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Consultation services to a public school system.

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Boston University
CONSULTATION SERVICES TO A PUBLIC SCHOOL SYSTEM

A thesis

Submitted by

Robert Henry Cohen

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the Degree of Master of Science in Social Service

1956

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CHAPTER I

INTRODUCTION

The Problem

This is a study of twenty cases brought to the attention of a mental health consultant, Dr. Saul Cooper, working out of the South Shore Guidance Center, by an elementary school system in a town in Massachusetts. Dr. Cooper has been trained as a clinical psychologist. Social workers both at the South Shore Guidance Center and at other State clinics are also engaged in mental health consultation and it is presumed that the findings of this study will have equal relevance for social workers interested in school consultation. Dr. Cooper's work was chosen as the focus for this study for reasons stated later in Chapter I. The author was interested in learning how consultation operates and what factors may be significant in determining its effectiveness.

Background

There is at the present time a wide gap between the mental health needs of the community and the available mental health resources. Part of the difficulty is the shortage of professionally trained personnel and part is the uneven distribution of psychiatric treatment facilities throughout the Commonwealth. Another problem is the lack of wholehearted involvement of the communities themselves in fostering mental health projects. In an effort to circumvent problems of personnel shortage,
uneven distribution of services, and community apathy, a program of mental health consultation is being developed in the State of Massachusetts.1/ The idea of extending such services to schools is not entirely new. In the early 1940's high schools in Cincinnati were working toward developing a survey which could be used for "quick evaluation of student's personal problems on a mass basis."2/ This was in response to the "need for some way to recognize quickly the psychiatric needs of individual students in large school systems." Hertzman concludes his account of the program in Cincinnati, saying,

"This survey showed that where the school was aware of his personal problems, the student could be helped by the dean and guidance counselor; that the greater number of students must be helped through the schools rather than through community agencies. To bring more such personal help to students, schools require more personnel... and psychiatric consultants."3/

In a later article4/ Hertzman identified two further aspects of a public health mental hygiene approach." These included "development of dynamic understanding by all the people in the school system responsible for the child's welfare", and "teaching of mental hygiene concepts in the schools." He concluded that the "greatest advances in understanding and

1/ Plan for a Mental Health Program in Massachusetts, 1955-1957, an unpublished paper distributed to State mental hygiene clinics.


acceptance have been made with administrative and supervisory personnel...

Methods used included, "...consultations on problems not referred individually to the clinic."

Mildred Sikkema in a recent paper discusses the consultative function of the school social worker. Her account is closely similar to the type of work described in the present study. The chief distinction is the base from which the consultant operates. The school social worker is an integral part of the school system with all that this implies. The mental health consultant is an outside person, less subject to the forces, social structure and internal pressures encountered by the school social worker, and thus is able to function with less encumbrances and with greater objectivity. Sikkema identifies two basic interrelated objectives of consultation:

1. To bring new - in the sense of different - knowledge to bear on a problem, or to bring known aspects together in a different configuration. The purpose is to provide a different and enlarged perspective for assessing and defining a problem and for identifying and focusing the needs of the person seeking consultation so that the steps to be taken may be planned on the basis of all the knowledge and skill that can be made available.

2. To present the knowledge in such a way that it will enable the person to whom consultation is given to develop and strengthen some aspect of his competence. The purpose is to provide help for many through one."

The term "consultation" is variously defined depending on the context, the aims of the service being offered and the function of the consultant. Brass sees the consultant's function in public health nursing to be

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primarily an advisory one which includes "sharing information and suggesting methods for carrying out a plan or program." Valenstein stresses the teaching aspects of the collaboration between psychiatrist and social worker in discussing principles of psychiatric consultation. The use of consultation services in industry is discussed by McGregor. He finds the consultant's most valuable function to be "creating a permissive atmosphere in which the [consultee] can explore fully all possible alternatives and exercise his own ingenuity without fear of exposing his weakness." McGregor also speaks of "helping the [consultee] to help himself" of establishing a "relationship" in which he is perceived as a source of possible help, and of providing "support", all familiar case work techniques. The shades of definition and elaboration of consultant functions are as numerous as the writers on the subject. For the most part the consultant's role is a mixture of collaborator, expert, and enabler in varying degrees depending on the nature of the setting. This paper will limit itself to a study of a specific type of consultation offered by the South Shore Guidance Center which in turn closely follows the principles and methods laid down by Dr. Gerald Caplan, the leading expert and teacher of this subject in the state of Massachusetts.

Operational Definitions

For the purposes of this study the following definitions will be used: 1. Consultation is the service offered by the South Shore

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Guidance Center to neighboring schools, wherein a member of the clinic team confers with one or more key persons in the school system in an effort to enable them to cope more effectively with a "crisis situation" centering around some aspect of the pupil's behavior. 2. The consultant is that member of the clinic team providing the service. 3. The consulted is the school staff person to whom the service is being offered. 4. The case is that pupil who is the subject of the consultation.

Research Questions

The study will attempt to answer the following questions:

1. What types of cases were chosen for consultation?

2. To what extent is there agreement between the consultant and the consultee with respect to the problem, and to the goal(s)? How did the consultee perceive the value of the service?

3. How important are factors of timing (the point at which the consultant enters the situation), emergent nature of the problem, manner in which the consultation was arranged, previous knowledge of the Guidance Center and/or the consultation service, and frequency and duration of the consultation contact?

4. What casework techniques and principles are found in consultation?

Note: Consultation is a dynamic process involving interaction between two or more persons, which has as its underlying purpose the promotion of the mental health of the consultees and facilitation of the teacher's and/or the school's ability to deal with certain problems themselves as a 'preventive' program.
Justification for the Study

In a recent article by Caplan, the author states that his paper "represents a preliminary account of work in progress... much remains to be learned about the advantages and drawbacks of the technique as well as its indications and contraindications." Several staff members from the South Shore Guidance Center, who have been trained under Caplan, are currently engaged in consultation with schools in the neighboring communities. They lack criteria for evaluating the results of their efforts and are particularly interested in research in this area. Finally, it appears to me that this type of service has great potential both as a preventive technique and as a means of extending and perhaps better utilizing mental health resources.

Scope of the Study

Although initially I intended this research to be primarily diagnostic, stemming from the theoretical work of Caplan and based on the practices of consultants at the Center, I soon found that significant differences between theory and practice made some modification imperative. Therefore, this report is partly diagnostic and partly exploratory in design. It is based on the work of one mental health consultant in one

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2/ Jahoda points out that a diagnostic study "...seeks to discover causal or other relations between underlying factors and the surface ones and thus to point the way to remedial action... (it) is directed toward discovering not only what is occurring but why it is occurring and what can be done about it." See Jahoda, Deutsch and Cook, 1954, Research Methods in Social Relations, 1:176.
public school system during the fall of 1955 and January 1956. In that span of time roughly two dozen cases were brought to his attention. Twenty of these cases, involving fourteen teachers and five principals, five elementary schools and one special class, were chosen for the purpose of this study.

Limitations of the Study

There is very little published material on this type of consultation and no published systematic research at the present time. Consequently, there is a relatively unstructured frame of reference for my own study. There is also the serious problem of a lack of recorded information on the various consultation visits and informal chats with teachers, principals and other school personnel. The dynamic interaction between consultant and consultee, which might appear in a process record, is lacking, as well as the immediate impressions of the consultant. Finally, this study is focused on the work of only one consultant as he operated in one school system. While there are definite advantages in confining the research to this limited area (for a fuller discussion see chapter on methodology), the amount of generalization is curtailed. The investigation of the work of a number of consultants in a variety of school system would tend to obviate this limitation. However, such a study is beyond the scope of the author at the present time.

Sample and Method

In an attempt to answer the questions posed at the outset, either of two broad approaches seemed possible. One would involve a sampling of consultation cases from each of the half dozen or more school systems
now being served by the South Shore Guidance Center. Several consultants as well as a number of different school systems would thereby be brought into the picture, thus widening the scope of the study. However, such a method would have achieved breadth and quantity at the expense of quality and intensity. In addition, a representative sample would seem to be the indicated method for the first approach. However, selecting a representative sample presupposes answers to several of the very questions which the study seeks to investigate. Finally, the vast practical difficulties of obtaining the consent of a number of school systems, the cooperation of superintendents, principals, and teachers located in many schools over a wide geographical area, made a sampling approach impractical. Largely for these reasons, the second method, that of selecting cases from a single school system was indicated.

The elementary schools in the town of Hillside provided an ideal field for my study. Consultation services appeared better developed in Hillside than in most of the neighboring communities in spite of the fact that they had only recently been inaugurated. The school personnel were friendly, cooperative and candid; receptive to the project and secure enough to permit an outsider easy access to the several schools, and to provide other needed material and information. The consultant working with the Hillside schools has had more experience than any of the other agency staff members with this type of work. Although he has been trained in the allied discipline of clinical psychology, he is working in an area which, at this time, appears equally the province of psychiatric social work as well as psychology and psychiatry. (All three disciplines are represented by consultants working out of the South Shore
Guidance Center).

By chance rather than design, exactly twenty cases were "in process" or "closed" at the time I started my investigations. The names of these twenty children were originally furnished by the superintendent of elementary education, who was in a sense the clearing agent for all consultation cases, and the main communication link between the school system and the consultant. In addition to these twenty names I was given other pertinent information such as grade, teacher and brief resume of the situation in each case. The twenty names were then checked with the consultant to verify that he had discussed each of them, at some time or other, with someone in the school system, and to ascertain whether he had sufficient notes on each of them to warrant inclusion in the study. As it turned out, each child listed had been the subject of consultation and adequate data was available for all twenty cases to be included as the basis for the study. Thus, the entire number of consultation cases in the Hillside elementary schools from the time the service was first instituted in October 1955 until the time the study was undertaken in January 1956, was used in the study. Toward the end of January a few new cases were brought to the attention of the consultant but it was felt best to confine myself to the original twenty.

