The Consulting Process: A Multidimensional Approach

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The consulting process seems to work similarly regardless of whether the consultant is internal or external or is doing individual or group consultation. Some differences may occur depending on whether the consultant is a process helper or content helper, although good content-focused consultants often possess excellent process skills and use them as a regular part of the consulting process. Several consultation processes were reviewed, and from this a six-step approach is presented.

Although it is true that consultants need to have a clear conceptual and operational picture of their definition of consultation and they need to understand how the operational models they choose help to facilitate their effectiveness as consultants, experiencing and understanding the process steps of being a consultant is where it all comes together. Few consultants will succeed without high-quality process skills. Knowing if the problem is clearly defined and owned, knowing when to confront or just listen, understanding the dynamics of resistance or recognizing excessive dependency, and being a good relationship builder are just a few of the competencies needed to be an effective consultant.

The following are six steps or stages of consultation that commonly occur in any consultation practice whether it is short-term individual or long-term organization-wide consultation. The six steps are (a) preentry; (b) entry, problem exploration, and contracting; (c) information gathering, problem confirmation, and goal setting; (d) solution searching and intervention selection; (e) evaluation; and (f) termination. The six steps are presented in sequential form, and in general, each step precedes the next. There are times, however, when considerable recycling may occur between any one of the steps, especially between entry and contracting or after evaluation.

PREENTRY

Preentry is included as part of the consultation process to underscore the significance for consultants to regularly engage in self-assessment to ensure that they are the right person for a particular situation. A consultant can often be misperceived as one who possesses unusual insights, knowledge, and skills to define and solve a particular problem for someone else. True, consultants do have special knowledge and skills and sometimes even special insights, but rarely can a consultant single-handedly define and solve another person’s problem. Therefore, in preentry the focus is on the consultant. It is a preliminary stage when the consultant forms a conceptual foundation to work from and through the process of self-assessment and is able to articulate to self and others who he or she is and the services he or she can provide. Without this preliminary step, it is possible to both underestimate and overestimate one’s potential to be helpful. Such self-assessment may also help to prevent the consultant from viewing most consultee needs and problems as fitting the consultant’s favorite paradigm and interventions for helping.

In this self-assessment and reflective process, consultants should understand their beliefs and values, understanding how individuals, families, programs, organizations, or systems cause, solve, or avoid problems. To accomplish the self-assessment process, a wide range of questions is offered to facilitate the task:

As a consultant, how do you view humans? Are you more attracted to some than others? How do you listen and respond to leaders at the top of the organization as compared with workers at the bottom? What do you think and feel when consultees disagree with you and confront you or your ideas? What about your espoused theories versus your theories-in-use?

Senge (1990) and Argyris (1991) have found that the issue of theories is a major problem, because consultants and consultees often espouse theories that they claim to follow, whereas these theories could not actually be observed from their actions.

Another question might be “What about your competencies?” All ethical guidelines such as those set by the American Association for Counseling and Development (1988), now the American Counseling Association, and the American Psychological Association (1992) state that helpers should provide only those services for which they are qualified. As Robinson and Gross (1985) and Newman and Robinson (1991) pointed out, some consultants do not understand that special training and supervision are needed before one can become a consultant.

At the preentry stage it is essential for consultants to conceptualize the meaning and operation of consultation to themselves and to be ready to do the same with their consultees or consultee system. To ensure a clearer conceptual understanding, the following questions are often helpful:

What models, processes, theories, and paradigms do you draw on to conceptualize your mode for helping? How do you define consultation to the consultee and consultee system? Do you see it as triadic (consultant, consultee, client) or dyadic (consultant and client)? When is visioning, looking into the future, and planning a better intervention than cause-and-effect problem solving? What about acting as a judge and evaluator of your consultees?

As is easily recognizable, preentry focuses on the consultant and represents a critical aspect of the consultant’s responsibility to understand one’s personal beliefs and conceptual framework for doing consultation. Without a firm conceptual understanding, a consultant is apt to offer an inappropriate intervention that will cause, at a minimum, disorder and frustration for everyone.

