport and provision of recommendations for case management (Galessich, 1982). Throughout the client and consultee-centered consultation, I asked open-ended clarifying and probing questions (Blake and Mouton, 1978).

The theoretical background of the causal factors of the parental inadequacy and the resultant damage to the children were presented and discussed in the client-centered

session. This exemplifies the Blake and Mouton (1978) theories and principles of intervention. Although the consultee had presented data on the case at the point of referral and during the contract session, I added more information to the process through my direct and collateral contact with the family and remained objective (Gilmore, 1963). I was also reinforcing the worker knowledge and skill and corroborating, validating, his or her concerns about the parental capacity and the consideration of seking a permanent order of guardianship. I was supplementing the worker's understanding of the consultee-centered issues with validation of the methods practiced to ensure maintaining objectivity in assessing the parental strengths and limitations (Gilmore, 1963). In the content aspect of the client-centered consultation, with an oral and written report, I was prescribing the recommendations for resolving the client-centered dilemmas (Blake and Mouton, 1978).

The consultation provided emotional support to the consultee through consideration and discussion of emotionally laden material. The written recommendations were directive (Gallessich, 1982). The consultation clarified alternatives about the case management options. Through discussion about the parent's limitations juxtaposed with the children's needs, the process helped the consultee to think systematically and objectively about the client-centered dilemmas. The consultant was a facilitator when making recommendations to the agency that reflected the consultee's best interest for the children's need for support and cautious transition to another service area. The recommendations to the client-centered issues and the exchange of thoughts on the consultee-centered questions were a catalyst and motivator for the consultee's case plan (Kadushin, 1977; Kurpius, 1978) and a diagnosis and prescription (Schein, 1978; Kurpius, 1978).

Due to a wealth of data that includes corroborative or disconfirming data about the worker's perception rather than the actual practice, I touched on an area where I thought the worker might improve the engagement process and provide a positive role model with difficult, angry clients. In this session, I was reinforcing but also supplementing the worker's knowledge and skill and advising in practice issues (Gilmore, 1963). While reassuring the worker's strengths in practice, I was educating (McGreevey, 1978) and following Schein (1978) when I offered alternate ways of thinking for the consultee.

I used interventions from Cogswell and Miles (1984) and Bloom (1984) when I was supportive and reassuring to the consultee in the practice struggles. I reinforced the worker knowledge and skill in case assessment and supplemented it with theoretical information and hoped the process and written report would be a catalyst to the progress of the case planning (Gilmore, 1963). I was accepting of the consultee's dilemmas in the client and consultee-centered questions, and shared ideas constructively and related effectively (Bloom, 1984). These interventions and awareness of the interpersonal subtleties of interpersonal relations (Bloom, 1984) and a mutual contract facilitated an interactive process, especially in the discussion related to consultee-centered questions.

Skills

The consultation session on client-centered discussion was thoughtful in content and the process was organized and followed and met the consultee needs. In the consultation relationship building, I helped the consultee feel confident to share emotionally laden material. While demonstrating an ability to gather, analyze data and make competent decisions, I remained objective (Kurpius, 1978). The basic social work skills of listening,

attending, and objectively probing, were important to negotiating a clear and mutual contract that moved beyond client-centered issues to consultee-centered dilemmas. The consultee's comfort level in the consultee-centered discussion indicates that an open, relationship was achieved (Kurpius and Robinson, 1978

The skills used in the process included knowing when to seek the worker's thoughts, how and in what area to further probe (Schein, 1978). Other process skills included how to place emphasis in one area of theory related to the case data and how to move through the material while responding to the questions previously negotiated and those resulting from my presentation of concepts and recommendations (Schein, 1978). According to Bloom (1984), I was accepting, sharing ideas constructively, relating effectively and aware of the subtleties of interpersonal relations in the consultation process.

Evaluation of my struggles and skill as an apprentice

The contract for the client and consultee-centered issues was more comfortable, more organized and interactional than those previously experienced in the practicum. My earlier learning to remain focused on the focal case for consultee-centered issues was helpful in the establishment of the contract.

The entry and contract phase might have received benefit from more probing questioning. I should have queried the consultee more on his or her frame of reference and learning needs because this gap led to difficulty presenting consultee-centered material in terms matching the worker's practice framework. Fortunately, the discussion of the case

dynamics, dilemmas and practice-related material led to some comprehension of the worker's limitations and strengths.

The contract stage might have been more collaborative (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; and Shulman, 1989) with more questioning of the worker's thoughts as it might have been a more balanced process with more contribution by the consultee. I did not meet my objective to verbally summarize the case and practice related issues in the contract session. I did forward to the consultee a written summary of the contacted issues to be discussed in the consultation process; the worker gave approval to the summary.

The outcome of the contract phase was that the consultee seemed engaged in the process, discussion and understanding of the parameters, objectives and process of consultation. The worker seemed appreciative of the opportunity to discuss both case and practice related aspects of the case.

There was a distinct separation of the session on case issues from that on practice issues. The rationale was that the worker was more concerned about case resolutions and the discussion should have enough time devoted to answer all the questions, and potential issues arising from the recommendations. The consultee-centered consultation seemed collaborative (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; and Shulman, 1989). I queried the consultee more easily in the last session, especially to ensure that the necessary support to reflective practice and further consultation was

available within or beyond the practice environment. I sought feedback on the content but did not think to request the same on the process aspect of the consultation.

Overall, in this consultation, the process felt more successful and balanced with easy movement between content and process and more awareness of what intervention I was using (Schein, 1978). The strengths in my consultation were again related to the content while the weaknesses were in the process aspect of the operation. I should have felt more confident about probing the worker in relation to practice framework, limitations, struggles but this would have required a re-negotiation of the understanding between us about the process and was not realized at that time. I could have been less rushed if I had asked the worker to choose one area for discussion rather than try to sufficiently cover four fairly complex practice related issues. I felt compelled to suggest resolutions to the practice issues and did not realize that it might have been sufficient to assist in raising questions and having the worker gain further reflection on the dilemmas and how and where to seek answers beyond the consultation. The style of presentation was more lecture than interactive but the consultee seemed thoughtful, engaged and highlighted some ideas and reflected on others.

New learning accomplished and future learning needs

In this consultation, I became more aware of the benefit of seeking a contract on consultee-related issues before that on case issues. I also had made a decision to separate the case related consultation process from the practice-related area. I had an increased appreciation and awareness of the interventions that I was using, when they might be appropriate and how to have the content and process follow more smoothly. This provided

opportunity to focus and move more profoundly through each topic and to seek feedback as to the fit of the material and thoughts for the consultee's case and practice.

As in past consultations, the process might have been more collaborative (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; and Shulman, 1989), especially when I was sharing theoretical underpinnings for the case dynamics and recommendations for the case management. My weaknesses in the client-centered consultation were related to repetition in the content of the material, that might have been avoided by the worker having had opportunity to review the written case analysis and recommendations before our third session. Although I did seek some feedback at various points about the content, I did not in relation to the process. This might have assisted in any adjustments that could have facilitated more consultee involvement in the discussion.

Limitations placed on the consultation practice

As a consultant in an apprenticeship, I was learning the art while developing the model and both were in formation and evolving through the practice. This limitation likely had an impact especially on the process but potentially less on the content of the practicum. As with the other consultations, the worker's primary need was for case resolutions and this placed a constraint on the process and the time that might have been required for a more thorough consultee-centered consultation.

In this consultation, I experienced the difference in engagement, willingness to reveal and discuss practice related issues in a confident, experienced consultee. The consultee had an awareness of the complexity of case assessment, practice issues and need

for self-reflection to understand and transfer learning from one case to another. This experience validated my hypothesis that consultation with an inexperienced consultee differs in many aspects from that with an experienced worker. I did not have the challenge of trying to engage the worker to think beyond resolution of the immediate case and to reflect and share struggles in the practice aspect. The consultee-centered consultation was rewarding in this situation, as the process was a good fit with the worker's practice objectives of continued learning and professional growth.

Journal reflections

The Case D journal describes a reasonable quality experience in the practice of consultation. The content of the client and consultee-centered material was theoretically sound and presented in a relaxed, casual style. The previous experiences led to a more complete comprehension about the process factors and there was less difficulty knowing what questions to ask of the consultee; when to probe further, when to retreat or re-focus the discussion and when to bring a topic back from a different angle. There was recognition of a lack of probing to discover the consultee's resources and practice frame of reference; but some of this data was spontaneously shared through the consultee's presentation of case dynamics and dilemmas.

This consultation had the benefit of previous experience and awareness of the critical element of remaining focused on the case at hand to retrieve practice-related issues and to provide theory. The relationship building was experienced as comfortable and sound and in addition, the joining with the consultee on the emotional material added validation while still finding a resolution to the difficult material and dilemmas. The

consultee appreciated the validation of the emotional content of the case and the opportunity to de-brief and receive clinical concepts. The relationship built in the initial meeting resulted in more sharing and a higher degree of interaction by the consultee, in the second and third sessions.

Although the process might have included more tentative questions and less lecture style teaching, the critical need for the consultee was a clearly articulated direction for case management and hesitancy in that area might have increased, not decreased, the anxiety level. The regret was that the discussion on consultee-centered feedback was less interactive than desired but the consultee was engaged, thoughtful, reflective, asked clarifying questions, and verbally made links between the material presented and his or her practice. As consultant, I might have asked more questions further to the consultee's sharing of thoughts, and when some feedback was provided to the usefulness of the content and process. The process might have benefited from asking the consultee to focus on one of the four-presented concepts for discussion on practice. The pressure to cover all four areas in discussion might have hindered opportunity to query for a more thoughtful and interactive exchange.

Case E

Consultee background and previous experience

The consultee had almost two decades of experience in protection services related to child welfare and soon was to complete an undergraduate degree in Social Work. The agency in which this individual worked is in an urban core area known for the numerous,

complex and challenging multi-problem families affected by intergenerational dysfunction and socio-economic problems.

Case summary

The family had a history of inability to parent both previous to and during their 10-year history as a couple. Although the mother initially had a longstanding history of substance abuse issues, in the recent years, her partner joined her in the use of intravenous street drugs. The mother's partner condoned and potentially encouraged prostitution to support their drug habit. The agency had sought and won permanent orders of guardianship for other children born during, but not from, this union. With a child subsequently born, after having met expectations for rehabilitation, the couple was given opportunity to parent for approximately three years. Awareness of neglect of that child and of the mother's return to substance use and prostitution during a recent pregnancy led to apprehension at the time of that child's birth.

Following a disclosure of an incident in which the preschool age child was hurt, by one of the parent's due to loss of control and inability to manage angry impulses, the agency also placed that child under apprehension. At the time of the consultation, the preschool aged child and the sibling, a toddler were placed together in a foster home with weekly visits with their mother and her partner. Although the couple had recently begun a drug-rehabilitation program, other concerns in their lifestyle that impacted parenting had not been addressed or insufficiently altered.

Consultation goals, stages and content

The goals of the consultation process were to enhance the worker's cognitive grasp of the case and practice issues (Caplan, 1970), and to improve professional planning and actions to better the consequences for the client (Hollister and Miller, 1977). The consultation was to correctly identify and diagnose the case-related problems and increase the consultee skills for the future (Schein, 1978).

The consultation process occurred over two sessions. The initial session established the contract and identified the problems to be resolved in consultation. The client-centered dilemmas were to determine if the couple had parenting capacity. If they could parent adequately, what supports, training services would be necessary to bolster them?

The consultee-centered consultation was to assist in working with damaged individuals resistant to engagement. The consultee also wanted thoughts on how to understand the causal factors regarding the individuals' difficulties in parenting, and how to help them understand the concepts. Another practice-related issue was linked to the consultee's query regarding what strategies to consider when attempting to engage the mother to work with the agency. This practice issue was important because of the mother's partner having a need to control her and her child-like dependency on him. Although I did not during the contract session, summarize the list of questions to be addressed, I later sent the worker a summary that reflected our contract.

Stages, content and process

The consultation was to be tradic (Gallessich, 1982 and Kurpius, 1978) because I was to have direct contact with the client system to gather data for the case analysis and recommendations. I was to follow the Kurpius (1978) stages of consultation but did not consider enough the meaning and rationale for involving the consultee through questions related to the pre-entry and entry phases (Caplan, 1970). I did query the consultee's educational background, previous work experiences and the similarities and differences in the case at hand from the others on the present caseload. This discussion however lacked in depth and was not complete enough to guide my response to the consultee, practice-related issues. I realized later in the process, that I should have asked more about the worker's frame of reference, practice model. Lacking this information made it difficult to present confidently the concepts related to practice dilemmas in a manner that fit the consultee's framework.

The first session included establishment of rapport, and discussing and negotiating the contract. The process seemed to be collaborative, as the consultee was engaged and involved in the discussion about case-related matters. I wanted the contract session to be balanced with as much time spent on practice related issues as the case issues. I also hoped to have increased confidence in asking probing questions. The worker seemed,however, to be more focused on the resolution of case issues and less interested in practice issues related to the presented case.

The incomplete entry stage (Caplan, 1970; Kurpius, 1978) resulted in problems later in the process. The contract stage and that focused on practice issues might have been

more collaborative if the material presented were more compatible with the consultee's framework and knowledge base. Where there was some collaboration ((Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; and Shulman, 1989) in the client-centered area, I had questioned and followed the worker's thoughts on the issues to be pursued in the consultation process. For example, rather than ask questions about data that was already included in the written referral, I proceeded from that point to probe for more thoughts about the worker's concerns, experiences and expectations of the couple in their parenting role.

During the sessions related to the client-centered and consultee-centered discussion, I did have some difficulty with the process aspect (Schein, 1978). The weaknesses were in knowing what questions to ask, and how to guide the worker to think alternately about the problems. As stated earlier, especially in the consultee-centered area, there was some level of difficulty in establishing a collaborative process (Gallessich, 1982; Kurpius, 1978; Schein, 1978 and Shulman, 1989).

The second consultation session focused on the analysis of the case issues and provided thoughts related to the practice issues (Caplan, 1970; Watkins, Holland, Ritvo, 1976; Kurpius, 1978; Blake and Mouton, 1978; Kurpius, Fuqua and Rockecki, 1993 and Rockwood, 1993). I hoped that we could focus initially on the case analysis and recommendations and from that point move easily to the consultee, practice-related struggles. Although the consultee agreed to this format, I was anxious about the individual's definition of the term "difficult client" to be addressed in the consultee-centered discussion. With the consultee being asked questions on that topic, the discussion

led the session into practice issues, rather than resolutions to the case dilemmas. While I was struggling with how to guide the discussion into case related areas, but also presenting thoughts on practice, the consultee was likely still case-focused. In essence, the focus of the discussion was confused and I should have surfaced my confusion. The discussion could then have returned to the client-centered dilemas and suggested resolutions.

Interventions

The process of the discussion on the causal factors and how to respond to the client's difficult, challenging behavior provided some balance, objectivity and presented some systematic way to analyze the situation (Kurpius, 1978). The details provided from the direct and collateral contact with the family were a catalyst and facilitated the consultee's case management decisions (Kadushin, 1977). Although the consultee felt somewhat challenged by the case dynamics, the depth of the dysfunction was noted and this supported and added to his or her understanding of the clients (Gilmore, 1963). Through the case assessment, report and discussion of the theoretical underpinnings of the recommendations, I also provided some theory and principles according to the interventions (Blake and Mouton, 1978). While the consultee seemed to understand and appreciate the presented ideas, they may not have provided much new learning but potentially confirmed old learning (Kadushin, 1978).

I reinforced the worker's concerns about the case and informed and supplemented the data with further concerning data (Gilmore, 1963). The consultation provided the advise on the client-centered questions and the written report motivated the agency's case

plan and facilitated the court process (Gilmore, 1963). Although I did not use all of the interventions suggested by McGreevey (1978), the case analysis was a form of diagnosis and the conclusions and recommendations in the oral and written format were a synthesis that formulated and offered resolution to the consultee case dilemmas. Due to inexperience and the resultant lack of awareness of the difficulty in the process aspect, the intervention that was not successfully practiced was collaboration (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; and Shulman, 1989).

Skills

The skills I used are familiar to the helping profession. I was accepting, sharing ideas constructively, relating objectively, demonstrating personal warmth, aware of subtle interpersonal relations (more in relation to that related to client-related dilemmas than during the consultee-centered consultation) (Bloom, 1984). I did build some relationship with the consultee, had the ability to gather, analyze information and made competent decisions from the case data but lacked skill in relation to content and process of consultee-centred consultation (Kurpius, 1978). I but did not probe the consultee enough (Kurpius and Robinson, 1978) regarding his or her knowledge base and practice needs. Therefore the process was strained, as I could not hone the material to fit the consultee's learning needs and methods. I had difficulty putting into practice the skills related to process (Schein, 1978) knowing what questions to ask and how to identify alternate ways of thinking about the problem. Given the confusion and anxiety related to this weakness, I did not thrive well on ambiguity and stress in the role of consultant (Goodstein, 1978).

Evaluation of struggles, successes as an apprentice

I had no difficulty in engaging the consultee in explaining the differences between supervision and consultation and the parameters of consultation. The contract stage seemed organized, focused and more succinct than in earlier efforts. My intent in the contract stage was to focus as much on practice issues as on the case dilemmas and thus be helpful to future situations for the consultee (Caplan, 1970; Kadushin, 1978 and Kurpius, 1978). My experience in previous consultations was that too much focus and energy went to case dynamics and this aspect dominated the sessions with little energy and time to consider the consultee practice struggles. To meet my objective, I began with questions about consultee-related issues and once that area was completed, moved to case-related questions.

One of the difficulties in this consultation was related to a lack of understanding about an undertaking in the entry stage, to find the "the nature of the difficulties and liabilities" (Caplan, 1970). Until feedback from my advisor on this case, I had thought that the Caplan (1978) step "to assess the nature of the difficulties and liabilities" was client-related. Through the difficulty experienced in this consultation, I realized that during the entry stage, the consultant should also know the consultee's frame of reference for practice and their strengths and limitations.

Having missed the step of seeking more understanding of the worker's frame of reference and learning style, when I was attempting to present material on the client-centered issues, the worker was puzzled. The inability to query the consultee's practice model, frame of reference, strengths and weaknesses resulted in difficulty in knowing

how to present new information and support, supplement or alter past learning. Due to this feature, I could not use terminology with which the consultee might have been familiar. This deficit caused further difficulty in the consultee-centered consultation. It was again difficult to present confidently the concepts related to practice dilemmas in a manner that fit this individual's theoretical framework. For example, new information was presented on task-centered social work (Rooney, 1992) but the consultee may not have been able to fit this concept easily into his or her presently used framework.

During the second session, the consultee was confused and focused on case related material rather than on the consultant's questions and attempts to discuss the practice-related issues. When I noticed that I was veering away from the planned process and that the consultee was confused, I should have "surfaced" that issue and brought it forward. Instead, I tried to continue the process and potentially both parties were confused. In reflection on the session, after a review of the audio-tape, I realized that the contract phase of the initial session had failed to seek further understanding of the worker's practice underpinnings and strengths and limitations (Caplan, 1970; Kurpius, 1978).

In hindsight, I realized that by "surfacing" the consultee's potential puzzlement there might have been opportunity to pose more questions of the practice issues, areas of struggle and delve into a discussion about practice-related matters. I might also have placed a boundary on the case-related area of discussion and with query and potential agreement to pursue practice-related discussion, the process would have been more comfortable and clear to both parties.

While the content of the client-consultation was adequate, it was difficult to feel successful in the content and process of the practice-focused discussion. I also struggled with the process, in knowing when, how and for what purpose to probe the consultee (Schein, 1978). I was perhaps more able to use that skill in relation to the case dilemmas but was not as confident to probe in the consultee-centered focus.

The presentation of case analysis and recommendations was also carried primarily by the consultant, as the consultee had no prior opportunity to read the conclusions and recommendations of the assessment. The conclusions and recommendations were numerous and detailed, therefore it was probably difficult for the consultee to question and add comment. The worker's feedback included that all the case questions were answered. The consultee's additional feedback was that the consultant had gathered more data that was supportive of the analysis and recommendations for case management resolutions.

I felt that I provided a competent assessment and potentially role modeled engagement, data gathering, formulation, analysis and synthesizing of material into clearly articulated conclusions and recommendations for case management (McGreevey, 1978). I answered all of the consultee's case related questions, which were the central task from that individual's perspective.

