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A Primer on Consultation Theory: Building a Flexible Worldview

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The purpose of this article is to provide potential consultants with a broad introduction to the learning, gestalt, systems, organizational, psychoanalytic, and chaos theories of consultation. The goal of this article is to demonstrate how the consultant can map each of these theories onto the consultation environment to produce a unique perspective that each theory alone cannot provide. Each theory is described as to how it views and frames the consultation problem and how interventions are then based on these frames. Additionally, each theory is examined as to its view of process difficulties and when termination is deemed appropriate.

What is consultation all about? The answer to the question often is as much about the person providing the answer as it is about consultation. Consultation is about people and the worldviews they bring to their interactions. In this article we discuss some of the most common theories, or worldviews, that consultants use to define their work.

In 1978 *The Personnel and Guidance Journal* devoted two issues to the topic of consultation. The authors of these articles sought to provide the most comprehensive view of consultation, while stirring others to move forward in both its theoretical base and its practice. Suggesting that more integration of the various approaches was needed, Blake and Mouton (1978) provided their three-dimensional view of the field in an attempt to add cohesiveness to such a diverse discipline. Consultation, however, is always a pragmatic field with experience by trial and error shaping much of how consultants view their work (Conoley & Conoley, 1988; Talley, Ball, & Walker, 1986).

In 1985 *The Counseling Psychologist* devoted most of its July issue to consultation. In a feature article, Gallessich (1985) discussed her meta-theory of consultation and provided perhaps the best example to date on how to derive the core commonalities from a host of competing ideas. While recognizing that practice was rarely shaped by theory, Gallessich contended that the basic trial-and-error approach to consultation is defective for several reasons. For example, many consultants are incapable of understanding and conceptualizing the consultee's needs. Furthermore, the inevitable difficulties that occur during a consultation are rarely anticipated by atheoretical consultants, and many interventions planned without a theoretical foundation often prove more harmful than the problem that elicited the consultation. Finally, training and supervision of new consultants becomes virtually impossible, except as training on-site. Thus, without one or more frames for the consultation, the process bogs down.

SO, WHY DO WE NEED ANOTHER SET OF ARTICLES?

We have three answers to this question. First, the proof that consultation is now a successful and vibrant area of development is reflected by the fact that most counselors will be asked to consult frequently during their careers. Many graduate programs not only offer classes in consultation

but have faculty who are recognized as specialists in the field. All too often, though, counselors involved in a consultation feel less prepared for that task than for their other duties. The counseling profession is growing exponentially, and even staying current in a single field of expertise is difficult at best. Add to this the growing demands on the average counselor's time, and it is little wonder most consultations are performed on a trial-and-error basis. If nothing else, a periodic updating and review of the theories of consultation remind practitioners what options are available for approaching the consultation.

Second, some exciting new frames for consultation are available. The newer variants and expansions demonstrate that, although consultation is diverse and perhaps still fragmented, it is alive with a vibrancy of conflict of ideas, approaches, and models. Finally, we approach this diversity of worldviews somewhat differently than have previous writers. We argue that from such diversity emerges flexibility and from flexibility emerges opportunity. Bateson, famous for discussing the benefits of mapping different worldviews onto the same data (Bateson, 1972, 1980; Bateson & Bateson, 1987), believed that when two or more frames for a situation were both mapped onto it, what often emerged was a new and startling perspective missed by either view alone. The purpose of this article is to juxtapose the worldviews of several major consultation theories, so that counselors faced with a consultation have several options for mapping their work. We contend that from the creative tension of diverse frames applied to the uniqueness of each consulting situation emerges new approaches previously unrecognized and unexplored.

Readers may note that this special issue includes an article by Fuqua and Kurpius on models. For this article, we use the term *theory* for more specific ways of conceptualizing the consultation, while defining *model* as a more generalized and comprehensive perspective of consultation (West & Idol, 1987). Although Fuqua and Kurpius (this issue) discuss much more global frames of reference, the purpose of this article is to provide alternate "maps" for the consultation utilizing more specific frames. One consequence of our strategy is that we avoid discussing the mental health model of consultation (Caplan, 1970) and the process model of consultation (Schein, 1969). Both models have had significant impacts on this field and are important models of consultation. Although the theories discussed in this article are far from complete, they do include a diversity of frames that can serve to open new perspectives of the consulting environment.

In this article we address five specific points about each theory:

1. Definition of consultation
2. Conceptualization of the consultee's problem
3. Interventions
4. Conceptualization of difficulties during the consultation process
5. Definitions of termination and follow-up

LEARNING THEORIES: THE OLD GUARD

Learning-oriented theories of consultation were some of the earliest frames to emerge and have had an impact on a diverse number of settings from schools to medical settings to organizations. Behavioral consultation was the only specific theory reviewed in the *The Personnel and Guidance Journal* special issue (1978). (Reader note. That issue did include an article on organizational development, which has become an important component of organizational consultation.) Certainly, much of behavioral consultation's early effect, and subsequent development, can be traced to Bergan's behavioral consultation (1977) and its revision to behavioral consultation and therapy (Bergan & Kratochwill, 1990). In addition to this classic view of behavioral consultation, however, cognitive-behavioral and social learning theories have moved to prominence. In the day-to-day practice of consultation, learning-oriented consultants draw from all three theories.

As might be expected from learning-oriented consultants, the consultation process is highly defined and delineated. *Consultation* is defined as a triadic helping relationship involving a consultant, consultee, or client. Although the *operationalization of consultee and client* may change somewhat from setting to setting, the consultant's provision of help to the client most commonly is indirect through the consultee (Bergan & Kratochwill, 1990). This definition of consultation is applicable to all the theories discussed in this article, and, unless mentioned otherwise, can be taken to be a fundamental assumption of all consults regardless of theoretical orientation (Conoley & Conoley, 1988; Gallessich, 1985; West & Idol, 1987). Learning-oriented consultation, however, also stands apart from other theories by its main focus on facilitating problem-solving skills (Bergan, 1977).

What separates specific learning consultants is how they define the problem. The core of a "pure" behavioral approach is to first operationalize the problem into observable phenomena and then to design a solution to reduce the incidence of these troublesome events. Therefore, a fundamental component of the consultation is observation, the goal of which is an objective identification of the consultation problem (Russell, 1978). Here, operationalization of the problem into concrete identifiable descriptions is crucial.

Bergan and Kratochwill (1990) emphasized that in the early stages of consultation, much of the information given and received by the consultant is verbal. Therefore, the consultant needs to assist the consultee or client in relaying the information required to fully define the problem. Clearly, at this point counseling skills are mandatory to facilitate information sharing. As the problem definition develops, the consultant may move to other modes of data gathering including naturalistic observation, charting, reviewing of recorded data, and so forth. By the end of this stage, the consultant and consultee should be cognizant of what specific person and environmental mismatches are occurring and what specific behaviors would represent a better fit of person and environment (Bergan & Kratochwill, 1990).