Fortunately, preentry is a changing process. As the consultant grows and develops from experience and training, his or her competencies for helping are also growing and developing. Therefore, it is ideal to work with a colleague whenever possible as a way to receive objective feedback, to discuss events, and to learn from each other.

ENTRY, PROBLEM EXPLORATION, AND CONTRACTING

Entry is a term peculiar to consulting, but aptly describes what happens at the initial point of contact with the consultee, as well as the actions that lead up to problem exploration and, subsequently, to deciding if a
contract is feasible. It is the beginning of the consultant’s interaction with the consultee or consultee system together with problem exploration and contracting that is critical to the future success of the consulting process. Initial contact can happen in a variety of ways. Internal consultants have a wide range of potential initial contacts from bumping into a consultee in the hallway to receiving a telephone call, arranging a formal appointment, or receiving a memorandum. External consultant contact is often more formal and occurs most often by telephone or letter. Regardless of the initial contact or level of acquaintance, it is important for the consultant to articulate the principles and elements needing exploration and discussion prior to the consideration of a contract.

Consultees almost always have a presenting problem to discuss for which they may have already tried numerous resolutions. Therefore, one of the first questions by the consultant is “How can I be helpful?” Some will immediately offer a problem and a proposed solution. For example, “We have conflict in our group, and we want you to engage us in team building.” That is when a consultant’s prentry understanding and definitions kick in. Mentally and conceptually a consultant thinks about several things at the same time. It is usually appropriate for the consultant to describe briefly his or her conceptualization of consultation and how he or she would like to proceed during this initial contacting; entry, however, often requires considerable inquiry into the presenting problem. Questions and statements such as the following are often helpful to facilitate the movement toward a successful consultation. (It is important to note, however, that as a consultant you will probably not ask the questions as formally as proposed here or necessarily in the same order.)

Is this a good time to talk, or should we set up an appointment? Tell me briefly about your situation. How do you know this is a problem? How did you reach this conclusion? Who is the client in this problem? How long has it been going on? When did it happen last? Who else is involved? What have you already tried? Why do you think your interventions have failed? How will things be different when the problem is solved? What will happen if the problem is not solved? How will you know if the problem is solved? How did you happen to call me? Have you used outside help in the past? If yes, how would you describe that experience? How long will it take to reach the level of satisfaction you are looking for? What resources do you view as necessary to solve the problem (i.e., time for consultees to work on the project, knowledge and skills needed by consultees to solve the problem, comfortable working space for consultation sessions, budget to support the project)? When would you like to begin and finish the project? Will I be contracting with you?

3. Decline—things are getting worse, and consultees recognize that they cannot solve the problem. The consultee may want a quick fix and have high expectations placed on the consultant. There is often disagreement among consultee members regarding the need for help.

4. Crisis—consultee or consultee system is needing help badly and quickly, obviously desperate. The consultant may look for dependency first, but it is important that consultees understand that their situation and the investment needs to return to a stable state. Consultant shouldn’t overinvest in something that is past the point of return.

Knowing in which stage the problem manifests itself and the level of help needed can provide considerable insight for the consultant and the consultee in the establishment of a reasonable contract. Although it is most common for help to be requested during the decline stage, it is important to help the consultees recognize that it is not too late to try to resolve the problem. Because each stage is so unique, it is helpful to determine the stage of the problem and to clarify the factors operating at that stage. Through this review process, it is often discovered that the problem was recognized earlier, but at that time it was not possible to reach an agreement on what actions to take until the problem became more serious. As individuals and groups rely on consultants, however, they find that the stages of change are helpful and as a result are likely to ask for help earlier the next time they begin to identify a problem. This is especially true of situations where internal consultants are available.

Another aspect of both entry and contracting for the consultant to consider is understanding the forces for and against change and the degree of openness and readiness for change within the system in which the problem exists. Figure 1 explains the issue of system openness and readiness based on four groupings (Cells 1–4).