The chief method of data collection consisted of a series of non-structured interviews with consultees and a series of interviews with the consultant for the purpose of supplementing his notes and getting fuller impressions and comments concerning each consultation. Each consultee was interviewed at least once for a period of time ranging from thirty minutes to an hour or more. About half of the consultees were interviewed
twice either for the purpose of getting additional information, or where I felt that poor rapport precluded a satisfactory interview the first time. Brief return visits were made in those instances where I was unclear as to what the consultee had said or intended, or where I wished to ask specific questions on a certain aspect of the consultation. In the course of visiting the schools I came into contact with several teachers and principals who were not directly involved in consultations, but whose questions and comments shed important light on the process.

Consultees were interviewed after the consultant had given the interviewer a brief outline of each case. Following completion of all the interviews with consultees, the consultant was then interviewed on each case according to schedules "A" and "C" (see appendix). The author was careful not to convey any information received from one respondent, to another. Thus, each consultee spoke from her own frame of reference, and every interview with the consultant was conducted without any knowledge on his part of what the consultee had discussed.

Consultee interviews were nonstructured but "focused" as used by Merton and Kendall and discussed by Jahoda, Deutsch and Cook.\(^1\) The interview guide used by the author is presented in Appendix B.

In an effort to spot check the coding of interview responses, and obtain supplementary information, the author distributed a brief follow-up questionnaire. Questionnaire answers were generally very similar to responses coded from the interviews. In the few instances where there was a slight discrepancy, greater weight was given to the detailed, qualitative interview responses. Most of the data presented in the

following chapters is based on the personal interviews; that which has been derived solely or largely from questionnaires is noted by an asterisk (*). For a further discussion of the manner in which the questionnaires were presented and utilized, see Appendix D.
CHAPTER II
THE TWENTY CASES

The cases discussed in this chapter represent the first twenty which were officially brought to the attention of the mental health consultant. The word "officially" is used to distinguish these cases, which came to Dr. Saul Cooper\(^1\) via Miss Elizabeth Sanborn\(^2\), the superintendent of elementary education, from other children whose names may have been brought up in the course of a consultation session.

In talking about these cases it is important to emphasize that they were "firsts" and as such have special meaning. Caplan points out that a "first case is somewhat similar to doing analysis or psychotherapy. The first dream that your patient brings, will, if understood give you the answer to everything that is going on."\(^3\) Caplan indicates that these early cases may give valuable clues to attitudes, feelings, and conflicts which permeate the particular school setting. There was some indication that this may have been so in several of the Hillside schools. Thus, the only two cases from the L. School involved learning problems although there were only a total of four cases from all six schools which fell into this

\(^1\) Hereinafter referred to as Dr. C.

\(^2\) Hereinafter referred to as Miss. S.

\(^3\) Gerald Caplan, The Dynamics of Mental Health Consultation, p. 3. An unpublished manuscript.

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category. The principal described one of the youngsters as "our most difficult problem" and the boy's teacher, a woman of long experience, characterized this child as "the worst problem I've ever had." In another school, where behavior problems seemed to predominate, the principal in speaking of one sixth-grader emphasized how "brazen" and "defiant" the boy was. "When he was sent to my office the other day, I had to keep my hands clenched under the desk." The teacher of this same youngster characterized him as a "sneak" and said, "I have to keep my eyes on him." A third case involved an eight year old who was not learning, despite his high I.Q. and who had formerly been a behavior problem. Miss S. had had this boy in her own class a year or two before, was quite interested in the situation and attended the first consultation session along with the teacher. We can see from these few examples how certain cases crosscut the hierarchical structure of the school system and reflect attitudes shared by teacher, principal, and (at times) superintendent. In many instances they were equally of concern to the school administrators as to the teacher involved and in a few cases the principal rather than the teacher sought consultation.

Thus these initial consultations were frequently of a "test case" nature, representing difficult situations of comparative long-standing, and of concern to the administrative personnel. They were also a test of the consultant, strikingly similar to the early testing by the client, of the caseworker. Can this person help? Will he be critical of past mistakes? Can he be trusted? And so forth. In addition, we must remember that the mental health consultant operates, as an outside authority, within a social system of great complexity. The community,
the school system and the particular school each has its own set of values and interpersonal relationships. These first consultations were often attended by teacher, principal and Superintendent of Elementary Education. They presented the sort of dilemma encountered by the caseworker in joint interviews. Support of one person may be interpreted by the other (s) as criticism. Techniques aimed at strengthening the interrelationship between two of the staff members might prove threatening to a third. A seemingly innocuous comment by the consultant may take on different meaning for each person depending on his involvement with the case, past action he has taken, his present attitude and a multitude of other factors which cannot be known to the consultant at that time. Even a comparatively neutral or passive position by the consultant may be variously interpreted as lack of interest, inability to help or outright rejection of the feelings and concerns of those involved.

These are some of the qualities, then, of first consultation cases which must be borne in mind throughout the remainder of this paper. A follow-up study of cases in this school system in, say, one, two or even five years from now would undoubtedly show different characteristics in terms of the cases chosen and the way in which the consultation service is utilized.

The following tables are designed to give a breakdown of the twenty cases with respect to the schools they came from, the type of problem represented, and the age-grade level of the children. Which of these characteristics are primarily a function of the initial nature of the cases might be better determined by the kind of follow-up study suggested above.
Table 1. The Elementary Schools and Special Class in Hillside According to Number of Cases and Consultees From Each and According to Chronic or Recent Nature of Problem

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Number of Cases</th>
<th>Number of Teachers</th>
<th>Number of Principals</th>
<th>Chronic</th>
<th>Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>South</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>West</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Center</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Lincoln</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Special Class</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>14</td>
<td>5</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

a/ Chronic is here defined as cases that were considered problems by previous teachers, or in retrospect, appear to have been problems.

b/ Recent applies to problems that first came into prominence during the current semester (September 1955 - January 1956)

Table 1. shows a rather even distribution of cases, both chronic and recent, and of consultees, among the first five schools listed. The slightly higher number of cases from North may perhaps be accounted for by the fact that Miss S's office is located in that school. Thus she may be more alerted to problems arising there.

Table 2. shows a further breakdown of cases by grade, sex and dominant problem, as well as the number of teachers represented at each grade level. The grouping of cases into dominant problems was generally fairly easy. Thus, a parental problem would be one that came to the consultant's attention originally because of some attitude of the parent(s) toward the teacher and/or the school. For example, one mother was
extremely critical of a new teacher because she did not know how many fire exits there were in the building or how large other classes were. The consultation was focused on the critical, threatening manner of this parent, and on helping teacher and principal to clarify their roles in the situation. Although the child was later noted as showing problems of poor social adjustment, shyness and withdrawal, this was not the original reason for seeking consultation.

Academic or learning problems were generally stated as such. One teacher said of Billy, a nine year old with low-average intelligence, "he doesn't use the brains God gave him." Another teacher described her second grader as "primarily an educational problem although he used to be a behavior problem."

All cases in which matters of control, handling and adjustment to the school setting and to other youngsters, are the major concern, are classified as behavior problems. A typical behavior problem is represented by Peter who is characterized as "abusive", "a show-off" and an "attention seeker". A former teacher thought that "he enjoys being difficult." It is not surprising to find that while the chief complaint in these cases was in the area of behavior, there were usually attendant problems of learning.

Other problems include one which was "a severe behavior and learning problem" as well as a parental problem. It concerns an eight year old with a history of epilepsy, whose parents are extremely anxious that he not have further seizures. Apparently the teacher became involved with the parents' anxiety. This case represents a combination of the three preceding categories with an underlying physical problem (the child is
currently on medication) as well. The remaining two cases in this fourth group were questions of referral to the South Shore Guidance Center. The teacher denied the existence of classroom difficulties in the areas of learning or behavior and claimed to be merely seeking information on whether the Center would accept for treatment the youngsters she discussed.

Once again it is important to point out that the grouping by dominant problems is based on the 'presenting problem' - the original chief complaint brought to the consultant. While some of the cases are relatively 'pure' types, most present a mixture of two or more of the categories. Frequently the original presenting problem fades into the background as other concerns come to the fore. In the case of the mother who was critical of the new teacher, we now find that teacher and principal are less concerned with the parental attitude and more with the retiring, asocial behavior of the youngster. In another situation involving an "aggressive", "sadistic" seven-year old boy, there has been marked improvement in behavior but now "learning is still not up to snuff."

The most striking statistic to emerge from Table 2. is the preponderance of boys listed in the first twenty cases. This is even more pronounced when it is noted that in two of the girls' cases the problem was actually a parental one. The significance of this finding is not clear although a comparison with the total number of school consultation cases currently being handled by the South Shore Guidance Center indicates that this disproportion is not unusual.1/

1/ 77 boys and 23 girls comprise the school consultation case load from the seven South Shore communities served by the Guidance Center. Even more striking are the totals of juvenile court cases in which the Guidance Center also provided consultation, though of a different sort from that described in this paper. In the first four months of 1956 there were a total of 98 boys compared to only 8 girls whose cases were processed through juvenile court.
Table 2. Distribution of Problems by Grade According to Sex, Number of Teachers and Dominant Problem

<table>
<thead>
<tr>
<th>Grade</th>
<th>Number of Boys</th>
<th>Number of Girls</th>
<th>Number of Teachers</th>
<th>Pern-Acade-Beha-</th>
<th>Other Number</th>
<th>Total</th>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Kindergarten</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>First</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Second</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Third</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fourth</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Fifth</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sixth</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Special Class</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>3</td>
<td>14</td>
<td>5</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

A second point of interest is the large proportion, (over one-third) of cases coming from grade two. Since five teachers are involved (again, more than one-third), we cannot simply attribute the large percentage of cases to the difficulties of one or two teachers. An analysis of a large number of cases from a variety of elementary schools might tend to confirm the significance of having eight second graders chosen for consultation out of a total number of twenty cases. This information is not available at the present time. However, Dr. Warren Vaughan, in discussing the Wellesley project, may shed some light on this finding. He reports that a year after the mental health consultation program was introduced to the Wellesley public schools, the average age of children referred to the clinic dropped from ten to 6.9 years. "The consultation service enabled the clinic service to provide early diagnosis and prompt treatment." Perhaps the heightened sensitivity to problems of mental

health, which are both indicated by Hillside's acceptance of the consultation service and reinforced by the presence of the consultant, has resulted in focusing attention on youngsters in the early grades. However, in seeking possible explanations for the high proportion of seven and eight year olds among the twenty cases, we should not overlook the importance of the impact of the learning situation (with its implied competitive and aggressive aspects) on youngsters not far removed from their Oedipal conflicts, and in many instances emotionally unprepared for the sudden, challenging, social experience of public school.