Cognitive-behavioral approaches place an emphasis on the cognitions, opinions, and interpretations of the life experiences of the consultee and the consultant. Two theories that provide clear strategies for consultation from a cognitive approach are rational emotive therapy developed by Ellis (1962) and Adlerian theory developed by Adler (1956) and operationalized by Dinkmeyer and Carlson (1973). Adler (1931) stressed the importance of this approach by stating that problems are not determined by situations, but by the meanings we give to situations. Emotions and behaviors are influenced by one's unique assumptions, beliefs, and self-talk (Adler, 1931; Ellis, 1973). The target of the consultation process is the consultee's cognitions. The Adlerian approach to consultation is similar to the RET approach in several ways. Both approaches rest on the premise that mistaken beliefs are the root of one's problems (Sherman & Dinkmeyer, 1987). The more one is rooted in these beliefs, the more demanding he or she will be toward others.

From the social learning theory's (SLT) view, clients' problems are viewed as the result of interactions among their behavior, interpersonal and environmental factors (Bandura, 1978; Brown & Schulte, 1985), and the relationship that exists with the behavior and interpersonal and environmental factors of the consultee. The consultant adds still another set of behavioral and interpersonal and environmental factors, setting the stage for the consultation process to occur. Identifying and understanding these interacting factors and using them to effect change in the client's behavior is the foundation for the SLT consultant.

Across these three variants, though, a problem is conceptualized as a mismatch of person to environment, and learning-oriented consultation seeks to integrate the two, so that clients (and consultees) may be better able to meet their goals. The consultant has knowledge that can assist the consultee to acquire (or teach) such skills. The consultee has knowledge of the problem's context, precipitating factors, and failed prior strategies. The consulting relationship is very much a shared experience where each person is an integral and vital part of the process (Bergan & Kratochwill, 1990).

The consultee's problem is conceptualized in reference to the consultee's point of view. Consultees are provided new ways of viewing the perceived problem. They are helped to understand the mental road maps that they have incorporated into their memory. These road maps are stored in memory and are used consistently to make sense out of facts or cues (Raia, 1988).

Fundamental to understanding the SLT approach is *reciprocal determinism*, which is Bandura's (1978) term for describing behavior as the result of all the possible events, beliefs, and surroundings (physical and interpersonal). Furthermore, each of these factors is, in turn, affected by each other as well as the affected behavior. Brown and Schulte (1985) operationalized the problem with a primary focus on the following:

1. Alteration of those factors or relationships among factors that prevent the consultant from working effectively with the client
2. Alteration of those factors or relationships among factors that prevent the client from behaving in the desired manner
3. Engineering the environment to provide support for the desired changes in the behavior of the consultee and client
4. Preparing the consultee to effectively manage similar problems in the future

Therefore, learning-oriented consultations address not only the problem behaviors but also the discrepancy between the consultee's abilities and knowledge and the resources needed to address that problem (Bergan & Kratochwill, 1990; Hawryluk & Smallwood, 1986).

Successful consultation involves assisting consultees to close the gap between needed skills and acquired skills.

Selection of interventions is determined by the behavior to be targeted, the environment, and the interpersonal relationship between consultee and client. Also to be considered is the developing relationship between consultant and consultee and the level and intensity of involvement of significant others in the consultee's and client's environment. Bergan (1977) made a plea for consultee selection of the appropriate intervention. In practice, however, it is often the consultant who chooses the intervention options for the consultee's final selection. It is the consultant's responsibility to confront any consultee action that might jeopardize achieving the desired goal with the client. It goes without saying that the consultee must believe the intervention will be successful and that no intervention can be initiated unless there is agreement on the part of the consultee (Bergan, 1977). Consultee motivation, like client motivation, is fostered when consultees participate in setting goals, selecting interventions, and evaluating outcomes.

Bandura (1977, 1982) suggested that the absence of self-efficacy is a critical factor in many of the consultee's and client's problem behaviors. For this reason, specific interventions are viewed as more likely to succeed when they result in increasing self-efficacy, as well as addressing the identified problem. Brown and Schulte (1985) suggested a hierarchy of interventions to improve self-efficacy beginning with performance mastery followed by vicarious learning, with verbal persuasion third. The goal is to have the consultee and client reach a belief in their own competence to successfully master the problem behavior. Success is achieved when consultee and client believe that they will do as well in any future encounter with similar problem behaviors.

For the cognitively oriented learning consultant, the intervention is seen as a process in which re-education occurs. Consultees recognize that their thought processes are mediating factors between the environment and behaviors (Kurpius, 1985). This approach is based on the belief that changing behaviors alone is not as effective as helping the consultee to understand how beliefs influence behavior.

Kurpius (1985) described several strategies or interventions used in the cognitive consultation process: self-observation, cognitive restructuring, self-instruction, self-management, and problem solving. Each of these strategies is a valuable component to the cognitive approach and is mentioned throughout the literature.

Adlerian consultants may try to reframe the situation by creating new and more appropriate meaning that is inviting to the consultee (Lundberg & Finney, 1987). They may also help the consultee see the situation in a new light by normalizing the problem (Steele & Raider, 1991). In other words, they universalize so that the consultee can see that he or she is not the only one who has this problem. In addition, the consultant will use encouragement, attempt to see the problem and possible solution in a positive light, and make tentative hypotheses in relation to the consultee's mistaken goals.

Where, then, might resistance to the consultation develop? Aplin (1978) believed that many critics of learning-oriented consultation believe that it does not address broad systemic issues. Aplin found that managers over large departments often oppose the behavioral focus and seek a structural solution that addresses the functioning of an entire work unit. Aplin illustrated that efficient behavioral consultation and more systemic organizational approaches are not competitors. Both worldviews are important and necessary at different times. Also, it is incorrect to assume that behavioral consultants do not address the broader social context. Bergan and Kratochwill (1990) specifically examined ways to assess and use systemic components of the consultation. It is true, however, that in some cases the consultee may have little

power over altering environmental factors eliciting the problems (Bergan & Kratochwill, 1990; Kratochwill & van Someren, 1985).