For Cell 1 the system is closed, and the internal forces seem to be balanced for and against change. Usually, this spells trouble with little or no opportunity for change to occur. Cell 2 has potential because the members describe a system that realizes that change is needed even though at the moment the forces for and against change seem to be balanced, suggesting hope but slow movement. For Cell 3 it is important to note that often the forces for change are external to the members who would prefer not to change, but the system is requiring change. With this combination it is easy to see why conflict is likely. Sometimes a paradigm shift toward the system’s paradigm is needed by the members before progress can be made. Cell 4 is ideal; all want to improve but need help to reach the goal.

**TWO MODELS TO ASSIST CONTRACTING**

Although the previous questions aid the entry process, the two models that follow are also helpful in gaining a better understanding of the problem and the culture surrounding the problem. The first deals with cycles of change, and the second deals with forces for change. Asking the consultee to describe the problem stage will help the consultant to formulate and ask better questions about the need for help. The four stages of change to be aware of at entry are (a) development, (b) maintenance, (c) decline, and (d) crisis, defined as follows:

1. Development—one is needing help at an early stage of a new problem or program. Early intervention of a consultant shows signs of consultee insightfulness and openness.

2. Maintenance—things are becoming stagnant and falling behind, needing help to improve. This shows signs of consultee desire and motivation to improve.

<table>
<thead>
<tr>
<th>System is Closed to Change</th>
<th>System is Open to Change</th>
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<tr>
<td><strong>Equilibrium</strong></td>
<td><strong>Dis-equilibrium</strong></td>
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<tr>
<td>1. Do Not Accept Contract - Little Chance For Helping</td>
<td>2. Accept Contract But Inform Members That Change May Be Slower</td>
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<tr>
<td>3. Accept Contract But Expect High Conflict And Slow Change</td>
<td>4. Best Chance For Successful Helping</td>
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FIGURE 1

System Openness & Balance of Forces
The two models are easy to use and can provide additional, and sometimes critical, information for deciding on the type of contract or the feasibility of a contract. Both consultant and consultee can profit greatly from knowing where the problem exists in the change cycle and knowing the degree of system readiness for change.

THE CONTRACTING PROCESS

Should a planning and contracting meeting be scheduled? If a planning meeting is necessary to clarify consultee needs and expectations, and it usually is, agreement with the consultee should be reached on the following: purpose of the meeting; agenda for the meeting; membership at the meeting; outcomes expected for the meeting; chairperson for the meeting; length, time and place of meeting; materials needed by consultant and consultee for the meeting; and costs for the meeting, if any. Recording or note taking at a meeting and information about who will receive copies of the meeting notes are also important to clarify in advance.

What about setting fees? Internal consultants are usually more time conscious than fee conscious; however, for the external consultant, suggesting a fee schedule to the consultee can present a problem if he or she wants a response early in the first contact. If the question comes up early, I like to say, ‘My fee schedule ranges from ‘no charge’ to ‘X’ (state a fee here) depending on the situation. Let’s talk a little more and then discuss fees.’ As the inquiring process continues, it will become more clear if this is a short-term project of a few hours or a day or an extended project contract. In any case, the consultant should be ready to describe a fee schedule. Internal consultants should also be specific about the resources needed to complete the contract. Common issues are time, space, materials, and priorities and who should be involved. Also vital to the success of the consultation, although less concrete at the outset, is the establishment of trust among the consultant, consultee, and consultee system. According to Weiszbord (1990), trusting each other becomes the most essential aspect of the psychological contract, although interpersonal trust alone is not enough to ensure success.

Different operational models of consultation also help to clarify the contract? As indicated under Modes of Consultation in the preceding article (this special issue), “Fundamental Issues in Defining Consultation,” it is not uncommon for the consultant to conceptually draw on certain modes or models of consultation as a resource for clarifying entry and contracting. For example, consultees may implicitly or explicitly state that they want the consultant to do the following: “Solve the problem for us?” (the expert model); “Tell us how to solve the problem” (the prescriptive model); or, “We don’t know exactly what we need but we know we need help.” (Because it is too early to know what model may be most helpful, you would need to start with the collaboration model. See pages 607–618 [this special issue] for more definition on models.)

