

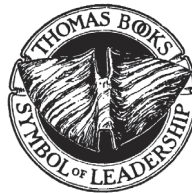
**THE CLINICIAN'S GUIDE
TO CONSULTING**

THE CLINICIAN'S GUIDE TO CONSULTING

**Achieving Performance Change,
Desired Outcomes, and Staff Acceptance**

By

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This book is dedicated to those clinicians who design needed treatment procedures for people with special needs, work tirelessly with human service staff to promote implementation of the procedures, and do so in a manner that is truly considerate of staffs' quality of work life.

PREFACE

Clinicians who work with human service agencies often function in a consulting capacity with agency staff. Some clinicians work independently and provide consulting services to various agencies on an external, contract basis. Many others are employed within an agency and consult with agency staff to promote implementation of the clinicians' treatment recommendations. Regardless of the manner in which clinicians are employed by human service agencies, consulting represents the means by which their clinical knowledge is translated into effective treatment for agency clients by front-line staff.

For their consulting services to be successful, clinicians must affect changes in the performance of staff who work with agency clients on a day-to-day basis. Changes in staff performance are necessary for staff to implement client treatment procedures recommended by clinicians. If staff do not carry out recommended treatment procedures, or do not carry them out appropriately, clients will not benefit from the clinicians' services regardless of whatever clinical knowledge the clinicians possess.

Achieving performance change among front-line staff in the human services poses serious challenges for clinicians. Although there are several reasons for the challenges, there is one most notable reason: clinicians must affect changes in the performance of staff over whom the clinicians have no supervisory authority. It is well established that affecting performance change among direct support staff to promote and maintain quality work can be difficult for personnel who do have supervisory authority over the staff (i.e., staff supervisors). Without such authority the difficulty is compounded significantly—clinicians must be able to change staff performance even though they do not supervise the staff.

This book describes how clinicians can effectively change staff performance in the human services to promote implementation of consultative recommendations for the betterment of agency clients. The content is based on over five decades of behavior analytic research and application on methods of changing and maintaining staff performance in the human services. The content is also based on the experiences of clinicians who have demonstrat-

ed consistent success in consulting with a wide variety of human service agencies.

Throughout the book evidence-based strategies are described for clinicians to use on a systematic basis to achieve performance change when functioning in a consulting capacity with human service staff. An emphasis is also placed on how to implement the strategies in a manner that is well received by staff. Detailed information is provided to illustrate how consulting effectiveness and staff acceptance of a consultant's work are closely linked. In short, truly successful consulting requires effectively impacting staff performance and doing so in a manner acceptable to staff. This book is designed to help clinicians perform consulting duties both effectively and acceptably.

D.R.

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Far too many researchers, clinicians, and consultants have influenced the content of this book to adequately acknowledge each person individually. There are, however, two people with whom I have collaborated over the years who have been particularly influential. Marsha Parsons and Martin Ivancic have consistently been valuable role models with their professional competence and obvious concern for the quality of staff work life. I thank Marsha and Martin for their influence and perhaps unknowing to them, their helpful mentorship. I also thank Carolyn Green for her editorial assistance and persistence in ensuring that information to be provided is truly meaningful and practical for routine application in typical human service settings.

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**THE CLINICIAN'S GUIDE
TO CONSULTING**

Section I

**INTRODUCTION TO THE CLINICIAN'S
GUIDE TO CONSULTING**

Chapter 1

ACHIEVING PERFORMANCE CHANGE AND STAFF ACCEPTANCE: THE ESSENCE OF SUCCESSFUL CONSULTING BY A CLINICIAN

The work activities of many clinicians include consulting with human service agencies. Some clinicians work full time in a consulting capacity whereas others supplement their primary jobs with part-time consulting. The consultative work of these clinicians is usually conducted on a contractual basis with human service agencies to address a clinical need among consumers of the agencies' services. For example, behavior analysts and psychologists are often contracted as consultants to develop treatment plans for challenging behavior among people with developmental disabilities in schools and adult service settings.

Clinicians fulfill other consultative roles in human service agencies as well. A number of agencies employ clinicians on a consulting basis to help resolve special concerns with service delivery that arise at certain times. Such concerns may relate to excessive use of restraint procedures in response to challenging behavior, insufficient involvement of agency clients in therapeutic or meaningful activities, or repeated failure of individuals to learn skills targeted in teaching programs conducted by agency staff. In some cases, concerns with agency services are highlighted by external review processes or funding sources that result in the agencies employing clinical consultants to resolve the concerns. In the most serious cases, agencies are involved in litigation and are legally mandated to secure clinical consultation to resolve problem situations.

In other cases, agencies seek consultation from clinicians not to resolve problematic issues but to enhance their treatment services as

part of quality improvement efforts. Some agencies seek consultation from clinicians, for example, to train their staff in new treatment procedures reported in the research literature or presented at professional conferences. Similarly, some agencies contract with clinicians on a consultant basis to review the agencies' treatment services to help ensure the agencies maintain state-of-the-art service delivery.

There is also a way clinicians commonly function as consultants beyond being contracted by human service agencies to address specific needs of the agencies. Many clinicians occupy full- or part-time positions within an agency to provide ongoing clinical services. Most of these clinicians develop treatment procedures for agency clients and then work with agency staff to carry out the procedures. For example, clinicians regularly work in schools to develop treatment plans or recommendations for teachers to implement with their students who have challenging behavior. Other clinicians work in adult residential or day support settings in which they develop treatment plans for direct support staff to implement. As will be discussed later, because clinicians in these jobs must work with agency staff to carry out their treatment procedures they are essentially functioning as consultants with the staff.

In short, clinicians work as consultants in human service agencies in many ways. However, across all the ways clinicians function in a consultative capacity, there is usually one underlying expectation desired of the clinician's consulting work. That expectation is to change how at least some staff within the agency perform their jobs.

Changes in staff performance are necessary if recommendations provided by consulting clinicians are to be implemented by staff for the betterment of agency clients. To illustrate, if a clinician works with agency staff to reduce an individual's challenging behavior, then staff must alter their work performance to allow for implementation of the clinician's treatment plan to improve the behavior. If certain staff do not alter what they do on the job, consultative work conducted by clinicians will have no significant effect on an agency's supports and services. Consequently, for clinicians to function effectively in a consulting capacity they must be able to achieve changes in staff work performance.