Another source of resistance be derived from the consultee's reluctance to collaborate on the consultation (Bergan, 1977; Kratochwill & van Someren, 1984, 1985). Behavioral consultants rely heavily on the consultee's knowledge, experience, and participation. When consultees refuse such a role, this must first be addressed and resolved. True behavioral consultants are not "fix it" experts who fly into the consult, design the intervention, and then leave. True behavioral consultation is based on sharing an egalitarian relationship focused on resolving the problems (Bergan & Kratochwill, 1990). Also, as might be expected, clients may serve as a source of resistance, especially in the early stages of the intervention. A proper assessment of the problem and design of an intervention anticipates such difficulties by focusing on what the client wants (Bergan & Kratochwill, 1990). At the heart of behavioral consultation is the belief that the mismatch of person to environment is unpleasant and willingly avoided when other options are present. Although such assumptions may at times appear overly optimistic, detailed reviews of behavioral consultation's effectiveness have proven their assumptions to be generally accurate (Bergan & Kratochwill, 1990). Thus, resistance to the consultation may be derived from many sources, but the learning-oriented consultant uses such feedback to modify the interventions to reduce the discrepancy between person and environment.

SLT does not place as much importance on resistance as do other variants of learning-oriented consultation. Rather, SLT accepts the inevitable modification or adjustment as part of the process. The process is continually open to information that will improve the chances for reaching consultee and client goals. The SLT consultant believes in dogged persistence while trying to reach the consultation's goal. According to Marlatt (1985), the only chance for success is to persist in the face of failure, because once we have quit trying, we have eliminated the chance of positive outcomes. The loss to self-efficacy will be apparent. If quitting becomes a habit, then self-efficacy will eventually be extinguished. The only option for the SLT consultant is to persist with examining, evaluating, modifying, and recycling during the process.

Resistance is defined by the Adlerian consultant as a lack of alignment between the goals of the consultant and that of the consultee. When resistance is evident, the consultant should stop the process and renegotiate with the consultee. The idea is to work toward consensus. If consensus cannot be reached, then termination is indicated (Dinkmeyer, Dinkmeyer, & Speery, 1987). Tingstrom, Little, and Stewart (1990) believed that resistance occurs when one's feelings of freedom and personal choice are threatened. Adlerian consultants highly value and encourage consultee independence and contribution to the process. This attitude helps to lessen resistance.

Because consultees are encouraged to behaviorally follow through with their new goals, follow-up is important for the consultant to encourage and support the consultee's willingness to change the situation and make new agreements that are rational. Even though follow-up is important, the goal of this type of consultation is to teach the consultee new problem-solving skills, so that with his or her new insights he or she can solve other problems as they arise. Consultees are not kept dependent on the consultant.

Learning-oriented consultation ends when the consultee is able to successfully manage the client's behavior without the assistance of the consultant. The foregoing process dictates that the decision to terminate consultation is based on data from observations and other evaluation techniques that demonstrate that goals of the process have been reached

for both consultee and client. If the process is successful in reaching goals for participants and in developing a self-regulating system for managing future problems, the only task remaining for the consultant is to periodically review evaluation procedures and techniques.

Summary

Learning theory's emphasis on the operationalization of problems and solutions is unique in the helping professions. A natural tendency for anyone working with human difficulties is to become vague, ambiguous, and overly complex at times. The learning-oriented consultation worldview calls these tendencies into question by demanding a more precisely defined perspective. Mapping learning theory onto these other worldviews can be both enlightening and intimidating as learning consultation seeks to peer through our "fog" of ambiguity to find concrete and realistic solutions to human suffering.

GESTALT CONSULTATION: EXPERIENCING THE FIGURE

Two of the most accessible recent presentations of this perspective are Edwin Nevis's *Organization Consulting* (1987) and Uri Merry and George Brown's *The Neurotic Behavior of Organizations* (1987). According to Nevis, at the heart of gestalt consultation lies the "Gestalt Cycle of Experience." The first phase of the cycle is an awareness that is multimodal and multifaceted. Heightened awareness provides numerous opportunities to extract new and innovative figures that may have been missed or ignored previously. As the figure materializes, the energy to process and explore it flows. Through contact with the emerging figure, people define and explore their boundaries, and the area between self and other appears. Individuals working on expanding their awareness and contacts may then explore how such boundaries serve to facilitate or inhibit experiencing the world. Finally, the last phase of the cycle is resolution and closure. The figure that emerged in the previous phases has now been experienced and processed.

Nevis (1987) indicated that because people do not exist in vacuums, their cycles of experience overlap and interact. Nevis believed that from such interactions emerges a systemic cycle of experience unique from the individual cycles, but one that is also dependent on it. For instance, one person's awareness may then synergistically facilitate another's experience of life. Conversely, individuals' cycles may seem to conflict and impede others' contacts. Whether the interaction is experienced as facilitative or conflicting depends on how awareness builds such figures and what becomes ground.

Merry and Brown (1987) believed that many difficulties within human systems can be traced to neurotic defenses that are maladaptive methods of managing boundaries. The goal of the gestalt consultant, then, is to assist consultees to become aware of their cycles of experience and to assist consultees to use such experiences as a tool to solve their problems. First, the consultant becomes another source of experience to be processed. By merely entering the consultee's environment, old patterns of experiencing may be disrupted with the possibility of new figures developing.

Second, the consultant serves as one more boundary to be encountered. Often, boundaries between self and other become almost invisible, and encountering and interacting with the consultant brings these demarcations into awareness again. Finally, the consultant serves as an important source of awareness that may be tapped by consultee and client. The consultant may extract new and dynamic figures that the

consultee has missed. Such figures may develop from modes of experiencing the environment previously ignored by the consultee or client. Nevis (1987) showed that as individuals grow more aware of their own cycles of experiencing, they can move to integrate their awareness with others. The system then becomes even more responsive to its members and can facilitate even more contacts and change (systemic synergy). Thus, the consultant opens up many new experiencing opportunities merely by entering the consultation environment.

Nevis (1987) believed that most problems arise as the consultee and client begin to encounter the threatening aspects of contact and subsequent change. Although the specific reason for resistance is unique to each situation, the underlying core of it lies in a fear of some aspect of experience.

To avert such resistance, Merry and Brown (1987) believed that the gestalt consultant must orient the consultee or client to the benefits of contacting the emerging figures of their world and the opportunity for change it represents. Helping the consultee to experience the threat of contact then leads the consultee to release that fear and embrace change. By raising the awareness of change as healthy and functional, if also scary and risky, the energy to make more prolonged and profound contacts with others occurs.

Therefore, after resistance is experienced and contacts established, the consultant and consultee may move to design interventions. Although discussing the multitude of gestalt interventions for facilitating change is beyond the scope of this article, both Nevis (1987) and Merry and Brown (1987) discussed in detail various strategies for eliciting the awareness that motivates addressing problems. It is important to recognize that many consultation problems are resolved by moving the consultee and client into experiencing the various figures emerging in their environment. The awareness that feeds and is nurtured by such experiences then points to whatever subsequent changes to the environment are needed. Once fear of experiencing is addressed, then alternative strategies become readily apparent and are more easily implemented.

