



Introduction and Overview of Consultation

Introduction

Throughout my years as a counselor educator, I have lost track of how many times I have been asked by students in class, “Consultation in mental health, what does that mean?” Imagine taking the skills and techniques learned in your graduate program and applying those to helping individuals and organizations in your community, state, or even on the other side of the world! Mental health consultation brings together the knowledge and skills of traditional counseling with the ability to reach consultees in settings such as schools and small or large organizations that need students in specialized assistance. Did you know that businesses and schools of all sizes regularly use the services of consultants to help with a myriad of issues? Did you also know that consultation is a billion dollar industry (Aron, 2012)? Well, get ready for a journey through this exciting topic! We will explore the unique ways mental health consultation can serve our communities. Mental health consultation has become a vital component of training for all types of mental health professionals. Most graduate school accrediting agencies have incorporated consultation into the standards of training for counseling and other mental health graduate programs. So, whether you want to work with the small bakery downtown or your country’s largest school system (or both), mental health consultation could be a viable career option.

The goal of this book is to provide information to mental health professionals on how they can serve as consultants in some of the most popular settings in the world of work. Through numerous guided practice exercises and discussion points, this book will help you explore the challenges and rewards of being a mental health professional consultant. We support the idea that learning about consultation can best be achieved

by blending theory with practice, with the main focus on exploration via case illustrations, exercises, and discussion points. While we have focused the book on the current related standards for consultation as developed by the Council for Accreditation of Counseling & Related Educational Programs (CACREP), readers will quickly realize that this book can be used by other mental health professionals (social workers, psychologists, marriage and family) acting as consultants.

LEARNING OBJECTIVES

After reading this chapter you will

- Memorize and be able to recall the historical background of mental health consultation
- Define and be able to demonstrate the types of consultation used by consultants
- Define and be able to explain the term *consultation*
- Be familiar with the current CACREP standards for consultation

Before continuing on in this text, please take a few minutes to complete the self-assessment located in Guided Practice Exercise 1.1. No need to worry about answering “don’t know” during the pretest, the answers to the questions can be found throughout this text. Also, don’t forget to complete this self-assessment again at the end of the semester to evaluate how much your knowledge of mental health consultation has changed!

Exercise 1.1: Self-Assessment Pretest and Posttest

Part of the process in learning about consultation is evaluation of your knowledge pertaining to consultation. Below is a pretest and posttest that will help evaluate the development in knowledge about consultation. The test is designed to take place during the first meeting and then at the end of the training.

1. *Is there one definition of consultation that can be used in every setting? Explain your answer.*
2. *Explain why consultation is now a part of established standards for most mental health professionals.*
3. *Explain the difference between consultation and supervision.*
4. *Explain the difference between consultation and traditional mental health counseling.*

5. *Explain the role of the consultant.*
6. *Explain the role of the consultee.*
7. *Describe the skills needed to be an effective consultant.*
8. *Describe some of the settings in which a consultant could provide services.*
9. *Do you need to keep records and be skilled in report writing to be a consultant? Please explain your answer.*
10. *Describe the role of ethics in consultation.*
11. *Is there a code of ethics for consultants?*
12. *Describe a few of the models of consultation.*
13. *What are the stages in the consultation process?*
14. *Explain the need for consultants to have knowledge and training in issues related to diversity and multiculturalism.*
15. *Can consultants play an important role in school settings? How?*
16. *Can consultants play an important role in mental health settings? How?*
17. *Can consultants play an important role in career counseling settings? How?*
18. *Can consultant play an important role in organizational settings? How?*
19. *Describe what the term consultation in mental health means to you.*

Historical Perspectives

Consultation is a common practice and has been used since early in the 13th century (Gallessich, 1982) when physicians would request a *consult* by another physician with typically more training or experience in a certain area. The consulting physician would examine the treating physician's patient and work collaboratively to reach a diagnosis and treatment plan for the patient. The term *consultant* is used in many fields, such as finance consultant, travel consultant, wedding consultant, to name a few (Gibson & Mitchell, 2008).

Mental health consultation caught the attention of the National Institute of Mental Health (NIMH) back in the 1950s (MacLennan, 1986) and was considered to be a piece of the overall system of care in the mental health field. The area of mental health consulting picked up speed when the government passed the Mental Retardation Facilities and Community Mental Health Centers Construction Act Amendments of 1965 (Pub. L. 89-105), which provided funding to hire service providers to serve as consultants in mental health agencies. Although funding was now being provided, many professionals lacked the proper training to serve as mental health consultants (MacLennan, 1986).