How are individual, department, or organization contracts different? Individual contracts such as that a school counselor would have with a classroom teacher or a mental health worker would have with a clinician are different from contracting with a school corporation, mental health center, or a large department within a larger organization. Individual contracts are less likely to be formally written contracts, although some form of written agreement should be developed for every contract even if it is just a brief memo. In general, any work done outside of individual consultation should have a written agreement framing the contract so that all parties know the purpose, objectives, ground rules, expectations, resources needed, and time lines. If an organization-wide contract is developed, probably a consulting team will be necessary to develop and carry out the contract. Usually these contracts require two phases with Phase 1 focusing on the assessment and problem definition and Phase 2 addressing the interventions to be implemented and evaluated.

INFORMATION GATHERING, PROBLEM CONFIRMATION, AND GOAL SETTING

Considerable data are often required when developing a written contract. Regardless of when the data-gathering process occurs or what data are gathered, it is essential that good data are used to define the problem and to determine the selection of an intervention(s) for solving the problem. The literature is clear that one of the best predictors of a successful consultation outcome is to have an accurate problem definition that both the consultant and consultee agree on (Bergan & Tombari, 1976; Fuqua & Gibson, 1980; Kratochwill & Bergan, 1990).

The traditional statement about good data is that they should be valid and reliable. In consultation this usually requires both qualitative data (participant observation and in-depth interviewing) and quantitative data (things that can be measured or counted). That is, are we measuring what we say we are measuring (valid data), and are we measuring it accurately and consistently (reliable data)? Essentially, we want the data that we gather to be useful and dependable. According to Gay (1987), both qualities are indispensable within the context of the data-gathering process. So often in consultation we rely on consensus to determine if our data are valid and reliable. To do this we must remember to reach consensus with all who will be affected by the interpretation and usage of the data. Ultimately, the quality of the consultation will be no more successful than is the quality of the information used to define the problem and determine the outcome.

Usually the consultant and consultee share the responsibility of gathering, analyzing, and synthesizing the data. The consultant should not rush this process, making sure to involve the right people in the interpretation of the data. Without an accurate understanding of the data, even good data are of little value. Often the consultant will need to be active in helping consultees to understand the meaning of the data. Unintentional misinterpretations (as well as intentional biases) are powerful barriers to the future success of a project. Sometimes it is necessary to gather data using two different procedures to assess accuracy (e.g., selecting a representative random sample of questionnaire respondents, some of whom will also be interviewed, or assembling interview data into a format that can be developed into a questionnaire for broader sampling). If time allows, small groups can also help with either generating new data or confirming data that have already been gathered.

Once the problem is defined, the next important step is to reach agreement on ownership of the problem. At this point it is often helpful to describe attribution theory as an aid to clarify problem ownership. One of the findings in the attribution theory research is referred to as “errors in attribution” or to whom do we attribute the problem cause and who is responsible for the problem solution? One general finding is that (as humans) we tend to attribute our personal problems as being caused by “the system,” but we view problems that others have to be caused by “the person” (Brickman et al., 1982). Following the error in attribution concept, it is easy to see how problem ownership can be ignored and disowned by all who are involved. For example, in a school situation, if the teacher attributes the problem and solution to the student and the student attributes the problem and solution to the teacher, it is unlikely that the counselor-consultant's help will be effective, because no one claims ownership of the problem or solution.

Information usage forms the foundation for any consultation and is an ongoing part of the total consultation process. Once it has been decided what information will be gathered, from whom and by whom,
and after procedures for data collection have been decided, one needs to explicate how the data will be analyzed, synthesized, interpreted, and used and decide who will use them. A few common errors are to gather more data than are used, to gather data that are used by too few, or not to gather data at critical points after the initial consultation data have been collected. Here are some check points to follow:

How confidential are the data? Do forms of defensiveness confuse the meaning of confidentiality? Will the data harm anyone or be used to punish someone? Who definitely needs to see all the data? Who will present and interpret the data? Does the consultant need a liaison person for this purpose? What does the consultant do with information that no one wants to own? What if the client wants to withhold certain data from selected others? Where are the data filed and for how long? What does the consultant do with unexpected findings that may cause embarrassment, denial, or defensiveness?

All of these questions and others are important to the success of most consultation projects. Many of these types of questions, however, are often skipped over and are seldom asked. Consultants need to be sure to reflect on each question and decide how to proceed with the total data base for the consultation from preentry to termination.