New learning accomplished and future learning needs

I was more aware in this consultation of the interventions that should be practiced and of the skill involved in a competent, collaborative consultation (Gallessich, 1982;

Goodstein, 1978; Kurpius, 1978; Schein, 1978; Shulman, 1989). Although the awareness was present, I still had much to learn to operationalize the concepts related to quality consultation, especially engagement of the consultee in a collaborative process and how to master the expectations underlying the Kurpius (1978) entry and pre-entry stages.

Limitations placed on the practice

As with other consultation experiences with workers in child welfare, the central need was for consultation related to case management. The consultee-focus seemed to be of less interest and less familiar to the worker. The worker was under pressure from within the agency and from the client to determine a case plan and for this reason the consultation from the Child Protection Centre was sought. To be developing a consultation model while learning the concepts, the skill and how to operationalize the model in a setting in which the workers do not expect consultation amplified the learning challenges.

Journal reflections

The reflections in the journal regarding Case E comment on the increased level of comfort to seek information on the consultee's education, and this step occurring earlier in the process than in previous consultations. As previously stated, however, the gap was in not asking questions to lead to an understanding of the consultee's learning style, perception of difficulties and strengths in practice. There also was realization to query the practice issues before the case dynamics so as to ensure discussion and entry into the consultee-focussed contract during a time- limited session. In hindsight it seems that the skill necessary to a smooth process that would enter into both client and consultee-

centered contracting would be to ask the consultee to share what elements of the case dynamics were challenging and confusing and which were less difficult. This query might also have facilitated an exchange on how the consultee identifies, analyzes and responds to case data. This step would potentially be a stepping stone to asking if the consultee would want to spend some time in discussion and feedback on specific practice related issues surfaced by this exchange.

The journal remarks on the consultant's frustration and lack of understanding about why the second session, on recommendations and material for the client and consultee issues went so badly. As consultant, the feeling level was puzzlement and awareness that something was wrong, with an inability to concentrate on what was occurring and how to guide the process. Having the advisor present in this session was disconcerting and in all the consultation sessions, the sense of responsibility to deliver a quality assessment, sound case resolution concepts and providing new material for learning while also being aware of the stages, and process were quite complex and burdensome.

It was only with comment by the advisor that I became aware of the causal factors of the difficulty experienced in the second session of Case E. The learning (after the fact) was that I should have been aware of what was happening, punctuated the confusion and questioned the consultee about preference regarding the focus of the discussion. Alternately, if I could have had some level of awareness and insight about the poor process, I might have simply explained my error in asking a question related to a consultee-centered area when we had determined that we would focus on case resolution discussion.

Regarding the other problem area, related to a lack of knowledge about the consultee's needs for additional theory or practice information, questions regarding successful practice by the consultee with similar clients might have led to further understanding about the consultee's knowledge base and practice strengths. As well, discussion wherein the consultee could reflect on the different challenges experienced with these clients might have led to awareness of what methods had been attempted and found to have little or some level of success. Instead, the process on the consultee-centered area seemed to focus on unfamiliar material with which the consultee could not cognitively link with present practice. Another reflection in the journal is related to a query as to whether the consultee really wanted a consultee-centered focus or rather only case resolution. Perhaps, with a more skilled consultant, the discussion on case resolution could have led to an exchange on specific practice-related material without the sense of responsibility by the consultant to provide new material.

Case F

Consultee background and previous experience

The consultee had about 15 years experience in working in an urban child welfare agency and a general arts undergraduate degree. This individual had previous work experience in supportive services to voluntary families. The consultee's experience in protection services had been in the last two years.

Case summary

The case under consultation was a family with one child with a significant level of intellectual and functioning delay and a diagnosis of a genetic syndrome. Due to an

incident of physical abuse by the mother, the young adolescent was removed from the parents' care. Each of the parents had difficulty functioning, potentially related to mental health issues. The family also had a history of resistance to special services for their child.

The parent's marriage ended at the time of the child's placement in foster care and both presented the other in a negative light in relation to competency in parenting. The father was requesting that the child be returned to his care but given his own functioning issues, there was question as to his capacity to provide quality care. The mother was adamant that the father was incapable of parenting but his access to the child was consistent and he showed interest in the child. The mother's interest in the child, however, was questionable, as was her capacity as a parent. The mother frequently cancelled the visits and when they occurred, were curiously brief, with little interest and interaction, indicating attachment problems.

At the time of the consultation, the child had been in foster care for more than a year. The young adolescent's level of functioning was at about a preschool age but with the additional problems of difficulty to manage anger impulses. With competent care and teaching by the foster parent, the young adolescent had improved in the functioning related to basic developmental gains but his needs are high and will be life long.

Consultation definition, goals

The consultation was to be a time-limited, goal-oriented, and transactional with technical knowledge in relation to a presented problem (Rapoport, 1963, 1971). Beyond the interactive factor, Goldmier and Mannino (1985) define consultation as generating a solution to a problem.

The goals of the consultation included meeting the consultee's needs for direction on case management issues and to enhance the skills necessary to work with this family (Kurpius and Robinson, 1978). Improving the planning and the actions for the case to better the consequences for the client (Hollister and Miler, 1977) were additional objectives for the process.

The client-centered issues were to determine the likelihood of further abuse to the child, if he was returned to the mother's care. The consultee requested that the process consider the potential plan to apply to the court for a permanent order of guardianship for the adolescent. Another client-centered question was raised by myself as consultant and was of interest to the caseworker. While the consultee focused on the care plan until age of majority, I felt that there was also a need to determine the best plan for the care of the child beyond age of majority, with consideration of the special needs related to significant intellectual impairment. A consultee-centered issue related to providing guidance for the worker, given the parents' demonstrated limitations in comprehension, on how to assure an understanding of the potential case plan subsequent to the assessment of parenting capacity.

At the beginning of the consultant's data collection, there was a realization of a potential conflict of interest regarding the assessment of the case. As consultant, a decision was made to withdraw from the assessment service and therefore the Child Protection Centre assigned another assessor. The consultation goal was renegotiated to focus on the long-term needs of the child as the client-centered consultation. The consultee-centered question would remain as negotiated in the earlier contract stage. The consultation sessions were to be provided in conjunction with the assessor's recommendations of the assessment on parental capacity.

Stages, content and process

The contract initially established was altered to focus on guiding the consultee regarding the young client's long-term needs and how to facilitate the parents' comprehension of a case plan. The consultation process occurred in two sessions but given focus on the client-centered issues exclusively through contact with the consultee, the process was not triadic (Gallessich, 1982; Kurpius, 1978). Before the renegotiation of the contract the consultant had an interview session with the father and his presentation raised concern about potential mental health issues. Given the consultee's data regarding the mother and the consultant's research and consultation with a geneticist, it was suspected that this parent was underfunctioning due to a genetic issue similar to the child's. The case data led to a realization that the adolescent's functioning limitations were considerable and at the age of majority would likely warrant consideration of a substitute decision-maker under the Manitoba Vulnerable Person's Act.

The second session initially included the Child Protection Centre assessor and focused on the parenting concerns but later the consultant had exclusive time with the consultee to consider the practice-related issues.

The stages of consultation included the entry into the process, the diagnosis of the dilemmas and the appropiriate interventions (Blake and Mouton, 1978). The initial and renegotiated contract agreed to the nature of the request (although this could have been better done in the second contract phase), a written report, and recommendations for resolution of case dilemmas (Caplan, 1978). The contract initially negotiated included open-ended questions followed by probing questions in relation to the consultee's thoughts, experiences in the present Family Services position and regarding the needs of the family. In the entry phase (Kurpius, 1978), there could have been more effort to comprehend the consultee's methodology in practice and learning modes. When the consultation moved to the practice related area, it was difficult to present material in a manner that was a good fit for the consultee.

The initial contract phase lacked in interaction potentially because I was not clearly explaining the concept " case dilemma". The information-gathering step began perhaps before the contract phase was completed and there was also a mixture of information gathering with the consultee's statement of issues. This feature may have limited the consultee's statement of the client-centered and practice dilemmas. The initially negotiated contract became defunct when the potential conflict of interest issue arose. The consultant's role was re-negotiated in a telephone session and the contract then focused on the client-centered question of the adolescent's long-term needs and practice issue related

to how to explain the agency's plan to the parents. Another professional of Child Protection Center undertook the assessment of the parents' functioning.

The lack of a clear contract regarding the assessor's task and that linked to the consultation regarding the adolescent's long-term needs led to later confusion for the consultee. As the consultant, this dynamic was not understood until later in the process when there was evidence of a lack of clarity in the role between the assessor and consultant. There was uncertainty by the assessor regarding the parent's limitations to provide care for the child before and beyond the age of majority. The assessor also briefly considered not completing the assessment but the contract initially negotiated by myself and transferred to the assessor committed to that effort. In that consultation session, the consultee articulated, as in the initial contract session with the consultant, the essential need for the assessment to provide recommendations for the care of the child before age of majority.

The early part of the consultation session was also difficult because of agenda and role confusion between the assessor and the consultant. While the consultant's agenda was to review and discuss the care plan necessary beyond the age of majority with the consultee and the assessor, the latter was using the session to gather data. While this step was relevant to the assessor's decision to continue the assessment and clarified the data supporting the worker and consultant's thoughts that the assessment was crucial, the process was confusing and challenging for all involved.

Rather than make definitive statements in response to the assessor's expressions of uncertainty regarding the data related to assessment of parental functioning, I could have asked questions to clarify the assessor's issues and the consultee's needs. This would have provided opportunity to practice consultation skills, interventions related to the presented needs and role model for the consultee. At the point that the assessor had gathered enough data and understood and accepted the consultee's position that the assessment on parental capacity was essential to complete, the assessor left the session.

The content of the consultation, in the latter part of the second session, focused on the client-centered issue regarding the need to plan beyond the youngster's age of majority. The content included the rationale for considering the Vulnerable Person's Act and a substitute decision-maker to oversee his or her situation that should include a sheltered living arrangement. As consultant, I was aware of the consultee's need to understand how to transition the child to age of majority in a manner that would continue to protect her or him from inadequate care by his/her parents but potentially would also maximize their ability to provide significant contact.

The consultation session included the consultee questioning the new information on the Vulnerable Person's Panel. The discussion included the steps needed in order to refer the situation to the appropriate system, and what information would be relevant to the potentially necessary request for a substitute decision-maker. There was agreement between the consultee and consultant that the parents limited functioning juxtaposed with the child's special needs resulted in a conclusion that they should not be recommended as substitute decision-maker for the young adult.

The discussion included details regarding the legalities of the Vulnerable Person's Panel, including that the parents would likely have notification of the process and opportunity to present their thoughts. In the discussion, I offered support to the consultee's realization that the young client needed a sheltered living situation as he attained age of majority and provided information as to how the Community Living Program was connected to the Vulnerable Person's Act and Panel. The discussion then moved to the consultee-centered issue of how to strategize presenting to the parents the agency recommendations and decisions for their child, both before and after his age of majority.

Interventions

When focusing on the consultation related to client and consultee issues, the intervention was primarily educative (Gallessich, 1982). There was a lack of clarifying and probing questions to the assessor but there was also no negotiated contract to proceed in that vein. The consultation session reinforced, corroborated, validated, advised, motivated and facilitated (Gilmore, 1963) the case management issues for the consultee. For example, the concerns expressed by the consultee regarding the parent's limitations and the child's special needs were reinforced and validated. The thought to consider long-term plans for the child, as this individual transitioned to adult years was supplementary to the immediate case planning issues. The recommendations and details of the needs and resources beyond age of majority were supplementary to the consultee's initial request for case planning for the child until her or his age of majority. An offer to facilitate a referral for psychiatric assessment of the adolescent client to support the criteria of the Vulnerable

Person's Act, and the information related to that resource were a catalyst for the consultee (Kadushin, 1977).

The consultation provided direction, and helped to formulate and resolve the problems of case issues linked to long-term planning and to the consultee-centered discussion (McGreevey, 1978). There was an attempt to mediate (Kurpius, 1978) between the consultee and assessor regarding the need for the completion of the assessment but this had not been clearly negotiated in a contract phase that should have occurred. The consultee-focused consultation was educational with a collaborative component (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978 and Shulman, 1987), where the thoughts and material presented on the Vulnerable Person's Act were questioned and processed by both parties.

Evaluation of struggles, successes as an apprentice

In hindsight, I realized that the session on consultation, where it included the consultee and the assessor, should have begun with a new contract phase. While I understood the session to be sharing of thoughts related to the young client's age of majority issues, the assessor's need and agenda was related to ascertaining whether or not there would be a continuation of the assessment for the purpose of data gathering. Given that I had begun the assessment and had an understanding of the need for the completed assessment, I felt that my boundaries as a consultant were compromised and/or stretched. The role of advocating for the young client and the consultee's needs may have been acceptable in the consultation, even if uncomfortable for the consultant. Caplan (1970) clearly comments that it is advisable to comment where a plan may be harmful to a client.

In this situation, the assessor's potential plan to withdraw and cancel the referral for the assessment was potentially harmful to the client and the consultee's need for support in a case plan.

In addition, the long-term planning for the young client, on whom the consultation was to focus, required a written assessment on the parenting difficulties. The parents' limitations were in essence, juxtaposed with the child's special needs. The contract negotiated by the consultant was that Child Protection Centre would assign another assessor to fulfill that need. Thus, I had an interest in assuring that this part of the endeavor was undertaken and completed so that the written report could support the process necessary for my recommendations as a consultant.

This consultation was complex and challenging given that my role changed from one including an assessment to an other focusing only on consultation to the case dilemmas relating to the long term plans for the client and the practice issues for the consultee. The difficulty ensued because of a lack of clarity in negotiating a new contract with both the consultee and the assessor. I had negotiated the contract for the consultation without the assessment component but had done so in individual conversation with the consultee. The missed step however, was to negotiate a contract with all parties involved in the second consultation session, the consultee, the Child Protection Centre assessor and the consultant. A contract phase would have potentially clarified the goals, agenda, roles and process of that session.

There was success in presenting a long-term plan for the child's adult needs that the consultee had not earlier considered. The information for the consultee about the young client's continuing special needs seemed successful and well presented. My understanding of the process did benefit from the after the fact input, of the student's advisor, but the consultation would have potentially been less confusing, more comfortable for the three involved parties, if there had been in- vivo consultation to guide the consultant.

New learning accomplished and future learning needs

There should have been more understanding of the consultee's knowledge base and needs to ensure a fit in the practice discussion. This aspect of the consultation lacked interaction and potentially also was not clearly negotiated in the contract phase. There was a lack of re-negotiation of a contract once a third element; the case assessor, was brought into the process.

Limitations placed on the practice

The consultation process seemed to take a good deal of time from the consultee and from that individual's point of view might have been just as beneficial to focus only on case related issues. As is common with the child welfare worker, the critical need was case related resolutions and not necessarily to practice issues.

Journal reflections

The thoughts in the Case F journal resulted from the frustration of the role and boundary confusion that was experienced when the process included a third element in the consultation session. There was an error not realized at the time, of the critical need for

the consultant to reexamine, question and likely renegotiate the contract originally developed without the third party's involvement. The journal is a critical reflection of the confusion as to why the experience had felt frustrating, complex and of a poor quality. Through the process of reflection, I realized that the contract needed to be negotiated with both the consultee and assessor of the case. Depending on their needs and in relation to my role as consultant, I might have excused myself and let them discuss the presented problem regarding the assessor's ambivalence to complete the assessment. I might then have considered the option of making a commitment to meet exclusively with the consultee to complete the consultation on the client and consultee-centered issues. This strategy would have avoided the triangulation that the consultee and I experienced in the process that occurred. The result might have been, however, that the consultee would have been left to advocate for the case assessment without my input. My role would have been clear and I would have experienced fewer boundary issues, wherein I potentially overstepped and advocated too strongly, convincing the assessor to complete the assessment as committed to by Child Protection Center and myself as the consultant.

Case G

Consultee background, previous experience

The consultee had about ten years of experience in child welfare and an undergraduate degree in social work. This individual practiced in a rural setting in a unit of service that offers a wide range of services to families, from support to protection.

Case summary

The family to be assessed was a separated father previously having access for 5 years after the marital breakdown. He was seeking custody and guardianship of the three children that were in temporary care of the agency. The children ranged in age from about five to ten years. Previous to the children being in care, they resided with their mother and her common-law husband. In this setting, the children were subjected to verbal, emotional and physical abuse and neglectful, unprotective care. The most recent allegations related to the common-law partner using the children as shooting targets with a pellet-gun. There were medical findings that corroborated the children's allegations. The agency placed the children with their paternal grandparents where the father also resided.

The consultation would not involve or focus on the mother, as she had a no-contact restriction order regarding the children and had not approached the agency or the caregivers for information on the well being of the children. She was apparently on the run with her partner from the police, whereabouts unknown. When told about the incidents of her partner hunting the children and the pellets hitting their bodies and leaving marks, she apparently minimized the incident. There also was a history of neglect in the mother's parenting that included lack of supervision and protection as well as inadequate care.

Consultation definition, goals

The consultation was an interactional, interpersonal problem-solving, helping process (Gallessich, 1982; Kadushin, 1977; and Rapoport, 1963, 1971). The problem solving would be disciplined and orderly (Hollister and Miller, 1977).

The goal of the client-centered consultation was to resolve the question of whether or not the children's father had adequate parental capacity to meet the children's basic and emotional needs. The case assessment of the father's ability needed to consider a past assault conviction on one of the children. There was a need to consider how to evaluate the change since that conviction and his ability to demonstrate remorse regarding that issue and empathy regarding the children's experiences while in the mother's care.

The worker agreed with my suggestion that a second client-centered issue related to a consideration of whether or not the children required a therapeutic process or if a positive, safe environment provided adequately for their psychological issues. The contract phase proceeded fairly smoothly regarding the case issues but the consultee-requested time, beyond this session, to consider what practice-related issues stemmed from this case.

The consultee contacted the consultant between sessions and we contracted to consider two consultee-centered dilemmas. One dilemma stemmed from the worker's emotional, vicarious traumatization resulting from the knowledge of the children's abuse. Another issue was how a worker can gauge the impact of the trauma on the children. The consultee also suggested a third practice issue: what considerations are required when assessing the parental capacity of a single-male parent? The consultee wondered about what factors to consider and what services might be available. The contract was written and sent to the consultee for potential changes; it was accepted as negotiated and transcribed.

Stages,Content and Process

The consultation occurred in two sessions, one focused on the pre-entry, entry and the contract phase and the last primarily offering consultation to the case and practice related dilemmas. Although the information gathering stage began with the consultee, the balance occurred in the triadic relationship that included the client. The next stages: problem-definition, selection of alternatives, and the implementation of the plan were part of the second consultation session.

In the contract stage, the content of the discussions was focused on the case data, with analysis, synthesis of the case dilemmas and suggestions for the resolutions to the consultee's client-related and practice-related questions. There also was a suggestion that the consultation process might refer only to the consultee's provided data and not include direct contact with the client. Upon later reflection, and realization that there was insufficient data to ensure a quality endeavor, this aspect of the contract was re-negotiated. As consultant, I proceeded to seek further data from the client, from observations of the parent-child interaction and from review of the agency file and interviews with significant collaterals.

The process in both sessions was fairly interactive, as the consultee easily joined in, asked questions and shared her or his thoughts about the material under review and discussion. Although initially stating the need was for client-centered consultation, the consultee did present issues for a consultee-centered discussion. The consultee seemed comfortable and supported as this individual took some risk to bring forward for consideration material related to practice issues.

Both sessions had a collaborative element (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978 and Shulman, 1987). In the second session, the collaborative process may have been facilitated because the consultee had received and reviewed the written report before our meeting. There seemed a balance between the content and the process aspect of the consultation; there was an awareness of when each feature was operating and more confidence in moving between the two foci.

Interventions

In the initial consultation, I was a catalyst for the later decision to also provide a consultee-centered service. I provided some theories and principles (Blake and Mouton, 1978) in the second session and used the above interventions again with an increased degree of collaboration (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978; Shulman, 1987). I was a role model for the consultee regarding how to gather and analyze data for assessment. Through the case analysis and presentation of resolutions, I was clarifying alternatives, and helping the consultee to think systematically about a problem (Kurpius, 1978). The written report and discussion was a catalyst regarding proceeding to transition the father into a single parent role and facilitated the consultee's intent for the case plan (Kurpius, 1978).

Through the analysis of the case data and with recommendations provided with the supportive evidence, I was providing a diagnosis, a prescription and being directive while providing emotional support. The session included diagnosis of the children's needs for a therapeutic process that should include the father. The discussion on the consultee-centered questions regarding assessment and resources for the male single parent was

educative. The analysis, synthesizing, and processing, of the case data and the formulation of a cohesive case management plan helped to resolve the case dilemmas. These interventions reflect those suggested by McGreevey (1978).