In 1970, Gerald Caplan published the beginning standards of mental health consultation with his book, *The Theory and Practice of Mental Health Consultation*. In his book, Caplan created the mental health consultation model which established many of the guidelines that are used today to describe the practice of mental health consultation. Caplan began his exploration and development of mental health consultation when he worked with emotionally disturbed immigrant children in Israel. The program in Israel worked with thousands of children located in hundreds of individual residential centers throughout the country. Caplan's team was assigned to work with the residential center's *instructors* on how to deal with the difficult children at each of the centers. Caplan (1970) discovered that by shifting the focus from a specific child to the actual relationships between the children and instructor, he could change the entire approach the instructors were using with *all* of the children in the program and not just one child. So instead of traveling between programs, exhausting resources, he could work with the instructor to reach all of the children in a specific residential center. Thus, modern day mental health consultation was created.

Exercise 1.2: Consultation for Many

As described earlier, Gerald Caplan began using consultation to work with residential program staff and *indirectly*, the adolescent clients. Take a few moments and think about a situation where this type of consultation could be used in an organization. Create a scenario where the consultant goes into an organization and works with the consultee (manager/administrator) and *indirectly* affects how the consultee will work with the employees within the organization.

Caplan went on to work with Erich Lindemann at Harvard University who was working on the foundations of mental health consulting. At the time, Lindemann (1944) was also working on the creation of a crisis theory to help the survivors of the 1942 Coconut Grove Fire. Lindemann and his team helped Caplan move his philosophy and thinking away from traditional mental health counseling to more of a focus on mental health consultation and the delineation of the two schools of thought. While mental health consultation retains many aspects of traditional mental health counseling, consultation has its specific roles, definitions, and procedures that differentiate it from mental health counseling. Researchers Douglas Fuchs, Lynn Fuchs, Jeannette

Dulan, Holley Roberts and Pamela Fernstrom (1992), even stated that one of the most used and highly regarded services in schools and mental health agencies are consultation services.

Working Definition and Types of Consultation

There have been many attempts to define consultation and a definition of consultation continues to be a question generated by countless students in our programs. Chapter 2 will provide a more in-depth description of the roles and definitions of the counselor as consultant. Caplan (1970) suggested that the term of *consultation* is viewed very differently by different professionals and could be used to describe any activity performed by a specialist. DeWayne J. Kurpius and Dale R. Fuqua (1993) concluded that the definitions of consultation by professionals are very similar in nature and can be different based on consultation settings, goals of consultation, and even theoretical orientation.

Over the past 40 years, numerous professionals have created very useful definitions of consultation. As you will see below, there are similarities found within the definitions that serve as a guide when working as a consultant. Several definitions have been proposed, including the following:

- It is a process of interaction between two professional persons—the consultant, who is a specialist, and the consultee, who invokes the consultant's help in regard to a current work problem with which he is having some difficulty and which he has decided is within the other's area of specialized competence (Caplan, 1970, p.19).
- The term *consultant* is usually understood to mean someone who gives professional advice or services regarding matters in the field of that person's special knowledge when asked to do so by an agency (Cook & Buccino, 1979, p. 105).
- It means tripartite interactions in human services agencies. The consultant (a specialized professional) assists consultees (agency employees who are also professionals) with work-related concerns as the third component (Gallessich, 1982, p. 6).
- Basically, consultation is a type of service performed by counselors, psychologists, and human resource workers in which they assist another person who has responsibility for a case or program (Dougherty, 2009, p. 10).

In an effort to continue the process of defining consultation and begin the conversation for ourselves, we pose this question: Is there one definition of consultation that will work in all settings and with all populations? The answer is *not really*. We view consultation in the same scope as the authors above. Consultation can be viewed as a mental health professional (consultant) helping facilitate change in a person or organization (consultee) of an identified issue that would benefit the person, organization, or both.

While only having one definition of consultation would limit the diverse settings and diverse issues (multicultural and diversity issues will be specifically discussed and expanded on in several chapters within this text) that consultants deal with in the field,

Exercise 1.3: Definition of Consultation

Directions: Some of the most popular and widely used definitions have been provided in this chapter. Now it's your turn.