Termination is defined as the natural closure of the consultation relationship. The figure of the consultant has served its function to energize the consultee to act to facilitate contact. Several signs are suggestive that closure and resolution are nearing. First, awareness on the consultee's part is heightened to the point that the consultant's awareness is not perceived as required to solve the problem. A second sign is that the energy around the initial problem eliciting the consultation has become redirected into various creative and flexible approaches to this and other concerns. Finally, for both consultee and client, change and contact have become an exciting option to living and not a threat to be avoided. Therefore, when consultants are aware and open to their cycles of experience, they recognize when resolution approaches and welcome this closure to the consultation experience.

Summary

The gestalt school of consultation places great respect and trust in the consultee's and client's ability to resolve consultation difficulties when resistance to contact and experience have been minimized. Although formal interventions exist, all gestalt consultations are based on a fundamental valuing of subjectively experiencing the world. The constant reconstruction of that world into ever more innovative and exciting figures promotes growth, adaptation, and learning. The gestalt school believes that once the consultant facilitates an awareness of such figures, most problems become experiences to process and promote.

PSYCHOANALYTICAL APPROACHES TO CONSULTATION: UNDERSTANDING THE UNCONSCIOUS

Psychoanalytic approaches to consultation are still in their infancy (Gould, 1991). Fortunately, a seminal text on this approach, *Organizations on the Couch* (Kets de Vries, 1991), helped to define this form of consultation and provided much of the foundation for this section.

Psychoanalytic consultation is characterized by a search for the unconscious or hidden aspects of human behavior. From the psychoanalytic perspective, it is important to be skeptical of the overtly stated views of the problem and pay close attention both to the unconscious and to the implicit aspects of the situation (Menzie Lyth, 1991). The "implicit" refers to conscious material that is deliberately kept secret (Menzie Lyth, 1991). The diagnosis provided by the consultee usually involves little need for change on the part of the organization because of the fears that change may be catastrophic (Menzie Lyth, 1991). One example of unconscious aspects is projective identification, which involves denying one's own unconscious image of the situation (fantasy) and attributing it to someone or something else that may pressure another person to feel, think, and behave appropriately for this unconscious image (Klein, 1975). Gilmore and Krantz (1985) stated that projective identification processes make it difficult for the organization to resolve its own issues, because the client system or consultee may place the blame for the problem on another individual or group. Gilmore and Krantz suggested that consultants attempt to understand and recognize these distortions and how they are being played out. The essence of psychoanalytic consultation then is to observe and discern the unconscious forces behind manifested problems.

Psychoanalytic interventions are both triadic and direct (working with the individual or group with the problem). Group relations conferences (a triadic intervention) involve getting members of the organization together in groups and teaching a staff member to remain neutral and interpret the group process in terms of unconscious processes and transference and countertransference to improve group and leadership effectiveness (Gould, 1991).

Therapy of the group (a direct intervention) (Bion, 1959) involves the consultant's attending regular work-group meetings to interpret their process with each other (Gould, 1991). In these groups, the consultant does not interpret transference or countertransference, but focuses on the interactions among group members to improve the group's working relationships (Gould, 1991).

Hirschhorn and Krantz (1982) stated that several assumptions of unconscious group planning can be helpful in consultation. Group issues often represent an attempt by group members to gain mastery over their unconscious fears and wishes, and group members may have an unconscious plan and will develop tests to determine the safety of the consultation process based on this plan. The overall theme and the group's fears can be understood through careful attention to the tests of safety of individual members. If the group members grow to see each other and the consultant as able to assist in solving problems and as safe, they will learn to express their unconscious plan without disrupting the group process.

Organizational role analysis (a direct intervention) involves working with an important member of an organization and using projective techniques and interpretations of dreams and fantasies to determine how that member is functioning in a particular role or why he or she is not functioning effectively (Gould, 1991). These intrapersonal difficulties of key members of an organization can become a part of the organizational culture (Kets de Vries, 1991).

Obviously, psychoanalytic consultants are interested in resistance to consultation, because most psychoanalytic consultants base their consultation on understanding defenses (Shechter, 1987). Change would be expected to generate anxiety, which would raise defenses. Psychoanalytic theory is used to explain these defenses and to provide the interventions to work through them.

In psychoanalytic consultation, termination occurs when the problems that initiated the consultation have been resolved and when the consultant is reasonably certain that the changes will remain after the consultation ends (Menzie Lyth, 1991). In addition, it is helpful if the consultee has learned a way of approaching new problems that come up (Menzie Lyth, 1991). Termination also involves a process of mourning the loss of the relationship (Menzie Lyth, 1991). According to Menzie Lyth, the consultee may feel angry with the consultant for leaving and anxious about being on his or her own, and experience fantasies about what further relationship there may be between the consultant and consultee. Termination should involve saying goodbye to all those individuals with whom the consultant has worked (Levinson, 1991). Both Levinson and Menzie Lyth considered a report essential. Both recommended that the report be given orally to the consultee, with an opportunity for feedback from the consultee. The reactions to the report usually begin with defensiveness (anxiety and hostility), then proceed to a discussion of feelings, and finally move to consolidation behind the report. Levinson stated that working through the hostility and anger provides a model to the client systems for how to work through their own issues in the future. Levinson provided some specific recommendations for the report content that are not reiterated here.

Summary

Psychoanalytic consultation deals with the unconscious aspects of the organization and the individuals within it to deal with what may seem to other consultants as irrational (Kets de Vries, 1991). Psychoanalytic theory asks the consultant to look deeper into consultation problems and reminds us that what we see is often not what we get.

ORGANIZATIONAL CONSULTATION: WORKING WITH BUSINESS

Organizational consultation is growing in response to such trends as the downsizing of organizations, increasing employee diversity, expanding need for training, emerging interdependence of work units, and an accelerating rate of both internal and external change (Aplin, 1985). Gerstein and Shullman (1992) noted that counseling professionals are also now working in the areas of executive coaching, training, organizational dynamics, needs assessment, employment assistance, and wellness programs. They also encouraged the emergence of a new subspecialty among counselors that focuses on the interface of individual and organizational variables rather than on either set of factors alone, which is what sets organizational consultation apart from other theories.

The guiding principle of organizational consultation is to make a deliberate and conscious effort to help humans grow and develop in an organizational setting (Huse, 1978). Two underlying and sometimes contradictory orientations are also manifest in organizational work: people orientation, which emphasizes human fulfillment and technology orientation, aimed at increasing task accomplishment (Brown & Burden, 1987).