Table 3. Distribution of Problems According to Cases, Teachers Involved and Schools Represented, and Chronic or Recent Nature of Problem

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of Cases</th>
<th>Number of Teachers Involved</th>
<th>Number of Schools Represented</th>
<th>Chronic</th>
<th>Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1</td>
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<td>Behavior</td>
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<td>5</td>
<td>4</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>16a/</td>
<td>10a/</td>
<td>11</td>
<td>9</td>
</tr>
</tbody>
</table>

*a/These figures are higher than the actual number of teachers and schools since one teacher or school may have been involved in a number of problems.

The salient features of Table 3. appear to be the predominantly chronic nature of academic and behavior problems, and the exclusively recent character of parental problems. The former is of course, a concomitant of first consultation cases. As the service develops and 'catches up with itself,' we can expect to find an increasing number of cases of recent origin. Parental problems, which involved four teachers in three
schools, seem to present good examples of the concept of crisis consultation which will be discussed in the fourth chapter.
CHAPTER III

THE CONSULTATIONS

In this chapter, I shall attempt to show what went on during the consultation sessions, how the parties involved perceived this interaction and how I interpreted these perceptions. More specifically, I hope to shed light on the extent to which consultant and consultee were in agreement with respect to the basic problem and to the goals of the consultation. The last topic in this chapter concerns the value of the consultation service as seen by the consultees.

Caplan1 identifies two main categories of consultation techniques:

"The first aims at enlarging educators' knowledge of the psychological needs of child and of professional techniques and organizational methods for dealing with them. The second aims at improving educators' use of the self in the professional context, so that their personality strengths may be more effectively mobilized for the mental health of their pupils, and so that their unsolved emotional problems may not interfere with the utilization of their existing professional knowledge and skills."

Caplan further subdivides the first category into "case centered" and "problem centered" consultation.

"In case centered consultation the focus is upon increasing the teacher's knowledge of the psychological functioning of the referred child... The consultant's activity is mainly based on his expert knowledge of child psychology. This knowledge enables him to clarify the difficulty so that the teacher may deal with it."

"Problem centered consultation... makes additional demands on the consultant for collaboration with the teacher in working out plans to help the child... Joint planning may lead to changes in the organization of the school, or may open new channels of communication to outside agencies."

1/ Gerald Caplan, Mental Health Consultation in Schools, A lecture delivered on Nov. 30, 1955 in New York, at Thirty-Second Annual Conference of the Milbank Memorial Fund.
Caplan goes on to say that "any consultation situation in practice may demand a combination of the two main categories of operation." While this paper does not purport to analyse the consultations according to Caplan's formulation, it will be necessary to refer to these techniques where they help to explain the consultant's goals or activity.

Agreement With Respect to Basic Problem

First is the matter of agreement between consultant and consultee as to the problem. Agreement can be studied on different levels. However, there must be a minimum of understanding to provide a basis for a workable consultation. In two instances there occurred misunderstandings of such proportion as to preclude a truly workable consultation.

**Example A:** Her experience with consultation proved disappointing to Miss K. She was quite concerned about a youngster who was not achieving in spite of a very high I.Q. She sought consultation at about the time this same youngster was referred to the Guidance Center. When the mental health consultant arrived, she reported, "I thought he would know all about the case. I was seeking advice from him, when all he wanted was to find out about it from me!" There was a further misunderstanding on the disposition of the case. Teacher says, "Dr. C. said he would contact me after he got more information from the clinic." Dr. C. reports that "it was left up to the teacher to call if the situation didn't improve."

**Example B:** Miss R's first consultation contact was arranged by Miss S., who also sat in on it. Discussion was focused on Howard, "who had been a problem the previous year." However, Miss R. says she, "did not regard Howard as her most difficult problem and was more eager to discuss two or three other youngsters." She arranged for a second consultation, hoping to talk about the other children. "But Dr. C. was only interested in Howard. I wasn't getting anything from him. When I started talking about the other youngsters, he didn't seem to be paying any attention, and then he left without saying anything." Dr. C. has no record or recollection of the two additional cases which Miss R. says she brought up.

Misunderstandings such as those illustrated above are rare. They can generally be traced to faulty communication either within the school system, between the consultant and the schools, or between the Center and
the consultant who is operating out in the field. The adverse effects which such mistakes may have, not only on the consultee herself, but on potential consultees as well, should not be overlooked. However, at least a part of misunderstandings on this level seems to be a function of the newness of the consultation service. As teachers gain a more accurate knowledge of what the consultant can and cannot do, will and will not do, and as kinks in the network of communication are straightened out, this type of lack of agreement should diminish.

The second broad type of agreement lies more in the realm of perception of the meaning which the problem has for the consultee. It involves a diagnostic understanding of the situation and includes awareness of the implications which the consultation has, not only for the consultee, but also for the whole school. Where the consultant sees the problem as lying partially or largely in subjective factors of the consultee's own emotional entanglement with the child's difficulty, his goals may be different from those of the consultee, and his activity unlike what had been expected.

In this instance consultation techniques will be directed along the lines of Caplan's second main category, namely, aimed at "improving educators' use of the self." Differences in perception of the problem or in goals are neither to be unexpected nor are they necessarily undesirable. The important factor seems to be the ability of the consultant to evaluate the situation correctly, to begin where the consultee is, and to move at the consultee's pace.

1/In both of these instances the results were certainly not entirely negative. Both consultees acknowledged having been helped slightly by the consultation, and both would like to speak with Dr. C. again.
Three examples are given. The first illustrates agreement as to the basic problem; the second, different perceptions of the basic problem; with 'satisfactory' results the third, different perception of the basic problem with some 'adverse' effects.

Agreement as to the basic problem:

Example C: Miss M. was concerned about Sandra's poor kindergarten adjustment, her tantrums, and stubborn, belligerent behavior. She attributed this to a difficult home situation, frequent moves, and a pending divorce. The consultant was able to observe the above described behavior in the classroom, and felt the teacher had this case "well-pegged." He used the wealth of data which the teacher had on the family background of this child, to help explain her school conduct.

This is a good example of "case centered consultation." Both teacher and consultant were in close agreement as to the problem and its etiology. The consultant did not feel that teacher's own emotional involvement was a factor here, and consequently focused on the objective aspects of the case. The teacher felt that her understanding of the situation was greatly increased through the consultation.

Different perceptions of the basic problem with 'satisfactory' results:

Example D: Mrs. C. was very concerned with Billy's inability to learn and wanted him placed in special class. Sup't. of Elementary Education did not feel this was necessary in view of the boy's 89 I.Q. The consultant (along with principal and Miss S.) recognized a high component of teacher involvement along with the objective problems posed by a third grader who could scarcely read.

A series of conferences with this teacher was directed toward helping her accept this youngster as a "challenge", accept his somewhat limited capacities in certain areas and see his strengths in others. It was felt that Mrs. C., a teacher of long experience, who had always done an excellent job with children of average and higher than average ability, was threatened by this 'unteachable' boy. The consultant's efforts were designed to help the teacher gain a sense of greater adequacy in the face of a problem which

1/Note: Since the teacher had presented this case from the standpoint of Billy's inability to learn rather than in terms of the frustration she felt at not being able to teach him, her own feelings of impotence and inadequacy had to be handled indirectly. This technique of dealing with the consultant's problem indirectly, by implication, characterizes the method expounded by Dr. Caplan which "aims at improving educator's use of self."
she originally felt unable to cope with, and to modify her attitudes toward low I.Q. children.

Mrs. C. spoke highly of Dr. C. and the consultation service when I talked with her. She said that Dr. C. thought, "I may have been expecting too much of Billy" and, with a smile, she acknowledged that, "this is probably so." She went on to speak of Billy with affection and told me of his remarkable mechanical skills and his popularity with the other students.

Different perceptions of the basic problem with some 'adverse' effects:

Example E: The consultant was called in at the request of the principal to speak with Mrs. L., "a new teacher who was upset by a mother's critical, aggressive attitude." The consultant directed his efforts toward "helping the teacher understand the meaning of mother's behavior and why she might have to act this way." The teacher, who was surprised when she was informed one afternoon that, 'Dr. C. is in the principal's office and would like to speak with you,' perceived the situation differently from either the principal or Dr. C. She expected that Dr. C. was interested in finding out about the child ("who had not been any sort of trouble"), but instead, "he started asking all about the mother." Mrs. L. regarded the incident with the mother as a thing of the past. She admittedly was "fearful of" and apparently slightly bewildered by the consultation. She felt that, "Dr. C. asked a lot of questions about the mother and didn't agree with me on some of the answers I gave him. I think he psychoanalysed me wrong."

Dr. C. may have overestimated Mrs. L's involvement and anxiety. Interviews with the principal and a brief 'follow-up' chat with Mrs. L. have convinced me that at the time of the consultation the situation was no longer a problem from the teacher's point of view, and the unannounced visit from the consultant was threatening to her. However, the consultant also directed much of his effort to helping the principal with his concerns in the matter. Here, there was closer agreement on the basic problem with evidence of good results. 1

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1The principal had also been upset by the mother's critical attack on the school and similarly, was helped by the consultant to understand the dynamics of this mother's behavior. The method of "problem centered consultation was also utilised" in that the consultant helped teacher and principal examine their roles and define their respective spheres of responsibility.

