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Introduction

Carol A. Falender and Edward P. Shafranske

Consultation is a practice that plays an essential role in professional or health service psychology (HSP),¹ particularly in integrated care and inter-professional collaboration and in the evolving practice environments within the public and private sectors of society. Although it is most often used to enhance the quality of care in individual cases, consultation may also be directed to groups, including large health care, education, or other professional systems, such as departments of mental health, and in the corporate arena. No matter the area of their specialization, psychologists will undoubtedly engage in consultation in their careers, and for some, clinical neuro-psychologists or school psychologists, for example, it will constitute a primary focus. Competence in consultation is therefore required for professional practice in HSP as recognized in accreditation standards (American Psychological Association, Commission on Accreditation, 2018), the blueprint for education and training (Health Service Psychology Education Collaborative, 2013), and competency benchmarks (Fouad et al., 2009). Although widely agreed on as a competency and requirement for practice, consultation has not been a central topic in the graduate trajectory and has had high variability in content when

¹The term *health service psychology* reflects the newly adopted nomenclature. It refers to applied practice in the areas of clinical psychology, counseling psychology, and school psychology and is reflected in accreditation standards (American Psychological Association, Commission on Accreditation, 2018). We use *health service psychology* interchangeably with the commonly used term *professional psychology*.

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Consultation in Psychology: A Competency-Based Approach, C. A. Falender and E. P. Shafranske (Editors)

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it has been the subject of a dedicated course (e.g., school consultation; Hazel, Laviolette, & Lineman, 2010).

The practice of HSP is remarkably diverse and comprehensive: It provides services to clients in a multiverse of settings (e.g., private practice, community agencies, schools, universities, military, medical centers and health care organizations) and addresses an array of medical, psychological, and behavioral problems. Recently, advances in psychological science as well as initiatives in integrated care have led to reconsideration of professional practice and to a broadened view of HSP, going beyond the traditional HSP focus on mental health (Belar, 2012, 2016; Health Service Psychology Education Collaborative, 2013). We envision the future of professional psychology as offering an expansive horizon of opportunities for the application of psychological science to address individual and societal needs in respect to health and behavior. Consultation is integral to this transition within HSP as service provision expands from the silos of individual treatment to increased interprofessional collaboration and engagement in integrated care.

As the role of psychologists has expanded so has the scope of clients. The term *client* may now refer to the individual, group, population, or organization as the recipient of intended services or program. In addition to consultation aimed to improve individual patient care, system-level consultation (including cost-effectiveness analysis) will contribute to large-scale efforts to enhance effectiveness and increase economic efficiencies in the changing health care environment (Mihalopoulos, Vos, Pirkis, & Carter, 2011). Such transformations of clinical services involving the implementation of evidence-based and other practices will require training and ongoing consultation to be successful (Barlow, Bullis, Comer, & Ametaj, 2013). Increasingly, applications of psychological science will take the form of consultation, such as offered in community-based programs of diversity training, public health and prevention, consultation to law enforcement agencies, and in unique niche areas, for example, consultation to the National Aeronautics and Space Administration, to enhance teamwork (Landon, Slack, & Barrett, 2018) and prepare crew members and their families for long-duration missions. Consultation will also be provided to enhance work and education environments and in areas of leadership and organizational development. Current and future practice in HSP will require competence in consultation, which is similar to other functional competencies in that it involves a unique set of knowledge, skills, and attitudes for its performance. Furthermore, psychologists will not only need to be prepared to offer consultation, they will need to know when to seek consultation (Belar, 2014), a task that implicitly requires knowledge of the limits of one's own professional competence.

This book presents a comprehensive and competency-based approach to the practice of consultation. It provides a foundation for effective practice, emphasizing ethics, culture, and interprofessional practice in multiple consultation settings. Building on this foundation, the chapters focus on a variety of consultation settings, including medical, forensic, school, corporate, professional

leadership, family, religious, police, and military contexts. This volume will prepare graduate students, interns, postdoctoral fellows, and practicing psychologists to effectively and competently offer consultation in traditional and emerging areas of professional practice.