In considering Gilmore's (1963) concepts, the interventions were reinforcing of the consultee's assessment of the father's abilities, but also supplementing with more information. The consultation provided the consultee advice on considerations when gauging impact of trauma on children and advice on the indicators of progress in the parent-child relationships. There was a minor element of provision (Kurpius, 1978) through my offer to refer the family for therapy.

Evaluation of struggles, successes as an apprentice

I was able to ask more questions of the consultee during the contract session as compared to previous situations. Given past experience where the discussion on client-centered issues in the consultation phase was restricted by the consultee's lack of opportunity to review the written report, I suggested and undertook that the assessment report was provided before our second session. I did however, miss some opportunities to pursue the consultee's emotional issues regarding the abuse suffered by the children.

New learning accomplished and future learning needs

The contract stage included open-ended and then more probing questions. The process included reflective listening, joining and adding thoughts to the consultee's questions about the case. The outcome of the discussion of the case issues included gaining more depth to the potential resolutions and a greater awareness of the consultee's

emotional issues with the case data. I still needed to be more confident in presenting the concept of the consultation going beyond a client-centered focus to one that is also consultee-centered.

I was somewhat more comfortable in what Caplan (1970) refers to as the understanding of the worker's liabilities and strengths. Given more confidence in the entry and contract stages, I established an ability to open up discussion with the consultee on practice related issues. In the last session, I asked the consultee to recall the contract that had been provided in a written format. This facilitated my entry to discuss beyond the case related issues and resolutions and to venture into consultee-centered consultation.

In the content area of the client-centered consultation, I was competent and sound in my seeking of data, analysis and provision of detailed conclusions and recommendations. In the process area of the client-centered discussion, I did an adequate effort, partly because I had followed a suggestion to forward the written report for the worker to review before the session. In addition, I was fortunate to have a consultee that was comfortable and presented with candor in the consultation process. In the consultee-consultation, the content was adequate but could have been more interactive and sought more of the worker's thoughts about the issue of vicarious traumatization.

Limitations placed on the practice

I could have asked more circular questions to assist the consultee in developing and considering critical thinking about practice. Although there was some discussion on the consultee's emotions about the abusive experiences for the children in this case, it could

have been more focused and more validating of her or his vicarious trauma. I ventured instead into the topic of how one gauges trauma for children. I might have separated the client and consultee-centered sessions but was cognizant of the limitations on time for both parties.

Journal reflections

The Case G reflections related to an awareness of a higher degree of confidence in explaining the practicum and the usefulness of the process for both the case and the consultee. There also was more confidence in explaining that all workers experience practice-related issues and this element does not reflect lack of ability. There was some ability to question the consultee's experience and education but a gap in not moving beyond this individual's anxiety to questions about the caseload and assessment and case analysis needs to gain a more complete understanding of practice needs and strengths. I did not think quickly enough to pursue and probe beyond the answers that the consultee provided. Opportunities were missed regarding exploring the consultee's beliefs and practice skills. For different reasons, this area was also difficult to undertake with the supervisor but the difficulty was related to a hesitancy to present as disrespectful.

Subsequent to a review of the file material and interviews with significant collaterals, there was awareness of the dilemmas that included program and administrative factors and how essential it was to raise these issues with the consultee and agency. The journal reflects an awareness of the need to present the concepts related to the program and administrative dilemmas, even if there was anxiety on my part to discuss these issues with both the consultee and the supervisor. The commitment to a permanency plan for the

child in question which related to the consultee's desire to deliver good service increased the realization that the contract needed to include discussion in these areas with the supervisor and consultee.

The consultation modeled for the consultee a purposeful interview and discussion regarding material that was sensitive but could be presented in a non-threatening manner and based on the specific case. There was commitment to sort through concepts related to practice. The process of raising these issues and negotiating a new contract initially with the consultee and then with the supervisor went fairly smoothly, despite my anxiety level. Although I contributed more than the other two individuals in the discussion of the program and administrative dilemmas and potential resolutions, the process was interactive and collaborative. Ultimately, there was mutual respect demonstrated and a commitment to have quality service for the family and child as the primary focus and objective. The ability to remain focused on the case before us was important to keep the process moving and reality-bound, making it more meaningful for all involved.

Case H

Consultee background and previous experience

The consultee has a background in child-care work and a community college education with some additional training opportunities related to child welfare services. The consultee had worked for less than two years in an aboriginal agency that services part of rural Manitoba.

Case summary

The family presented for consultation had one child less than ten years of age, with the parents having permanently separated after numerous past estrangements and reconciliation's. The mother had a history of both solvent and substance abuse including during the pregnancy for the child in question. The child was described as having difficult behaviors but had remained in the same placement during the many months of foster care. A review of the agency file, negotiated in the contract with the consultee, determined that more than 85% of the child's life had been in the care of the agency. The child had been in agency care on many occasions, under the maximum time allotted with Voluntary Placement Agreements and then returned home briefly (to both parents or to the exclusive care of the mother). More recently the agency had sought a temporary guardianship and was now seeking a case management plan.

The consultee was recently assigned as the case manager and had realized that the child's situation has been in legal and emotional limbo for too long. While not having details, the consultee believed that the child had suffered emotional insecurity, neglect, and physical abuse potentially by both parents. While the father made some requests for visits, these were rare and his situation was described as unsuitable to parenting. The mother rarely asked for visits (for example once in the last year) and had recently left the country and married and saw no reason to involve her husband in discussions about her plans regarding parenting.

Consultation definition, objectives

The consultation had a purpose, a problem to resolve and a process (Rapoport, 1971; Shulman. 1987; and was goal-oriented (Caplan, 1970) with a transactional process (Rapoport, 1971). The definition included that the process should assist the consultee with understanding the presented case and learn knowledge and skill for future cases (Caplan, 1970).

The goals were for client and administrative-centered consultation. The consultee agreed to a consultation that would address the client related question of whether or not the agency had enough evidence to present and pursue a permanent order of guardianship. Subsequently, the consultee agreed to a discussion with the supervisor and the consultant to pursue program-centered administrative consultation linked to the case issues and dilemmas.

Stages, content, process

The stages for the process were to establish the nature of the request, assess the client problem and liabilities, assess resources of the client system, and write a written report of the recommendations to case resolution (Caplan, 1970). The steps of pre-entry, entry, contract, information gathering and problem definition were also accomplished (Kurpius, 1978).

The contract session included an entry step (Kurpius, 1978) with discussion of the consultee's educational background, work experience previous to the child welfare position and subsequently to becoming a mandated case manager. The agreement

negotiated in the contract session was to undertake a consultation with the data being presented by the consultee and through other sources: two past agency workers, the child's foster parents and a review of the child and family files at the agency. The client-centered question was whether or not the agency had enough evidence to support the case manager's plan to seek a permanent order of guardianship on the child. A written contract reflecting the contract on the client-centered process was sent to the consultee.

Subsequent to the consultant's review of the above-described data, there was an offer to move the process beyond client-centered consultation to program-centered administrative consultation. Given the consultee's description of the difficulties related to case planning and the issues linked to systemic factors, the consultant's offer was accepted. After a written consultation report was sent to the consultee and the supervisor, a consultation session to include both of these individuals was established.

The consultation session that included the consultee's supervisor began with a re-negotiation of the contract. The session focused on the content and process related to protection case management and the systemic, administrative elements that hinder and/or assist the work of the child welfare workers. This session was similar to Schein's (1978) doctor/patient and process methods but also client-centered and consultee and administrative-centered (Caplan, 1970). The second consultation session integrated the content and process concepts as suggested by Blake and Mouton (1978).

Interventions

The contract session established the nature of the request (Caplan, 1970) but because the client would not be a part of the process, the process was not triadic (Gallessich, 1982; Kurpius, 1978; Kurpius and Brubacker, 1976). While focusing on the needs and issues of the child, the consultation was more consultee and administrative-centered. I validated the consultee's dilemma and analysis of the case issues and resolutions (Gilmore, 1963) and tried to assist this individual to think systematically while also teaching about the causal factors for the child's difficult behaviors (Kadushin, 1977).

The contract-focused session wherein I also gathered data and defined the client-centered dilemma, seemed collaborative (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978 and Shulman, 1989). Through the case dynamics, hypothesis, analysis and recommendations, I was also teaching, training, providing a diagnosis, prescription, treatment and other direction and support to the worker (Gallessich, 1982). I think that the process reinforced and corroborated the consultee's concerns about the viability of the child returning to the care of his or her mother.

The discussion on administrative issues informed and advised the consultee and supervisor about the gaps in the communication and the difficulty linked to distinct separation between the investigative workers and those providing family services to the same situations. The thoughts on the administrative factors validated the consultee's difficulty to case manage without awareness of essential data from other parts of their system. The written report on case analysis and recommendations supporting the consultee's tentative plan to seek a permanent order of guardianship facilitated this

decision and potentially motivated the worker and her supervisor to follow up (Gilmore, 1963). In the final session, with the consultee and her supervisor, I was using the Schein, (1978) process skills, knowing what questions to ask, to gain an understanding of the differentiation of roles and the supervisor's vision for developing a cohesive style of services to families. The consultation process attempted to bring forward alternate ways of thinking about a problem, and because the process was not ongoing, it did not fostering dependency (Schein, 1978).

The final session, that included the consultee and the supervisor was validating and supporting the consultee dilemmas and recommended resolutions for the case (Gilmore, 1963). The process aspect was a catalyst and facilitated helping the consultee and supervisor to gain the knowledge and skill necessary to solve the problems (Kadushin, 1977). This mode called for interaction amongst the parties and did not place emphasis on me as consultant to have all of the skills. I hoped that involving the worker and consultee to seek solutions to the practice dilemmas would increase the commitment to the resolutions (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978 and Shulman, 1989). The process mode also included my asking questions about the organization's practice, values and issues resulting from the setting and context (Rapoport, 1971; Kurpius and Brubacker, 1978; Shulman, 1982 and Schein, 1978).

The outcome was that the worker and supervisor seemed comfortable with my need to rework the contract and to question past experience and framework for practice. Through discussion, I discovered the supervisor's strengths and weaknesses and then was able to validate, clarify and add new thoughts for the practice areas. The supervisor was

candid, took some risks in self-revealing and must have felt comfortable in this process. In addition, the worker was able to state concerns, objections about past practice and the intent for resolution of the case dilemmas. We were able to query and discuss many aspects of practice that are connected to organizational lacks and difficulties within the system.

Skills

In the contract session, I was relationship building (Kurpius, 1978), knowing what questions to ask (Schein, 1978), and accepting the consultee's data and concerns about the case. Throughout the consultation, I was sharing ideas constructively, relating effectively enough to develop a contract and level of comfort with the consultee. I was demonstrating personal warmth with the consultee and supervisor, and remained aware of the subtleties of interpersonal relations that exist between an inexperienced consultee and his or her supervisor (Bloom, 1984). To negotiate a contract for consultation without contact with the client, and to gain the consultee's confidence in the process, I was using the basic counselling skills of listening, attending to the material, and probing for a more comprehensive understanding of the needs (Kurpius and Robinson, 1978). In this manner, I was helping to create an open relationship whereby there was mutuality in the objectives and process (Kurpius and Robinson, 1978).

In the session with the consultee and the supervisor, I was more confident in the skill necessary to move between content and process and used both aspects in a balanced manner (Schein, 1989 cited in Rockwood, 1993: 638). The skills used in this session were much the same as in the earlier session with less emphasis on the emotional support

(Gallessich, 1982). There was more emphasis on the sharing of ideas constructively, relating effectively and being aware of the subtleties of interpersonal relations existing between a worker and his or her supervisor (Bloom, 1963).

Evaluation of struggles, successes as an apprentice

I experienced some difficulty in negotiating consultee-related questions during the contract session. There was however, little difficulty negotiating inclusion of the consultee's supervisor in the program and administrative-centered consultation. The discussions previous to the contract stage and after the review of the agency material seemed to increase the consultee's comfort level with the process. The assessment of the file material afforded an opportunity to raise problematic areas related to agency process and because this fit with the consultee's concerns, there was agreement to raise the issues and consult with the supervisor for the worker to benefit from the experience.

The consultation report was sent to the agency before our final session. The primary recommendation given the case data and the child's needs, was that the agency should request the court for a permanent order of guardianship. As consultant, there was a need to bring forward for discussion, the practice-related areas of concern. The task was to ask the questions in a manner to stimulate their thoughts but not offend or increase the defenses. With the exception of one area, the practice areas were not linked to this worker and potentially could be discussed. In addition, the supervisor had recently taken on this responsibility and presented as open to discussion about practice areas that required more supervision and training of the in-agency collaterals to assist in an understanding of how to effectively use the mandate of child welfare.

The session that included the consultee and the supervisor was successful as it led to reflection about the case that was critically linked to administrative issues. The administrative and program-centered consultation focused on competent case planning and management and how to ensure that there was a conscious process to assist the case manager through provision of all pertinent data for decision making. The worker and supervisor seemed comfortable, engaged and thoughtful in their discussion and responses to my questions. The process felt shared, more collaborative than in earlier sessions and I had more confidence in using the case example as a stepping stone to present and discuss practice issues.

I think that the discussion flowed well, with engagement by all parties. I did not refer to any specific resource material but only to the case at hand and this meant the thoughts were reality bound and more meaningful for all. My thoughts derived from my practice and thus were natural and confident. I think that I expressed understanding and sympathy for the quite difficult tasks facing the worker and unit supervisor and managed to challenge the concepts involved in past practice without offending them. I did seek some understanding of the worker's experience and that of the supervisor but could have queried the latter further but chose to understand her/his framework through responses to questions on practice rather than with direct query. I followed the Blake and Mouton (1978) interventions as well as those suggested by Schein (1978).

New learning accomplished and future learning needs

Although this last consultation felt more comfortable than those experienced earlier, there remains much learning for me as an apprentice in consultation. I think that I could

have raised more questions and am not sure that I contracted in as clear a manner as I might have. I felt limited by time and did not question to whom in their agency the consultee could turn for future assistance in case and practice dilemmas.

Limitations placed on the practice

In this consultation, I did not perceive there were limitations to the practice of consultation although there were time constraints that prevented further discussion of how to implement recommendations discussed regarding administrative features.

Journal reflections

The reflections on Case H included awareness that terminology used in the literature should not have been a part of the contract negotiations with the consultee or should have been used only after introducing the concepts with terms defining and explaining the objectives and process. Despite this weakness, there was a higher degree of comfort to venture into a detailed negotiation of the contract, a more complete use of questions with probing queries following. There also was a realization that the consultee verbalized agreement while there was indication of a lack of understanding of the concepts under discussion. There was a need to further explore the consultee's level of understanding and I requested paraphrasing to ensure an adequate level of understanding.

In this consultation, I realized that I was more aware of the elements of a consultation and how to operationalize some of the theory that I had learned. There was more confidence in the usefulness of the process and more awareness of the stages, interventions and objectives of these elements. As a result of an increased confidence

level, I followed the consultee's responses with more probing questions and teased out many important sub-texts regarding the case dilemmas to be resolved. The interchange was balanced with the consultee engaging and reflecting and with the consultee recognizing the genuine concern for the case and practice elements. The trust and comfort level in the relationship was sufficient enough for the consultee to take some risk by revealing practice issues that were, however, interpreted as a need to learn how to gauge trauma to children rather than vicarious traumatization.

The reflection after the second session led to a realization that while I had utilized appropriate interventions to clarify the client-centered material that I did not repeat this skill regarding the consultee's emotionally based material. I did not consider the possibility of questioning further, punctuating that this issue was brought forward on two occasions and querying if there was a need to analyze and process the issue of vicarious traumatzation in this or a later session. Instead, I linked the issue to the learning component necessary in practice of child welfare regarding how to gauge trauma impact on children. Upon further reflection, perhaps I was uncertain if I had permission to venture into this area that seemed therapeutic in content. Possibly my uncertainty about how to assist the consultee was also hindering an adequate response to this issue.

The rest of the consultee-focused discussion was balanced with sufficient interaction, potentially because of awareness of the need for concrete information and direction rather than theoretical concepts. The practice material was well matched to the consultee's learning style. Despite the weaknesses described, the content and process of the consultation felt more under control, and there was enough confidence in the process

to focus on the case facts to discuss resolutions to the case and practice dilemmas. The level of collaboration was higher in this consultation than in those previous and there was awareness that I was less anxious about the process and could focus in a more relaxed manner on the content to be discussed.

Chapter 1V

Evaluation

The evaluation of the practicum and of the student was to have two components. The focus was on a) the consultation and b) the student's learning from the practicum on consultation. With the focus on the evaluation of the consultation, both the consultee and his or her supervisor were to evaluate the student's service at the termination of the consultation and at a three-month follow-up. Each questionnaire package had a face sheet introducing the objective of the evaluation and a reassurance to the consultee (Appendix C (iii)) and to her or his supervisor (Appendix D (ii)) that the student was blind to the identity of the respondents.

The instruments utilized were questionnaires including both quantitative questions with fixed response formats and qualitative open-ended questions. The questionnaires to the consultee, at termination, focused on the content, the process and the outcome of the effort (Appendix C (iv)). The consultee's supervisor was to respond to questions about the impact of the consultation on both the consultee and the resolution of the case (Appendix D (iii)). As follow up, three months after the termination, the consultee and the supervisor were to comment on the impact of the consultation on the case plan and on the case management (Appendix C (v) and Appendix D (iv)).

At the termination point of each consultation and three months later, the student's practicum advisor was to code and mail these forms, to the consultee and to his or her supervisor. Each questionnaire package was sent with an enclosed self-addressed and

stamped envelope. The questionnaire forms were to be returned separately by each of the consultees and the respective supervisor, to the practicum advisor. The practicum advisor was to correlate the two questionnaires provided to the consultee and her or his supervisor at the termination and three-month follow-up to the consultation. The student consultant was to be blind to the respondents, as the practicum advisor would remove the codes before forwarding the completed questionnaires to the student of the practicum. These questionnaires were to assist the student to evaluate her skill in the consultation and the perception of the consultee and his or her supervisor of the learning that occurred on the case issues and the helpfulness to the resolution of the case dilemma. At the time of analysis of the research data, the student was to study the quantitative and the qualitative data. The quantitative data was to be collected from the questions with fixed response formats and were to provide nominal and ordinal measures.

In relation to the student's learning from the practicum on consultation, the qualitative data for this analysis was to be from the correlation of the questionnaires by the consultees and supervisors, with the self-evaluation questionnaire form (Appendix F) and the student consultant's thoughts recorded in the journal (Appendix G).

The data from the Journal (Appendix G) was analysed to discover whether I gained in knowledge and skill from the practice of consultation. The journal, written after each session, reflected the consultant's perception of the stages, interventions, content and process in the consultation. The journal included self-evaluative comments on the strengths and weaknesses in each consultation. The journal was analyzed qualitatively and was helpful in gaining a perspective on the student's thoughts, observations and

comments about the actual content and process of consultation and the dilemmas that each one brings.

The qualitative data was to be gathered from the open-ended questions of the evaluation questionnaires sent to the consultee and the supervisor. The student's task would have been to make sense of the data collected, summarize and synthesize the information collected from the open-ended questions and responses from the consultees, and supervisors and from the notes made by the consultant in the journal. A qualitative analysis occurred on the reflective journal written by the student consultant on each consultation session. One of the values of the reflective journal was that it is a record of the student's "logic in use" which provides valuable historical and process insights. There was an identification of significant patterns, and the development of a framework to communicate the messages from the data. The initial analysis of the self-report data focused on the processes and issues of the consultation cases.

There were significant problems in the evaluation component of this practicum. Prior to the commencement of each consultation, the responsibilities and expectations of each party in the practicum were explained and the consultee and her or his supervisor. The consultees and his or her respective supervisor were given a paraphrase on the practicum (Appendix B) and signed consent to participate in the practicum, (Appendix C (i) and D (i)). In addition, the consultee's client was informed and provided with signed consent for the involvement of the worker in the consultation (Appendix E (i), (ii)). Despite these steps and the advisor having mailed the questionnaire packages, there were few responses to the questionnaires. The practicum advisor did follow-up telephone

contacts to seek the responses but as per his report, this effort was unsuccessful. As a result, the intent to undertake quantitative analysis on the consultees' and supervisors' evaluative responses was abandoned. The evaluation process was therefore the qualitative analysis from the student's journal on each session.