The principal felt that the most significant result of this consultation was a strengthening of the teacher-principal relationship.
The illustrations given above are intended to show similar and different perceptions of the basic problem with varying results. While it is difficult to classify degrees of agreement on the primary problem, it is important, at least, to attempt such a breakdown because of the light it may shed on questions of goals and outcome. Four categories of agreement were set up: (1) Misunderstandings due to faulty communication (see examples "A" and "B") (2) General agreement on basic problem (see example "C") (3) Similar perceptions of basic problem with a large component of teacher involvement as seen by the consultant. (4) Primarily a question of teacher involvement as seen by the consultant, but with some objective factors. (see example "D")

The following is an illustration of category three:

Example F: Miss U, a teacher of considerable experience, was concerned with the poor academic work of one of her second grade boys. The problem seemed a matter of low-average intelligence with some indication of physical or organic factors. Although the consultant, rather than the teacher, suspected the physical factors, there was a large area of similar perception of the basic problem. However, the consultant also noted a high component of teacher involvement in terms of the latter's questioning of her own responsibility for the child's difficulty. (There is also some indication that teacher was concerned with the attitude of the child's mother).

On the basis of these four categories, the twenty cases were classified in the following manner:

Two cases suffered through faulty communication, nine showed general agreement, four showed similar perceptions with a large component of teacher involvement, and four were cases in which teacher involvement seemed the major factor. The categories are descriptive rather than quantitative and "pure" types are scarce.

Goals

Goals are closely related to perception of the problem. In general,
we might say that the consultee seeks to get help while the consultant seeks to give help. Where the perception of the problem is essentially the same by the parties involved, the help which the consultant offers is likely to be quite similar to what the consultee expected. Thus, in the nine instances of close agreement on the problem, no teacher felt that the consultation was very much unlike her expectations. One teacher, who felt the consultation had been "very, very, helpful", said that Dr. C. "gave direct answers and suggestions" which was what she had sought. Another teacher had wanted factual information and "confirmation of my own opinion." Both were forthcoming. She felt the service was very helpful and "exactly what had been expected." It seems that in these typical examples of "case centered" and "problem centered" consultation, the goals of consultant and consultee are complementary.

A more complex situation prevails where the consultant identifies a large component of teacher involvement, (see category three). Here, the mixture of objective and subjective factors may induce the consultant to embark on a course of action which to some extent the consultee had not expected or does not consider entirely necessary.

Example G: Miss U. (see example "F") expected that Dr. C. would "tell me what to do" but instead, "he asked questions and suggested a physical exam for Billy." Dr. C., on the other hand, "attempted to broaden her concept of the variety of 'good' adaptations possible, and help her to examine her expectations of nine-year-olds."

Dr. C. also dealt with objective aspects of the case. He met Miss U's expectations to some extent by offering a concrete bit of advice in terms of seating arrangement. He further suggested that either Miss S. or the principal arrange with the mother to have a complete physical check-up for the youngster.

The fourth category presents a similar situation to the one above. Although the consultant's goals are directed toward "improving educator's
use of self", he will frequently have to deal directly with objective
dactors in order to maintain the relationship and in order to keep the
consultee's anxiety within bounds.

Example H: Mrs. C. (see example "D") had hoped the consultant would
support her efforts to have Billy placed in special class. However,
Dr. C's efforts were directly opposed to such a plan. He endeavored
to support the teacher in the difficulty she was having, and help
her to maintain the youngster in her classroom and work with him.
Objective assistance came in the form of helping to secure additional
time for the child with the remedial reading instructor.

Goals may be described as divergent where there was prior misunder-
standing due to faulty communication. (See examples "A" and "B")

Consultation in Retrospect

Since many of the consultation contacts were one-visit affairs, the
consultant was only able to guess at the probable outcome. Therefore,
discussion will be based mainly on my interviews with the consultees -
their impressions and my own evaluation of their remarks.

I have avoided using the phrase "result of the consultation" in this
section of the paper since research methodology is not developed to a
point where changes in a child's behavior can be attributed with any
degree of certainty to the consultation. However, where possible, I shall
attempt to find correlates of the consultation, in the current situation.

With few exceptions, consultees have reported improvement ranging
from slight to marked, in the situation. In about four cases things seem
to have remained much the same while in one case there is some evidence
of further deterioration. A multitude of factors may account for change
or lack of it. Two examples were chosen which tend to shed light on the
part which consultation played.
Example I: Miss A. enthusiastically described the service as "wonderful, very helpful." She sought "concrete advice" which was forthcoming. "For the most part Dr. C. agreed with my ideas and seemed to think I was on the right track." Miss A. told me that "David has been improving steadily but very slowly." She showed me samples of D's work 'before' and 'after' and explained how she had been following Dr. C's suggestions and how well they have been working out. Miss A. spoke with the parents after she had talked to Dr. C. and told them about the consultation. "They were tickled to death to know that someone else was taking an interest in their son."

Example J: Miss T. had been having more trouble with the parents of a boy in her special class than with the youngster himself, although the child did present something of a behavior problem. The mother was antagonistic toward the school and to her child's placement in a special class, and displaced much of her hostility on to the teacher. The teacher acknowledged that she found the mother "threatening" and that she "was getting antagonistic toward the boy, although she knew it was not his fault." Miss T. said that the consultant helped her with her "own feelings" and indicated that she got support from him when she was "at her wits' end." She feels the situation has now "improved" due to a change in her "own attitude." She feels that "every special class teacher should have consultation more often" and indicates that she would like to see Dr. C. more frequently.

Less positive attitudes toward the consultation were generally associated with initial misunderstandings such as those cited on page 22. However, one or two teachers whose overall attitude toward the consultation was favorable and who perceived improvement in the situation, expressed some negative opinions. One teacher thought that "there are too many experts" and that it was not possible to give an opinion without getting the "full picture first hand by seeing the child and the family." (It seemed evident from my interview with this teacher that she felt implied criticism in consultation, which she had not requested, and which focused largely on her troubled relationship with the child). This same teacher said that the child's mother "hit the roof" when told of the consultation and objected strenuously to having a "psychiatrist" observe her child. Another teacher said that Dr. C. asked her how she felt
toward a particular youngster. "When I told him 'I felt like stringing him up to the rafters' he said, 'it's all right to feel that way' - He was psychoanalysing me!" A third teacher, who started out by saying that there was "really not much value in these consultations" went on to say that "things are now a little better with Phil because he understands that I'm not picking on him." The consultant had focused his efforts toward "getting the teacher to understand what this youngster's behavior meant - what the child was saying." He estimated that progress was being made and that "the teacher was helped to see that recognition and prestige rather than a 'tighter reign' were called for." The consultant feels that "the teacher's perception of the child has changed rather than the boy, himself." Most recent indications are that this teacher has come to find consultation of "great value" and has attained a higher degree of self awareness.1/

Usefulness of the Service

No attempt will be made to measure quantitatively the usefulness of the service. It is certainly tempting to try to answer the question: Just how valuable is consultation? Unfortunately, this is beyond the scope of the present study which lacks both criteria and methods for such

1/In speaking with the principal the teacher has acknowledged, "I have a problem... I favor girls over boys." The school administration had been well aware of this, and of this teacher's tendency to be over solicitous toward his girl pupils. However, it was not until consultation had been inaugurated and the problem dealt with, by implication, that the teacher was able to discuss this openly with the principal and seek the latter's help.
measurement. Thus, if one, or even twenty consultees were to rate the service as "extremely valuable", we would still have to ask, "valuable, in what way?", and, "by what standards?" Conversely, even if the consultee disclaims having gotten any help through the consultation, we still cannot rule out the possibility of beneficial side effects without a careful investigation. Therefore, "usefulness" will be discussed from the standpoint of consultees' estimates of what the service meant to them. The examples given are subjective impressions of teachers and principals whose contact with Dr. C. has varied from a single meeting of perhaps fifteen or twenty minutes, to a half dozen or more, lengthier consultations.

Several of the illustrations cited above (see "I" and "J") give insight to the way consultation has been received. Miss S, whom the author spoke with at the outset of the study, said, "you will probably find that most teachers have found Dr. C. to be reassuring." While this does seem to be a common response, it is strikingly more familiar on the administrative level than on the teaching level. Of the five principals I spoke with, three had had fairly frequent and close contact with Dr. C. while the other two had virtually none and did not commit themselves to an opinion. Remarks of the three who were best acquainted with the service were surprisingly similar:

Mr. I. feels that Dr. C. "lends support as an outside authority" and that "he is warm, friendly and reassuring." He felt that "the teachers have seen a difference in each case."

Mr. T. spoke of the value of an "objective", "outside party" who can often "see things from a different perspective." He felt that one of his teachers was "better able to accept advice and support from Dr. C. because he was an outside third party" and as such was not as threatening as a school administrator.

Mrs. M., who felt that consultation had been "very helpful" to her, said that Dr. C. had "reinforced" her own ideas. "It is good to
have someone to talk over a situation with, get new ideas, and have your own opinions backed up."

At least one teacher had much the same reaction as those above:

Miss M. said, "Dr. C. was easy to talk to. It is very good to have someone like that around. It gives you a sense of security to know that some outside person is interested in your problem and is available to help with it."

Roughly half of the teachers who spoke with Dr. C. considered this to have been very helpful in their particular situation, while most of the others found it to be of at least some merit. A majority of teachers felt that consultation services were of great value and should be extended to all schools as part of the total educational program.* Most teachers felt that Dr. C. increased their understanding of the problem, to some extent, while at least a third of the consultees thought their understanding had been greatly increased by the consultation.* A third of the consultees, attributed improvement in the situation, at least in part, to have spoken with Dr. C.*

The chart on the following page is designed as a summary of some of the material presented in this chapter. Although it is presented in tabular form, it is not intended to show cause and effect relationships for the reasons stated above. Thus, although there may have been close agreement on problem and goals, and although the consultee may have felt Dr. C. to have been very helpful, we should not make the error of automatically attributing improvement to the consultation. Conversely, different perceptions of problem and goals, does not necessarily preclude a 'valuable' consultation service.