In light of this possible contradiction, Fitzgerald (1987) has aptly cautioned the practitioner to be mindful of the relationship between

theory and reality in the business world. He described the potential for conflict between worldviews: the managerial mind-set that includes factors other than the human element, such as utilitarianism and the need for control, and an employee mind-set that includes lack of control and often skepticism toward official solutions and programs that are designed for their improvement. Therefore, one of the consultant's most valuable assets is "stranger value" (Wright & Harper, 1985). Evidence of this effect can be seen among corporations that rarely draw on staffs of well-trained internal consultants because they are seeking an external perspective.

Most organizational consultants recognize that rational approaches, theories, and models do not fully capture the complexity of organizational processes or explain why people and organizations do what they do. Organizational consultants need insight into and respect for the complexity and web of meanings within organizations that go beyond a textbook approach to consultation (Fitzgerald, 1987). The human resources system, particularly performance evaluation and reward processes, is one such complex component of organizations (Ferris, Fedor, Chachere, & Pandy, 1989).

There are many reasons why an organization might seek help. In the best case, the organization has identified or sensed a problem and is sincerely committed to finding and implementing a solution. In the worst case, the organization approached the consultant merely for the purpose of political appeasement (Killman, 1985). Stroh (1987) suggested that the consultant use an approach that focuses on outcomes, expectations, and visions rather than on the traditional problem-solving process, which focuses on undesirable situations and their solutions. This is consistent with Weisbord's "feed forward" concept and Lippitt's "images of potential" as energizing forces to drive the consultant with the purpose of providing meaning and renewing motivation (Weisbord, 1987). Hanna (1986) observed that loss of meaning is a growing problem for both individuals and organizations. The best approach to consultation is to create a collaborative learning environment in which people can make sense of their own experiences and become effective problem solvers themselves rather than recipients of a solution. Thus, the organizational consultant seeks a more complex problem definition that is often far beyond more traditional problem-solving modes discussed elsewhere in this article.

Many different interventions have been proposed for organizational consultation, each of which provides a broad perspective from which to design an approach. Beer (1980) viewed the major interventions in terms of four categories: diagnostic, process intervention, structural innovations, and individual interventions. As a guideline for selecting an appropriate intervention, Harrison (1970) recommended intervening only at the level necessary to produce an enduring solution to problems and at a level no deeper than that at which the energy and resources of the organization can be committed to problem solving and change. Ferris et al. (1989) observed that intervention at different depths within the organization relate to different levels of importance in terms of the myths that interact with change. The more basic the issue, the more likely political activity will ensue to challenge proposed changes and, as a result, the more difficult the change effort. Killman (1985) warned against a focus on purely bottom-line results, which, though appealing and convincing to some stakeholders, have limitations in terms of intangible improvements and are subject to a time lag between decisions and actions on the one hand and performance on the other.

According to Redmon, Cullari, and Farris (1985), the process of termination is generally characterized by three features: (a) Reduced involvement is accepted by both consultant and consultee, (b) involvement then continues at a very low level, and (c) the possibility for further

consultation is made clear. For short-term consultations, maintenance and continued intervention may be unnecessary.

When the entire program has been completed and the consultant has withdrawn, a follow-up plan can be implemented. The goal of follow-up is to determine whether or not the intervention's success is maintained and to assess the effectiveness of the plan in the consultant's absence. This information will be useful in planning future interventions and may also facilitate the success of the maintenance plan (Redmon et al., 1985).

The consultant is advised to strive for an understanding of the organizational setting and an awareness of options that will provide a more comprehensive view of consultee needs. Weisbord (1987) stated that with or without a guiding theory, some confusion, chaos, and anxiety are a part of the consultant's territory. Fortunately for both consultee and consultant, these conditions are also the fuel for creativity, renewal, growth, and change. Organizational consultation theory provides a basis to at least minimize these difficulties and, more important, to plan for the rest.

SYSTEMS CONSULTATION: CAPTURING THE CONTEXT

Systems are as complex as the human beings who build them. Kurpius (1985, Fuqua & Kurpius, this issue) viewed a system as an organization of both structural and personal components that are both interconnected and interdependent. Furthermore, there are layers or levels of these components that have differential effects on the consultation (Brown, 1987; McDaniel, Campbell, Wynne, & Weber, 1988; Wynne, Weber, & McDaniel, 1986).

At the most basic level, however, human systems have three levels—microsystem, mesosystem, and exosystem (Bronfenbrenner, 1979; Kurpius, Brack, Brack, & Dunn, in press). The microsystem represents the consultation environment of consultant, consultee, and client and is the most direct social sphere of the consultation. The mesosystem represents the nearer social influence factors that have important effects on the consultee and client (Kurpius, 1985) and consists of groups influential to the consultee's and client's functioning. Agency personnel, family, and friends can all be classified here.

Finally, the exosystem represents the more removed and remote social factors (such as economic trends, community standards, and legal and legislative requirements) that affect the consultee and client, but often in a more indirect manner (Kurpius, 1985; Peters, 1989; Wynne et al., 1986). Therefore, the consultant is called into the microsystem to address difficulties that the consultee may be having with the client, but from the system's perspective there are many factors both close and remote that have an impact.

A second principle of systems consultation is that a problem often represents the best solution to these interacting social factors (Bateson & Bateson, 1987). Gregory Bateson was quick to point out that what appears to be dysfunctional often is highly functional when viewed within a systems perspective. Commonly, a consultation problem represents an important systemic niche that must be filled for the system to function, even though it still has problems.

For instance, Brack and associates identified within medical settings many mesosystem and exosystem factors that lead to staff adaptations and often seem dysfunctional, but that are highly functional when viewed from the system's perspective (Blix & Brack, 1988; Brack & LaClave, 1989; Brack, LaClave, & Blix, 1988; Campbell, LaClave, & Brack, 1987; LaClave & Brack, 1989). Aplin (1978) provided a description of how behavioral problems may be a symptom of a more difficult structural issue within the organization. Thus, once the problem is

reconceptualized into more of a systemic adaptation to the broader social context, then more complex interventions may be designed.

Of course such reconceptualizations then challenge both the consultant and consultee to identify which social forces are facilitating this specific adaptation and exactly what can be done to encourage other adaptation options. Often, the only option available to the consultee and client is to change the meaning of the system (Blix & Brack, 1988; Brack & LaClave, 1989; Brack et al. 1988; Campbell et al. 1987; LaClave & Brack, 1989).

Fortunately, in many cases, the mesosystem and exosystem can be altered to facilitate alternate coping options. Unfortunately, the uniqueness of every system virtually eliminates providing general guidelines for interventions, though Wynne et al. (1986) provided useful suggestions. Fortunately, once the problem's niche is identified, designing an intervention to fulfill this niche in alternate ways is possible, if difficult. Systems theorists have long believed that systems are homeostatic and resistant to change. Although the chaos theorists discussed in this article dispute this, systems do show amazing abilities to slough off interventions designed to change its functioning. Systems consultants believe that much of what has been termed *resistance to change* is really the effects of trying to provide interventions that do not address the consultation problem's niche.