At this point, the reasons for the lack of responses can only be speculative. It is possible that the consultees and his or her supervisor did not receive the questionnaires. It is also possible that the Winnipeg Child and Family Services reorganization over the summer of 1999 impacted the workers' and supervisors' ability to respond to the questionnaires. Perhaps the questionnaires did not follow the many individuals that were moved around through the reorganization and/or that the energy and focus was otherwise taken up. Another possible reason for the lack of formal responses is that there was a lack of commitment to the evaluation. This might be due to lack of interest or that in reality, the need for the consultation process led to a commitment to enter into the agreement to evaluate but having received the consultation and the written report, the consultees and supervisors previous intent and commitment dissipated.

Discussion of the consultation sessions with the consultees

Through review of the consultation sessions, I became aware of the elements that were helpful and conducive to quality consultation. I also became cognizant of the content and process areas wherein there was difficulty. The following are thoughts on the themes and patterns found in the consultation sessions and how some were helpful or hindering to a quality consultation. With the exception of cases F and G, all the consultations were triadic (Gallessich, 1982; Kurpius, 1978; Kurpius and Brubacker, 1978 and Kurpius,

Fuqua and Rozecki, 1993). All the consultations were client and consultee-centered, with cases B, D, G and H also having elements of program and/or consultee-centered administrative foci (Caplan, 1970).

The practicum model of consultation borrowed elements from many models. These include the prescriptive (Kurpius, 1978; Kurpius and Brubacker, 1978; and Kurpius and Robinson, 1978) and the doctor/patient and the process models (Schein, 1978, 1989). The critical element of a clear contract (Caplan, 1970; Bloom, 1963; 1984; and Rapoport, 1963) was recognized with an attempt to clarify the roles and goals of the process. Evaluation of the content and process of consultation was requested of the consultee during the process (Caplan, 1979; Gallessich, 1982; Kenney, 1986; Kurpius, 1978; Kurpius, Fuqua and Rozecki, 1993; Patton, 1990; Rapoport, 1963; and Watkins, Holland and Ritvo, 1976).

The stages followed were as described by Kurpius (1978) and while the content and interventions varied according to the presented issues and needs, the process was the most difficult element to practice. The collaborative approach (Goodstein, 1978; Kurpius, 1978) was experienced as difficult to integrate into practice. The process was to include an emphasis on equality of (Bloom, 1963; Kurpius, 1978; Rapoport, 1977; and Schein, 1978). The model placed importance on understanding the context of the consultee (Kurpius, 1978; Rapoport, 1971; Schein, 1978; and Shulman, 1977). The relationship being at the core of the consultation process was a significant concept in the practicum consultation model (Goodstein, 1978; Hollister and Miller, 1977; Kurpius and Brubacker,

1978; Kurpius and Robinson, 1978; McGreevey, 1978; Rapoport, 1971; and Shulman, 1987).

In Case A, the issues presented for client and consultee-centered consultation were numerous but based on the presented case data and the consultee's practice. The linking of the case data to the consultee-centered foci was essential to engaging the consultee in focusing and discussing practice issues. Another important element in the process was the consultant's awareness and respect of the consultee's needs, context and the agency's resources. The process was interactional in the critical contract phase but less so in the client-centered focus as compared to the consultee-centered discussion. The consultee was an experienced worker. Therefore, consultation needs beyond client-centered case resolutions, were related to the theoretical base for assessment and of the causal factors related to personality damage.

The consultant's ability to demonstrate interest in the consultee's case and practice dilemmas was helpful to the consultation. As well, the ability to ask questions to elicit reflection on client and consultee-centered areas assisted in the consultee's engagement and commitment to the content and process of the consultation. As consultant, the awareness and acceptance of the consultee's systemic issues and the employing organizational strengths and weaknesses are critical elements for building an equal relationship and an interactional consultation. Another helpful element included the consultee accepting the resolutions for the case dilemmas that were based on new data that the consultant gathered and analyzed. Although the analysis and case resolutions disconfirmed the consultee's initial case plan, the sound concepts presented led to

agreement to a case plan whereby the family file would not be closed. Instead, with the realization of elements for risk to the child, the consultee agreed to keeping the case file open and to provide more intensive services. As the consultant, I was well prepared for the client-centered discussion and sought the consultee's input in the process.

Even in the first consultation, Case A, there were some departures from the original proposed model of consultation. Due to the need for a consultee-centered focus, there was inclusion of this focus beyond the client-centered issues. This led to a second part of the contract phase and a richer discussion, moving beyond the resolution of the case dilemmas to those elements critically linked to knowledge and practice areas.

The difficulties experienced in Case A were in requesting a second contract phase and in a lack of collaboration, especially in the client-centered discussion related to resolution of the dilemmas. There was a lack of comfort to surface and probe when the consultee raised some topics that, if pursued, might have enhanced the consultee's contribution to the discussion in both the client and consultee-centered areas. For example, there was a lack of knowledge about the consultee's level of knowledge and skill in the practice areas related to the case under consultation. It was difficult, therefore, to ensure a "fit" between the consultee's practice and those concepts presented in the consultee-centered discussion.

The consultation for Case B presented different contextual issues, given the consultee's lack of experience in the field of child welfare and resultant consultee-focused issues. Given some earlier experience with the contract phase, this stage felt more

comfortable with a balanced discussion on the client and consultee-centered issues to be resolved. There was also more awareness of the need to explore with the consultee, the differences between supervision and consultation. The consultee-focused issues were teased out from the case related dilemmas and presented data. In this consultation, there was slightly more recognition of the need and with seeking out information about the consultee's resources, knowledge base and practice framework and skill.

The process was helped by comfort in asking questions of the consultee, in relation to both case and practice issues. The interventions used were to deal with the ambivalence, confusion related to his or her role and use of authority deriving from the agency mandate and the case dynamics and service objectives. The Caplan (1970) concept of surfacing the issues and those related to acceptant, catalyst, confrontation, prescription, theories and principles modes of intervention were also utilized (Blake and Mouton, 1978). The other interventions practiced were validation with supplementation of the data and provision of new knowledge on the case and the practice elements (Kadushin, 1977).

The provision of new options for the resolution of the case and for practice and encouraging increased objectivity and confidence by the consultee were additional interventions in Case B (Kadushin, 1977). The sharing of theories and principles are an intervention suggested by Blake and Mouton (1978) that was utilized with case B. The suggested resolutions and practice concepts were provided clearly with role modeling included in the process (Kurpius, 1978). The consultation provided an opportunity for the consultee to think systematically, provided more behavior options (Kadushin, 1977) with

the consultant role being objective, open-minded, but detached from the consultee (Gallessich, 1982).

An important skill for this consultation was the focus on the consultee's practice issues as found in the consultee's description of case dynamics and issues. Working with the material from the consultee's case made the concepts more real and purposeful. The skills of relationship building, objectivity, ability to gather and analyze information, and make competent decisions (Kurpius, 1978) were essential in building the consultee's comfort level and collaboration with the content and process. Another critical set of skills used in Case B were those related to basic counseling, listening, attending, objectively probing, and helping to create an open relationship (Kurpius and Robinson, 1978). Given the consultee's hesitation with the process of consultation, Bloom's (1984) suggested skills of acceptance, sharing ideas constructively, personal warmth and being aware of subtleties of interpersonal relations were relevant to consultation being a success. These skills were helpful in understanding the consultee's case and practice dilemmas and to increase his or her confidence in the negotiation of the contract and involvement in the process. The element of relationship building and validation and support to the consultee may have been critical to this individual's integration of some of the concepts that were observed, especially in a positive attitudinal shift about the client.

The consultee responded in the affirmative to a query on the increased skill, objectivity and confidence to resolving the case dilemma (Caplan, 1978). The areas of difficulty included the lack of interaction in the discussion on case resolutions and in the collaborative element of the consultation, and more contribution by the consultant.

Although the Gallessich (1982) interventions of educating and providing technical advise were used, the style of presentation was more didactic, less inclusive of the consultee and thus lacked in collaboration. There also was a lack of seeking out the consultee's understanding of the concepts discussed and no eliciting of paraphrasing to ensure a degree of understanding of the ideas for future cases and practice requirements.

Another difficulty in the process was the lack of understanding of the consultee's practice framework and terminology. As a result, there was difficulty in ensuring that the terms used in the discussion were understood and fit the consultee's knowledge and skill set. For example, the use of the term "two levels of fact, factual and emotional" might have been better understood with the use of terms related to facts relevant to case decisions and those not relevant. There was opportunity missed to question potential consultee-centered administrative issues, as well as the consultant not requesting to include the consultee's supervisor in this discussion. The lack of paraphrasing of the concepts and case resolutions lead to a level of uncertainty that the consultation was useful for future similar cases or had resulted in an increased knowledge level by the consultee.

The consultation model for Case B was only slightly altered from that proposed. The consultee was provided a written contract regarding the client and consultee-centered consultation objectives. The focus moved beyond client to consultee-centered with some elements of an administrative focus. There also was some provision (Kadushin, 1978), through facilitation of a treatment service for the client. The consultee-centered administrative focus (Caplan, 1970) included a session wherein the consultee and

supervisor met with the consultant to discuss the client-centered suggested resolutions. This process was facilitated by provision of the completed written assessment for the consultee and supervisor to review and prepare questions for discussion. The session that included the supervisor provided the consultee with role modeling on presentation of case data, analysis and techniques for developing a rationale for the recommendations for resolutions.

The process with Case C seemed difficult as the consultee was potentially focused only on case related dilemmas and with less that 5 years field experience, not as interested in practice-related issues. Asking how the presented case was similar or different from his or her caseload facilitated the consultation on Case C. As well, the process was helped by questions about case issues.bringing forward consultee-focused questions where there was a lack of recognition about practice-related dilemmas. The ability to focus on the strengths and provision of data in support of the client's abilities helped to move the consultee from a negative bias.

The opportunity to have the consultee join the consultant in a consultation with a psychologist had many benefits. The consultee was provided role modeling regarding a consultation process. Although the material presented and the feedback received disconfirmed the consultee's hypothesis and working model, the discussion lent some credibility to the consultation recommendations on case analysis and resolutions to both the client and consultee-centered dilemmas. In essence, inclusion of a psychologist in the consultation process seemed to increase the consultant's credibility and referent power to the consultee.

A potential factor that assisted the process was the consultant's realization of a misunderstanding regarding a consultee-centered question that, upon clarification was determined to be of greater concern to the consultant. This question was re-visited and the contract and focus altered to reflect another question of more interest to the consultee. The consultant's ability to show interest and respect for the consultee's issue led to an increased comfort level and interaction. The consultant's extensive research on the client and consultee-centered focus seemed to help the process that was potentially difficult due to the consultee lack of enthusiasm or skepticism about child welfare practice. The research component was significant to support the consultant's case analysis and recommendations for resolution that were disconfirming those presented by the consultee. Over the three sessions, although the lack of animation did not change, the consultee presented as more attentive and more engaged in the material presented, and this resulted in more questions asked for clarification and discussion. The material presented by the consultant was new to the consultee, and hopefully would widen his or her knowledge base and repertoire regarding how to analyze a case with features of cognitive and emotional delays.

What may not have helped the consultation was the consultee's lack of experience in the field of child protection and a potential skepticism about the impact of child welfare services worker on multi-problem situations. As well, as consultant, there was some difficulty in explaining the concept of consultee-centered consultation. The consultee may have been more focused on resolution of the case dilemmas and less interested in causal factors or other issues related to case analysis. The consultant carried the greater burden and made a greater contribution to the discussion with minimal interaction from the

consultee. The consultee not having received the written assessment report may have hindered the second session on feedback on the client-centered consultation. Another difficulty related to the lack of collaboration in the discussion on consultee/practice areas may have resulted from a more didactic teaching style that might have inhibited the consultee's contributions. As well, potentially as the consultant, there was not enough time taken to seek and address the consultee's anxieties about practice in child welfare, and thus a lack of understanding about how to link and relate the material for discussion to fit the consultee's world-view. For example, initially in the discussion and presentation on research on causal factors of emotional and cognitive damage, the consultee seemed to lack interest. When however, the consultee was queried regarding the potential use of the material to assess risk factors, the interest and interaction level increased.

As consultant, there was some difficulty being aware of what interventions were being utilized and, given the focus on engaging the consultee, perhaps not an adequate level of reflection during the practice of consultation. Given some reflection on this consultation, there is a realization that a more tentative and questioning style of presentation might have increased the consultee's interaction regarding the discussion on the case and the practice-related issue.

Although not intentional, the model was altered somewhat because the contract phase was begun prior to the formal session. Given the short timeline to complete the case assessment and the consultee's schedule, the contract regarding the client-centered focus was developed initially through a telephone interview. The consultant had begun direct gathering of the data before the formal contract session and thus there was time to clarify

the consultee's questions with less time on data gathering from that individual. Another departure from the proposed consultation model was the inclusion of another party in one of the consultation sessions. The session wherein the consultant sought consultation from a psychologist on specific questions of case analysis was an unplanned change from the model that facilitated the service.

The themes in the consultation for Case D were similar to those previously undertaken but there was perhaps more awareness of the process factors while also remaining focused on the content factor. The consultee's many years of experience (more than 15 years) in the field of child welfare facilitated the process. The consultee was reflective in both the client and consultee-centered discussion. The ability to share, at a feeling not just a data level, in an articulate manner, was appreciated and led to a less strained effort to seek out material for discussion. There was less time spent on clarifying the difference between supervision and consultation and the discussion on the contract issues was detailed and more "idea-based" than data based. The consultee had a willingness to discuss theoretical concepts that were linked to the case data and dynamics. The consultee's receptivity to the process assisted in a higher degree of comfort to seek clarification and to probe where relevant. This process led to more interaction than in earlier consultations and therefore potentially to a higher quality service. The relationship, interaction and comfort level between the parties facilitated seeking further negotiation regarding the contract and agreement to offer thoughts on material presented spontaneously relating to practice concepts.

The consultation led to sound resolutions to the case dilemmas, with the consultee integrating the material enough to use the new terminology in discussions. The weakness was in the consultee/practice discussion, wherein a lack of clarity regarding the consultee's knowledge base and skill-set led to some concepts presented that were not new theory to him or her. The consultee stated that the opportunity to have clinical consultation was not easily established in the work setting. There was expression of appreciation for speaking about issues and helping him or her to feel heard, understood and supported in the emotionally laden material of child protection work.

Another helpful factor was that I remained fixed on the case related data for both the client and consultee-centered contract and discussion. I was able to gain an understanding of the worker's frame of reference through questioning how the case under study was similar or different from others on the consultee's caseload. The consultee seemed to appreciate the opportunity to share, reflect on theory related to child protection practice and was receptive to concepts and discussion. Despite the usual busy schedule, in the objective of receiving a quality consultation, it was evident that the worker wanted to set aside the time necessary to complete a comprehensive discussion.

The factors that might have hindered a quality content and process were the real limits of time given the need to meet deadlines regarding the assessment of the case. As well, although there was a request for feedback on the content and process, further probing might have provided more insight into the consultee's resources and frame of reference that might have facilitated a better fit regarding the provision of theory related to consultee-centered material. The second session was focused on client-centered

recommendations for the presented dilemmas but the consultee did not previously review the written report. This factor might have also hindered a more interactive process. As well, at times as consultant, I should have focused and sought out the consultee's thoughts rather than offering comments from my experience.

The changes to the proposed model were related to a determined effort to separate the client-centered feedback and discussion from that focused on practice-related issues. This decision allowed for more time for each component, and with the consultee having received resolutions to the case dilemmas, there was more energy and focus on the practice-related material. The client-centered resolution discussion included thoughts on the treatment issues and the systemic factors that might impede or facilitate the linking of the resources. This area of discussion was program-centered, as was another factor related to the anticipated transfer of the case during an impending re-organization of the agency.

The interview material on the consultation for Case E describes a planned effort to shorten discussion on the client-centered contract by focusing on the case dilemmas as suggested in the consultee's referral for the assessment. The intent in questioning the similarities or differences between the presented case and the balance of the caseload was to tease out the consultee's practice strengths, experiences, and frame of reference. This step provided the consultant with only limited information on the types of cases served but little on the consultee's practices style, preferred learning methods and use of practice terminology. The effort to understand the consultee's resources was not successful but this element was not realized until later in the second session. Despite this weakness, the content of the discussion related to the client and consultee-centered contract was

interactive, with a balanced contribution by both parties. The negotiated contract was summarized and sent in a written format to the consultee.

As stated, the lack of information on the consultee's practice style became problematic when attempting to research and present the practice concepts in a manner that was easily understood. Another significant difficulty occurred in the second session that was already quite "loaded" by the need to review both the case and practice issues and resolutions. Although the intent and contract at the early stage of this session, was to deliver and discuss client-centered resolutions, by attempting to clarity a term used by the consultee, I inadvertently headed the session into the consultee-centered, practice topic area. The consultee was likely confused, and because I was unaware of what had transpired and was focused on delivering content, I did not surface this problem. While I was unaware that I should punctuate the need to return to our contracted decision to discuss resolutions to the case dilemma, the consultee began to repeat the case dynamics that were likely linked to the practice dilemmas. The consultee's presentation should have been a hint that there was anxiety and a need to return to the client-centered focus and recommendations for the management of the case. The consultee had not had an opportunity to review the report and was likely more interested in that component of the consultation. Although the content for the client and consultee-centered consultation did continue, the process was unorganized and lacked coherence. As well, as stated earlier, the lack of knowledge about the consultee's practice strengths, difficulties and learning style led to more difficulty in the consultee-centered discussion. The new theoretical material was delivered in a more conversational style than previous efforts but with only limited interaction from the consultee, potentially because the information was not a good

fit with her knowledge, skill base and frame of reference. Despite the consultee providing positive feedback to a query on usefulness of the consultation, the response was likely more reflective of the assessment report and the recommendations for case management than the consultee-centered consultation process.

In Case E, the consultant role modeled contact with the clients on two occasions with this service being a departure from the proposed model. The consultant joined the consultee in a home visit and part of an interview for the assessment. At a later date, subsequent to the feedback and discussion with the consultee on the recommendations for case planning, there was a joint session with the clients to provide the conclusions and recommendations of the assessment. Another significant departure from the proposed consultation model was the in vivo supervision by the practicum advisor. The advisor noted that the consultant's pace was quicker than the consultee's and was able to decipher and comment (after the session) on the problems, as described earlier, that resulted in the session.

The Case F consultation process was the second effort for the practicum and therefore demonstrated some limitations due to the consultant's lack of experience. The consultation occurred with a consultee of more than 15 years experience in support and protection services and had begun with an introduction on consultation, establishment of a contract and a focus on the tasks of consultation. Although I inadvertently did not punctuate the differences between supervision and consultation, the consultee seemed aware, given years of experience, of the essential difference regarding no accountability to the consultant for the quality of service provision.

Subsequent to discussion on the client-centered dilemmas, a consultee-centered need was realized and included in the contract that initially focused only on client-centered material. A positive element occurred through the consultant bringing a new perspective to the client-centered presented issues that moved the case planning needs from one aimed at short-term goals to, when the situation warranted, long-term planning. Another helpful concept brought forward through the consultation discussion was that the short-term recommendations needed to be interlinked and congruent with the long-term view. In addition, these concepts required some understanding and working with the client's strengths, with a slight shift in the consultee's perception of the situation. The consultation did provide the consultee with supplementary information that was technical advice significant to the case resolutions and potentially helpful as new learning for the consultee.

Despite the ability to manage some of the process of consultation, there was some confusion in the stages with the contract phase occurring after that of data gathering. The elements and factors hindering a quality consultation began possibly because of the consultant's inexperience in the more formal, structured consultation process. There was too much focus on explaining the concept of consultation and not enough time to seek the consultee's description of the case issues and needs. This lack limited the opportunity to explore through case discussion and analysis, the consultee's frame of reference and use of terminology, and this hindered the need to ensure a fit in this area regarding presentation of new material. As well, there was a sense of a need to limit the length and number of meeting times to accommodate the consultee's many work demands and busy schedule. This difficulty was potentially exacerbated by the consultant's awareness that

the original service requested was for an assessment and due to the offer and acceptance of the consultation, the process was elongated and potentially more complex and more demanding of the consultee's time and energy.

Another problematic element was the consultant's difficulty in defining "consultee-centered consultation" and as a consequence, the process related to this component was potentially unclear and poor for both parties. As well, the initial session included the mixing of information gathering with the consultee's statement of issues and potentially limited that individual's expression of his or her perceptions and thoughts in this area. In addition, there was an error on the consultant's part when the need to engage the consultee was confused with a comment that could have been interpreted as joining with that individual's perception of the case data and analysis. The perception of the consultant pre-judging the case material from only one source and before a complete gathering, review and analysis process was not good role modeling.