I have set up three categories of agreement on goals, namely complementary, partly complementary and divergent. Those goals are com-

--- This information is based on questionnaire responses. See Appendix D.
Table 4. The Twenty Cases According to Agreement Re Problem, and Goals, and According to Consultee's Estimates of Current Situation

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Categories of Agreement Re Basic Problem</th>
<th>Categories of Agreement Re Goals</th>
<th>Consultee Estimates of the Current Situation</th>
</tr>
</thead>
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<tr>
<td>Totals</td>
<td>9</td>
<td>4</td>
<td>5</td>
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</table>
lementary where the service which the consultant offers is essentially that which the consultee desires. Partly complementary goals include those instances where the type of help given by the consultant is to some extent at variance with the consultee's expectations. Divergent goals are those in which the aims of the consultant are largely counter to the expressed request or expectation of the consultee.
CHAPTER IV
CRISIS-LIKE CONSULTATION

According to Caplan:1

"Situations of crisis in which the educators are upset by emotional involvement in a pupil's problems, are not uncommon in consultation practice. The technique developed for dealing with them is termed, "crisis consultation." Our goal is to help the teacher with his own problems through helping him deal with the related problems of the child. The aim is to turn the situation into a corrective emotional experience for the teacher, within the framework of his professional functioning.... Other things being equal, the most fruitful contact seems to be initiated where the consultee is most intensely motivated in calling for help. The greater his anxiety and emotional disturbance regarding the problem and the more intense his feeling of urgency, the more auspicious the situation appears for a useful consultation contact."

One of the questions posed at the outset of this study was: How important are the factors of timing, (does it matter just when the consultant arrives on the scene) and the emergent nature of the problem? Does it matter how urgent the consultee feels the situation to be? Caplan indicates that timing and urgency are at the very heart of the matter - that the most significant gains are made by "striking while the iron is hot." Furthermore, he doubts whether a "workable consultation contact can be initiated compulsorily" (i.e. where the invitation has not been voluntarily extended by the consultee.) This brings us to a second question: Does it make any difference which person in the school system initially sought the help of the consultant on a particular case?

These three matters, timing, urgency and 'voluntary' vs. 'compulsory' consultation, will be taken up in this chapter, then, with partici-

ular emphasis on how they relate to Caplan's concept of "crisis consultation." The importance of such other factors as previous knowledge of, or experience with the Guidance Center, and length and frequency of the consultation contact will be discussed briefly.

How "well timed" the appearance of the consultant was, can never be determined with absolute certainty since the peak of the crisis can only be identified after it has been reached. Of his work in Israel, Caplan says:

"We became aware of a crisis through the number of telephone calls and telegrams from the place and from the amount of pressure that was brought to bear upon us through other channels. We would use this as a sort of barometer, and chose only places that exceeded a certain threshold of pressure."

In Hillside (as in Wellesley) the opportunity for deliberately "timed" intervention is not quite the same since consultation has been instituted on a periodic basis which precludes the development of a situation of extreme crisis, in most instances. As a result, the possibility for providing the consultee with a "corrective emotional experience" is somewhat lessened. Although Caplan's theoretical framework is not exactly applicable under these conditions, there is sufficient similarity between his work and consultation in Hillside, for most of these principles to apply. Crises in Hillside do not seem to have had the dramatic intensity of some which Caplan describes. For this reason the term crisis-like will be used in reference to those acute problems which arose in Hillside, but which were perhaps less urgent than those situations from which Caplan has derived his theory and technique. In order to identify a clear cut

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1/ Gerald Caplan, The Dynamics of Mental Health Consultation, p. 3a.
2/ Crisis-like is the author's term. It includes those cases subjectively estimated by the consultant, the consultee, and the author (based on interviews with consultee and principal), as "somewhat" or "extremely urgent."
group of crisis-like cases, as well as a clear cut group of non-crisis cases, for purposes of comparison, the following method was used. (Note: The method is presented in detail since it is felt that the validity of the discussion of crisis consultation rests on the method used for determining what constituted a crisis-like case and a non-crisis case).

Method for Selecting Crisis-like and Non-crisis Cases

Four categories were set up: (1) not a problem from consultee's point of view, (2) mildly disturbing, (3) somewhat urgent, (4) extremely acute. I then grouped the twenty cases under these four headings according to the estimates of consultant, consultee, questionnaire and myself.

The consultant was simply asked to rate each case on the basis of his own criteria and experience and without knowledge of consultee's or my own estimate. The consultee was never explicitly asked at the time of the interview to rate the degree of urgency, since it was felt that such direct questions would not only tend to limit the interviewee's choice of response but might actually be putting words into the mouth. Generally the consultee furnished this answer (frequently at the very start of the interview). If not, I would ask a 'focusing' question of the type: "Could you tell me what the situation was like at the time you spoke with Dr. C?" On the basis, then, of the consultee's actual verbal response during the interview, I listed the case under one of the four headings. Of course, a large subjective element entered into this categorizing, although occasionally the consultee used the very words in
the scale, or made a remark\(^1\) that left little doubt as to the degree of urgency.

The questionnaire required the teacher to rate the situation specifically according to one of the four established categories. Theoretically, answers should coincide with those which I extrapolated from the interviews. Although questionnaire and interview responses were quite similar they were not identical.\(^2\) However, perfect agreement was neither expected nor required for purposes of selecting clear cut groups of crisis and non-crisis cases.

The fourth method of grouping, my own estimate, was in effect a subjective evaluation of the consultee's remarks during the interview. Thus, if a teacher claimed that the case was "not really a problem" from her point of view, but then proceeded to discuss it at great length and with obvious emotional involvement, my own rating would be "mildly disturbing" or "somewhat urgent" although the consultee interview would have been rated at face value (i.e. as, "not a problem from consultee's point of view").

\(^1\) Thus the teacher who said she was at her "wits' end" could readily be grouped as considering the situation 'extremely acute', while another teacher, who claimed merely to be seeking information about referral on behalf of her pupil's aunt, was regarded as not having a problem from her point of view.

\(^2\) There seemed to be a certain amount of upgrading in the questionnaires as compared to the interviews. A variety of factors may account for the differences between interview and questionnaire responses. The privacy and confidential nature of a questionnaire may be less inhibiting than the presence of the interviewer, the problem itself may have flared up again since the consultation thus altering the consultee's perception of urgency, or, the research interview may in itself have had the effect of modifying the consultee's perceptions. These are but a few factors which may account for different estimates of the degree of urgency and further study would be needed to explain or reconcile them.
The results of these four sets of groupings are presented in Table 5. Only those cases were considered crisis-like which reflected agreement, according to all four estimates, that they were at least "somewhat urgent." Only those cases were considered non-crisis on which all four estimates found them to be no more than "mildly disturbing." Seven cases fell under the heading of crisis-like while six could be categorized as non-crisis.

Table 5. The Twenty Cases Grouped According to Degree of Urgency by Four Different Methods

<table>
<thead>
<tr>
<th>Method of Grouping</th>
<th>Degree of Urgency</th>
<th>Not a Problem from Consultee's Viewpoint</th>
<th>Mildly disturbing</th>
<th>Somewhat Urgent</th>
<th>Extremely Acute</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant's estimate</td>
<td>2</td>
<td>10</td>
<td>8</td>
<td></td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Consultee's interview responses</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>2</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Consultee's questionnaire responses</td>
<td>4</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td></td>
<td>18*</td>
</tr>
<tr>
<td>Author's estimate</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>4</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

* Based on fifteen replies, three of which covered two cases each.

In general the consultant's estimates were slightly more conservative than those of the consultee. Also, the consultee's questionnaire responses were slightly higher than those given during the interviews.

Timing

It will be recalled that one of the questions posed at the outset of this chapter concerned the importance of the timing of the consultant's entry into the problem situation. In none of the six non-crisis cases
did timing seem to be a significant factor in the consultation, unless it can be inferred that the consultant's entrance was premature. In four of these cases the service was not sought by the teacher. The teachers' anxiety and involvement were slight and in only one of these cases was the teacher enthusiastically positive toward her own experience with consultation. The other two non-crisis cases were both brought to the consultant by the same teacher who disclaimed her own involvement with them. She was well satisfied with the consultation but had no suggestions or recommendations, "because I haven't had enough experience with it yet."

There is no way of knowing whether deferred action by the consultant in these six cases would have resulted in the heightened consultee anxiety which Caplan sees as a prerequisite to optimum consultation contact.¹

For the reason stated above (see page 36) it does not seem possible to determine quantitatively how "well timed" the consultation was, even in cases that were obviously crisis-like. In perhaps two or three of the seven cases which fall into this category the timing may have been "off" although there is little direct evidence one way or the other. However, in a few instances it appears that the consultant came upon the scene "in the nick of time." A case in point (mentioned previously) is that of the teacher who admitted being at her "wits end" when Dr. C. arrived. In another instance, while teacher and Dr. C. were conferring about one youngster, a second child threw a tantrum in the adjoining classroom and became a consultation case on the spot! The mother of two other children is described as an "alcoholic". When she has been drinking, she becomes

critical, abusive and threatening toward the teachers, the principal, and the school; when she is sober, her attitude is quite the opposite and she is appreciative of their efforts. The consultant came into this case shortly after the mother had one of her "bad" spells and had taken it out on the consultee. The latter's anxiety was near a peak in terms of this particular situation. And finally, (mentioned previously) is the teacher who had virtually given up trying to work with a 'slow-learner' and wanted him placed in special class. Delayed intervention by the consultant may have resulted in further deterioration in the teacher-child relationship and/or special class placement having become a 'fait accompli'.

From the examples cited above it can be seen that 'timing' is an important element in crisis consultation. Where no crisis exists, 'timing' may either be of little significance, or it may be that the consultant has to avoid making a premature appearance on the scene.

Degree of Urgency

A second question raised at the beginning of the chapter concerned the importance of the degree of urgency which existed. It is beyond the scope of this study to attempt to determine whether or not a consultee had a "corrective emotional experience." However, there seems to be some evidence that changes in teachers' attitudes are associated with crisis consultations. At the same time no evidence could be found in any of the six non-crisis cases that a teacher's attitude or perception of the situation had changed.

The examples listed below are presented as indications of changes in teachers' attitudes following crisis consultations.
Example A: Miss T. wondered "how much to clamp down" on a youngster in her special class. Her real anxiety in the situation, however, centered around the threatening, antagonistic attitude of the boy's mother, toward herself, toward special class, and toward the school. She told the interviewer that she felt "threatened by the mother" and "was beginning to take it out on the child." The situation is now "improved" and she attributes this to a "change in own attitude." She feels Dr. C. "supported" her when she was at her "wits' end".