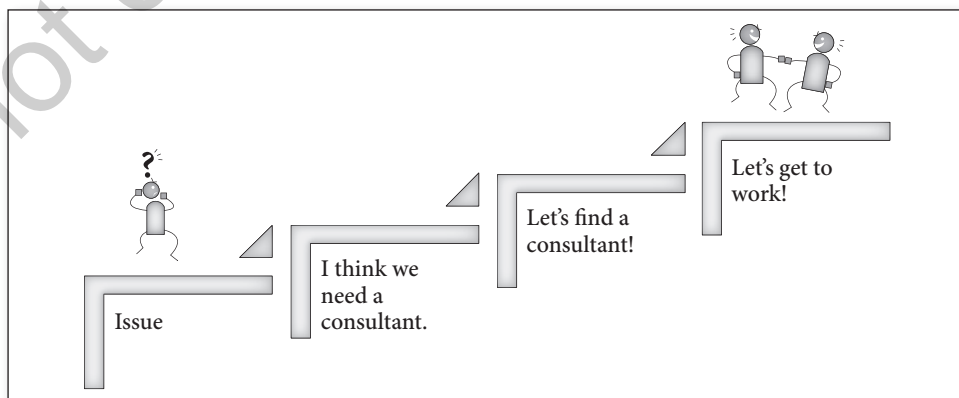
1. *Either individually or in groups, create your own definition of consulting.*

2. *Was your definition different from the ones in this chapter? How?*

3. *Was your definition different or similar to those in your class? Explain.*

there is some common ground in consultation. Below are a few of the common beginning steps in consultation with a case illustration, with Case Illustration 1.1 and Figure 1.1 as tools to help understand the process. Expanded discussion of the stages of consultation is found in Chapter 4.

Figure 1.1 Beginning Steps in the Consultation Process



1. *The consultee sees an issue that needs to be addressed.* We don't like to use the term *problem*, due to the inherent nature of the term and the "issue" may be one of increasing the effectiveness or reach of an already successful program.

2. *The consultee decides that a professional with expertise in examining and assisting in resolution of issues related to specific settings is needed.* The consultee decides that change needs to happen and that having a "fresh and knowledgeable perspective" may enable this change to occur. This fresh perspective will require the assistance of someone with specific training in consultation.

3. *The consultee seeks out an individual to serve as consultant.* There continues to be discussion on whether the consultant should be internal or external of the setting. Our recommendation—get the best person for the job. A professional consultant will be able to maintain objectivity throughout the process or will recuse herself or himself if needed.

4. *The consultee and consultant enter into a professional working relationship in order to address an issue.* Issues such as length of consultation, payment of consultation services, termination of services, and limitations and boundaries of consultation will be discussed and confirmed at this point. Also, remember that the consultee does NOT have to accept or incorporate the recommendations of the consultant. The consultant is only there to provide the consultee with recommendations and assist the consultee as requested. As you can see, first and foremost, issues in the consultation relationship are consultee specific and focused. As in traditional counseling, the focus has shifted to client-driven services and away from the old pathological view of services.

Case 1.1: Beginning Steps

Step 1: *The consultee sees an issue that needs to be addressed.*

Denver works as a licensed social worker in a community mental health center. Over the past several months, he has noticed a marked increase in the amount of requests for couples counseling. Currently, the center does not offer couples counseling but wants to be proactive in meeting the needs of their clients. Denver has been assigned the task of determining if establishing an ongoing couple's counseling group would be beneficial to their clients but also fit into the financial structure.

Step 2: *The consultee decides that a professional with expertise in examining and assisting in resolution of issues related to specific settings is needed.*

Denver quickly realizes that stretching the center's budget and adding more responsibilities on to the current staff needs to be a well-thought-out decision. Denver wants to make this decision based on more than anecdotal data and have a well-developed plan to present to the center's board members.

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Step 3: *The consultee seeks out an individual to serve as consultant.*

Denver remembers talking to a professional mental health consultant at the state counseling association's annual conference and had actually kept her contact information, *just in case* a situation like the current one presents itself at his agency. Denver knew that she had expertise in analyzing current trends in community agency programs and also some grant writing experience. Denver requests permission from his board to contact the consultant to inquire about services.