Helping consultees realize that the problem statement is about the past and that the proposed solution is about the future is an important point to clarify. Therefore, once the problem is defined, it is important for the consultant to help consultees change their thinking and to begin to view the problem as a goal to be reached sometime in the future. The problem becomes the goal from then on.

**SOLUTION SEARCHING AND INTERVENTION SELECTION**

There is a natural tendency for consultees to desire a quick and early intervention. Consultees often have been dealing with the problem for some time, and once they have decided to get outside help they want a quick solution. Solution searching and intervention selection become as important as good data and an accurate problem definition. If we have not allowed our own favorite paradigm to define all problems (I believe in behavioral consultation; therefore I see all problems and solutions from the behavioral perspective), chances are we will also not err by selecting our favorite intervention as the best choice for solving a given problem.

In the field of consultation and planned change, one of the first to offer an operational definition of an intervention was Argyris (1970) in which he stated, “To intervene is to enter into an ongoing system of relationships, to come between or among persons, groups, or objects for the purpose of helping them” (p. 15). D’Angelli (cited in Iscoe & Harris, 1984) defined an intervention from the mental health consultation and education framework and described it as “an intervention at a specific level of analysis pursuing a goal or intent using a technique or strategy” (pp. 333–360). A summary as well as an extension of the Argyris and D’Angelli position was offered by Carkhuff (1983).

An intervention is both a response and an initiative. It is a response to a situation that defines a need. It is a response to a deficit or to what is not present. At the same time, it is an initiative to influence that situation to fill in what is not present, to transform the deficits into assets. In short, an intervention is an attempt to make a difference. (p. 163)

As is highlighted by the aforementioned definitions, an intervention begins early in the consultation and may continue beyond termination. This means that everything the consultant does has the potential to influence the consultee person and system in some way. Although this is an important factor for consultants to be aware of, there is a stage in the process where the consultant, consultee, and often the client as well need to decide the best possible intervention treatment that was predicted to be the best solution to the problem.

There are many criteria to consider when searching for the best intervention. One of the first sets of criteria developed for classifying interventions that should be tested before selecting an intervention is to decide if the focus is on primary, secondary, or tertiary helping. Caplan (1970) referred to these as stages of prevention with primary interventions used to reduce the incidence of the problem occurring again in the future; secondary interventions used to treat an already-existing problem and to also shorten the duration of the existing problem; and tertiary interventions used to comfort the client or prevent a relapse, because problem resolution was unlikely.

Beer (1980) established a different set of criteria for classifying interventions. His approach suggested the following four categories to consider when selecting an intervention: (a) **Diagnostic interventions**—these are interventions used mostly for learning more about individuals, groups, or systems. Survey feedback is the common method used here. (b) **Individual interventions**—these types of interventions are focused directly on helping humans develop to a higher level of functioning and are usually in the form of workshops, seminars, and other educational approaches. These interventions can also involve working individually with consultees to help them learn how to understand and handle a particular client or situation. (c) **Process interventions**—these interventions follow the assumptions set out by Schein (1978, 1990) where he found that in many cases the people experiencing the problem had the innate ability to solve the problem but needed help to examine the problem and understand it more clearly. He referred to this type of intervention as “process consultation.” (d) **Structural interventions**—this is one of the areas where considerable confusion seems to exist. The overriding dilemma that the consultant and consultee must resolve is whether it is better to focus on changing human factors, such as selecting interventions to change human behavior, beliefs, and feelings, or to focus on changing the structure of the organization, which will in turn change the people.

Kurpius (1985) and Kurpius, Fuqua, and Rozecki (1991) have presented a model to help consultants to sort out this question. They suggested that human services organizations such as schools, mental health centers, and other social service agencies tend to err by defining most problems in their organizations as being caused by human factors. Therefore, most of the interventions are directed toward improving human development by focusing on changing knowledge, beliefs, feelings, motivation, or behavior. On the other hand, organizations such as those found in business and industry often err on the structural sides by changing policies, procedures, technology, and job definitions when they should be looking at more human-focused interventions. The ideal approach is always to consider both approaches, human and structural, and then decide which is more likely to produce the outcome desired. Most of the time both types of interventions are needed because at the problem definition stage of the consulting process, some problems are defined as human problems and some are defined as structural problems.