In many systems, change is a frightening concept. From our view, such fear is rooted in the belief that no other adaptation will be as successful for the system. Kurpius (1985) discussed different change strategies, and at the core of such approaches is the assumption that flexibility is vital to less painful functioning—a point also emphasized by chaos theorists. Like many of theories discussed in this article, a prime means of reducing resistance to consultation is first to develop the belief that change and alternative approaches are more effective than are current problems. Second, the consultant needs to prevent what we call the "complexity syndrome" from setting in and blocking any change. The complexity syndrome consists of the consultee or client's feeling like the problem is too big or the intervention too much to implement. Often, the complexity syndrome serves as a convenient means of framing the problem to sabotage change. Mesosystems and exosystems are particularly adept at fostering this frame. Examples from Kurpius (1985) and Wynne et al. (1986) illustrate that systemic interventions are indeed not only possible but also highly effective.

A third source of resistance may be derived from elements of the mesosystem and exosystem. Kurpius (1985) has said that no one can anticipate the true diversity of resistances available in the mesosystem and exosystem for opposing an intervention. Analyzing and addressing such opposition when it occurs provides needed insights into dealing with it. Finally, as discussed with behavioral consultation, resistance may occur out of an inability to address all the components of the mesosystem and exosystem. Systems consultants believe, though, that although all elements of a system may not be directly accessible, the very nature of the system makes such components indirectly assessable.

Termination occurs when the problem is either reframed as no longer troublesome or when alternative adaptations are implemented. As with other theories, however, a consultation is not really complete until the consultee has acquired the ability to implement the systems perspective to other problems. The most exciting development of a systems consultation is seeing that new perspective take root and spread throughout the organization (Bartunek & Moch, 1987). Perhaps the best indicator that termination is approaching is when the energy devoted to maintaining the problem is transferred into seeking innovative and creative new adaptations.

Summary

Systems consultation offers consultants the opportunity to look "wide" at a problem and view it as only one of many adaptations to the numerous social factors surrounding consultee and client. Systems consultants recognize that such a perspective demands much from all those involved, but they have illustrated that nonsystemic interventions often fail to address the core issues (Brown, 1987; Kurpius, 1985; Wynne et al., 1986). Next, we discuss a new variant of systems theory that calls into question almost every premise about human functioning. Such bold perspectives are just "grist for the mill" for a systems consultant.

CHAOS THEORY: THE NEW FRONTIER

The new science of chaos theory threatens to upset many of science's most fundamental frames of the world (Gleick, 1987). Proponents such as Abraham, Abraham, and Shaw (1990) claimed that chaos theory illustrates that traditional psychological and counseling models (as well as other models (i.e., physics and mathematics) cover only one small area of human activity and do not realistically match the complex and dynamic quality of human behavior.

At the heart of chaos theory is the prizing of unpredictability (Michaels, 1989). Physicists are only recently accepting that many processes in the natural world are basically unpredictable over the long term. Readers will readily admit that meteorology is an excellent demonstration of how even the most technologically advanced fields still cannot predict far into the future (Abraham et al., 1990; Michaels; Peca, 1992). Most counselors already have an intuitive feeling such is true with most human interactions, but they have not been introduced to even a single theory that validates such feelings. Furthermore, such professionals fear that to accept such truths means they are powerless to act. At the core of such fear is the belief that randomness and chaos imply meaninglessness. Such a belief, however, is far from the truth. In fact, chaotic systems often carry much more information about its interactants than do stable homeostatic systems (Schroeder, 1991).

Chaos theory directly attacks the concept of linearity and direct dependence of one variable on another (Peca, 1992). Most "real" variables are nonlinearly related and thus interact in fascinating and complex ways (Gleick, 1987; Schroeder, 1991). Contrary to most people's expectations, however, accepting the chaotic model leads to tremendous flexibility of response (Peters, 1989). The reason for such flexibility is that once simplistic linearity is abandoned, chaos theory then allows the consultant, consultee, and client to frame the complexity present in their worlds.

Because in the real world many variables are highly interactive in chaotic ways, chaos theory illustrates that the whole of an organization must be considered for any consultation. Ignoring even minor factors may lead to catastrophic miscalculations in a very short time in the future. Furthermore, the problem involved in the consult may be "fractal" and may be found at many levels of the consulting environment. Michaels (1989) suggested that the reason many problems are fractal is that *turbulence*, or disruption to a system, often results in what is called a "bifurcation" or splitting of the structure into self-similar parts. Turbulence-induced bifurcations are easy to recognize when members of a system begin to pick up the problem and transmit it to new levels. An example is a manager who replicates his or her

supervisor's idiosyncracies to his or her employees who in turn may replicate it to his or her coworkers in other areas of the organization.

Chaos theorists believe that the first step in dealing with chaos is to understand it. The goal of understanding is to discover the patterns of the whole system that reflect the infinite influences of all the variables involved in that system. In some cases, the best to be expected is to chart the boundaries of system behavior, but such information is much more useful than is assuming relationships not only do not exist but also lead to disaster from poorly planned interventions.

So what does this esoteric theory suggest that consultants do? Tom Peters (1989) is one of the few experts with enough experience to offer guidelines. Peters suggested that what consultants need is a major shift in their worldview rather than a specific set of programs to implement, and the foundation of this shift is to expect and value change. At the core of a chaotic system is change that varies rapidly and seemingly randomly. Averaging these trends of change over time, the statisticians' ploy for hiding chaos, will lead only to poor prediction that will grow worse over time. Thus, Peters believed that organizations must plan, anticipate, and value change occurring at unpredictable rates.

Peters (1989) suggested that consultants need to stress action over inaction, experimentation over tradition, diversity over uniformity, and empowerment over procedure. Peters's book is about making change now. A request for a consultation means something is wrong. From Peters's viewpoint, the consultee or client is probably focused into narrow and static patterns of approaching the area of concern. For Peters action involves not only coping with change but also growing with it. This does not mean that people should just do anything.

Repeatedly, the aforementioned theories have stressed the harmful potential of ill-conceived interventions. Peters (1989) theory, instead, means to act to increase responsiveness, often in new ways. Peters believed that within almost every system, personnel are found who can act in innovative ways. Although chaos may be unpredictable, it is also often an opportunity, and the innovative consultee can use this to prosper. With change occurring at unpredictable rates, a diverse response potential offers the maximum options. Often, traditional approaches to problems impede more effective strategies. Chaos theory illustrates that what was once effective may now be destructive. At the heart of a flexible response are empowered people willing to risk embracing new approaches. Chaos theory states that even old proven methods may fail seemingly for no reason. Thus, as people become more empowered, they are willing to risk erring. Chaos theory suggests that error is the only thing we can predict. Peters has gone into extensive detail about all of these points and has offered concrete examples of each.