Step 4: *The consultee and consultant enter into a professional working relationship in order to address issue.*

Denver contacts the professional consultant, Jean, who is very interested in helping and states that she has helped other agencies with the same dilemma of growing their programs. Jean provides Denver with all of the specifics about the role of consultation and establishes the fees for service. Denver takes this information to the board members who agree to the fees and also the consultation services. Denver and Jean enter into a professional consultant–consultee relationship that will include the agency and the possible programs needing to address the issues of the clients in the community.

Types of Consultation

Mental health consultation is not just a one-size-fits-all theory that can be applied to all settings and situations. Within consultation, there are different types of consultation that the consultants may find themselves in when providing consultation. The classic discussion surrounding types of consultation is provided by Caplan's 1970 categorization of consultation types (see Chapter 8 for a more detailed description of Caplan's types). Other types of consultation are described in several other chapters in this text. Caplan described the types of consultation in the following ways:

- *Client-Centered Case Consultation*

As the name implies, the goal of consultation services is to provide services to a specific client. Caplan (1970) stated, "the primary goal of the consultation is for the consultant to communicate to the consultee how this client can be helped" (p. 32). An example could be when a group-home staff member requests help from the agency counselor in dealing with a client's anger outbursts at the group home.

- *Consultee-Centered Case Consultation*

In this type, the consultant actually facilitates growth in the consultee to learn and use new skills so that the consultee can improve personal work with a specific group of clients. Caplan (1970) states "the aim of this type of consultation is frankly

to educate the consultee” (p. 33). For example, a manager at a local company wants to learn to improve personal communication skills to be a more effective manager when dealing with employee’s needs during the work day.

- *Program-Centered Administrative Consultation*

In program-centered consultation, the consultant helps a program’s administration in program development. The consultant could also assist in making changes to an already existing program to enhance the effectiveness of the program. Caplan (1970) suggested that the consultant could provide long- and short-term options that the administration could use to address the needs of the program.

- *Consultee-Centered Administrative Consultation*

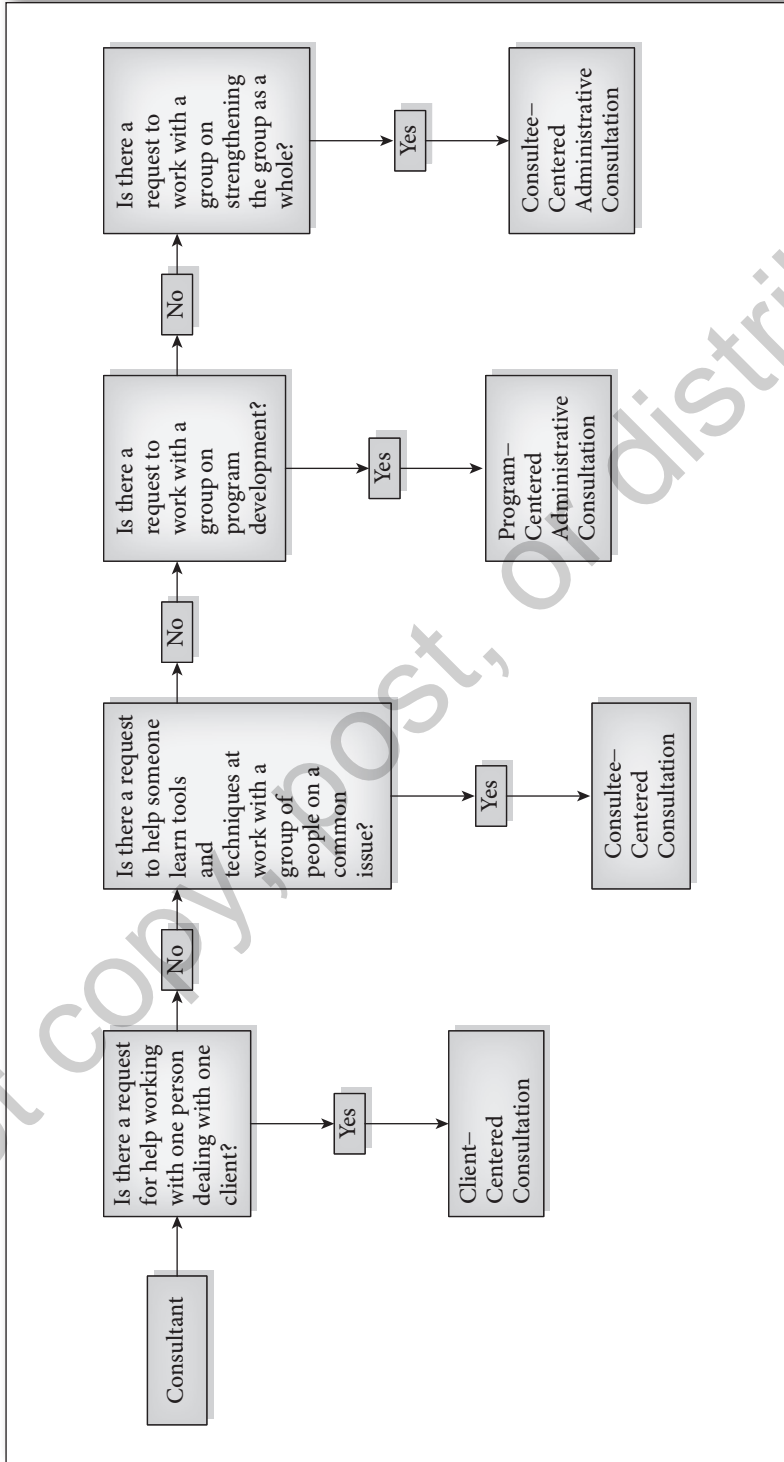
In this final type, the consultant works directly with the consultees to help them with their issues of working together to make the organization successful. Many times, organizations will have leaders that struggle to come together for the good of the organization, resulting in lowered organization effectiveness (i.e., lower earnings, loss of positive public perception, inability to meet the demands of the consumer). The consultant will work with the consultees on their communication with others, improving leadership characteristics, and overall group dynamics.