Example B: Mrs. G. wanted Bob removed to special class because he was not learning. She had virtually 'given up on him' and could only perceive him as a stumbling block and source of great frustration to her. She was also beginning to see Bob as a behavior problem, and her "predecessors" had led her to believe that the family was not especially worried about the situation. She was interviewed after five consultation contacts which covered a two month span. She spoke of Bob with affection and sympathetic concern. She no longer regards him as being innately 'dull' but now feels "he doesn't use the brains God gave him." She was "surprised" when she spoke with the mother, to find that "she was really quite concerned and willing to do anything she could to help Bob at school." Mrs. G. has also found other positives in the situation. She speaks highly of Bob's mechanical aptitude and ability to work with his hands. She now finds him a very likeable youngster and recognizes his popularity with the other children. Mrs. G. acknowledges that she "might have been expecting too much of him."

The examples cited above are the most striking illustrations of changes in teachers' attitudes following consultation. The other crisis-like cases also showed evidence of changes in the attitudes of the consultees although these were less marked.

Voluntary versus Non-voluntary Consultation

By non-voluntary will be meant all those consultations which were originally sought by someone in a higher position of authority than the consultee, e.g., the principal or superintendent in the case of a teacher. In practice consultations which were arranged by principal or superintendent could scarcely be refused by the teacher and therefore were something less than voluntary. There is no evidence that any consultation which Miss S. scheduled, was refused.
Voluntary consultations include all those that were originally solicited by the consultee.

Using these definitions it is found that eleven voluntary and nine non-voluntary consultations took place, according to the consultees' statements. The consultant's opinion of who sought the service is somewhat different from these reports. In several cases, disagreement seems to be a matter of semantics rather than a sharp misunderstanding. However, in order to select clear cut groups of non-voluntary and voluntary consultations, only those cases were chosen for comparison on which consultant and consultee concurred on the question of who sought the service originally.

Table six presents the twenty cases according to the consultee's report of who sought the service originally, and according to the consultant's understanding of how this was arranged.

It should be noted that while the totals shown in Table 6. compare almost identically, there is agreement between consultant and consultee in only thirteen of the twenty cases. In eight of these cases the consultation was voluntary while in five it was non-voluntary according to the criterion which was established above.

1/ In one instance the consultant said, "Miss S. arranged the consultation after the teacher asked for it." The teacher said, "Miss S. knew of the problem and one day Dr. C. 'just dropped in.'" The teacher had not specifically requested consultation since she did not know of the service at the time she spoke with Miss S.

2/ It might be argued that only the consultee's statement regarding who sought the service should be the criterion since consultee's perception of this determines whether it was seen as non-voluntary or voluntary. However, in some cases the consultee did not remember too clearly just how the initial consultation had been arranged.
Table 6. The Person Who Originally Sought Consultation According to Consultee's Statement and Consultant's Understanding

<table>
<thead>
<tr>
<th>Case Number</th>
<th>According to Consultee</th>
<th>According to Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher Principal Super-</td>
<td>Teacher Principal Super-</td>
</tr>
<tr>
<td></td>
<td>intendent</td>
<td>intendent</td>
</tr>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td>X</td>
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<tr>
<td>3</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
<td>X</td>
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<tr>
<td>5</td>
<td>X</td>
<td>X</td>
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<tr>
<td>6</td>
<td>X</td>
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<tr>
<td>7</td>
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<td>X</td>
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<tr>
<td>9</td>
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<td>X</td>
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<tr>
<td>10</td>
<td>X</td>
<td>X</td>
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<td>11</td>
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<td>12</td>
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<td>13</td>
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<td>14</td>
<td>X</td>
<td>X</td>
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<td>15</td>
<td>X</td>
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<td>16</td>
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<td>17</td>
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<td>18</td>
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<td>X</td>
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<tr>
<td>19</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>20</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>4</td>
</tr>
</tbody>
</table>
At the beginning of the chapter the question of whether it made any difference which person in the school system initially sought the help of the consultant, was posed. The word "difference" in this context requires further definition. It would be fallacious to compare the end products of various consultations and then attribute any differences which might be found to the manner in which the consultation was arranged. Intensive scrutiny might indeed reveal a close connection but would be beyond the scope of the present study. Therefore, in discussing the different effects of non-voluntary versus voluntary consultations, the topic will be dealt with qualitatively and subjectively. This means that the consultees' direct statements will be used as evidence for the effects which can be attributed to the manner in which the first meeting with Dr. C. was arranged. It also means that the writer's own impressions, based on consultant and consultee interviews, will be freely offered.

The five cases in which consultation had been originally sought by either principal or superintendent, involved three teachers. Each of these consultees indicated that the initial meeting, at least, had been threatening. The following excerpts from the writer's interviews with the consultees illustrate this.

Miss U's first meeting with Dr. C. had been arranged by Miss S., who, along with the principal, attended. Miss U. said, "I guess I did most of the talking. Dr. C. didn't tell me much and after the consultation, the principal, Miss S. and Dr. C. left and I don't know what they talked about." Miss U. became defensive as she discussed the consultation. She said that someone like Dr. C. should "get all sides of the situation" and she seemed to feel that the consultation implied that she was at fault in some way. She commented that there were "too many experts" and that it was "impossible for anyone to be able to give an opinion without getting the full picture." Miss U. also expressed concern because she "never got the 'reports' on the youngster which Dr. C. was going to obtain." Throughout the inter- view Miss U. conveyed the impression that she felt excluded from much that went on, and that she felt things were discussed 'behind
her back.

Mr. D's first remarks to the interviewer are revealing. He emphasized, "I didn't ask to speak to Dr. C. - Mr. I, the principal, wanted me to." He said, "I told Dr. C. what had happened and he didn't say much - just agreed with me - so I suppose I must have been right. Dr. C. said that as long as I marked Eddie the way I thought he deserved, I had nothing to worry about."

It appears that Mr. D. perceived Dr. C. as a powerful and influential expert who had come to judge whether he had been "right" and whether he had anything to "worry about". (It seems that more recent consultations with Dr. C. have helped to modify this earlier impression.)

The excerpts taken from interviews with consultees who had voluntarily sought the consultation service are in distinct contrast to the examples given above. In eight cases, involving four teachers and one principal, there can be found no evidence that consultation was threatening. In all but one case the teacher received the sort of help which she had anticipated. Two illustrations are given.

Mrs. E. had asked to speak to the consultant in order to find out about referring two of her fifth grade youngsters to the Guidance Center. "I wanted confirmation of my own opinion that Paul be referred to the Clinic and that Norman not be referred. Dr. C. told me that Paul was the kind of child which the Clinic might accept, and agreed with me about Norman."

Mrs. E. spoke of the consultation in a matter-of-fact way. She had apparently expected nothing more nor less than what was received, and appeared well satisfied with the service.

Mrs. M. was one of the first to request Dr. C.'s assistance. As principal, she was well acquainted with the problems of several youngsters in her school. In two instances the situation was quiescent but she was anxious to prevent reactivation of these problems. Dr. C. apparently provided both the concrete advice and emotional support which she had been seeking. She found it very "easy" to talk to Dr. C. and only regretted that it was "so difficult to find more time to speak with him."

Mrs. M. appreciated the service and found it very helpful. She was able to make good use of consultation.

1/ In this case the teacher was disappointed by what she felt to be a lack of interest on the part of the consultant.
The comparison of non-voluntary and voluntary consultations indicates that the manner in which the initial consultation was arranged is significant. Fear, suspicion, and resistance seem to be aroused in those consultees who did not voluntarily seek contact with Dr. C. Consultees who took initiative in arranging the original meeting with Dr. C. were generally well satisfied with the service and gave no indication that it aroused anxiety.

In one case a productive series of contacts seem to have followed the initial one, which was non-voluntary. This is of especial interest in view of Caplan's doubt that a "workable consultation contact (could) be initiated compulsorily." Whether Caplan would agree with the writer's definition of compulsory (i.e. non-voluntary) and whether he would regard this case as a "workable consultation contact", will have to remain unanswered for the time being.

Knowledge of Guidance Center and Consultation Service

The majority of consultees had little or no knowledge of the Guidance Center prior to speaking with Dr. C. It is difficult to assess just how important this knowledge, or knowledge of mental health resources in general, might be in regard to the consultee's acceptance and fruitful use of the consultation service.

All four consultees who appeared to be best acquainted with the Guidance Center were very enthusiastic about their experience with consultation. Two of these consultees had actually sought Dr. C's help shortly...
after it was made available. The other two expressed an active interest
in speaking with the consultant. In each of these instances the consultee
had definite and realistic expectations of what the consultant would be
able to do for them.

A group of eight consultees had no knowledge of the Guidance Center
prior to meeting with Dr. C. Among this group were the three who were
exposed to compulsory consultation. It is reasonable to speculate that
if they had been better informed on the mental health program in the area,
they might have been less fearful and suspicious of the consultation.
Another teacher's dissatisfaction with the service stemmed largely from
her misunderstanding of what information Dr. C. could provide, and what
connection existed between the consultation service and the Guidance Center,
itsel.

Further evidence suggests that lack of knowledge of the consultation
service and the mental health resources offered by the Guidance Center
seriously reduces the potential effectiveness of the consultation program.
One teacher described at great length the difficulties she was having with
a child in her class. She had not even mentioned him to the consultant
because he had come to discuss another youngster and she had not realized
that he might be interested in this one also. A few teachers did not know
how they might arrange future meetings with Dr. C. Several were unclear
about the sort of help they could expect from him. Yet these were the
teachers who had had some contact with Dr. C. and who were able in most
instances to increase their understanding of these services. How many
others are unaware of the opportunity for consultation or the channels
for seeking it?
Duration and Frequency of Consultation Contact

The writer feels that while practical considerations may now govern how often and how long the consultant continues working with the consultee, a theoretical optimum of frequency and duration does exist in each case. Some day these two elements may be taken into consideration for more conscious and deliberate planning.