Why do interventions succeed or fail? The best predictor of success for any intervention is to have an accurate problem definition that is owned by the consultee and the consultee’s client. The next best predictor is to have selected the correct intervention that is also owned by the consultee and consultee’s client. In McClelland’s (1978, 1989) lifelong work in motivation analysis, he found that for change to take place, it is necessary for both the consultee and the client to understand and accept the problem definition and the proposed solution. Other factors that hinder success are the following: diagnosing too much
(which tends to instill unrealistic hope) and not diagnosing enough (which allows for important data to be missing); setting goals that are impossible to reach; misunderstanding the problem context and culture (lack of commitment by leaders and others who are needed to support the project); selecting interventions that are not within the larger organizational goals; moving too rapidly or too slowly; or moving ahead while lacking the resources necessary to succeed.

Last, sometimes consultees and consultee groups provide cues to suggest that resistance against the intervention is building. Examples are when the consultee(s) (a) attacks the intervention as impractical, (b) acts confused, (c) intellectualizes, (c) moralizes, (d) requests more data and details, (e) uses lack of time as the culprit, (f) presses for easy or instant solutions, (g) suggests that the problem is no longer relevant, or (h) attempts passive-aggressive behavior, such as arriving late, leaving early, or acting bored.

**EVALUATION**

Evaluation, in a general sense, is a form of systematic inquiry (Worthen & Sanders, 1987), is a more applied form of inquiry, and is targeted more on understanding a specific case of observations than on producing knowledge that can be generalized (Stake, 1991). Caplan (1970) suggested that evaluation should help the consultant determine "to what extent his particular technical response to the consultee's behavior achieved the desired result" and should aid the consultant in understanding "the differential effectiveness of various techniques that he uses in particular situations" (p. 294). More recently, the roles and functions of evaluation activities within the consultation process have been extended substantially (Brown & Schulte, 1987). For example, Schwandt (1989, 1992) has argued for expanding the vision and role of evaluation to include moral concerns (i.e., discussion surrounding the issues of goods or ends served by social programs).

Evaluation is typically identified as a distinct stage of the consultation process. Evaluation recognizes the importance of evaluating interventions following their implementation. In this context, evaluation leads to judgments regarding the product or outcome of evaluation, and one key characteristic of this application is to support the decision-making process. Certain questions regarding the intervention(s) need to be answered:

- Have the interventions achieved the desired change? How well have they worked? Is continuing intervention required? Are there unexpected effects of the selected interventions? How might we respond to those?

- It is critical to emphasize that product-outcome evaluation may not lead to termination of the change effort. Instead, evaluation data may lead to decisions to recycle to an earlier stage of the consultation process. Several possibilities exist in this regard. Evaluation may indicate that the selected interventions are working, perhaps more slowly than anticipated, in which case one option is to recycle to implementation stages. Sometimes evaluation may indicate that the interventions are working, but fundamental problems continue to persist, in which case recycling to review and revise objectives for the interventions might prove more appropriate. Another possibility is that unanticipated effects of interventions might justify secondary or supplementary interventions. In any case, evaluation can lead to termination, but really must be viewed as a pivotal, decision-making event. Of course, the quality of decisions made will depend heavily on the quality of the evaluation data and process.

If evaluation in the consultation process is to serve its maximum utility and be effectively implemented, however, the consultant's conceptualization of evaluation must be greatly expanded beyond the product-outcome focus. Evaluation, to be fully effective, must be fully integrated with the consultation process. At each step in the consultation process, objectives related to evaluation must be addressed. Certainly, responsibilities related to evaluation should be considered, for example, during entry and contracting. Information gathering and problem definition should include an exploration of the measures and methods to be used in evaluation. Solution searching and intervention selection should include delineation of the standards, criteria, and measures being applied in evaluating specific interventions. The key role of evaluation in decisions relating to termination is substantial and obvious.