Figure 1.2 provides a useful decision tree based on Caplan’s (1970) types of consultation. A consultant could follow the *consultation triage* in selecting what type of consultation may be needed in working with a consultee (person or group). As with any consultation process, recycling through the decision-making process may be needed as changes arise in the providing of consultation services. The case exercises (see Exercise 1.1) will help you in your decision-making process on selecting the type of consultation needed for a specific situation.

Advantages of Mental Health Consultation

With the growing need for mental health services and the dwindling amount of resources to provide these services, mental health consultation can serve as one of the options to reach a high number of clients while maintaining costs for the agency or school. Mental health consultants can train professionals in ways to handle crisis situations, provide professionals with information about local resources, and help consultees develop effective programs in their communities. Elizabeth L. Teed and John A. Scileppi (2007) remind us that consultants can work with teachers, police officers, nurses, organization managers, and other “front-line” individuals who then go and work with an even larger number of clients on a daily basis. Consultation services can be a short-term, flexible, and very strong option to meeting the needs of clients in the schools and local communities (Reddy, Barboza-Whitehead, Files, & Rubel, 2000). There is also the growing field of *coaching* or *executive coaching* that has its roots in consultation. Chapters 8, 10, and 11 will provide more information about this growing field. Carolyn F. Swift and Saul Cooper (1986) contend that consultation can take place

Figure 1.2 Consultation Triage. Based on Caplan's (1970) types of consultation.



Exercise 1.4: Consultation Types

Directions: Provided are five examples of the need for consultation. Using Caplan's 1970 Types of Consultation, determine which type is described for each scenario. List the type below each scenario and your reasons for selecting the specific type.

Scenario 1

The staff at East Middle School started an antidrug afterschool program for kids with behavioral issues who may be experimenting with drugs. At first, they had a great turnout because the most popular teacher was leading it, but with the start of a new year and the departure of this teacher, the attendance numbers have dwindled. So the staff administration seeks the help of a consultant who can offer ideas as to how to build the numbers again. The consultant suggests that the program be offered during a study hall period, a time when kids are anxious to do anything but study.

Which type of consultation does this describe and why?

Answer: Program-centered administrative consultation

Scenario 2

Jenny, a group addictions counseling facilitator, is struggling to get her client, Bob, to speak in the group counseling sessions. Participation is required, and if Bob continues to be silent in the group, his therapy will have to be terminated and he will be put back on parole. So, Jenny seeks the help of a consultant who is knowledgeable about addictions counseling for advice on how to reach this client before he is banned from the group.

Which type of consultation does this describe and why?

