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Consultation Case Study: Model Application and Intervention Plan
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Introduction

The purpose of this paper is to apply solution focused consultee consultation theory (SFCC) to a particular case and present a model of intervention. This will be accomplished by providing a thorough case conceptualization through the lens of SFCC, a rationale for employing SFCC in this case, a description of how I would select interventions or strategies, and an approach of termination and evaluation of services being provided. Each of these will be discussed in detailed in the following paragraphs.

Case Conceptualization

During the initial phase of our consultation relationship I had two very important goals. First I was committed to discovering and emphasizing the consultee's assets and previous successes (Scott, etal., 2015, p. 128). Second, I endeavored to use plain language in order to avoid "impeding problem solving and remaining sensitive to the consultee's cultural and social history" (Scott, etal., 2015, p. 129). These two goals were extremely important for the following reasons.

It quickly became apparent to me that the consultee harbored a very negative view of himself, and of the client's family to whom he was attempting to be helpful. He seems to be internalizing the problems he is facing in several important ways. First, he believes he should be able to solve his own problems independently. He holds several, entrenched negative schemas regarding himself, and the family to which he is providing services. He is expecting the process of consultation to be painful and is experiencing resultant anxiety and depression.

The consultee's problems can be categorized in four ways. First the consultee holds several entrenched and negative schemas about himself, his client and his client's family. Second, the client lacks confidence in his knowledge, skills and core beliefs for which he is compensating with statements like, "I should be able to figure this out." Third, the consultee lacks multi-cultural competence due to being culturally encapsulated most of his life. Fourth and

finally, the consultee is using a theoretical approach (Cognitive Behavioral Theory) that appeals to his own individualistic biases regarding personal responsibility (Scott, etal., 2015, p. 120).

Rationale

There are four important reasons I chose the SFCC approach with this particular client. First, this approach seeks to emphasize assets and previous successes. This is important to address the client's own negative view of himself and to address his anxiety and lack of confidence. The consultee's negative expectations and presumptions are likely to be serious impediments in helping the client with which he is experiencing problems. As O'Hanlon & Weiner-Davis (1989) pointed out, "Solution focused theorists believe that one's expectations and presumptions are highly influential. Therefore it is important to keep a positive farm and focus on strengths and resources. Clients have capabilities within themselves to resolve the problem. The therapist simply needs to identify and amplify these capabilities." (Sarti, 2002, p. 11). Because transitioning to a solution focused mindset is likely going to be challenging for this particular client, I have needed "to take extra care to express my own confidence in the consultee's problem solving abilities" (Scott, etal., 2015, p. 129). Doing so will promote positive outcomes (Bond, etal., 2015, p. 1).

Second, because SFCC recognizes "the social constructivism vision of social interactions as a means of attaining knowledge and understanding," it is essential to have what Scott, Royal and Kissinger (2015) call "intersubjective compatibility" (Scott, etal., 2015, p. 128). This is later defined as "understanding among individuals or groups that is grounded in the shared cultural, social and environmental factors that influence world views." It is important to note here that while I share much of these in common with the consultee, my experience and expertise have been developed over time within the Latino culture and with survivors of childhood sexual abuse (CSA). This kind of expertise and competence is what Caplan (1970) meant when he defined consultation as, "A process of interaction between two professional

persons - the consultant, who is a specialist and the consultee, who invokes the consultants 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 specialized competence" (Scott, etal., 2015, p. 5).

Third, SFCC is most effective when the practitioner "attends to the theory as a whole from its philosophical underpinnings to termination" (Scott, etal., 2015, p. 128). This is key for this consultee because, "Underlying the search for solutions, de Shazer," the originator of solution focused brief therapy, "held an abiding belief in client's abilities to know what is best for them and to effectively plan how to get there" (Trepper, etal., 2006, p. 134).

Fourth, and finally, the solution focused approach will help the consultee experience and learn a different approach to providing services to clients. The goal of this consultation is to share the expertise I possess in working with Latino/a clients, and in working with victims of childhood sexual abuse with the consultee. This is true because Solution Focused Theory is built upon the ideals of social constructivism and emphasizes the importance of the subjective experience. It is also particularly helpful when working with clients of different ethnicities. "A solution-focused approach that incorporates the premises and techniques of social constructivism, empowerment-based practice, and a strengths perspective is well suited for responding to the needs of these groups with respect for their values and practices" (Lee, 2003, p. 385). The interventions I employ with this consultee will in effect train him in a different modality of therapy. This modality happens to be effective when working with clients with differing ethnicities, values and practices.