This consultation differed from those previously experienced. Although the intent was for a triadic process, due to a potential perception of a conflict of interest for the consultant, the consultation did not continue to include the clients. Having negotiated to deliver a parent-child assessment as the central vehicle for the consultation, and having determined the contract for client and consultee-centered effort, I withdrew as the assessor, but re-negotiated my role with the consultee. The second contract was negotiated in a telephone discussion with an understanding that the Child Protection Center would assign another assessor that would meet the need for the parent-child assessment on the clients. As consultant, I was to focus on the client-centered long-term needs, of the

adolescent, soon approaching age of majority. Given recognition of the practice challenges, there was also an undertaking to share thoughts on practice techniques regarding a specific phase of the consultee's service to the parents in question.

The change in role for the consultant led to other difficulties that hindered a quality consultation. Although the initial contract had been renegotiated, this process had occurred in the absence of an important third party, the assessor whose task it was to complete the parent-child assessment and the subsequent written report. The undertaking and completion of that task was critical to the helpfulness of the consultation that was interlinked by going beyond the parameters of the assessment, to the adolescent's needs beyond the age of majority. Although as consultant, I was clear on my role and the objectives for the second session, the undertaking to clarify these factors and the terms of the meeting with the third party occurred before we joined the consultee. In addition, during the process, it became evident that the understanding that there would be assessment completed and written was put to question by the assessor. Because I did not punctuate this issue with a question leading to clear discussion in this area, my role became confused and stressful. Due to previous commitment to the consultee and the need to have an assessment to link to the consultation recommendations, I assumed an advocacy role for the adolescent client and the consultee. At the time, I was unaware of the need to re-contact with all parties and the process continued to feel uncertain and unclear in intent.

Despite the assessor's lack of certainty in completing the assessment on the parents, as per my agreement with the consultee, I shared the client-centered resolutions regarding

long-term needs and resources. During the discussion on the client-centered long-term needs, the consultee was also advocating for the completion of the assessment on the parents and the assessor agreed to complete the assessment task. During the presentation of client-centered analysis of the issues and recommendations by the consultant, the consultee interacted, and presented reflective questions and comments to the consultant. The discussion of the client-centered issues and resolutions led quite smoothly to some thoughts on the practice-related issues.

This dynamic caused difficulty that continued subsequent to the assessor leaving the meeting to allow the consultee and I to complete our tasks. The client and consultee-centered material of interest to the consultee had been mostly covered; but had been utilized to convince the assessor of the need for the assessment and report and thus might have impeded a more complete questioning and discussive process.

The process for consultation in Case G was helped by a relationship established in the initial session, wherein the consultee was comfortable enough to take risks in sharing emotional issues related to the case elements. The first session included detailed discussion on the case issues and further questioning that led to a realization of many sub-texts relating to the larger questions. There was a realization of the need to ensure that the consultee understood the process and content of the contract and therefore there were clarifying and probing questions with the consultant also requesting paraphrasing to ensure the level of comprehension. The discussion and interaction during this session led to a realization that the consultee did not have adequate information on the case dynamics and thus the original thought to negotiate only a consultee-centered process was negated.

The process was to be client-centered and triadic. This session included some components of the provision mode, significant to further the consultee's understanding of the level of trauma to the children and the potential need for a therapeutic involvement. There was a summary of the contract and dilemmas to be resolved. The contract initially negotiated included the consultee requesting time to consider any need for a consultee-centered process. The consultee later contacted the consultant and negotiated a discussion on practice issues related to the case under study but also relevant to other situations. A written contract was forwarded to the consultee outlining the client and consultee-centered issues.

The second session was facilitated by the written report having been sent and reviewed by the consultee prior to our session. As well, the consultee was asked to recall the client and consultee-centered issues and this step seemed to increase that individual's contribution to the discussion. The consultee offered a potentially revealing statement that demonstrated a perception that the client-centered consultation was to answer the consultee's dilemmas and the consultee-centered discussion was to fulfill the student consultant's need for learning. Despite this comment, the consultee was attentive, joining in and interacting on the practice-related material offered for discussion.

The pace of the consultant matched the consultee's with a degree of interaction, exchange and collaboration in the discussion. The practice-related material stemmed from the case under study, and thus was focused, but could be transferred, to other cases with similar issues. The second session supplemented the consultee's knowledge in different areas. Specific data on the case under study had been sought by the consultant to ensure a

substantive information base for analysis. As well, the material on practice relating to assessment of male single parents and resources was new material for the consultee that was matched to this individual's practice style and learning methods. There was some element of the provision mode by the consultant's offer to link the family in question to a therapeutic resource. The conclusions and recommendations for the client-centered consultation were theoretically sound. These thoughts were articulated with detail to respond to the consultee's request to counteract doubt within the agency supervisor regarding the consultee's initial plan to consider reunifying the family. The consultee responded in the affirmative to queries about the usefulness of the consultation. Examples were provided regarding the learning from the process both for the case-related and practice dilemmas.

The elements that potentially hindered the process included that there was an initial lack of clarity and hesitation by the consultant regarding whether to undertake a triadic process or complete the consultation only through the information from the consultee. The confusion may partly have stemmed from the consultee's confusion and the consultant not providing enough explanation on the elements necessary that include a substantive knowledge base about the case. Given the gaps in the consultee's knowledge and contact with the case, the potential of an exclusively consultee-centered product would not have had merit or credibility.

Another hindrance was the consultant's use of terminology specific to the literature on consultation (for example, client and consultee-centered consultation). Speaking in

terms that would explain the process rather than naming it, potentially would have been more easily understood by the consultee.

Both the initial and second session lacked quality due to lack of following and probing of material presented by the consultee on emotionally-laden issues from the case dynamics. Rather than pursue the potential topic of vicarious traumatization, I focused on the consultee's assumptions about the level of damage to the children without having made a determined effort or becoming directly involved to gauge that hypothesis. In the second session, the issue of trauma feelings related to case dynamics arose again without a substantive, focused response by me as the consultant. An opportunity was missed by not asking the consultee if there was a need to re-negotiate the contract to include discussion on that topic in this session or at a later time. The time lag between the initial session and the second was focused on the completion of the client-centered dilemmas and report, and thus there may have been a distancing element from the consultee's emotional material.

Both the first and last session could have been better managed regarding seeking the consultee's frame of reference, practice strengths and limitations. Although the consultee did not provide an explanation of his or her style of practice, potentially queries for example, on how the presented case had been analyzed and what hypotheses had resulted might have increased an awareness of the consultee's knowledge base and practice difficulties. This lack of information might have led to difficulty in fitting the new material into a format familiar to the consultee.

This consultation did not veer too far from the proposed model of consultation, except that in the original model there was no expectation to deliver a consultee-centered service. This consultation included in vivo supervision by the practicum advisor during the second session wherein the client and consultee-centered resolutions were discussed and processed.

The last consultation for the practicum, Case G had some interesting elements that, before the actual consultation, included difficulty in having the consultee respond to the offer to undertake an assessment and consultation. There was recognition that the potential causal factors of anxiety needed to be addressed and through telephone contact and discussion of the case issues, the consultee's needs and the process of assessment and consultation, the negotiation of the contract began. The consultant's commitment to the case resulted from earlier awareness of the situation through consultation by a previous worker and the resultant awareness of the length of time that a child had been in legal and emotional uncertainty.

The contract negotiation was interactive, focused on the dilemmas related to case dynamics and resulted in a client-centered process without the triadic process. The validation of the consultee's concerns about the case dynamics assisted in the level of comfort and exchange of thoughts. A helpful dynamic in the process resulted from questioning the consultee's analysis of case planning and evaluation of the plan that ultimately matched my thoughts about what recommendation was in the child's best interest. The objective was to provide a written consultation report relating to case planning and whether or not the dynamics warranted seeking a permanent order of

guardianship on the child in question. The data gathering steps did not include contact with the clients but rather a review of the file material and interviews of the significant collaterals.

These steps led to a realization that there were program and administrative dilemmas that required discussion, reflection and consideration for resolution. Discussion with the consultee following an analysis of the difficulties related to program and administrative factors resulted in awareness that this individual required some support and advocacy on the intended plan for the child and the case. The consultee also sought discussion that would include the agency management to highlight and discuss the program and administrative issues that made case management difficult. This discussion occurred through telephone contact and resulted in a re-negotiation of the contract and decision to have a session that would include the consultee's manager.

Given past experience, there was realization of the need to negotiate a contract at the beginning of the second session to review the written consultation report and to raise the program and administrative weaknesses and dilemmas. A helpful element was that the written consultation report had been provided before the meeting to the consultee and agency supervisor. Another factor that assisted the process was seeking the supervisor's objectives for unit management and how to assist the workers in services to families. Another factor that facilitated the process was that the discussion and thoughts presented by me, as the consultant, focused exclusively on the case before us and occurred in a manner that was non-threatening and conducive to thorough discussion. The case in

question was rich in elements that were linked to program and administrative dilemmas, and this led to the consultant's decision to bring forward this material.

The raising of the dilemmas in program and administrative elements led to reflection about the factors required for quality management of cases. These factors included communication between all the workers, designating one case manager, an understanding regarding what information is significant for the file and having a purpose and format to the file material. There also was a suggestion on the need to train and supervise the paraprofessionals involved in a case and to seek and link their observations to the case planning decisions. Discussion on the elements that provide quality service to children included reasons for supervised access to parents and how to gauge the positive or detrimental effects from access. Another area of discussion related to the child in question focused on resolving the confusion resulting partly from the agency's inability to determine a permanent plan and the potential sense of loss linked to a decision to apply for a permanent order of guardianship. Therapeutic needs and resources for the child were also discussed.

A potential difficulty in the process was the consultee's need for advocacy regarding the case plan and the program and administrative elements that hindered comprehensive case management. There was realization that as the consultant, I would need to make the statements to alert the supervisor to the program and administrative dilemmas and the impact on the consultee's case management ability. The hindrances to the process were that I did not ask enough questions to seek the consultee's and the supervisor's learning mode and did not gain much awareness of their perceptions of

strengths and weaknesses in practice and administration. In the initial session, opportunity was missed to question the range of experience gained from cases and to assess the consultee's assessment and case management skills and difficulties. There was an awareness of the consultee's anxiety about limited field experience and education and, in the second session, a reluctance to present as disrespectful in seeking this information about and from the supervisor. There was an understanding about the consultee's needs for learning and awareness that the supervisor had recently assumed responsibility for that unit, and agreement was sought to focus on the dilemmas as contracted. The gap in knowledge about the consultee's and consultant's practice-related strengths and learning style led to some risk taking in the presentation and discussion of program and administrative dilemmas and potential resolutions. Despite this difficulty, the process was fairly interactive and collaborative with opportunity to present and process elements of the program and administrative dilemmas related to the case in question.

Review of the journal reflections

The journals completed on each segment of the consultation process provided rich material related to a reflective process (Schön, 1983) on the practice of consultation. There were themes that consistently suggested that the integration of various models and the practice of consultation were challenging. The reflection of the practice led to awareness that as a novice consultant, certain elements of the content and process were unfamiliar and therefore difficult to identify and utilize. There was awareness that the contract phase was critical to quality consultation but the pre-entry stage (Kurpius, 1978) and Caplan's (1970) concept of the consultee resources were not initially understood. It was through review of the sessions and the journals that there was realization that these

incomplete steps were impeding a comprehensive contract and an understanding of how to present and help integrate new learning for the consultee. The consistent theme in the journals was the difficulty with the process aspect of consultation and the consistent use of the Schein (1978, 1989) process mode wherein the content and process aspects are entwined and used with equal skill and comfort level.

Conclusions

Contextual issues

The practice of consultation was experienced as more complex than the helping role (Kurpius and Fuqua, 1993). This practicum provided consultation in a triadic configuration, with impact from two levels of client. The contextual issues in the practicum were numerous and linked to the setting, the consultee's expectations of past practice at the Child Protection Centre, the constraints for child welfare workers and those linked to the consultant's lack of experience.

Generally, the Child Protection Centre has provided either assessments or case based consultation but not a combination of these two elements. In addition, while informal consultee-focused consultation has been delivered on an individual case basis, it would be worker-initiated and less formal than this practicum. The most significant impact of layering the consultation process over an assessment, was the need to ensure that the worker understood the implications of entering the consultation process. This included, but was not limited to the need for more meetings than required for only an assessment. In addition, there was a need to venture further than simply sending a

completed report with conclusions and recommendations on his or her specific case. As consultant, I needed to be comfortable that the consultee's participation was voluntary and based on informed consent; but these elements were at times difficult to ascertain. I remained uncertain if the agreement to the service of consultation was accepted as a necessary part of the assessment process, which most consultees requested, or if the process was really welcomed on its own merit. The consultee generally has some level of anxiety related to seeking a resolution for their case questions and dilemmas and potentially this feature placed them in a vulnerable situation.

Although I was quite careful to reassure the consultee that declining participation in the practicum would not alter the undertaking and completion of the requested assessment, I am not certain that the consultees were all equally engaged and committed to the additional layer of consultation expectations and requirements. Some workers embraced the opportunity for reflection on the case and on their practice, while others were more hesitant to venture beyond their understanding and potential past experiences of the Child Protection Centre practice as assessment focused. Some of the workers, who had not previously experienced contact with the Child Protection Centre or an assessment, were receptive to the consultation, but uncertain about what areas of their practice should be discussed in the consultee-based service.

The child welfare worker's context was potentially not conducive to the requirements for consultation. The factors that generally are conducive to a quality consultation are reflection and more than one session. The child welfare worker generally operates in a fast paced environment that requires quick in the moment decisions.

Although the more experienced workers may have learned the skills necessary to prioritize cases and therefore plan their time to include reflection and consultation, the less experienced worker presents as focused in the moment, anxious to have the presented case dilemmas quickly resolved. The concept of considering beyond case dynamics and reflecting on the practice factors that contribute or hinder service is not quite congruent for the less experienced child welfare practitioner. The concepts related to program and/or administrative elements and linking these factors to a case discussion and potential resolutions seems more acceptable to the workers.

The constraints on child welfare workers, no matter what their level of experience, are that the "in the moment" focus is often more appreciated than a reflective practice, an element necessary to consultee, program and administrative-centered consultation. If the consultee's primary objective is to seek an answer about a case management question, the added component of consultee, program or administrative-centered consultation may have less meaning. Introspection and reflection about practice related questions might be viewed as far-removed from the fast pace, in the moment decision-making aspects of child welfare practice. In this practicum, the engagement and commitment to consultee, program and administrative-centered consultation seemed more readily negotiated with the more experienced and confident workers. The more experienced workers presented as having awareness that through learning from practice, one case can be potentially useful in one's professional development and for future similar cases. Where a consultee was more reluctant or uncertain, the skill set learned by the student consultant was related to relationship building, establishing trust and moving through material in a supportive

manner while validating or supplementing the consultee's confidence, knowledge, skill repertoire.

Another constraint in the practice of consultation for this practicum is the reality of complex child welfare work, replete with contentious issues, accountability to an adversarial court system and with limited resources for the client and the worker. In addition, there are varying levels of experience and training among the workers and their managers. Consultation is not necessarily understood or sought by the child welfare system and where this process does occur, the focus is generally on case resolution and not reflection on practice, program or administration. Where these factors are recognized, the worker might not readily seek assistance through a Child Protection Centre assessment.

The concept of a carefully negotiated contract is a critical element of the models of consultation (Bloom, 1984; Caplan, 1970; Goodstein, 1978; Hollister and Miller, 1977; Rapoport, 1971; Rieman, 1992; and Schein, 1978). The experience in this practicum, however, was that the focus on negotiation of the contract might have caused increased anxiety for the consultee. Although I understand and agree with the concept of informed consent and agreement to a mutually negotiated service, the need to explain in detail the concepts linked to the consultation process was disarming to the consultee. The consultation might have been more comfortable for the consultee if the process had been presented with less emphasis on the differences between assessment and consultation and with less detail provided about the need to negotiate a contract. As well, perhaps the concept of a clearly negotiated contract might have been more acceptable, less unwieldy

if, as consultant, I had been less anxious and thus less detailed about the concept, purpose and the actual practice of this element.

The sessions were constrained by time limits related to the consultee's busy day and at times, due to a court process with expectation that the written report would be completed for its timelines. Given the expectation that the client-centered consultation required discussion on case-related issues, the discussion in this area was potentially burdensome for the consultee and consultant. The sharing of case data, issues and questions to be addressed had been provided in the worker's initial referral material to Child Protection Center. Perhaps there might have been less time focused on discussing case-related material and with a stated commitment to complete the assessment component, the process might have focused more energy and time on consultee-centered issues. The predicted barrier, however, would be the consultee's focus on the focal case and the need to receive an assessment, a resolution of the case dilemmas. This is a critical need for the consultee and the primary reason for the assessment service at the Child Protection Centre.

Another contextual factor linked to consultation and the understanding of the need, benefits and range of interaction and discussion between the consultee and consultant is the explanation, support and encouragement of the worker's supervisor. Although the more experienced worker might have the sense of independence and confidence to determine his or her need for consultation and what interaction, number of sessions the service requires, the less experienced worker needs the supervisor's guidance regarding the elements of consultation. Ideally, a supervisor should help prepare the worker for a

consultation with a review of the case data, preparation of the questions to be answered and explanation of the objectives and process of consultation. In addition, if the supervisor encourages some level of worker independence in case analysis and service, the consultation process might be free of anxiety related to the uncertainty of what material can be discussed and if practice-related factors can be presented and processed.

The various organizations in which each consultee practiced also brought factors that impinged on the consultation process. The consultees provided service with various practice issues inherent in the organization (eg. unclear practice protocol, many changes in supervisor, poor case transfers, and pressure to seek assessment to respond to a court related request for a second opinion). At times, these factors led to potential or actual difficulty in implementing suggestions for case resolutions or for practice related issues. For practice-related areas, the consultee's ability to further reflect and discuss the areas raised during consultation was quite dependent on the resources for support and education within the agency or the ability to seek those opportunities beyond their organization.

The practicum on consultation was also constrained by the real time limits on the consultees and the consultation process. The consultee's central need was for the assessment; but he or she is constantly trying to stretch his or her time and cannot generally easily manage to set aside a demanding case load to consult over many sessions. This constraint potentially impeded a sustained consultation process that ideally should allow for many meetings over a longer period of time.

The setting and other related factors

The practicum setting offered opportunity for the consultation but also may have hindered the process. The facilitative element regarding the practicum setting was Child Protection Centre's objective of quality service to clients and encouragement of some independence in professional practice. Beyond the requirement of providing the consultee a thorough parent-child assessment in a written format, the level and style of interaction between the Child and Family Services worker and the consultant was individually decided. Some assessments included feedback sessions on the assessment with the worker while at other times a report was simply forwarded. The Child Protection Centre supported the practicum objectives of a more meaningful process for the consultee.

Historically, the Child Protection Centre has been known to the Child and Family Services agencies, as an advocate for children. The setting is recognozed for provision of parent-child assessments and critical risk assessments regarding service to children hospitalized or receiving other critical medical care due to incidents of serious abuse and/or neglect. Although Child and Family Services workers have also sought case specific consultation services, the effort was less structured and less demanding of the worker. The practicum in essence added another layer to the worker and agency's request for a case assessment. Generally, beyond providing questions to be answered in the initial referral form and some basic case data, there were no other expectations of the caseworker. The practicum consultation introduced the concept of discussion of the case analysis and of the conclusions and recommendations. This added factor would be unfamiliar to many workers that according to the consultation models, would expect a doctor/patient mode (Schein, 1978) where during the assessment process, the burden

would be given to the consultant (assessor), with expectation of a written report but not necessarily discussion.

Beyond this difference, although not anticipated by the student consultant, there was the expectation that the consultation provide a consultee-centered service with increased involvement by the consultee and answering questions that are not generally part of the client assessment or a consultation service. When consultation has been sought by the worker and provided by the Child Protection Centre, it is case-based and does not focus on the provision of new learning that is to match the worker's frame of reference, practice experience, strengths and weaknesses. Although the practicum consultation model might provide a higher quality service, the Child and Family Services worker might choose to seek help with their learning elsewhere. The Child Protection Centre is known for provision of case focused advice but not that related to consultee-focused issues. The practicum expectation to seek consultee-centered consultation experience was potentially perceived as an unusual service by the Child Protection Centre. While the more experienced workers seemed to appreciate this opportunity, the less experienced workers might have experienced increased anxiety when they already perceived an assessment of his or her case as unsettling.