Answer: Client-centered case consultation

Scenario 3

The employees at a local news station are struggling to meet the daily quota of current stories to be reported by deadline, a demand that's been routine for years. So the news station's people contact a consultant to come into the office and figure out what is affecting the group production. The consultant learns that there has been a change in staffing. The new leadership has led to micromanaging of every position to the point that workers are asked to triple check their work, ultimately leading to less efficiency

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overall. The employees are given the chance to express their frustration with the leadership and a new strategy is developed with the input of the workers and the manager that leads to positive motivation, efficient self-monitoring and cross-checking, and quicker results.

Which type of consultation does this describe and why?

Answer: Consultee-centered administrative consultation

Scenario 4

Nick is the director of an insurance company. He has the opportunity to earn a major bonus if the company can increase their clientele numbers by 5%. He is struggling to get his employees to work harder and finds them complaining about him, calling him "nagging" and "a tyrant." A few workers have even threatened to quit. So Nick contacts a consultant to help him learn how to instill positive motivation in his workers. Together, they create a plan that has an appealing incentive for everyone involved if the goal is met, all the while making it easier to encourage everyone to join him in putting in the extra effort.

Which type of consultation does this describe and why?

Answer: Consultee-centered case consultation

Scenario 5

The most frequented movie theatre in town has suffered a major loss in ticket sales over the past four months. Manager Nelson believes many people are opting to save money and rent movies, but he wonders if there is something about the theatre that is repelling people. So manager Nelson contacts a consultant to make an inspection of the theatre and its management to see what positive changes can be made to attract more movie goers. The consultant takes a week to inspect the theatre and talk with the employees and learns that the bathrooms have been neglected for daily cleaning based on an oversight in employee scheduling. Also, after doing some research, the consultant explains that compared to other theaters in the town, this theatre charges a dollar more for night movies and doesn't offer a student discount.

Which type of consultation does this describe and why?

Answer: Consultee-centered administrative consultation

in numerous settings, including businesses, government agencies, schools, mental health agencies, and hospitals. We also know that mental health consultation can now occur in almost any setting.

Exercise 1.5: Where Would You Like to Work?

The text briefly highlighted several settings where consulting can take place. Think about several settings that may interest you and your work as a consultant.

Directions: Write down a couple of settings that you would like to work in as a consultant. Also write down why you think you would like to work in these settings. Finally, write down if you would need any specific training to work in these settings.

1. *Consultation settings:* _____

2. *Why you like these settings:* _____

3. *Any special training for this setting?* _____

Organizations will seek consultation services for anything related to the organization. All consultants (including mental health consultants) need to only practice consultation in areas where they have expertise or special training. Larry Greiner and Ilse Ennsfellner (2011) remind us that, unfortunately, many consultants have had to learn to be consultants by on-the-job training during actual consulting activities. If you are using this text in your graduate training, then your program is cognizant of the necessity for mental health professionals to have training in consultation skills. A quick examination via the World Wide Web reveals that there are very few (if any) professional associations for consultants and even fewer for mental health consultants. As the number of mental health consultants continues to increase, there will need to be professional associations that maintain training and standards for their members to provide a level of protection and comfort for consultees.

Consultation has continued to change and become more setting specific, which we will discuss in the subsequent chapters. Specifically in Chapters 5 and 6, we will discuss some of the newer and relevant models of consultation. Our discussion on the brief solution-focused model of consultation will be relevant in this age of insurance-driven therapy (*consultation can be a billable service*) and insurance companies' desire for a

speedy solution. Consultants can work with general practitioners and other primary care providers in educating them on recognizing and referring patients with a mental illness to mental health professionals (Teed & Scileppi, 2007).

Effectiveness of Consultation

As with any treatment modality, the ability to examine the effectiveness of the modality is essential. The growing body of research into the effectiveness of consultation continues to provide promising results indicating the strength and usability of consultation. Reddy et al. (2000) conducted a meta-analysis of child and adolescent consultations from 1986 to 1997. The results indicated positive effects on both the clients and consultees. Gordon Gibson and Kathleen M. Chard (1994) reviewed 1,643 consultation outcomes, which revealed a moderate overall effect. The study also mentioned that, even back in 1994, there was enough empirical support for the use of consultation intervention services. Research by Karol M. Wasylyshyn (2003) and Erik de Haan, Anna Duckworth, David Birch, Philippa Hardman, and Claire Jones (2013) supported executive coaching as an effective treatment modality that falls within the consultation framework. Further research into consultation will continue to provide evidence to mental health professionals about the effectiveness of consultation services in various settings.