Consultant / Consultee Relationship

My goal in establishing the consultant / consultee relationship is to develop a working alliance. It is in the interaction between myself and the consultee, and between the consultee and his client where we will discover the knowledge and understanding needed to create and achieve solutions (Scott, etal., 2015, p. 128). I will seek to capitalize on the "intersubjective

compatibility" which we have discussed previously. This compatibility exists between myself and the consultee, as well as between the consultee and the non-offending care giver to some degree in this unique case. Additionally, I will seek to affirm and encourage the consultee at every opportunity no how small the perceived progress. The goal here is to create an atmosphere in which "positive social interactions with well-informed, culturally competent individuals" like myself in order to "promote new knowledge attainment" (Scott, etal., 2015, p. 128).

Interventions

In order to progress toward goal setting and termination, there are several important interventions which I will provide. The first intervention is to search for exceptions. The goal of this intervention is to help the consultee conceptualize his life without the problems he is encountering. This also highlights "the SFCC view of the inevitability of change" (Scott, etal., 2015, p. 129). The second intervention is to continue helping the consultee to "envision new realities devoid of past problems." This will be accomplished by asking the *miracle question*. A common rendering of this question is "If a miracle occurred last night when you were sleeping and your problem went away, what would your life be like?" (Scott, etal., 2015, p. 129). A third intervention I will employ is the *exception question*. The aim of this intervention is to diffuse entrenched or fatalistic cognitions and highlight consultee assets" (Scott, etal., 2015, p. 131). This will hopefully be effective in helping this particular consultee see beyond some of his own entrenched, conservative dogmatism.

Once we have fully explored what the consultee's life looks like without the presenting problems, we will begin forming goals. The goals will be set by the consultee individually, but the work toward establishing "effective objectives" will remain collaborative (Scott, etal., 2015, p. 129). Through our dialogue, we will work to identify "practical, solution focused tasks and goals" (Scott, etal., 2015, p. 129). An intervention I will use to "assess the consultee's view of the

problem over time" as well as their assessment progress is scaling questions (Scott, etal., 2015, p. 130).

If the consultee continues in his belief that the problems he is facing with his client, and her family, are unsolvable due to their systemic nature, there are several interventions introduced by Parsons and Kahn (2005) which I will include in the initial session. They are the use of "goal directed questions, developing tasks or solutions and highlighting indicators of progress" (Scott, etal., 2015, p. 132). These interventions aim at setting the consultee from a "problem-focused orientation." If they fail to do so, Brown (2011) offers some alternatives. They are "(1) bibliotherapy, (2) observing other professionals, (3) dialoguing with others dealing with similar work concerns, (4) keeping a personal journal to track insights as well as emotional and cognitive responses" (Scott, etal., 2015, p. 132).

Termination and Evaluation

At the termination of our initial session, I will attempt "to reframe the consultee's experience in a more encouraging way" through the use of a summary message (Scott, etal, 2015, p. 132). It will include the following: (1) praise for positive consultee actions, (2) provision of context to the consultee's problems, (3) and proposed homework (Scott, etal., 2015, p. 132). I will provide follow up sessions for this consultee to evaluate the effectiveness and monitor progress. If progress is noted at any level, I will of course highlight successes, strengths and improvements. I will also invite dialogue regarding adjustments that might be made to goals that have been set. I will also be sure to monitor our relationship in order to avoid developing dependency on the part of the consultee (Scott, etal., 2015, p. 133). Termination of consultation services is the inevitable, true test of independence on the part of the consultee. Inappropriate dependence developed during the course of consolation can negatively impact the consultee and by extension the clients they serve.

The issue of evaluating the efficacy of this consultation seems to be very straight forward. To borrow from Caplan (1970), the pragmatic aim of consultation as he understood it was not to give a person a fish, but rather to teach the art of fishing" (Mendoza, 1993, p. 629). This parable holds true in this case. Consulting in this way ensures that the goal of spreading the expertise of the consultant beyond immediate problems, into any and all similar problems in the future (Mendoza, D. 1993, p. 629). This is the primary measurement of success with regard to consultation in my view. However, there are other markers of successful consultation I would look to in order to evaluate the efficacy of this consultation. They are (1) increased knowledge and insight one the part of the consultee, (2) increased confidence in the consultee's ability to solve his own problems relevant to clients, (3) transitioning from a negative, problem-focused paradigm to a positive solution-focused paradigm and (4) established, achievable objectives with the experience of success.

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