Interestingly, the setting did not seem to hinder the program and/or administrative-centered consultation process. In the context of reviewing case dynamics with the consultee and/or from reading of the family's file or contact with collateral's, it was acceptable and comfortable to the worker to have the consultant raise issues related to program or administrative factors. Generally, the worker might be aware of the issues and

welcome the consultant's thoughts and opportunity to include that individual in discussions with the supervisor. Where the consultee did not have awareness of the significance of the issues, there was little difficulty negotiating the need to highlight these issues and discuss them with his or her supervisor.

The consultation model developed was perhaps not conducive to many of the child welfare workers that seemed to request a doctor/patient, prescriptive mode of consultation, wherein they abdicate, at least psychologically and sometimes in other ways, their responsibility for the case analysis and recommendations. Some workers are not as interested in how the analysis and recommendations are developed but rather simply want an answer and to rush on to the next case. As well, as the consultant, I experienced that I could not rely exclusively on data from the consultee and at times had to seek further information to offer case analysis and recommendations. In this sense, I could have consistently used the Schein (1978) doctor/patient or Kurpius (1978) prescriptive mode but had considered the collaborative mode (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978, 1989; and Shulman, 1982) as one that over the long-term might be more helpful to the worker.

The concepts within the process mode (Schein, 1978) and collaboration (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Schein, 1978, 1989 and Shulman, 1982) matched my intent to encourage the worker to gain understanding and learning from joining in the analysis of a case. In some instances, the worker seemed reluctant, disinterested and focused primarily on the resolution of the case at hand and not on the causal factors, the process of analysis or how to test out various recommendations. Overall, however, some

consultees engaged well in the process and collaboration mode and seemed to have gained some benefit and knowledge beyond the suggestions for resolutions to their case dilemmas. Where there might have been some uncertainty, hesitancy about discussion of practice, program and administrative issues, this generally dissipated over time. In most of the consultations or in some part of the process, there was a level of interest to consider and discuss, to some extent, practice struggles or a need for more knowledge, connected to the case at hand.

Learning through the methodology

The learning undertaken was complex and at various levels: cognitive, emotional and practical. The learning began with reviewing and understanding the concepts in the literature on consultation. The next phase of learning was to translate the beginning stage of the cognitive learning into practice while also focusing on the real issues presented by the consultee. The consultation had been formulated cognitively and was put into practice while still becoming aware of the concepts, the process and the skills to provide a quality service. While having proposed that this practicum would focus on the delivery of client-centered consultation, the advisor alerted me after the first contract session, to a presented consultee-related question. The practicum therefore began to provide two foci, client and consultee-centered consultation. At a later point in the practicum, due to the definition of the problem in other consultations, I realized that the issues presented were program, and/or administrative centered and responded accordingly, therefore utilizing the four foci as suggested by Caplan (1970).

While I had some confidence and ability in assessing the client problem, the area of greater learning and struggle was related to the process and especially awareness of the interventions of consultation. In addition, the content of the consultation differed from my previous experiences of service delivery at the Child Protection Centre.The needs from the consultation led to a different format and was more complex, perhaps due to lack of a previous experience and the need to deliver a quality service.

Another difficult area in my learning was the understanding of the intricacy of the stages, their complexity and circularity during the actual consultation process. I entered the practice with an awareness of the importance of the contract stage but had not comprehended the critical step of pre-entry and entry as defined by Caplan (1970) and Kurpius (1978). I thought these steps were linked to awareness of the agency and consultee's area of practice, the strengths and limitations of that field, of her or his agency and of the consultation setting. My many years of field work in child protection led to some confidence in my ability to master the pre-entry and entry stages. I had not understood, until later in the practicum that it is critical to seek an understanding of the consultee's practice frame of reference, strengths and weaknesses, to enable future discussion on practice issues to be meaningful. I had not grasped until difficulties occurred in the consultee-centered process that this knowledge about the consultee was critical to the presentation of new material and new theoretical concepts. Without a basic understanding of the consultee's learning needs and modes, I was unable to discern the specific knowledge and skill gaps and how to introduce new concepts in a manner that would fit their practice paradigm and learning methodology. I was also hesitant to seek this information as I felt it would be interpreted as invasive and beyond my consultant

role. In the initial phase of the actual practice, I had not understood that once a negotiation covers this need in the contract phase that asking questions of the consultee is acceptable to better assist the learning.

The proposed consultation model was altered at times, unconsciously and at other occasions, purposefully. A purposeful change occurred because I had not anticipated providing consultee-centered consultation; but due to the presented need, I responded to the initial consultee's question and then consistently explored that need with the subsequent cases and workers. The proposed model did not speak to a written contract but following the practicum advisor's suggestion, from the first contract session, I sent each consultee a written summary of the agreed case and practice questions. Another purposeful change from the proposal resulted from my experience that it was sometimes too onerous to respond to the client and consultee-centered contract negotiation in one session. The same difficulty was experienced regarding providing opportunity to discuss the client and consultee-centered recommendations in the same session. When necessary, there were two sessions for contracting and in some cases, I negotiated separation of the client-centered resolutions and the consultee-focused, practice questions. The added sessions were potentially cumbersome for the consultee but afforded opportunity to learn more about the content, the process of consultation and about how to respond to the consultee questions. I hoped that the division of sessions would initially support and respond to the consultee's evident focus on case related issues while providing time at another, later session on worker learning, practice aspects.

Although the practicum proposal focused on an assessment as the vehicle of the consultation, through experience, I became aware that I should have included a consultation practice that could be completed without direct contact with the client and a parent-child assessment. I negotiated this change in the practicum with my practicum advisor, the relevant Ethics Committees and Child Protection Center's Social Work Manager. This experience led to learning of a different set of skills with the opportunity to consider and gain practice in a more consultee-focused process, at times linked to program and organizational issues. The skill that was related to seeking data exclusively from the consultee and gauging the relevancy, credibility and weight of that information was varied from the triadic consultation. More energy and focus on the consultee's perception of the issues and her/his practice dilemmas resulted from a decrease of time and pressure to complete a written assessment. Although written consultation reports were completed in the exclusively consultee-centered process, generally the effort was brief as compared to the lengthy client-centered assessments and afforded more energy to other components of the consultation.

Initially, I felt overwhelmed by the prospect of assuming responsibility for the consultee learning goals and felt compelled to undertake research on the many and varied issues presented. I realized however, that although a certain degree of research was relevant, the more critical factors were focusing on the worker's case as the starting point for discussion. Although not realized during the practicum, the number of questions brought forward regarding consultee/practice areas might have been prioritized rather than attempting to answer multiple questions in one session. At times, where there was only one but complex practice question, it was still manageable if linked to the case at hand.

In the context of learning, the consultee-related consultation provided almost as much of a challenge as understanding and practicing competent process skills necessary to consultation. In a situation where the consultee did not present practice-related questions but there was evidence of struggles in this area, the challenge became to decide whether to and how to skillfully present and negotiate these issues for consideration. The difficulty, in a practice sense, was to surface the issue diplomatically, in a manner that would not increase the consultee's defenses but would be perceived as respectfully helpful to this case, potentially to future similar situations and to general practice.

Further to the issue of experiencing challenges in the practice of consultation, I was not aware that I should probe the worker at times to seek clarification. I was also uncertain how to surface issues that might underlie a worker's presentation or other issues that were potentially hindering a collaborative, interactive process that I had hoped to practice. Other new skills learned related to altering my earlier understanding and skills in the helping role. Although the literature maintains that the skills in consultation are similar to those in counseling, the experience for me was somewhat challenging. The attitudinal change necessary was to perceive the worker almost as one would the client and to use skills linked to assessment and counseling. These skills include but are not limited to seeking data, questioning, probing, analyzing his or her strength and difficulty in practice. While trying to focus on the consultee-related issues, the original request to analyze and make recommendations on the client-centered dilemmas using similar sets of skills was also critical to a successful consultation process. The delicate balance required to consider and to respond at two levels of client was disconcerting, especially because of an understanding that in role of consultant, I had to negotiate a contract and thus be clear

about objectives, process and content. I also was conscious that as a consultant my goal was to assist and support the consultee, and did not want to present or be perceived as critical or unsympathetic to their situation.

Part of the difficulty experienced was my uncertainty about the practice of consultation while also carrying the responsibility to provide a competent assessment of the consultee's client family, that included recommendations for case resolution. The assessment process of a family involved in the child protection system is generally quite complex; but the added layer related to learning and practicing a consultation model, still in formation, was a challenge not previously experienced. The objective was more complicated because I was a novice attempting to operationalize a model while still learning and integrating the concepts and skills required.

I experienced difficulty developing and practicing a collaborative and interactive style of consultation. Part of this challenge stemmed from my inability to know on what aspects to contract. Initially I had confidence in the phase related to negotiating the data collection, case analysis and discussion of conclusions and recommendations but little awareness in negotiating a contract related to practice and learning issues for the consultee. Another learning difficulty was linked to the concept of collaboration. Once the concept of collaboration was understood, I continued to experience difficulty because, in some cases, I carried more responsibility and contributed more to the process. Because this felt unbalanced and incongruent with the concept and practice of collaboration, as I understood it, I began to question if I lacked the ability to practice this style of consultation.

Although I perceived that I could gain more skill in the interaction related to case discussion, I was readily aware of the difficulty engaging the worker and facilitating interaction in practice, consultee-centered discussions. I also struggled with my style of consultation on consultee-centered issues being more similar to didactic teaching than interactive learning, wherein the consultee might gain long-lasting benefit. Part of the causal factor in this problem, was my lack of probing and using other data to comprehend the worker's style of practice and learning, strengths and weaknesses. Without this information, I was potentially not accommodating the consultee's framework, and even if the ideas were theoretically sound, they would not resonate unless the concepts were a "fit" with the consultee's framework, terminology and practice knowledge and ability. For the same reason, it was difficult for the consultee to join in the discussion and offer thoughts on the material presented. Related to the same factors, the new material might not have been easily integrated into the consultee's practice style, objectives etc.

The consultation process

Following the experience of the practicum on consultation, I have concluded that the model developed was useful for the consultee and as a learning opportunity for the student consultant. The model was cognitively developed without the benefit of having practiced the concepts. The model was therefore altered because of the needs of the consultee and realization of the wide variety of interventions required for this service. The proposed model was altered when operationalizing the theoretical concepts. The process was complex, but the model developed seems to have merit for the social worker as consultant and consultee. The process, however, would become less unwieldy if there was not an expectation to offer both client and consultee-centered consultation in the same

episode. Although perhaps some workers welcome an opportunity to reflect on practice issues and dilemmas, generally the context at the Child Protection Centre invloves workers expecting case specific consultation and/or assessment without the consultee-focused component.

Perhaps if the Child Protection Centre service became known as providing consultee and client-centered services, the model developed would have been more easily introduced to the worker and been more acceptable. Part of the difficulty experienced in the practicum is that the Child Protection Centre had not publicized the new service and given the limitations attached to a brief practicum, it would have been unacceptable to consider publicizing the consultee-centered practice.

As stated in an earlier section, the program and administrative-centered consultation was more easily explained and seemed to make more sense to the workers. The client-centered consultation seemed to suit both the consultee's context and the setting. The minor elements of program and administrative-centered consultation that were a part of the consultation model were also appropriate to the consultee's needs, context and the setting for the service.

Although the literature comments on potential difficulty in provision of consultation to the same profession, this factor presented minor difficulty in the practicum. In general, it seems that awareness of the consultee's profession and contextual issues offers benefit for both parties. The consultant has a level of knowledge and can understand the consultee's dilemmas, practice issues and use terminology and concepts that might be

familiar to the consultee. The one potential area of difficulty is related to the consultee doubting that someone in his or her profession might have greater or specialized knowledge to make a meaningful contribution. When in one situation, the consultant experienced this issue, there was opportunity to gain credibility through consultation with another discipline that reinforced the consultant's analysis and recommendations.

The practicum does validate the consultation model that places emphasis on stages, interventions and skills necessary to an organized, orderly, quality process. Although a more experienced practitioner might have more confidence, the novice consultant needs the literature suggestions regarding the stages and interventions. The challenge experienced is that no matter what models developed, the actual operationalization of the concepts is complex, demanding and sometimes confusing. The need to provide quality content while also remaining aware and focusing on the process aspect is challenging. The model developed was an amalgam of various models; but perhaps with increased awareness of the strengths and weaknesses, one model of consultation might have been chosen and provided. The difficulty however would be that without a significant level of experience, there is no certainty that a suitable model would have been utilized. Although the mixing of various parts of many models complicated the practicum, it seems to have provided a rich learning experience for the student and hopefully a quality service to the consultee. The one potential change that might have decreased the burden and complexity of the service is provision of either the client-centered or the consultee-centered focus; but not offering both to the same consultee in relation to the same case issues.

Skills learned

The skill sets learned were numerous and experientially-based from the amalgamation of theory, and practice on consultation. In the practicum, I provided a wider range of consultation foci than anticipated in the proposal. The proposal made reference to a client-centered focus but the service issues also required consultee, program and administrative-centered foci. (Caplan, 1978). Some of the consultations touched on issues related to the organizational factors in which the consultee practiced (Blake and Mouton, 1978). Although the practice of consultee-centered consultation was a conscious decision, entering the program and organizational aspects of consultation was a response to the issues presented or perceived in the analysis of a situation and a non-purposeful deviation from the practicum proposal.

Through the opportunity to practice consultation, I learned the meaning of the stages of the process, and how to mix parts of models to form a different but relevant consultation practice in my work setting. With trial and some error, I learned the subtlety of the different stages and how important the initial phases are to the complete effort. I became aware that the steps to consultation are not linear but rather circular, with movement back and forth and quite interconnected. I also became more aware and confident in the various interventions, when and how to practice these skills in a manner meaningful for the consultee and their case. I was able to use interventions from various areas of the literature including some not anticipated as meaningful to client and consultee-centered consultation (i.e. interventions from Blake and Mouton, 1978). Through experiencing difficult moments, I learned the importance of separating the client-focused contract from that linked to the practice, consultee focus. I also gained a more

profound appreciation related to the consultee's focus being on in the moment decisions rather than on reflection. The consultee questions were from a client-centered orientation, case based and not necessarily focused on the long-term objectives for the case or more specifically to practice. As consultant, a critical skill was in pacing myself to the consultee and accepting their issues and needs that might at times differ from my perception. The social work practice belief of client-determination was experienced and appreciated where the consultee was perceived as the client.

I experienced consultation as a complex practice where the triadic relationship adds to the need to achieve a balance between two levels of client, the worker and his/her client. At times, there were three levels of client, where management, organizational issues came to the fore or were perceived by the consultee or the consultant as relevant to seeking resolutions to dilemmas.

The audio-tapes and journal related to the consultation sessions were integral tools in my learning. The tapes and journal provided opportunity to listen, reflect, and analyze the content and process of sessions. The practicum advisor's review of the tapes and journals were aids to learn about my weaknesses and strengths in the content and process of consultation. This methodology however, led to after the fact learning, not as beneficial to the student of consultation and therefore to the consultee. The practicum experience led to awareness that an apprenticeship is potentially essential to learning about consultation and to gaining competent practice skills. Even when having attained some cognitive awareness, the practice of consultation requires close supervision, ideally in vivo, to enhance the learning and ensure an adequate standard of practice for the consultee

and their client. The last three consultation sessions had the added value of in vivo supervision and from my point of view, hastened the learning and confidence building, important ingredients to competent practice.

Through the practicum, I operated within the definitions of consultation as established by Caplan (1970); Hollister and Miller (1977); Goldmeir and Mannino (1986); Gallessich (1982); Kurpius (1978); Rapoport (1971); Kadushin (1978) and Shulman (1989). The objectives practiced reflected the thoughts provided by Caplan (1970); Hollister and Miller (1977); Gilmore (1963); Kadushin (1977); Rapoport (1963) and Schein (1978). I experienced the various stages in consultation (Blake and Mouton, 1978; Caplan, 1978; Hollister and Miller, 1977 and Kurpius, 1978). I learned the value of carefully ensuring every stage was completed thoroughly and the need to return to an earlier stage, to redo, refine or renegotiate when indicated. The indications that a previous step needed revisiting were hesitancy, confusion demonstrated by the consultee, or recognition on my part that the contract no longer was meaningful and required clarification or new elements.

The interventions utilized were varied, but within the parameters suggested by the literature. I found that I was more confident to use the interventions suggested by Gallessich (1982); Gilmore (1963) and McGreevey (1978) that are compatible with helping skills. These include reinforcing, validating, informing, supplementing, motivating, facilitating (Gilmore, 1963). I was able to diagnose, teach, counsel, model (some level of) self-confidence, analyze, synthesize, process, formulate, reframe, and resolve problems (McGreevey, 1978). I was providing technical advice, educating

(Gallessich, 1982) and was a catalyst, facilitator, motivator, role model, helping the consultee to think systematically, objectively about a problem (Kadushin 1977).

I recognized that I was acceptant, being a catalyst providing a prescription, theories and principles and thus following the interventions suggested by Blake and Mouton (1978). Specifically, next to the surfacing intervention (Caplan 1970), the skill of collaboration (Gallessich, 1982; Goodstein, 1978; Kurpius, 1978; Shein, 1978; and Shulman, 1989) was the most challenging to develop and practice with some confidence. Although I had not anticipated venturing into consultation focused on program and organization issues, this experience was a worthwhile and productive service.

I did not experience substantive difficulty in helping or gathering the data for the case but I was somewhat reluctant to seek information about the worker's education, previous work experience, practice framework and strengths and limitations. In relation to the worker's practice needs, at times with other data (observations of the worker with the client, file review) I could establish some understanding of his or her limitations and strengths and when appropriate would present these thoughts, for feedback and discussion by the worker.

The skill related to case analysis presented the same degree of challenge as previously experienced but the greater, more complex demands of consultation were linked to the process aspect. Although I did not experience significant difficulty in maintaining objectivity, knowing what questions to ask, when and how to probe the consultee in relation to the case dynamics and the dilemmas raised, I struggled with those

skills when required to address the same factors in the consultee-centered issues. The skill of relationship building and respectful interchange was practiced with encouragement for the consultee to maintain independence and to think for her/himself. I practiced the skills related to being acceptant, relating effectively, demonstrating respect, personal warmth, and was experientially aware of the subtleties of interpersonal relations (Bloom, 1984). I experienced that relationship is at the core of consultation but that expertise, knowing one's limitations and having competent process skills are potentially equally significant to a quality service delivery (Schein, 1978).

The consultee-centered issues were varied and usually required research to prepare the material for discussion. I learned however, that with more careful understanding of the worker's framework for practice and perception of their struggles, that the consultee-centered discussion might have been more of a fit to the worker and thus more meaningful. The topics for discussion in the consultee-centered sessions ranged from case management questions, working with challenging clients, use of authority in child welfare, use and development of working relationships, how to engage a client to develop a case plan, risk assessment, criteria for protection, and criteria for long-term planning. Other topics prepared and discussed were how to gather, document and gauge data for a case, significance of borderline intelligence when gauging parenting competency, special considerations in assessing the male as a single parent, and worker attachment to a child client and concern for loss of objectivity in case planning. The topics were challenging but interesting and thought provoking for me as the consultant.

The program and administrative-centered questions related to establishing inter-agency systems including communication on case investigations, decisions and planning. The issues of coordination of case objectives and services and training and supervision of paraprofessionals providing service were discussed. As well, there was discussion on the need to be cautious about the process related to case transfer and the need for continuity regarding case decisions and planning. The purpose of case notes and the need for some uniformity and awareness of what material is relevant to record were also discussed in program and administrative-centered consultation.

In summary, I believe that my learning objectives as described in the first part of the practicum, have been met by this experience. While I remain quite disappointed that there were few responses to the evaluations and this greatly limited my ability to evaluate the process and my skills, I am convinced that many of my individual learning goals have been fulfilled. My future goals relate to recognizing the need for in vivo supervision to build on my beginning skill as a consultant.

Although I have learned much about the theoretical underpinnings of consultation, in practical terms, I have much to learn in skill development. With the opportunity for in vivo supervision, I would potentially gain more skill in consultation. With more practice and the benefit of feedback while providing the service, I would hope to better integrate the theory with the practice. The additional skills to be learned are to become more skilled at negotiating a mutual contract wherein the consultee understands the responsibilities and expectations of both parties. The skill to negotiate a level of consent to question and probe for clarity would be important. In addition, the skill to effectively negotiate collaboration

and to seek this element successfully would also be relevant and necessary future learning goals. To be more effectively and in a less stilted manner, gain an understanding of the consultee's knowledge base, frame of reference and strengths and weaknesses in practice are further learning goals for a quality delivery of consultation. I would hope to accomplish that important task without feeling that I was overstepping a boundary, therefore I would also need to learn how to negotiate an understanding of the consultee's resources as part of the contract.