FUNDAMENTAL PRINCIPLES IN COMPETENCY-BASED CONSULTATION

In our view, the effectiveness of consultation is based on adherence to a number of salient principles. Each principle contributes in its own way to orient and structure the process of consultation. Awareness of these foundational standards assists in the process of learning and developing competence in consultation, provides points of reference when making decisions in consultation, and supports reflective practice and self-assessment. These principles come from multiple sources, including (but not limited to) the consultation literature (e.g., the contributions of Gerard Caplan, William P. Erchul, and many others); our appreciation of the centrality of competence in education, training, professional practice, and continuous professional development (e.g., Nadine Kaslow's and others' groundbreaking leadership in the competency movement, accreditation standards, benchmarks, guidelines); the contributors to this volume; and our own personal experiences as consultants, educators, practitioners, and consumers of consultation. We offer the following principles for your consideration:

1. Consultation is a distinct professional practice.
2. Consultation involves an identifiable assemblage of knowledge, skills, and attitudes that are used in its performance.
3. The effectiveness of consultation is based on the competencies of the consultant (as an expert and as a consultant); the consultee (as a professional and as a consultee); and the development of a respectful, collaborative working relationship.
4. Although the consultant possesses greater expertise and experience than the consultee, the relationship between the consultant and consultee is non-hierarchical and collegial and is imbued with respect, including toward the multiple professions involved.
5. Consultation requires clear articulation of the objectives of the consultation and clarity of roles, which may be stated in a formal consultation contract.
6. The consultee bears the sole responsibility to decide whether or not (or to what extent) to follow the consultant's guidance and to implement the consultant's recommendations.

7. Consultation is conducted consistent with legal and ethical principles and codes of conduct of the professions represented and with consideration of multicultural diversity factors and contexts of the client, consultee, and consultant.

We are influenced by our belief that competence in consultation (or any professional practice) can be developed, sustained, and enhanced through education, thoughtful study, training, supervision, and consultation.

OVERVIEW AND ORGANIZATION OF THE BOOK

The impetus for this book sprung from the (a) perceived need for a resource to support education and training (including continuous professional development) in consultation; (b) awareness of the expanding role of consultation in HSP practice; and (c) importance of furnishing a competency-based approach to consultation, taking into consideration ethical and multicultural dimensions of practice. Whereas psychologists are well prepared to provide direct clinical services to consumers, they are generally less prepared to serve as consultants because education and training has primarily focused on direct service. In addition, anecdotally, it appears that limited curricular attention has been placed on developing competencies used in professional-to-professional relationships, such as in consultation. In the emerging health care and applied psychology environment, psychologists will be increasingly called on to provide consultation in primary care, prevention, and clinical and other professional service areas. Consistent with these points, we believe that consultation is an extremely important and expanding area of professional practice, which will have significant impact on individuals, systems, and society at large.

Consultation, consistent with other professional practices, involves the use of knowledge, skills, and attitudes (or values) that are assembled to form competence. This competence-based framework is incorporated throughout the book and serves as the basic orientation to learning, practice, and self-assessment. Whether in training, continuous professional development, or preparation for engagement in consultation, it is essential to identify the domains of knowledge and the skills necessary to perform consultation effectively as well as to consider the attitudes and cultural context that informs the professional relationship.

The book consists of two major parts: Foundations of Consultation Practice and Exemplars and Approaches, and it closes with a chapter discussing the future of consultation. The chapters in the Foundations section provide an overview of the process of consultation, including (a) an introduction to consultation as a distinct professional practice; (b) consultation within the competency-based framework, which provides a blueprint for practice; (c) law and ethics in consultation; (d) an orientation to HSP and the role of consultation; (e) interprofessional practice; and (f) an understanding of culture and multicultural phenomena as essential throughout all forms of consultation practice. Read together, these

chapters provide important background and theory and practical guidelines for developing a comprehensive understanding of consultation on which competence can be developed.

Part II provides examples of consultation practice that span a range of contexts, such as medical, educational, and religious settings; forensics; custody evaluations; law enforcement; military; and the corporate environment.² These chapters highlight the competencies and credentials that establish expertise in a given area of HSP, provide an overview of the contexts in which consultation is sought, and offer best practices and practical advice. These chapters do not intend to present an exhaustive survey of consultation niches, including, for example, sports psychology or rehabilitation psychology. Rather, the goal of these chapters is to encourage forward and imaginative thinking about the many situations in which psychology can benefit individual, group, and corporate clients, both in and outside of the traditional health service context.

For the psychologist who already is engaged in consultation or is considering expanding practice opportunities, and for doctoral students, interns, or fellows who are embarking on their careers, this book provides a foundation for competency-based practice and offers illustrations of core principles and practices for consultation success. We turn now to Chapters 1 and 2, which present a comprehensive overview of consultation in its many forms and a competency-based approach for effective professional practice.

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²All clinical case material has been altered to protect client confidentiality.

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