CACREP Standards

Counselor education programs across the country are encouraged to establish and maintain a set of standards that provides consistency and accountability in their programs. The Council for Accreditation of Counseling & Related Educational Programs (CACREP) was founded in 1981 to serve as a national accrediting organization for counselor and related education programs. As an independent agency and a member of the Council on Postsecondary Accreditation, CACREP accredits master's level programs in addiction, career, clinical mental health, marriage, couple and family, school and student affairs, and college counseling programs. They also accredit doctoral programs in counselor education and supervision (CACREP, 2012).

CACREP acknowledges the important role counselors can play as consultants in many different areas. Included on the inside of the front cover of this book is a detailed listing of the relevant CACREP standards and where they are located in the text. As you will see, CACREP views learning about and incorporating consultation skills on the same level as learning about basic and advanced counseling techniques. CACREP includes components of learning and using consultation in clinical mental health settings and school settings. Consultation is also identified within these fields and also career, addictions, student affairs, and college counseling.

Not only does CACREP (2009) see the importance of consultation, the majority of other mental health accrediting bodies, including the Council on Rehabilitation

Education (CORE, 2010), the National Association of Social Workers (2008), American Association for Marriage and Family Therapy (2012), and the American Psychological Association (APA, 2009), view consultation as a critical technique and tool for their mental health professional members. Support for mental health professionals working as consultants is now commonplace and widely accepted as a role of many mental health professionals.

Multicultural Considerations

A part of this textbook that you may find beneficial is a focus on multicultural considerations. We have tried to include a discussion of multicultural issues and considerations in each chapter and how diversity is an integral part of the consultation process. Consultants will need to be aware of the continued change in the U.S. workforce and how these shifting demographics will impact the agencies, schools, and organizations they work with as consultants. The U.S. Census Bureau (2012) reports that the next 50 years will be a turning point in racial makeup with no one group holding an overall majority over other groups. Minorities (those not in the non-Hispanic White population) will be over 50% of the population by 2060. Patricia Romney (2008) summarized that organizations are very different than there were 50 to 100 years ago with significant changes in diversity and cultural dynamics. Both Romney (2008) and Derald Wing Sue (2008) support the need for consultants to be very cognizant of the issues related around social justice and respecting employees from different backgrounds and cultures. Consultants are no different from mental health professionals in their need and requirement to continue to seek knowledge and understanding of diversity and its effects on people and organizations.

Chapter Keystones

- Mental health consultation is a growing field with various setting options.
- Defining consultation usually involves the consultant assisting the consultee by providing expertise in the area of concern.
- Graduate program accrediting agencies have endorsed consultation as one of the practice standards for training in mental health.

Web-Based and Literature-Based Resources

Websites

Council for Accreditation of Counseling and Related Educational Programs (CACREP): <http://www.cacrep.org>

American Counseling Association (ACA): <http://www.counseling.org>

American Association for Marriage and Family Therapy: <http://www.aamft.org>

American Psychological Association: <http://www.apa.org>
 National Association of Social Workers: <http://www.socialworkers.org>
 Council on Rehabilitation Education: www.core-rehab.org
 Mental Retardation Facilities and Community Mental Health Centers Construction Act Amendments of 1965
 (Pub. L. 89-105): http://www.law.cornell.edu/topn/mental_retardation_facilities_and_community_mental_health_centers_construction_act_amendments_of_1965
 National Institute of Mental Health: www.nimh.nih.gov