The short time span covered by this study makes any meaningful discussion of duration extremely difficult. At least one-fourth of the cases are still "in process" which means that they are either slated for periodic follow ups, or are kept open pending receipt of physical, neurological or psychiatric reports on the youngster. The disposition of another six or eight cases is somewhat less clear. In several of these cases the next step has been left to the teacher, while in others an informal check is maintained with the principal. Less than half of the twenty cases are considered by the consultant to be "closed". If only these were to be considered in a discussion of duration, the findings would be prejudiced since cases carried over a longer time span are excluded. Even this group of eight or nine "closed" cases had little in common. It included voluntary and compulsory consultations and cases that varied widely in degree of urgency.

Frequency can be discussed more easily than duration since, by the definition used here, it is the number of consultations per case within a given span of time. In those situations where one teacher was concerned with two or more youngsters, a single meeting with Dr. C. might have been used for discussing a number of cases. In this event several consultations would be recorded for statistical purposes since the focus is consultations
per case rather than per consultee. Thus, although there were 36 visits
with teachers and principals, there were \( \frac{1}{4} \) consultations on the twenty
cases.

The number of consultations per case in the four month period
covered by this study ranged from one to five. It should be remembered
that these figures represent frequency of consultation and are not final
totals since a majority of cases are not yet closed. Similarly, the
average of slightly more than two consultations per case will increase
before all of these first twenty cases are closed.\(^1\)

There are four types of disposition: (1) closed (2) next step left
to teacher (3) follow-up (4) in process. These categories are not
necessarily mutually exclusive. Thus, "in process" and "follow-up" are
very much the same. The former has a more active and continuous connotation,
whereas the latter implies a certain amount of closure. A few of the half
dozens cases in which the next step has been left to the teacher, are
"closed" for all practical purposes judging from the author's interviews
with these teachers.

As might be expected, there is a good correlation between frequency
of consultation contact and degree of urgency of case. Going back to the
two groupings of crisis-like and non-crisis cases established earlier in
the chapter, a striking contrast in frequency is noted. During the four
month period of study there were a total of 24 consultations on the seven

\(^1\) Present indications are that the final average will be close to three
consultations per case. About six or eight cases will probably be con-
cluded with one more interview while another two or three that are not yet
technically listed as 'closed' will probably have no further consultations.
crisis-like cases as compared with 9 consultations on the six non-crisis cases. In this latter group there were no more than two consultations on any one case. In the crisis-like group one case required only two consultations while each of the others required three or more. Table 7 presents this data with the current disposition.

Table 7. Comparison of Non-Crisis and Crisis-like Cases According to Frequency of Consultation and Disposition of Case

<table>
<thead>
<tr>
<th>Degree of Urgency</th>
<th>Case Number</th>
<th>Number of Consultations</th>
<th>Current Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-crisis Cases</td>
<td>1</td>
<td>1</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>1</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>2</td>
<td>In process</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>2</td>
<td>In process</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>2</td>
<td>Next step left to teacher</td>
</tr>
<tr>
<td>Crisis-like Cases</td>
<td>4</td>
<td>4</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>2</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>4</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>5</td>
<td>Follow-up</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>3</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>3</td>
<td>Next step left to teacher</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>3</td>
<td>Next step left to teacher</td>
</tr>
<tr>
<td>Unclassified Cases</td>
<td>3</td>
<td>1</td>
<td>Next step left to teacher</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>3</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>1</td>
<td>Follow-up after first of year</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>1</td>
<td>In process</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>1</td>
<td>In process</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>1</td>
<td>Next step left to teacher</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>2</td>
<td>Next step left to teacher</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

Comparison of closed cases in each group highlights the difference
in frequency between non-crisis and crisis-like cases. The three closed cases in the former group totaled just three consultations; the four closed cases in the latter group totaled thirteen consultations.

Chapter four has presented a discussion of crisis consultation along with the writer's methodology for identifying two clear cut groups of crisis-like and non-crisis cases for comparative purposes. The concepts of timing and degree of urgency were discussed with particular reference to crisis consultation. Other factors, including voluntary and non-voluntary consultation, knowledge of Guidance Center and consultation service, frequency and duration of consultation contact, and relation of frequency of consultation to degree of urgency, were also taken up in this chapter. The writer feels that they are among the more important elements in the consultation process.
CHAPTER V
SUMMARY AND CONCLUSIONS

This study was undertaken in an effort to learn how a consultation operates and what factors may be significant in determining its effectiveness. More specifically, the following questions were asked:

1. What type of cases were chosen for consultation?

2. To what extent is there agreement between the consultant and the consultee with respect to the problem, and to the goals? How did the consultee perceive the value of the service?

3. How important are factors of timing, emergent nature of the problem, frequency and duration of consultation contact, previous knowledge of the Guidance Center and/or the consultation service, and manner in which the consultation was arranged.

4. What casework techniques and principles are found in consultation?

The author sought the answers to the above questions via a series of interviews with some consultees and their consultant. A supplementary questionnaire was distributed, after these interviews had been completed, to obtain additional information on a few points. The study focused on the first twenty cases brought to the consultant's attention from the five elementary schools and special class in Hillside.

It was found that the cases were fairly evenly distributed through the five schools. Eleven of these first 20 cases were chronic while nine were of recent origin. The great majority of cases involved boys, the
actual total being 17 boys as compared with three girls. Most of these youngsters came from the first three grades with the heaviest concentration in grade two. Eight cases came from this grade alone, with thirteen coming from the first three grades combined. Problems were grouped under four headings: academic, behavior, parental, and "other" according to the chief complaint brought to the consultant at the initial consultation. There were more behavior problems (eight) than any other type. The remaining dozen problems were rather evenly distributed among the three other categories. Academic and behavior problems comprised ten of the eleven cases in the chronic group while there were five parental problems out of the nine recent cases.

In order to examine the extent of agreement between consultant and consltee on the basic problem, the author established four categories. It was found that two cases fell into the first group of those that suffered through faulty communication of one sort or another. In nine cases there appeared to be close general agreement between the parties involved. Four cases fell into the third category of those showing similar perceptions but with a large component of teacher involvement as seen by the consultant. The fourth category also contained four cases, all of which were seen by the consultant to present teacher involvement as the key factor.

Consultant - consltee goals were considered according to whether they were "complementary", "partly complementary", or "divergent". In eight cases goals were complementary, in nine cases goals were partly complementary and in three cases goals were divergent. A very close relationship was found between goals and extent of agreement on the basic problem.
Thus, where there was general agreement with respect to the basic problem, goals were mostly complementary; where there was a large or major component of teacher involvement, goals inclined to be partly complementary; where there had been an initial misunderstanding, goals were divergent.

Consultees were generally enthusiastically positive toward the service. It was very well received on the administrative level and those principals who had had most experience with it were also more vocal in their praise. Most teachers felt that there was great value in having consultation services available; some teachers felt there was at least some value, and a few teachers felt that consultation was of doubtful value. In terms of the value of consultation in their own personal situation, teachers were slightly less enthusiastic. In nearly half the cases teachers thought that the service had been very helpful, in almost the other half of the cases teachers felt consultation had been only slightly helpful and in a few cases the teachers found no significant merit in speaking with Dr. C. Where several teachers found the end result of speaking with the consultant to have been slightly helpful, they may at the same time have expressed negative attitudes or criticism of the service. Since one of the prime aims of consultation is to help the child's situation through working with the teacher, it was natural to compare the problem at the time consultation was sought, with the current situation. It was noted that consultation was but one of many factors which might have contributed to change or improvement in a case. In five cases teachers felt the situation had become much better; in ten cases slight improvement was noted; in four cases there appeared to have been no
improvement, and in one case things seem to have gotten worse. In about one third of the cases, teachers attributed at least some of the improvement directly to the consultation. In the other cases teachers felt that they either could not account for change in the situation, or, in a few cases definitely attributed change to factors other than the consultation.

A discussion of crisis consultation and some of the factors which seemed to be significantly related to it, was the subject of chapter four. The matter of timing, the point at which the consultant enters the case, was taken up after the methodology for selecting crisis-like cases had been presented. It was seen that there were difficulties in establishing criteria for evaluating timing. Remarks of consultees indicated that it was probably an important factor in crisis consultation and of less significance where the situation was not urgent. However it was inferred that in some non-crisis situations timing may have been premature, and deferred action by the consultant might have led to a more fruitful contact.

The question of the importance of the degree of urgency which was present when the consultant arrived, was next discussed. It was found that changes in teachers' attitudes were associated with crisis consultations but were not seen in non-crisis consultations. The author feels this to be one of the more significant findings of the study and believes that further research in this area would have considerable value.

The importance of the manner in which consultation was arranged was investigated by defining two categories of voluntary and non-voluntary consultations. Whether the consultee asked to see Dr. C. or was asked to see him, mattered greatly. Consultees who took initiative in arranging the original meeting with Dr. C. were generally well satisfied with the
service and gave no indication that it aroused anxiety. On the other hand, fear, suspicion and resistance characterized those consultees who did not voluntarily seek consultation.

Very few of the consultees had any knowledge of the South Shore Guidance Center or the consultation service prior to speaking with Dr. C. The four teachers who appeared to be best acquainted with these resources were very enthusiastic about their experience with consultation. They also had been active in seeking a meeting with Dr. C. The eight teachers having no previous knowledge of the Guidance Center included all those who were fearful, suspicious or resistant to the service. Teachers in this group showed many misconceptions about the service and in several instances did not know how future consultations might be arranged, how referrals to the Guidance Center could be made, or how the consultant might be of further help to them. The potential effectiveness of the consultation program is seriously reduced through this type of ignorance. A program of mental health education and/or orientation to the consultation service and community resources could obviate this difficulty.

The author found it difficult to discuss the concept of duration of the consultation contact since less than half of the cases studied had been closed. There was the further complication of the limited time span covered by the study which in itself ruled out the possibility of finding long term contacts. However, frequency of consultation was less dependent on these factors. It was seen that the number of consultations per case varied from one to five, with the present average being slightly more than two per case and the expected final average nearly three consultations per case. Frequency of contact and degree of urgency of case seemed to
correlate closely. There were 24 consultations on the seven crisis-like cases compared to 9 on the non-crisis cases for an average ratio of $3.4 : 1.5$ consultations per case.