I would also hope to acquire more awareness of what intervention is the most appropriately used and the potential effect of using one strategy rather than another. Becoming more proficient with the Schein (1978, 1989) process model would be an accomplishment that would facilitate the balance and entwined elements of content and process. Being more aware and more skilled in all aspects of the process would be another significantly important learning goal. Lastly, becoming more confident to provide consultation in a more spontaneous manner would be, for both my comfort and potentially the consultee's, a worthwhile skill to gain.

Other future learning goals would be to have increased confidence to request feedback at various times during the consultation. Questions of the consultee about the process and content might help to adjust the many elements of the process and to clarify in the moment my weaknesses and strengths. With this feedback being provided during the process, rather than after, and with the appropriate adjustments, there could be a more immediate benefit to the consultation.

Suggested changes to the practicum model

Having gained an awareness of the complexity of learning the theory and practice of consultation, I would have allowed more time for the practicum delivery. I found the learning difficult to integrate and to operationalize in a concentrated time. There was also the additional pressure of the assessments that require completion within time constraints that are beyond the control of the consultee and consultant. The constant need to provide quality assessments that would meet the needs of the consultee, the agency and in many cases, the court was a stressful factor in the practicum.

Given the experience gained from the practicum, I would request in vivo supervision for all the stages of the consultations, providing immediate feedback and opportunity to correct my practice during the sessions. In vivo supervision was provided during the latter phase of this practicum, for three consultation sessions. An active, live supervision over a period of a year would have provided a more real internship process and deepened my learning of the skills necessary to competent consultation.

If the internship had been for about a year, the additional time spent with each consultee might have allowed a more concerted consultation process with sessions provided over time to build rapport, provide for feedback to the consultant and incremental learning for the consultee. As well, opportunity for more sessions with each consultee would potentially have the recommendations put to the test with review and discussion that might add to the consultee's learning. The model developed for the practicum had definite time constraints and this element is not compatible with learning to integrate theory with development of skill. Opportunity to learn through experience and

the feedback and reflection on the experience, over time would enhance the awareness of the learning and assisted in the integration of theory and practice.

I think that with my limited but relevant recent experience in consultation, I would now be less hesitant about negotiating a detailed contract that would include an understanding of more mutuality in posing questions and making comments. I would also be less hesitant to request feedback about the content, and process aspects of consultation. I hope that I might be less hesitant to probe and surface an unspoken element that might be operating within the consultee or between us and hampering the process. I think that I would be more confident in explaining and negotiating an understanding of the consultee's practice and learning dilemmas and needs and thus develop material that fit her or his style and learning mode.

If I was to redo the practicum, I might seek personal contact with the supervisor of each consultee, or correspond with the directors of the various Child and Family Service agencies. From this experience, there is appreciation of the importance to seek the sanction of management that can bolster or hinder the process of consultation for the workers. In addition, I would have altered the questionnaires on evaluation of the content and process of the consultation. The questionnaires were too long and in my opinion, burdensome for the workers and her/his supervisor. With the experience of the practicum, the curiosity about the workers' perceptions of my skills is now somewhat different than before the practicum.

If I could begin again, the questions in the self-assessment would be slightly varied to reflect my experiences more accurately. The journal questions seemed at times, repetitious and I would alter them to encourage more consideration of each step in the process and which intervention was used or was not and should have been tried to further the process of consultation. Given that the areas of learning were related to process factors, I would exclude the questions relating to content and case analysis and instead focus on the difficulties experienced in the process and the potential causal factors.

Another suggested alteration of the proposal relates to having had another individual responsible to forward and receive the evaluation questionnaires. I was always aware of the importance of the timing regarding sending out the questionnaires, but with the objective of keeping me blind to the respondents, the practicum advisor assumed that responsibility. I now consider that it might have been possible to have the practicum advisor receive the responses but that I assume responsibility to send the questionnaires to the consultees and supervisors as planned, subsequent to the termination of each consultation.

Although during the consultation sessions, I did request and receive informal feedback from the consultees, the responses may not have been as comprehensive and candid as that from questionnaires where I would have been blind to the respondents. The opportunity to analyze the responses might have enhanced my learning and helped to gauge in a more comprehensive way, the usefulness of the service. The lack of quantitative and formal qualitative feedback from the consultees is a significant weakness in this practicum and a potential hindrance to my learning opportunity.

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Appendices

Appendix A **Approvals of the Ethical Committees**

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba.
R3T 2N2

Committee on Research Involving Human Subjects

Ms. C. Dorge

September 11, 1998.

Dear Claudette:

The Research Ethics Committee has considered your proposal and has agreed that the approval you have received for this research from the Faculty of Medicine is equivalent to approval from this Committee. Good luck with your work.

Please contact me if you require any further information.

Yours truly,

Grant Reid
Chair
Research Ethics Committee.
(204) (474-8455).

Health Sciences Centre

OFFICE OF THE DIRECTOR OF RESEARCH

MS7 · 820 SHERBROOK STREET
WINNIPEG, MANITOBA R3A 1R9

DIAL DIRECT (204) 787-4587
FAX (204) 787-4547

September 16, 1998

Ms C. Dorge
Principal Investigator
FW208-CSB

Dear Ms Dorge:

RE: SOCIAL WORK CONSULTATION WITH CHILD WELFARE WORKERS.

ETHICS #: E98:185 RIC #: RI98:129

The above-named non-contract protocol, **has been evaluated and approved** by the H.S.C. Research Impact Committee.

My sincere best wishes for much success in your study.

Sincerely,

Luis Oppenheimer, MD, Ph.D., FRCS(C)
Director of Research
Health Sciences Centre

cc: Ms Gloria Dutchuk, Finance Division
Department Head

LO/ks

RESEARCH ETHICS COMMITTEE APPROVAL CERTIFICATE

Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba.

March 12, 1999.

To: C. Dorge.

YOUR PROJECT ENTITLED *Practicum On Social Work Consultation to Child and Family Workers (Amendment to Certificate)* HAS BEEN APPROVED BY THE RESEARCH ETHICS COMMITTEE.

CONDITIONS ATTACHED TO THE CERTIFICATE:

1. **You may be asked at intervals for a progress report.**
2. **Any significant changes of the protocol should be reported to the Chairperson of this Committee so that the changes can be reviewed prior to their implementation.**

Yours truly,

Grant Reid
Chair
Research Ethics Committee.
(204) (474-8455).

fax: (204) (474-7594) e-mail: greid@cc.umanitoba.ca

UNIVERSITY OF MANITOBA

RESEARCH ETHICS BOARD, FACULTY OF MEDICINE

NAME: **Claudette Dorge**

REFERENCE: **E98:185**
DATE: **March 31, 1999**

YOUR PROJECT ENTITLED: **Social Work Consultation to Child Welfare Workers**

- **Study Extension as outlined in letter of March 8, 1999**

HAS BEEN APPROVED BY THE COMMITTEE AT THEIR MEETING OF:

Approved by Dr. S. Macdonald on behalf of the committee on March 25, 1999

COMMITTEE PROVISOS OR LIMITATIONS:

Approved as per your letter dated March 8, 1999

PLEASE NOTE: **This approval is for one year only. A status report must be submitted annually and should accompany your request for reapproval.** Any significant changes of the protocol should be reported to the Chairman for the Committee's consideration, in advance of implementation of such changes.

This Research Ethics Board, Faculty of Medicine, The University of Manitoba operates in accordance with GCP guidelines and any applicable laws and regulations.

***** THIS IS FOR THE ETHICS OF HUMAN USE ONLY. FOR THE LOGISTICS OF PERFORMING THE STUDY, APPROVAL SHOULD BE SOUGHT FROM THE RELEVANT INSTITUTION, IF REQUIRED.***

Sincerely yours,

THE UNIVERSITY OF MANITOBA

Sharon Macdonald, MD, FRCPC
Chair,
Research Ethics Board
Faculty of Medicine

Please quote the above ethics reference number on all correspondence.
Inquiries should be directed to Theresa Kennedy
Telephone: 789-3255 / Fax: 789-3942 / E-mail: kennedyt@ms.umanitoba.ca

APPENDIX B **Paraphrase on the Practicum "Social Work Consultation to Child Welfare Workers".**

The practicum entitled "Practicum on Social Work Consultation to Child and Family Workers" is part of the student's endeavor to complete her Master's of Social Work degree. The student, who is an employee of Child Protection Centre, Children's Hospital, Winnipeg, Manitoba, will conduct the practicum on social work consultation, to child welfare workers.

This social work practicum has three objectives:

a)increased awareness by the student consultant of the theory on consultation (through a literature review and the actual practice of consultation).

b)enhancing process and intervention skills in the delivery of consultation (by developing a framework of consultation that is suitable to the child welfare workers that are consultees to Child Protection Centre).

c)evaluation of the consultant's skills and the impact of the consultation on the consultee's management and case resolution.

The cases for consultation are to be assigned to the student consultant by the Child protection social work manager. The vehicle for the consultation is the data of the parent-child assessment that has been requested by the Child and Family Service worker. The practicum requires the participation of the Child and Family worker/ consultee and of her/his supervisor. The Child and Family Service worker client will not be a direct participant in the consultation process or practicum but because the consultation is based on the data regarding the client, there will be a consent form provided. The consent form for the worker/consultee's client will explain that the Child and Family worker is considering participation in a study on consultation.

In the consent/disclaimer form, the consultee's client will be explained that the data for the consultation sessions between the worker/consultee and the student consultant is that provided by the parent-child assessment to be undertaken with the client. The consent will state that the practicum advisor will be required to review the written parent-child assessments that will be altered with artificial names, to protect the identity of to the client. The written assessments will be reviewed on the Child Protection Centre premises and are to ensure that the content of the consultation matches that of the assessments. The client will also be informed that the practicum advisor will review the audio-tapes of the consultation sessions that will focus on the data from the client's case. The audio-tapes will be erased within two weeks of the taping of the consultation sessions.

The consultee's client will be explained that the risk to participation is quite similar to that of the assessment process by Child Protection Centre and that, with precautions for maintaining confidentiality, there is to them no added risk resulting from this study. The confidentiality regarding the case worker/consultee will be respected unless legal obligations supercede this ethic. Details of the case and/or the behavior of the consultee/worker, could be communicated (beyond the delineated contract of confidentiality), in the instance of a legal professional obligation to report child abuse or imminent harm. In the latter situation, the consultee or client's emotional distress would

cause concern of suicide or other self-destructive behavior. If omission or commission in a case plan left a child at risk, the consultant would have the responsibility to make all attempts to present to the consultee a clarification of values and counter arguments to her or his plan. If a serious worry about a child's safety continued, then the next step would be a report or other administrative authority over the consultee. The report of a child at risk is sent to the mandated child welfare agency, in the relevant area, and potentially to other significant professionals involved with the child (e.g. legal guardian). The concern of harm to another adult would be reported to that individual and to the local Mental Health agency, significant medical or other professionals involved, and/or to the police authorities. Further to this issue, workers in the field of child welfare are aware of the possibility of the case situation being subpoenaed by one of the parties in a child protection/ Family Court hearing. The Child and Family worker/consultee will not be undertaking any added risks by their participation in this practicum. The written report of the case consultation is prepared as part of the normal practice of Child Protection Centre social work endeavor.

If the Child and Family worker/consultee consents to participate, the consultee/worker would be required to participate in two or three consultation sessions with the student consultant. These sessions would focus on the analysis and recommendations for the family/case that was assessed by the consultant. The consultation sessions are to be videotaped with review by the practicum advisor, Dr./Professor Sid Frankel, associate professor, Faculty of Social Work, University of Manitoba. The videotapes are erased within two weeks of the consultation sessions.

The consultee as participant and her/his supervisor will be requested to complete two self-report questionnaires that will be forwarded at the termination of the consultation and at a three-month follow-up. These questionnaires are to assist the student to evaluate her skill in the consultation and the perception of consultee and his or her supervisor of the learning that occurred on the case issues. The responses are also to aid the evaluation of the helpfulness of consultation to the resolution of the case dilemma. In essence, the evaluation is on the service of consultation but more specifically on this student's ability to manage and provide this service in a meaningful manner that has been useful to the consultee.

Each questionnaire package will be sent to the consultee and to her/his supervisor, by the student's practicum advisor. The evaluation questionnaire form will protect the identity of the consultee and their supervisor as each questionnaire will have an identification code number which will have been assigned by the student's practicum advisor to each case presented for consultation. The questionnaires do not require identification of the consultee or the supervisor with the aim of the student being blind to the identity of respondents, the provider of the data. The questionnaires that are a component of the evaluation process will be a part of the analysis of the practicum, but there will not be any identifying data; upon completion of the practicum, the questionnaires will be destroyed.

The data from this practicum is to be integrated into the final written practicum report, submitted as part of the expectations of the Master's of Social Work program. The

subject of this practicum is in essence, the student consultant. The participants in the actual consultation sessions are the Child and Family Services workers and the student consultant. The role of the consultee's client is unchanged from that required by the referral for a parent-child assessment; this effort provides the data for the consultation. The consultee is to evaluate the consultation process through the questionnaires, as does her or his respective supervisor.

The burden to the worker/consultee is the additional time involved in consultation meetings (about two or three hours) and the time taken to complete the evaluation questionnaires. There is slight risk that the participant's involvement in the consultation may be a part of the testimony in a child protection hearing. Specifically, the risk is that the audio-tape could be subpoenaed to the court before it is erased as described in the contract established with the worker/condsultee. The parent-child assessment is generally part of the court evidence, but the audio-tape from the consultation is slightly vulnerable to subpoena by the court deciding on a child protection case. The risk of negative effect to the worker/consultee and the case family is negligible as the consultee and the consultant will practice an ethical and professional consultation and case discussion.

The participation in this practicum is voluntary; the worker/consultee has the ability to withdraw from the practicum without any penalty. The assessment of the worker/consultee client will be completed independent of the participation in the practicum. There is no remuneration for participation in this study. Participating in this practicum/study does not impact or waive any legal right of the participant. Confidentiality of the information/data on the consultee's client will be maintained in any written report on the practicum. Data on the consultee, and respective supervisor will respectfully remain confidential in this practicum. Respondents to the questionnaires will remain anonymous; any publication of this practicum will respect the issues of confidentiality and anonymity of all participants.

For questions, please contact Claudette Dorge at 787-2596 or the practicum advisor Dr. Sid Frankel, Faculty of Social Work, University of Manitoba at 474-9706.

APPENDIX C (i) **Consent to Participation by the Child Welfare Worker for the Practicum "Social Work Consultation to Child Welfare Workers".**

I (print name) _____worker of Child and Family Services, have read the Paraphrase of the practicum entitled "Social Work Consultation to Child Welfare Workers". I have had my questions answered and agree to take part in the practicum entitled "Social Work Consultation to Child Welfare Workers". I understand that the signing of this document does not waive my legal rights and I understand that confidentiality is respected in this practicum. I also understand that the respondents to the questionnaires remain anonymous and that any publication of the practicum will respect confidentiality.

_____

Name Date

_____

Witness Date

APPENDIX C (ii) **Consent by the Child and Family Services Worker/Consultee to Participate in the Evaluation/Questionnaires of the Practicum "Social Work Consultation to Child Welfare Workers".**

I (print name)_____, worker of Child and Family Services, have read the Paraphrase of the practicum entitled "Social Work Consultation to Child Welfare Workers". I understand that the participation in the practicum/study includes the completion of two questionnaire forms, one at termination of the consultation and the other three months later. I understand that the signing of this document does not waive my legal rights and I understand that confidentiality is respected in this practicum. I also understand that the respondents to the questionnaires remain anonymous and that any publication of the practicum will respect confidentiality.

Name Date

Witness Date

APPENDIX C (iii) **Letter of Introduction on the Evaluation Questionnaire to the Child Welfare Worker**

To the consultee:

Subsequently to the consultation provided by Ms. C. Dorge as part of her practicum on "Social Work Consultation to Child Welfare Workers", please find enclosed an evaluation questionnaire. The information from the questionnaires is to aid the student in the task of evaluation of her connsultation knowledge and skills and for her M. S. W. practicum. Filling out the forms is voluntary; but will make a major contribution to Ms. Dorge's learning. Your responses are important to the success of the practicum. Please answer candidly; pointing out problems is as useful as pointing out assets.

Please do not include your name on this questionnaire. The practicum supervisor, Dr. Sid Frankel has assigned numbers to each form, is sending out and receiving the completed questionnaires so to ensure that the practicum student is blind to the respondents of the questionnaires. The identifying number on the questionnaire is to match two evaluation forms provided by the consultees and her or his supervisors but will not be known to the practicum student Ms. C. Dorge.

Please understand that the questions requiring response are not about your skills and knowledge but rather are focused on your individual perceptions of the helpfulness, and usefulness of the consultation to your case situation.

Please return your questionnaire to Dr. Frankel in the provided self-addressed and stamped envelope. Please do not put any identifying information on the response forms.

In about three months from the termination of the case consultation, you will receive a second, final questionnaire. Your anticipated effort and co-operation is greatly appreciated.Please forward any questions by telephone call to C. Dorge at the number 787-2596 or to Dr. Sid Frankel at 474-9706. Thank-you.

Sincerely,

Dr. Sid Frankel, associate professor Faculty of Social Work, university of Manitoba and practicum advisor for C. Dorge. student Graduate Studies, Faculty of Social work, University of Manitoba.

APPENDIX C (iv) **Consultee Assessment of Consultant and the Consulation Process**

Please read the questions carefully and answer in order. Please respond to the following items by circling the number that best describes your perceptions of the consultant C. Dorge. Circle one of the following which is closest to your own view:

1. **Strongly Agree**
2. **Agree**
3. **Neither Agree Or Disagree**
4. **Disagree**
5. **Strongly Disagree**

As a consultee:

a) I understood the role of the consultant.....1 2 3 4 5
b) I understood the role of the consultee.....1 2 3 4 5
c) I understood the expectations of the consultation process.....1 2 3 4 5

The consultant:

d) negotiated a clear contract.....1 2 3 4 5
e) understood the case dilemma.....1 2 3 4 5
f) offered useful information.....1 2 3 4 5
g) provided new information to me.....1 2 3 4 5
h) gave useful advice for my case.....1 2 3 4 5
i) understood my work environment.....1 2 3 4 5
j) was skilled in forming a good work relationship with me.....1 2 3 4 5
k) was skilled in forming a good work relationship with my client.....1 2 3 4 5
l) was clear about the consultant role.....1 2 3 4 5
m) was clear about the purpose of the consultation.....1 2 3 4 5
n) was clear about the consultant's responsibilities.....1 2 3 4 5
o) was a good listener.....1 2 3 4 5
p) helped me to understand the client's problem.....1 2 3 4 5
q) helped me to find alternative solutions to the case dilemma.....1 2 3 4 5
r) helped to increase my confidence in the management of this case.....1 2 3 4 5
s) helped me to identify resources to use in the resolution of the case.....1 2 3 4 5
t) encouraged me to make my own decisions.....1 2 3 4 5
u) stimulated me to see the case situation in a more complex way.....1 2 3 4 5
v) used more than one approach to problem-solving.....1 2 3 4 5
w) helped me in ways consistent with my needs.....1 2 3 4 5
x helped increase my understanding of the basic principles of child abuse/neglect.....1 2 3 4 5
y) helped increase my understanding of the impact of abuse and/or neglect on children1 2 3 4 5
z) appreciated the pressures of my job.....1 2 3 4 5
a') supported my efforts to solve problems.....1 2 3 4 5
b') helped me to develop a wider range of problem-solving skills.....1 2 3 4 5
c') recommended a useful resolution to the case dilemma.....1 2 3 4 5
d') helped me to implement her advice.....1 2 3 4 5
e') treated me in a respectful way.....1 2 3 4 5
f') was enthusiastic.....1 2 3 4 5
g') helped me to improve my readiness to learn.....1 2 3 4 5

Please answer by circling Y (yes) or N (no):

The consultant:

a) helped me to see the client more objectively.....Y N
b) asked good questions .....Y N
c) asked questions at the right time.....Y N
d) was reliable about appointments .....Y N
e) stayed within the boundaries of the role of consultant.....Y N
f) demonstrated technical knowledge in the area of child abuse/neglect.....Y N
g) demonstrated knowledge in the area of treatment/intervention options.....Y N
f) clarified the priorities of the consultation with me.....Y N
i) was non-judgemental and tolerant.....Y N
j) was non-authoritarian.....Y N
k) was flexible.....Y N
l) had an open attitude.....Y N
m) conveyed understanding of me as a consultee.....Y N
n) conveyed acceptance of me as a consultee.....Y N
o) was a good communicator.....Y N
p) had good judgement and intuition.....Y N

The consultation process:

a) was helpful.....Y N
b) provided a useful written report.....Y N
d) increased my knowledge about the case.....Y N
e) provided me with useful suggested resolution(s) to my case dilemma.....Y N
f) helped me in doing a good job on case intervention.....,Y N
g) helped me in dealing with the stress of the case.....Y N
g) increased my problem-solving skills for future similar cases .....Y N
h) positively impacted the planning for the case.....Y N

Please complete the following. If you need more space, please use the back of this page or additional pages.