Not only should evaluation be fully integrated with the consultation process but evaluation should provide both the consultant and consultees with a continual stream of information regarding how the process is progressing.

- Does the problem definition continue to have validity? Are the objectives that have been developed adequate? Are the interventions selected being implemented as planned? If so, is implementation producing desired results? Is the decision-making process adequate to support implementation?

Process evaluation is often required to provide answers to these kinds of questions, and to realize its full potential, process evaluation must be planned and implemented early in the consultation relationship.

Evaluation, particularly as it relates to design and measurement, can become a highly technical enterprise. We hope that either the consultant or consultee system would have the expertise to address the technical requirements of evaluation. If not, it may prove to be wise to purchase the outside expertise required in any given setting. Equally important, though, are the human factors that will bear heavily on the effectiveness of evaluation. For example, as stated earlier by McClelland (1978), evaluation activities should include those decision makers and participants affected by the change effort. Responsibility for designing evaluations, selecting criteria, and gathering data should be shared to increase the ownership of participants, reduce resistance to strategies and demands, and improve the probability that evaluation data will be effectively used. In fact, most of the human factors issues that would affect the consultation process in general should be addressed while one is designing and conducting evaluation components.

**TERMINATION**

Very little is written about termination even though it is an essential step in the consulting process. First, it is the time when the consultant and consultee agree that the consultation should be terminated either because of successful completion of the project or because it is becoming more clear that success is unlikely. If failure to meet the goal is eminent, it is important and useful for all involved to understand as many of the variables as possible regarding why the consultation failed. Both parties should independently go through all of the steps from preentry to termination and should try to figure out why there was failure. There may be some elements from each of the phases that contributed to the failure, but chances are that a few factors will contribute much more than all of the others together. That is, if the consultant and consultee go back over the essential conditions for successful consultation, the statements will suggest the importance of (a) an open system, (b) effective working relationship, (c) good data, (d) supportive change culture, (e) accurate consultee- and client-owned problem definition, (f) joint intervention selection and accurate intervention implementation, and (g) good process and outcome evaluation practice to ensure recycling when and where needed and then determine if the project has, in fact, failed.
Remember, perceived failure may not be failure, but instead may be an important finding offering a statement about what is lacking in the contract and what is needed to recycle and move ahead. Too often a premature decision is made to terminate because the heat has been turned up and the consultant (and sometimes the consultant) see that the best way out is to stop the consultation. Once the consultant leaves the scene, it is easy to blame the consultant for the failure and then return to business as usual with that problem unresolved and many more problems to follow, which may also go unsolved.

If the consultation is successful, the termination elements are similar to those mentioned earlier for a failed consultation. The difference is that there is less stress on the parties involved, because success is overvalued and failure is undervalued. As one can understand, if new learning is the overriding goal of any change project, new learning occurs under both success and failure conditions, but we cognitively and emotionally treat ourselves better if we succeed in reaching our objective. As part of the termination of a successful project, the following should be considered: Inform all appropriate members that termination is forthcoming and say when and why; explain the effect of the interventions and the objectives that have been met; recognize members and processes that contributed to the success; and reflect on how the work culture may have improved as a result of the consultation.

CONCLUSION

The process stages that consultants and consultees engage in are presented in linear form, but under most circumstances, the process is more circular than linear. For example, some forms of contracting may begin as early as entry and occur again during intervention. How one defines consultation as well as the different models used to help consultees conceptualize their situation are also influential elements that recycle throughout the consultation process. Certainly how one defines one’s self at preentry has a significant and long-lasting affect on how the consulting process unfolds and develops over time.

The consulting process seems to work similarly regardless of whether the consultant is internal or external or is doing individual or group consultation. Some differences may occur depending on whether the consultant is a process helper or a content helper, although good content-focused consultants often possess excellent process skills and use them as a regular part of the consulting process.

Because the process activities that consultants engage in are so central to reaching the outcomes desired in consultation, it is important for consultants to monitor their work and take advantage of objective feedback opportunities whenever possible. In this regard there is no one particular step that is necessarily more critical than are the others; it is unlikely, however, that the solved problem will remain solved if only the symptoms to the problem are defined and addressed.

REFERENCES


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