Consultation and Case Work

At the present time consultation is being practiced by case workers, psychologists and psychiatrists. As this type of service gains wider recognition and acceptance, the question of which discipline or disciplines are best equipped to offer the service may arise. The writer feels that such issues are best decided on the basis of individual training, experience and ability. Consultation is a delicate art requiring specialized knowledge, broad experience and great sensitivity. As the process becomes further understood, better developed and more refined, greater demands will be made of the consultant for specialized training and a period of in-service, supervised field experience. However, underlying the specialized techniques of consultation is a body of knowledge generic to all three disciplines and a set of principles which have been particularly well developed by the field of social work. The generic base includes a thorough understanding of psychodynamics - the forces which underlie human motivation and behavior. It also includes the consultant's conscious use of self in his interaction with the consultee. The chief principle on which effective consultation is based, is acceptance - sincere acceptance of the consultee as an individual and as a co-professional person, non-judgemental acceptance of the consultee's situation and of the difficulties of the youngster in question. Principles of interviewing, the medium through which consultation operates, have been an
important concern of social work. However, the author does not intend to present a treatise on social case work principles, but merely hopes to indicate the close connection between consultation and social work theory and practice. A further element of similarity rests in the concept and use of relationship - the interaction of two people working together toward a common goal. It depends on the consultee's desire for help and the consultant's ability and desire to offer help. The latter's function then becomes that of 'enabler' and is directed toward helping the consultee find a more effective solution to the problem.

The specific techniques utilized by the consultant in each case would only appear in a process record of contacts with the consultee. This information is not available. However, on the basis of the author's talks with the consultant and consultee several general points can be made. In practically every instance the consultant quickly was able to establish a positive relationship with the consultee and was able to demonstrate his interest and desire to help. In most cases, particularly those that extended through two or more contacts, the consultant was also able to demonstrate his accepting, non-judgemental attitude. He was able to provide the emotional support needed by several consultees during a period of stress. He provided at least a few consultees the novel experience of a non-critical, non-threatening authority figure. In some situations the consultee was merely offered a chance to 'ventilate' feelings towards a child or parent, thereby relieving some of the pressure. In other situations the consultant went further and helped clarify some of these feelings and helped to reduce the anxiety and guilt connected with them. Techniques of environmental manipulation were seen in several cases.
The most common example involved working with the principal and superintendent to help them support a teacher in a particular area of difficulty. On a few occasions the use of other resources such as the Guidance Center, itself, or the remedial reading instructor, was suggested. In addition to the accepting, supportive attitude of the consultant, direct steps were often taken to relieve the consultee's guilt or to maintain a workable level of anxiety. In summary, it appears that the prime factor in effective consultation work is conscious and skillful use of the relationship. Improvement in the consultee's situation, if linked to the consultation service, would seem to have come through experiential therapy rather than through insight. The teacher, "through identification with the consultant's attitudes... may be able to mobilize sufficient strength to overcome his personal problem directly, or to solve the parallel problem of the child."[1]

This brief discussion of consultation and case work has been presented to show the close connection between these two types of helping process. It may serve as a starting point for some further, more detailed analysis of similarities between them. It should be noted that there are numerous techniques which have been developed by consultants and are unique to the consultation method. Discussion of these is beyond the scope of this study. The reader is referred to the writings of Dr. Caplan for a full exposition of the principles and techniques of consultation.

Basic casework principles and techniques were found to underlie the consultation process. The prime factor in effective consultation work

appeared to be conscious and skillful use of the relationship.

This study seems to indicate the vast possibilities for productive mental health work through consultation services to public schools. The significance of certain factors in the consultation process has been demonstrated and the need for further study in many of these areas was stressed. The writer feels that this field will expand and develop greatly during the next few years. Social case workers seem particularly well equipped by training to engage in consultation work. It should be stressed, however, that anyone entering the field of consultation must have additional, supervised training in the method, techniques and theory of this complex, difficult but highly rewarding endeavor.

Accepted:

David Landy
Research Advisor
**APPENDIX A**

**SCHEDULE I**

<table>
<thead>
<tr>
<th>Identifying information on case</th>
<th></th>
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<tbody>
<tr>
<td>Name:</td>
<td>I.Q.:</td>
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<tr>
<td>Age:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Presenting problem:</td>
<td>Date Reported:</td>
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</table>

<table>
<thead>
<tr>
<th>Identifying information on consultation</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date reported:</td>
<td>Principal:</td>
</tr>
<tr>
<td>Dates of consultation:</td>
<td>Who sought consultation?</td>
</tr>
<tr>
<td>School:</td>
<td>How many consultations? with whom?</td>
</tr>
<tr>
<td>Teacher:</td>
<td>Disposition of case:</td>
</tr>
</tbody>
</table>

**Interaction during consultation:**

<table>
<thead>
<tr>
<th>Attitudes of consultee (in terms of anxious, threatened, friendly, aloof, involved, cooperative and so forth):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudes of other persons concerned (e.g. principal, superintendent):</td>
</tr>
<tr>
<td>Were consultations separate or joint?:</td>
</tr>
<tr>
<td>If joint, how was it handled?</td>
</tr>
<tr>
<td>How was it perceived by those involved?</td>
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</tbody>
</table>
APPENDIX B

SCHEDULE II

This is the "interview guide" which the author kept in mind during his conversations with consultees. The following self introduction preceded each interview and was adhered to with as little variation as seemed practical:

"Hello, I'm Robert Cohen, a student at the Boston University School of Social Work. I'm working on my master's thesis and in this connection I am studying the consultation program in the Hillside schools. I am speaking with all the teachers who have talked with Dr. C. and I am interested in your impression of this service."

Generally, this introduction was sufficient. The interviewee would launch into an account of the problem, the meeting with Dr. C., the current situation and so forth. If points listed in the "interview guide" were not covered, the interviewer would focus the consultee on the topics desired. If the informant became anxious or defensive, the interviewer would strive to convey his interest, appreciation, acceptance and non-judgemental attitude in accordance with good casework practice; at the same time exercising care to avoid disturbing the consultant-consultee relationship. In this connection, the author readily answered questions about himself, his study, his affiliation with the Guidance Center, but politely avoided answering questions about Dr. C., his methods, consultation per se, or what the author was finding out during the study.
APPENDIX B (CONTINUED)

"Interview Guide"

Consultee's name:
Date of Interview:
Position in school system: Attitudes toward interviewer:
How long in school system: Attitudes toward problem:
Impression of problem:
   (a) At time consultation was sought:
   (b) At present time:
Expectations of consultation:
To what extent were expectations fulfilled?:
Theories re improvement or lack of it:
Theory of causes of problem:
How long has it persisted:
How did consultee learn of the service?:
How was the meeting with Dr. C. arranged?:
What is consultee's knowledge and/or experience with Guidance Center?:
Recommendations re future service:
Other pertinent comments or insightful remarks:
APPENDIX C

SCHEDULE III

Information given by the consultant was grouped in the following manner:

Who sought consultation:

Prevalent attitudes - an elaboration of item in Schedule I:

Impression of the problem including theory of underlying cause:

What were goals of the consultation:

Extent to which they were realized as indicated by statements of school personnel, follow-ups, inferential clues, impressions etc.

Reasons for improvement or lack of it (eg. negative attitudes on part of consultee, nature of the disturbance, insufficient contact)

Other comments (including suggestions for modification of technique):

Casework techniques most commonly employed:
APPENDIX D

The following questionnaire is part of the current survey of consultation services in the Hillside Schools. Please place a check mark before the phrase which best completes each statement. Although your contact with Dr. Cooper may have been very brief, please try to answer each part. Do not sign your name. After completing this questionnaire, enclose it in the accompanying envelope, and mail before March 9.

1. Was the consultation service, as offered by Dr. Cooper

   ___ exactly what had been expected?
   ___ something like what had been expected?
   ___ had no real expectations beforehand.
   ___ somewhat different from what had been expected.
   ___ very much different from what had been expected.

2. In your situation do you think speaking with Dr. Cooper was

   ___ very helpful.
   ___ slightly helpful.
   ___ of no significant merit.
   ___ essentially a waste of time.
   ___ a real nuisance.

3. In respect to your understanding of the background and reasons for the particular problem, would you say,

   ___ Dr. Cooper greatly increased this understanding.
   ___ Dr. Cooper shed some light on the basis of the problem.
   ___ Dr. Cooper had little to offer in this area.
   ___ Dr. Cooper was somewhat confusing.
   ___ Dr. Cooper was very confusing.

4. Since speaking with Dr. Cooper would you say that the situation has

   ___ become much better.
   ___ become slightly better.
   ___ remained about the same.
   ___ grown slightly worse.
   ___ grown much worse.

5. Where you have noticed a change in the situation, would you attribute this

   ___ in large measure a result of speaking with Dr. Cooper.
   ___ to some extent a result of speaking with Dr. Cooper.
   ___ probably to some other factors.
   ___ definitely to other factors.
   ___ impossible to really say what was responsible.
6. At the time you spoke with Dr. Cooper would you say that the situation was

- extremely acute.
- somewhat urgent.
- mildly disturbing
- not really a problem from your point of view.

7. Since speaking with Dr. Cooper would you say that your understanding of the South Shore Guidance Center has

- greatly increased.
- increased slightly.
- remained about the same.
- become somewhat less clear.
- become very unclear.

8. At the present time would you rate your knowledge of the South Shore Guidance Center as

- very good.
- good.
- fair.
- slight.
- very slight.

9. Would you say these services are

- of great value.
- of slight value.
- of doubtful value.
- of no value.
- somewhat harmful.

10. Would you recommend that the consultation services which are now being offered be

- extended to all schools as part of the total educational program.
- extended only to those schools which request it.
- discontinued.

This questionnaire was distributed personally by the author to each consultee along with a coded, self-addressed envelope. Thus, it was possible to match and then compare returned questionnaires with individual interview responses.
BIBLIOGRAPHY