1. What did you like the most about the consultation process?

2. What did you like the least about the consultation process?

3. How did the consultation help you, if at all?

4. Can you provide examples of
(a) how the consultation affected your work with the case?

(b) what new skills or knowledge you developed through the consultation ?

5. What suggestions do you have to improve consultation?

Appendix C (v) **Three Month Follow Questionnaire (Worker/Consultee)**

Letter to the Consultee

Please find enclosed a three-month follow up questionnaire to the consultation provided by Claudette Dorge as part of her practicum "Social Work Consultation to Child Welfare Workers". Please answer candidly, your responses are confidential. The student/consultant Ms. Dorge is blind to the respondents and to any previously assigned number/ code to link your earlier questionnaire responses with this three-month follow-up response. Please return the completed questionnaire to Dr. Sid Frankel, in the sealed, self-addressed and stamped envelope. This will be the last questionnaire requested of you and is appreciated.

Sincerely,

Dr. Sid Frankel, associate professor, Faculty of Social Work, University of Manitoba and practicum advisor for C. Dorge, student Graduate Studies, Faculty of Social work, University of Manitoba.

Worker - Three Month Follow Up To The Case Consultation

Please rate the following by circling one of the numbers:

1. **A Great Deal**
2. **Somewhat**
3. **Very Little**
4. **Not At All**

a) How much did the case consultation help you to increase your knowledge? 1 2 3 4
b) How much did the case consultation help you to increase your skills? 1 2 3 4
c) How much did the case consultation impact on the case plan? 1 2 3 4
d) How much did the case consultation assist on the resolution of the situation? 1 2 3 4
e) How much did the case consultation assist the court in making its decision? 1 2 3 4
f) How much did the consultation help in developing consensus on the case plan (i.e., between the agency and the family or the counsels representing them)? 1 2 3 4
g) How much more quickly was the case processed in your agency because of the consultation? 1 2 3 4
h) To what extent were the recommendations of the consultation put into action? 1 2 3 4
i) How much have you gained in problem-solving skills through the consultation process? 1 2 3 4

Please complete the following. If you need more space, please use the back of this page or additional pages.

1. In what ways was the consultation helpful to you as case manager?

2. In what ways did the consultation effect the processing of the case by your agency?

3. If the case went to court, in what ways did the consultation effect the processing of the case within the court process ?

4. Can you provide examples of what, if any, new knowledge you have gained from the consultation?

5. Can you provide examples of new skills that you have gained from the consultation?

Appendix D (i) **Consent for the consultee's supervisor to participate in the evaluation/questionnaires of the practicum entitled "Social Work Consultation to Child Welfare Workers".**

(Print name)_____, supervisor of Child and Family Services have read the Paraphrase of the practicum entitled "Social Work Consultation to Child Welfare Workers". I have had my questions answered and agree to take part in the practicum on consultation. I understand that the participation in the practicum/study includes the completion of two questionnaire forms, one at termination of the consultation and the other three months later. I understand that the signing of this document does not waive my legal rights and I understand that confidentiality is respected in this practicum. I also understand that the respondents to the questionnaires remain anonymous and that any publication of the practicum will respect confidentiality.

Name Date

Witness Date

APPENDIX D (ii) **Letter of Introduction on the Evaluation Questionnaire For the Supervisor of the Child Welfare Worker/Consultee.**

To the Supervisor

As part of her practicum on "Social Work Consultation to Child Welfare Workers" Ms. C. Dorge provided consultation to your worker _____. Please find enclosed an evaluation questionnaire that is part of the practicum. The questionnaire is to aid the student in the task of evaluating her consultation knowledge and skills. Filling out the forms is voluntary; but will make a major contribution to Ms. Dorge's learning. Your responses are important to the success of the practicum. Please answer candidly; pointing out problems is as useful as pointing out assets.

Please do not include your name on this questionnaire. The practicum supervisor, Dr. Sid Frankel has assigned numbers to each form, is sending out and receiving the completed questionnaires so to ensure that the practicum student is blind to the respondents of the questionnaires. The identifying number on the questionnaire is to match two evaluation forms provided by the consultees and her or his supervisors but is not be known to the practicum student Ms. C. Dorge.

Please understand that the questions requiring response focus on your individual perceptions of the helpfulness, and usefulness of the consultation to your worker's case situation.

Please return your questionnaire to Dr. Frankel in the provided self-addressed and stamped envelope. Please do not put any identifying information on the response forms.

In about three months from the termination of the case consultation, you will receive a second, final questionnaire. Your anticipated effort and co-operation is greatly appreciated.

Please forward any questions by telephone call to C. Dorge at the number 787-2596 or to Dr. Sid Frankel at 474-9706. Thank-you.

Sincerely,

_____

Dr. Sid Frankel, associate professor Faculty of Social Work, university of Manitoba and practicum advisor for C. Dorge, student Graduate Studies, Faculty of Social work, University of Manitoba.

APPENDIX D (iii) **Questionnaire for the Child Welfare Worker/Consultee's Supervisor.**

Please answer the following by circling Y (yes) or N (no) or U (uncertain):

Subsequent to the worker's consultation, did you note:

a) an increased empathy and sensitivity in the worker to the case or the client dilemma? Y N U
b) use of new information from the consultation in managing the case.....Y N U
c) that the consultee had learned new concepts?.....Y N U
d) that the consultee had learned new skills.....Y N U
e) that the consultee had gained skills in case management?.....Y N U
f) that the consultation assisted in the process of case resolution?.....Y N U
g) that the consultation assisted in the process of case resolution?.....Y N U
h) that the consultation had a positive impact on the worker's readiness to learn new skills?
.....Y N U
h) that the consultation assisted to enhance the consultee's response to the case dilemma?
.....Y N U
i) that the consultation assisted the consultee's problem-solving skills?.....Y N U

Please complete the following. If you need more space, please use the back of this page or additional pages.

1. How was the consultation process helpful to the worker?

2. How was the consultation useful to the worker's case management?

3. In what ways was the consultation not helpful? Please explain.

Appendix D (iv) **Three-Month Follow Up Questionnaire for the Supervisor of the Consulte**

To the Supervisor

This is the three-month follow up questionnaire to the consultation provided by Claudette Dorge. Please answer candidly, your responses are confidential. The student/consultant Ms. Dorge is blind to the respondents and to any previously assigned number/ code to link your earlier questionnaire responses with this three-month follow-up response.

Please return the completed questionnaire to Dr. Sid Frankel in the sealed, self-addressed and stamped envelope. This will be the last questionnaire requested of you and is appreciated.

Sincerely,

_____

Dr. Sid Frankel, associate professor, Faculty of Social Work, University of Manitoba and practicum advisor for C. Dorge, student Graduate Studies, Faculty of Social work, University of Manitoba.

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Supervisor - Three Month Follow Up To The Case Consultation

Please rate the following by circling one of the numbers:

1. **A Great Deal**
2. **Somewhat**
3. **Very Little**
4. **Not At All**

a) How much do you feel that the case consultation helped your worker to increase knowledge? 1 2 3 4
b) How much do you feel that the case consultation helped your worker to increase her/his skills? 1 2 3 4
c) How much did the case consultation impact on the case plan? 1 2 3 4
d) How much did the case consultation assist in the resolution of the situation? 1 2 3 4
e) How much did the case consultation assist the court in making its decision? 1 2 3 4
f) How much did the consultation help in developing consensus on the case plan? 1 2 3 4
g) How much more quickly was the case processed in your agency because of the consultation? 1 2 3 4
h) To what extent were the recommendations of the consultation put into action? 1 2 3 4

Please answer the following by circling Y (yes) or N (no) or U (uncertain):

Subsequent to the worker's consultation, did you note:

a) an increased empathy and sensitivity in the worker for the case or the client dilemma? ..... Y N U
b) use of new information from the consultation in managing the case? ..... Y N U
c) that the consultee had learned new concepts? ..... Y N U
d) that the consultee had learned new skills? ..... Y N U
e) that the consultee had gained skills in case management? ..... Y N U
f) that the consultation assisted in the process of case resolution? ..... Y N U
g) that the consultation had a positive impact on the worker's readiness to learn new skills? ..... Y N U
h) that the consultation enhanced the consultee's response to the case dilemma? ..... Y N U
i) that the consultation assisted the consultee's problem-solving skills? ..... Y N U

Please complete the following. If you need more space, please use the back of this page or additional pages.

1. How was the consultation process helpful to the worker?

2. How was the consultation useful to the worker's case management? Please explain.

3. In what ways was the consultation <u>not</u> helpful? Please explain.

APPENDIX E (i) **Introduction to the practicum entitled "Social Work Consultation to Child Welfare Workers" for the Child and Family worker/consultee's client .**

Your caseworker _____ from Child and Family Services has been invited to participate in a practicum or practice effort being undertaken by an assessor at Child Protection Centre. The practicum on consultation, is a component of the student consultant (Claudette Dorge) Master's Degree in Social Work. The practicum advisor is Dr. Sid Frankel of the Faculty of Social work, University of Manitoba. This practicum does not burden or bring any risks to you the consultee/caseworker's client. The objectives of the parent-child assessment as explained by the Child and Family Services caseworker and the assessor remain the same.

For the purposes of this practicum, there is a review of the parent-child assessment by the consultant's practicum advisor, Professor/Dr. Frankel. The identifying data in the written parent-child assessment is altered to protect your identity. This reading will occur on the premises of Child Protection Centre and will remain confidential. The objective of the reading of the assessment is to ensure that the consultation process is congruent with the content of the assessment.

The consultation sessions between the case worker/consultee are to be audio-taped for review by the practicum advisor, Professor/Dr. Frankel. These tapes are destroyed within two weeks of the consultation sessions and are only for the purposes of the student learning.

Any publication of the data from this study/practicum will not include any identifying information. Confidentiality on all data from this practicum is respected.

APPENDIX E (ii) **Consent Form for the Consultee's Client Regarding the Practicum "Social Work Consultation to Child Welfare Workers".**

I _____(print name(s))_____ am aware that my Child and Family Services worker_____ has been invited to participate in a practicum on consultation being conducted at Child Protection Centre by social worker, Claudette Dorge. I have read and/or been read and explained the objectives and process of this study. I am aware that the data for the consultation is gathered from the parent-child assessment in which I am a participant. I understand that signing this document does not waive or have me give up any legal rights and that the identifying data in this practicum will remain confidential.

_____

Name Date

_____

Name Date

_____

Witness Date

Appendix F **Consultant Self-Assessment**

Source: Gailessich, 1982

Case/ Family: _____

To be completed by the consultant, after each consultation, as part of the journal.

After each question, choose from number 1 (little knowledge and skill) to 5 (excellent knowledge and skill):

1. Awareness of stage/phase during the consultation process.....1 2 3 4 5
2. Skill in organizational assessment: ability to identify salient organizational characteristics through the various types of data-gathering.....1 2 3 4 5
3. Knowledge of alternative methods of consultative intervention: understanding of a number of consultation models, their assumptions, values, strategies, strengths and weaknesses..1 2 3 4 5
4. Awareness of training and experience biases that effect my perceptions, decisions and consultation.....1 2 3 4 5
5. Pre-entry: did I consider the consultee's context and the impact of this factor on the consultation effort? 1 2 3 4 5
6. Entry: my knowledge of entry processes, awareness of consultee and consultant variables 1 2 3 4 5
7. Contractual skills: knowledge of basic elements of consultative contract and ability to negotiate contract.....1 2 3 4 5
8. Contractual skills: ability to be clear on boundaries.....1 2 3 4 5
9. Contractual skills: ability to renegotiate contract if necessary.....1 2 3 4 5
10. Contractual skills: ability to terminate contact.....1 2 3 4 5
11. Consultation intervention: was I conscious/aware of which intervention strategy was used? 1 2 3 4 5
12. Consultation intervention: was the intervention used helpful in the consultation?.....1 2 3 4 5
13. Ethics and values, am I aware from what power base I am operating?.....1 2 3 4 5
14. Ethics and values, my level of understanding of ethical issues related to consultation and ability to establish and maintain explicit values.....1 2 3 4 5
15. Ethics and values, my clarity and ethical behaviour in relation to value conflicts.....1 2 3 4 5
16. Relationship building skills: my ability to develop and maintain constructive working relations with the consultee.....1 2 3 4 5
17. Resolution, my level of ability to discuss the problem resolution with the consultee.....1 2 3 4 5
18. Problem resolution, was I creative in my suggested resolutions of the case dilemma?...1 2 3 4 5
19. Problem resolution, did I review previous attempts at resoluti.....1 2 3 4 5
20. Problem resolution, when offering suggestions for resolution of the case dilemma, did I review resource availability with the consult.....1 2 3 4 5
21. Relationship building skills, my ability to develop and maintain constructive working relations with the consultee.....1 2 3 4 5
22. Evaluation skills, my ability to use informal feedback mechanisms to monitor the consultative performance.....1 2 3 4 5
23. Termination, my knowledge at the termination process and skill in terminating with the consultee.....1 2 3 4 5
24. My knowledge and skill in the content area of consultation.....1 2 3 4 5
25. My knowledge and skill in the process area of consultation.....1 2 3 4 5

Please complete the following. If you need more space, please use the back of this page or additional pages.

a) What were my weaknesses in the content area of the consultation? Give examples.

b) What were my strengths in the content area of consultation? Give examples.

c) What were my weaknesses in the process area of consultation? Give examples.

d) What were my strengths in the process area of consultation? Give examples.

APPENDIX G **Journal Format**

The following are questions for the consultant that the journal will address:

1. At what stage am I in the process?
2. 2.What potential or actual pitfalls exist and how might these be overcome?
3. Given that the contract phase is critical to effective consultation, have I considered the clarity of the agreement between the parties (as to expectations of the process and definition of the problem to be resolved)?
4. What is occurring in the process and outcome area of the effort?
5. What is the theoretical base for the assessment and consultation analysis?
6. What is my hypothesis of the case issues, dilemma to be resolved?
7. What mode of intervention am I about to or have I used in a session, and with what objective?
8. Did this approach seem helpful?
9. What are the consultee's perceptions of the helpfulness of this intervention?
10. What role am I using in each consultation session?
11. Conclusions on this case, as presented and discussed with the consultee
12. Does the consultee have the opportunity to question both the content and the process of our discussions?
13. On the issue of power, influence or collaborative process in the consultation, am I listening to and understanding the worker's dilemma, needs and objectives?
14. From what power base am I operating: expert, legitimate, or referent?
15. What are my recommendations for the consultee regarding this case?
16. What constraints exist in the consultee's repertoire or in that of the organization or the family under consideration?
17. Am I facilitating a problem resolution, am I providing a prescription or a method to treat the client?
18. Am I trying or able to be creative and innovative in my problem resolution?"
19. Have I located and can I facilitate the link between appropriate resources and the consultee for their family?
20. Have I been cognizant of informally seeking an evaluation at critical points from the consultee and their client?
21. What do I feel was accomplished in a satisfactory manner?
22. Where are my weaknesses and strengths in this consultation, in the content realm or in the process realm, or in both?

Appendix **H** **Kurpius (1978) steps for consultation**

Kurpius (1978:337) describes nine operational functions within the consultation process that seem helpful to the beginning consultant. The operational functions in consultation as suggested by Kurpius (1978:337) are: pre-entry, entry, information gathering, problem definition, identification and selection of alternative solutions, statement of objectives, implementation of the plan, evaluation, and termination. The consultant needs to define his or her beliefs, practices and skills for helping the consultee solve job-related problems. The consultant needs to become familiar with what assumptions he or she holds regarding people's worth, his or her own position, authority, power and competencies. Does the consultant believe in being collaborative, working in a voluntary relationship with a triadic component, as a content and/or process expert, or in offering training, providing supervision, or acting as an egalitarian?

Within the pre-entry phase, Kurpius (1978) conveys that one should clarify the values, needs, assumptions and goals of the consultee and his or her organization or system, specify an operational definition of consultation and assess the consultee's skills regarding their practice with their client. The consultant needs to understand the assumptions held by the consultee about the consultant's organization and conceptual definitions from which they operate. One then needs to review the assumptions made about the organization and the consultee, the purpose, structure, operational methods and uses of reward and punishment.

Within the operational function of entry (Kurpius, 1978:337-338), there should be establishment of the relationship, setting the ground rules, discussion on writing the contract and preparation of the statement of the presenting problem. The development of a working relationship with the consultee includes an understanding of the individual's work climate and an agreement on an initial working contract. The consultant's next step is to query what solutions to

the problem have previously been attempted, and to identify what, if any, barriers exist to the resolution (consultee-related areas and those connected to the organization). The next phases in this process are: determining what resources might be required for the resolution of the problem: agreeing on the most relevant information for the analysis of the problem: having the consultee specify the problem areas that he or she desires to have resolved.

The gathering of information phase should help in the clarification of the problem, and may show that the consultee's problem statement involves only a symptom of the real problem. Kurpius (1978:337-338) tenders that the consultee's conceptualization of the problem is the most relevant to determine. Decisions should then be made regarding what additional data is needed, how and who will collect the data, how and by whom will the data be analyzed, synthesized and utilized for decision-making. Kurpius (1978) suggests that these responsibilities could be shared between consultee and consultant. The next decision depends on an accurate interpretation of objective information: with information gathering occurring by listening, self-report questionnaires, review of standardized records, interviewing or group meetings.

The fourth step is to define the problem based upon the assessment of the data and determining the goal for change. The problem statement is converted into a goal statement. Kurpius (1978:337-338) warns that, if there is no agreement or ambiguity regarding the goal, the consultee may present passive resistance. This feature would require the consultant to review the earlier steps of the consultation process so as to clarify when the lack of consensus began and then to address this issue. While Kurpius (1978) does not suggest that consensus should or will always occur, there will otherwise be a potential barrier to the comprehension and follow through by the consultee on the consultant's case analysis and recommendations. There also is no inference that the consultant should cancel the consultation processes if there is no consensus on the analysis and resolution. Generally, the consultant should try to achieve a level of consensus to result in

movement of the case and a good outcome for the consultee, client and consultation. If the consultation is a verbal effort, then there is a recommendation to write up a statement of the definition of the problem.

The fifth step, determining the solution to the problem, follows the analysis and synthesis of the information. This step highlights the importance of generating intervention and solution proposals along with the prediction of consequences that will occur if other solutions are selected. The consultee may describe the client's values and behaviour incentives, to help the consultant decide on the most appropriate solution (Kurpius, 1978:337-338).

The next step of stating objectives finds the consultant articulating the desired outcomes to be accomplished and measured in a defined period of time, and within specific conditions. The problem statement, the change goals and the problem solution, i.e. the intervention, will speak to the general problem-solving plan. The objectives specify details to achieve the proposed outcome. In this effort, consideration should be given to the standards or criteria that will determine if a problem is solved and the procedures and activities in which the consultant, consultee and the client will engage. Consideration should be given to the time lines for each step of the problem solving process.

Implementation of the plan, the seventh step, includes clarification to all parties of what, how and who is responsible for the expected outcomes. The eighth step, that of evaluation, should include a monitoring of ongoing activities (a process evaluation) culminating with the measuring of the final objectives, that is, an outcome evaluation (Kurpius, 1978:337-338). Kurpius also suggests that there should be periodic evaluations of the process during consultation, with another evaluation at the end of the completed consultation effort. The purpose of evaluation during the consultation process is to focus early attention on possible defects in the plan, and to be able to

make necessary adjustments. For Kurpius (1978:338), the evaluation model and procedures are related to the outcomes of each previous step, and are judged according to the established objectives. The consultant's skills, assumptions, problem definition, intervention, and objectives all contribute to the quality of the process. The principle question is whether this problem-solving process helped to actually solve the problem.

For Kurpius (1978:338), the last step, termination is an agreement to discontinue direct contact, and related to the determination of the solution and the consultee's evaluation of the consultation process. Kurpius (1978:338) warns that if a stage is passed over or the agreement necessary between a consultant and consultee is uncertain, that additional gathering of data, analysis, feedback and decision making will be more difficult. When a stage is incomplete, one returns to that point when the discrepancy began and re-works the problem and the resolution.