Peters (1989) also provided numerous stories of his consultation difficulties, but most can be classified as simple disbelief of the chaos worldview. Implementing change, or plan for change, is much easier once the consultee or client faces his or her prejudices and fears of this new worldview. In some cases, repeated failure with more traditional approaches is required, but as Peters pointed out, many organizations simply do not have the luxury of resources to weather these resistances. Resistance is typically based on a refusal to value unpredictability. Once this is overcome, adaptation is significantly easier.

Peters (1989) seemed to suggest that the consultation is complete when the organization is moving to experiment with new methods of utilizing chaos, instead of opposing or ignoring it. Creative individuals may find with fascination new dynamics of the organization that had previously been ignored or minimized. Information lost in traditional empirical views of the problem is reclaimed through such newer insights. In many ways, termination nears as the organization has recon-

structed itself from a reactive entity to a proactive activator. In essence, the consultation ends when the consultee no longer needs the consultant's stories to appreciate and utilize the chaotic behavior of living systems.

Summary

Chaos theory calls into question all that is prized by many other worldviews. Chaos theory validates our innate fears that the world is unpredictable. Such unpredictability, however, is information rich and useful to those who are willing to work past their fears. Consultants using chaos theory do have at least a primitive set of interventions based on Peters's (1989) work, but with more readings in the field, a growing awareness of the subtlety of chaos and its potential for growth becomes apparent.

CONCLUSION: FLEXIBILITY THROUGH DIVERSITY

Before concluding, we caution readers about the limitations of our approach to the theories we discussed. First, the limited space available for each theory required us to simplify and condense each view. Second, some readers may believe that we missed other important theories in the field. Again, the necessity of brevity precluded including everyone. West and Idol (1987) provided additional theories and models, and their article should be required reading for all consultants. Finally, readers may believe we have not included enough of the details of a theory to properly evaluate it as a tool for their consultation. We believe that a review of the original sources of a theory is able to provide only limited detail. If this article spurs readers to seek these sources, then this article has been a success.

Consultation is an exciting field that demands that we match our mental maps of the universe to the realities of everyday life. We believe that consultation's greatest gift is its repeated ability to confront these maps and to demand revision. Although consultants are by nature practitioners, we are also scientists. As every scientist knows, more is learned from the failure of an experiment than from its success. As professionals, we have the responsibility to ensure that such maps are the most effective and humane available to us. Developing a flexible consultation perspective means taking the time and effort to map one idea onto another and then to experience the figure that emerges. We fundamentally believe that consultants must do this for themselves. As the gestalt theorists stated, the development of one's own figure is the most valuable consultation tool. Our goal has merely been to suggest a few of the available theories for this mapping.

REFERENCES

- Abraham, F., Abraham, R., & Shaw, C. (1990). *A visual introduction to dynamic systems theory for psychology*. Santa Cruz, CA: Aerial Press, Inc.
- Adler, A. (1931). *What life should mean to you*. New York: Putnam.
- Adler, A. (1956). *The individual psychology of Alfred Adler* (H. H. Ansbacher & R. R. Ansbacher [Eds.]). New York: Harper & Row.
- Aplin, J. C. (1978). Structural change versus behavioral change. *The Personnel and Guidance Journal*, 56, 407-411.
- Aplin, J. C. (1985). Business realities and organizational. *The Counseling Psychologist*, 13, 396-402.
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. *Psychological Review*, 84, 191-215.