References

- American Association for Marriage and Family Therapy. (2012). *Revised AAMFT code of ethics*. Retrieved from http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx
- American Psychological Association. (2009). *Guidelines and principles for accreditation of programs in professional psychology*. Retrieved from <http://www.apa.org/ed/accreditation/about/policies/guiding-principles.pdf>
- Aron, L. (2012). Psychoanalysis in the workplace: An introduction. *Psychoanalytic Dialogues*, 22, 511–516. doi:10.1080/10481885.2012.717041
- Caplan, G. (1970). *The theory and practice of mental health consultation*. New York, NY: Basic Books.
- Cook, T. D., & Buccino, A. (1979). The social scientist as a provider of consulting services to the federal government. In J. Platt & R. Wicks, *The psychological consultant* (p. 104). New York, NY: Grune & Stratton.
- Council for Accreditation of Counseling & Related Educational Programs. (2009). *CACREP 2009 standards*. Retrieved from <http://www.cacrep.org/doc/2009%20Standards%20with%20cover.pdf>
- Council for Accreditation of Counseling & Related Educational Programs. (2012). *About CACREP*. Retrieved from www.cacrep.org
- Council on Rehabilitation Education. (2010). *Accreditation manual for masters level rehabilitation counselor education programs*. Retrieved from <http://www.core-rehab.org/Files/Doc/PDF/OREStandardsPrograms.pdf>
- de Haan, E., Duckworth, A., Birch, D., Hardman, P., & Jones, C. (2013). Executive coaching outcome research: The contribution of common factors such as relationship, personality match, and self-efficacy. *Consulting Psychology Journal: Practice and Research*. Advance online publication. doi:10.1037/a0031635
- Dougherty, M. A. (2009). *Psychological consultation and collaboration in school and community settings* (5th ed.). Belmont, CA: Brooks/Cole.
- Fuchs, D., Fuchs, L. S., Dulan, J., Roberts, H., & Fernstrom, P. (1992). Where is the research on consultation effectiveness? *Journal of Educational & Psychological Consultation*, 3(2), pp. 151–174.
- Fuchs, D., Fuchs, L. S., Hamlett, C. L., & Ferguson, C. (1992). Effects of expert system consultation within curriculum-based measurement, using a reading maze task. *Exceptional Children*, 58, 436–450.
- Gallessich, J. (1982). *The profession and practice of consultation: A handbook for consultants, trainers of consultants, and consumers of consultation services*. San Francisco, CA: Jossey-Bass.
- Gibson, G., & Chard, K. M. (1994). Quantifying the effects of community mental health consultation interventions. *Consulting Psychology Journal: Practice and Research*, 46(4), 13–25. doi:10.1037/1061-4087.46.4.13
- Gibson, R. L., & Mitchell, M. (2008). *Introduction to counseling and guidance* (7th ed.). Upper Saddle River, NJ: Pearson.
- Greiner, L., & Ennsfellner, I. (2011). *Management consultants as professionals, or are they?* (CEO Publication T 08-10 [546]). Los Angeles, CA: Center for Effective Organizations. Retrieved from http://ceo.usc.edu/pdf/t08_10.pdf
- Kurpius, D. J., & Fuqua, D. R. (1993). Fundamental issues in defining consultation. *Journal of Counseling & Development*, 71, 598–600.

- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148.
- MacLennan, B. W. (1986). The organization and delivery of mental health consultation in changing times. In F. Mannino, E. Trickett, M. Shore, M. Kidder, & G. Levin, *Handbook of mental health consultation* (pp. 247–278). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Mental Health.
- National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Reddy, L. A., Barboza-Whitehead, S., Files, T., & Rubel, E. (2000). Clinical focus of consultation outcome research with children and adolescents. *Special Services in the Schools*, 16(1/2), 1–22. doi:10.1300/J008v16n01_01
- Romney, P. (2008). Consulting for diversity and social justice: Challenges and rewards. *Consulting Psychology Journal: Practice And Research*, 60(2), 139–156. doi:10.1037/0736-9735.60.2.139
- Sue, D. W. (2008). Multicultural organizational consultation: A social justice perspective. *Consulting Psychology Journal: Practice and Research*, 60, 157–169.
- Swift, C. F., & Cooper, S. (1986). Settings, consultees, and clients. In F. Mannino, E. Trickett, M. Shore, M. Kidder, & G. Levin, *Handbook of mental health consultation* (pp. 247–278). Rockville, MD: U.S. Department of Health and Human Services, National Institute of Mental Health.
- Teed, E. L., & Scileppi, J. A. (2007). *The community mental health system: A navigational guide for providers*. Boston, MA: Allyn & Bacon.
- U.S. Census Bureau. (2012). *U.S. Census Bureau projections show a slower growing, older, more diverse nation a half century from now*. (Report No. CB12-243). Washington, DC: U.S. Government Printing Office.
- Wasylyshyn, K. M. (2003). Executive coaching: An outcome study. *Consulting Psychology Journal: Practice and Research*, 55, 94–106. doi:10.1037/1061-4087.55.2.94