- Bandura, A. (1978). The self-system in reciprocal determinism. *American Psychologist*, *33*, 344–358.
- Bandura, A. (1982). Self-efficacy mechanisms in human agency. *American Psychologist*, *37*, 122–147.
- Bartunek, J., & Moch, M. (1987). First-order, second-order, and third-order change and organizational development interventions: A cognitive approach. *The Journal of Applied Behavioral Science*, *23*, 483–500.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine Books.
- Bateson, G. (1980). *Mind and nature*. New York: Bantam Books.
- Bateson, G., & Bateson, M. (1987). *Angels fear*. New York: Macmillan.
- Beer, M. (1980). *Organization change and development: A system view*. Glenview, IL: Scott, Foresman.
- Bergan, J. (1977). *Behavioral consultation*. Columbus, OH: Merrill.
- Bergan, J., & Kratochwill, T. (1990). *Behavioral consultation and therapy*. New York: Plenum Press.
- Bion, W. R. (1959). *Experience in groups and other papers*. London, England: Tavistock.
- Blake, R., & Mouton, J. (1978). Toward a general theory of consultation. *The Personnel and Guidance Journal*, *56*, 328–330.
- Blix, S., & Brack, G. (1988). The effects of a suspected case of Munchausen's syndrome by proxy on a pediatric nursing staff. *General Hospital Psychiatry*, *10*, 402–409.
- Brack, G., & LaClave, L. (1989). Consultation on the medical frontier. *General Hospital Psychiatry*, *11*, 174–181.
- Brack, G., LaClave, L., & Blix, S. (1988). The psychological aspects of bone marrow transplant. *Cancer Nursing*, *11*, 221–229.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Brown, D., & Schulte, A. C. (1985). A social learning model of consultation. *Professional Psychology: Research and Practice*, *18*, 283–287.
- Brown, E., & Burden, B. (1987). Developing a consultancy role for the educational psychologist in secondary schools. *Educational and Child Psychology*, *4*, 137–142.
- Brown, J. (1987). A systematic view of psychological consultation in schools. *Canadian Journal of Counseling*, *21*, 114–124.
- Campbell, J., LaClave, L., & Brack, G. (1987). Clinical depression in paediatric burn patients. *Burns*, *13*, 213–217.
- Caplan, G. (1970). *The theory and practice of mental consultation*. New York: Basic Books.
- Conoley, J., & Conoley, C. (1988). Useful theories in school-based consultation. *Remedial and Special Education*, *9*, 14–20.
- Dinkmeyer, D., & Carlson, J. (1973). *Consulting: Facilitating human potential and change processes*. Columbus, OH: Merrill.
- Dinkmeyer, D. C., Dinkmeyer, D. C., Jr., & Speery, L. (1987). *Adlerian counseling and psychotherapy* (2nd ed.). Columbus, OH: Merrill.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. Secaucus, NJ: Lyle Stuart.
- Ellis, A. (1973). *Humanistic psychotherapy: The rational-emotive approach*. New York: McGraw-Hill.
- Ferris, G. R., Fedor, D. B., Chachere, J. G., & Pandy, L. R. (1989). Myths and politics in organizational contexts. *Group & Organization Studies*, *14*, 83–103.
- Fitzgerald, T. H. (1987). The OD practitioner in the business world: Theory versus reality. *Organizational Dynamics*, *16*, 21–33.
- Fuqua, D., & Kurpius, D. (1993). Conceptual models in organizational consultation. *Journal of Counseling & Development*, *71*, 607–618.
- Gallessich, J. (1985). Toward a meta-theory of consultation. *The Counseling Psychologist*, *13*, 336–354.
- Gerstein, L. H., & Shullman, S. L. (1992). Counseling psychology and the workplace. In S. Brown & R. Lent (Eds.), *Handbook of counseling psychology* (2nd ed., pp. 581–626). New York: Wiley.
- Gilmore, T. N., & Krantz, J. (1985). Projective identification in the consulting relationship: Exploring the unconscious dimensions of a client system. *Human Relations*, *38*(12), 1159–1177.
- Gleick, J. (1987). *Chaos*. New York: Penguin Books.
- Gould, L. J. (1991). Using psychoanalytic frameworks for organizational analysis. In M. F. R. Kets de Vries and Associates (Eds.), *Organizations on the couch* (pp. 25–44). San Francisco, CA: Jossey-Bass.
- Hanna, R. (1986). Personal meaning: A conceptual framework for organizational consultation. *Consultation*, *5*, 24–40.
- Harrison, R. (1970). Choosing the depth of organizational intervention. *Journal of Applied Behavioral Science*, *6*, 181–202.
- Hawryluk, M., & Smallwood, D. (1986). Assessing and addressing consultee variables in school-based behavioral consultation. *School Psychology Review*, *15*, 519–528.
- Hirschhorn, L., & Krantz, J. (1982). Unconscious planning in a natural work group: A case study in process consultation. *Human Relations*, *35*(10), 805–844.
- Huse, E. F. (1978). Organization development. *The Personnel and Guidance Journal*, *56*, 64–67.
- Kets de Vries, M. F. R. (1991). Introduction: Exploding the myth that organizations and executives are rational. In M. F. R. Kets de Vries and Associates (Eds.), *Organizations on the couch* (pp. 1–24). San Francisco, CA: Jossey-Bass.
- Killman, R. H. (1985). A complete program for organizational success. *Consultation*, *4*, 316–330.
- Klein, M. (1975). On identification. In M. Klein (Ed.), *Envy and gratitude and other works* (pp. 1946–1963). New York: Delacorte Press/Seymour Lawrence.
- Kratochwill, T., & van Someren, K. (1984). Training behavioral consultants. *The Behavior Therapist*, *7*, 19–22.
- Kratochwill, T., & van Someren, K. (1985). Barriers to treatment success in behavioral consultation. *Journal of School Psychology*, *23*, 225–239.
- Kurpius, D. (1985). Consultation interventions. *The Counseling Psychologist*, *13*, 368–389.
- Kurpius, D., Brack, G., Brack, C., & Dunn, L. (in press). Maturation of systems consultation: Subtle issues inherent in the model. *Journal of Mental Health Counseling*.
- LaClave, L., & Brack, G. (1989). Reframing to deal with patient resistance. *American Journal of Psychotherapy*, *43*, 68–75.
- Levinson, H. (1991). Diagnosing organizations systematically. In M. F. R. Kets de Vries and Associates (Eds.), *Organizations on the couch* (pp. 45–68). San Francisco, CA: Jossey-Bass.
- Lundberg, C., & Finney, M. (1987). Emerging models of consultancy. *Consultation*, *6*, 32–42.
- Marlatt, G. A. (1985). Situational determinants of relapse and skill training interventions. In G. A. Marlatt & J. R. Gordon (Eds.), *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors* (pp. 71–127). New York: Guilford.
- McDaniel, S., Campbell, T., Wynne, L., & Weber, T. (1988). Family systems consultation. *Family Systems Medicine*, *6*, 391–403.
- Menzies Lyth, I. (1991). Changing organizations and individuals: Psychoanalytic insights for improving organizational health. In M. F. R. Kets de Vries & Associates (Eds.), *Organizations on the couch* (pp. 361–378). San Francisco, CA: Jossey-Bass.
- Merry, U., & Brown, G. (1987). *The neurotic behavior of organizations*. New York: Gestalt Institute of Cleveland Press, Gardner Press, Inc.
- Michaels, M. (1989). The chaos paradigm. *Organizational Development Journal*, *7*(2), 31–35.
- Nevis, E. (1987). *Organizational consulting*. New York: Gestalt Institute of Cleveland Press, Gardner Press, Inc.
- Peca, K. (1992, April). *Chaos theory: A scientific basis for alternative research methods in educational administration*. Paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA.
- Peters, T. (1989). *Thriving on chaos*. New York: Harper Perennial.
- Raia, A. P. (1988). The consultant as conceptual therapist. *Consultation*, *7*, 34–37.
- Redmon, W. K., Cullari, S., & Farris, H. E. (1985). An analysis of some important tasks and phases in consultation. *Journal of Community Psychology*, *13*, 375–386.
- Russell, M. (1978). Behavioral consultation: Theory and process. *The Personnel and Guidance Journal*, *56*, 346–350.
- Schein, E. (1969). *Process consultation*. Reading, MA: Addison-Wesley.

- Schroeder, M. (1991). *Fractals, chaos, power laws*. New York: Freeman.
- Shechter, R. A. (1987). Shared expertise: The working alliance in organization consultation: A psychoanalytic perspective. *Dynamic Psychotherapy*, 5, 30-46.
- Sherman, R., & Dinkmeyer, D. (1987). *Systems of family therapy: An Adlerian integration*. New York: Brunner/Mazel.
- Steele, W., & Raider, M. (1991). *Working with families in crisis: School-based intervention*. New York: The Guilford Press.
- Stroh, P. (1987). Purposeful consulting. *Organizational Dynamics*, 16, 49-67.
- Talley, J., Ball, G., & Walker, H. (1986). Theory into practice ... and back? *Consultation*, 5, 274-277.
- Tingstrom, D. H., Little, S. G., & Stewart, K. J. (1990). School consultation from a social psychological perspective: A review. *Psychology in the Schools*, 27, 41-50.
- Weisbord, M. R. (1987). Toward third-wave managing and consulting. *Organizational Dynamics*, 15, 5-24.
- West, J., & Idol, L. (1987). School consultation (part 1). *Journal of Learning Disabilities*, 20, 388-408.
- Wright, R., & Harper, S. C. (1985). The consultant as anthropologist—mapping client corporate cultures. *Consultation*, 5, 173-188.
- Wynne, L., Weber, T., & McDaniel, S. (1986). The road from family therapy to systems consultation. In L. Wynne, S. McDaniel, & T. Weber, *Systems consultation* (pp. 3-15). New York: Guilford Press.

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