

workers in their daily interactions with each other and with clients. In addition, what may be seen as care giving by the larger system may, in fact, be experienced as social control by the clients.

THE CONSULTANT'S ENTRY

As one enters a larger system, one is, in fact, entering a new culture with norms, values, beliefs, legal requirements, and world views that may be unfamiliar. The consultant must enter with respect for this new culture if participants are to share their issues and concerns candidly.

Requests for consultation to a larger system may come from various levels within the system. Just as one moves carefully in responding to a request for family therapy, in order to maximize one's influence with the system, so one must move carefully in negotiating a consulting contract. Several questions should shape the consultant's activities initially.

1. Why is a consultation being sought now?
2. Is consultation an invitation for systemic change or an invitation to help maintain the status quo?
3. Who in the system agrees and who disagrees with the need for consultation?
4. Does the system have a history of utilizing consultants? If so, what were the topics or areas of prior consultations, and what were the outcomes?
5. Are people hopeful or cynical about consultation?
6. Who is to be involved? Is the consultant being asked by one part of the system to fix another part of the system, in a way that bears similarities to parents who send a child to therapy but will not entertain systemic change?

Such questions focus the consultant on interactional and organizational issues and avoid the traps of triangulation and blame.

One should enter the larger system seeking resources rather than deficiencies and affirming the participants as the best sources of information about the system. If one is following a long list of prior failed consultations, it is especially advisable to avoid appearing too expert. The complementary one-down position is useful upon entering the larger system. In many larger systems, consultation has become one piece of a larger, repetitive pattern, resulting in no change. One's first area of interest, just as with families who have had lots of helpers, is to discern this pattern, make it overt, and design new and unexpected methods of entry and ongoing work that will not replicate prior failures.

Consultants working with larger systems should carefully avoid

CHAPTER 8

Consulting to Larger Systems

A recent and developing trend in the work of skilled family therapists has been to respond to requests for consultations from larger systems (Wynne, McDaniel & Weber, 1986). This chapter addresses such consultations as they occur in large human service systems, including mental health clinics, hospitals, public schools, welfare, and specialized programs for particular population groups.

While many of the assessment, interviewing and intervention techniques described above are useful when consulting to larger systems, certain differences between family systems and human service systems must be borne in mind. While family members have a shared intergenerational history and probably a shared future, human service systems' members do not. Staff turnover is frequently high in these systems, and changes in leadership are frequent. Members of such systems are often confronted with loyalty issues regarding changing leadership and must deal with attachments in a temporary sphere.

While family decision-making practices are generally available for examination due to members' proximity, larger systems are embedded in complex bureaucratic structures that are vested with decision-making powers such that a sense of immediacy and opportunity to influence decision making is absent. Workers in human service systems frequently experience a sense of apathy and cynicism while attempting the difficult job of ameliorating apathy and cynicism in clients. A consultant entering a large system may be greeted with similar apathy and cynicism and must take care to place this in its larger sociopolitical context.

While many families may communicate with mixed messages, the mixed message in large human service systems is unique; it centers on the opposing and dualistic mandates of such systems, involving care giving on the one hand and social control on the other. These mandates, which frequently confuse the clients of such systems, also often confuse the

relating to the system in ways that replicate the system's major difficulties. It is not unusual, for instance, that a system marked by tentative decision making will engender similar tentativeness in the entering consultant or that a system marked by a high degree of conflict soon finds itself struggling with its consultant. Since systemic change requires difference at a pattern level, it is crucial that the consultant not replicate patterns within the system at the larger system-consultant interface.

ASSESSMENT

Consultation to a larger system involves initial assessment of intrasystem and intersystem issues that involve the larger system and its clients, the larger system and other larger systems, the larger system and the community, or any combination of these.

Intrasystem Issues

Several dimensions inform the assessment of intrasystem issues. The first involves definitions of the problem and includes the following questions: (1) Who in the system is defining a problem requiring consultation? (2) What are the elements of the problem? (3) For whom is it a problem? (4) For whom is it not a problem? (5) Who first identified the problem? (6) Who talks to whom about it? (7) Are there other problems that some people identify as more pressing than the one for which consultation is being sought? (8) How has the system solved similar problems? (9) How would things be different if this problem were solved? While these questions focus the consultant and the participants, they also begin to impart information to the consultant regarding alliances, splits, myths, and staff expectations of the consultant.

The second dimension involves examining the system's cherished beliefs and labels. The way a system views itself may be incongruent with interactional actualities, and this may result in a distorted perception of staff participation. For instance, an agency may insist that it is a nonhierarchical organization when in fact key decisions are being made by a small cadre that excludes the rest of the staff. While cherished beliefs will often become apparent, it may be useful to ask some of the following questions: (1) What is most important about this agency? (2) What do you most want to be known for? (3) How are decisions made or policies changed? (4) How do you understand your mandate? (5) How are you seen by clients? (6) How are you seen by other agencies? (7) How are you seen by the public?

As the agency's beliefs about itself, its functional purpose, its structures, and so on, are verbalized, the consultant is able to observe how

well these match the system's actual operations. It may emerge that one or more members hold beliefs that are antithetical to the majority and hence may be getting squeezed to conform. The system may show itself to have little or no tolerance for difference, and it may require subterfuge to belong. Conversely, the agency may have no strong belief system at all, resulting in a lack of connectedness and loyalty among participants.

The third area involves determining the system's preferred locus of blame for its difficulties. Does the agency blame one person and see all solutions dependent on that person's exit? If so, one will often find a pattern of extrusion as the solution to problems. Is blame placed outside on some amorphous system? Do staff members blame themselves and feel demoralized? Are clients of the agency blamed for not performing according to the agency's mandate? Is blame static or shifting? Often, staff members will not discuss blame directly, and the consultant must devise questions to elicit this information. Such questions might include: (1) How do you explain why this is happening? (2) What do you think needs to change for this to be solved? The answers to these questions often reveal where blame is being placed. The tone with which such questions are answered may also indicate morale level and issues of self-blame.

Intersystem Issues

Human service systems operate in relationship to many other systems. These other systems must be considered in the consultant's search for the meaningful system for intervention. Three major areas must be assessed. The first involves the agency's relationships with the clients it serves. Human service systems exist by virtue of providing a service to clients, and hence these relationships are crucial to agency functioning. The consultant's assessment should include the following: (1) Do staff view their relationships with clients as positive or negative, as generally successful or failing, as accomplishing the agency's mandate or not? (2) Do staff feel a sense of satisfaction from their work with clients or not? (3) Do staff feel angry with clients? If so, what percentage of the time? (4) Do staff appear interested in gaining new skills for work with clients? (5) Do staff worry about particular clients for great quantities of time when they are not at work? Questions such as these will reveal patterns of overinvolvement, burnout, low morale, and so on, or such themes as optimism or hope.

The second area involves the complex relationships between this agency and other human service-provider systems. In any given community, the mental health clinic, the probation department, children's protective services, and so on, all interact with one another. Such interaction is generally about particular clients but may also be about funding, the

service mandate, or staffing patterns. It is not unusual for the consultant to discover very difficult and troubled relationships marked by mistrust, fear of scarcity of resources, blame for failed cases, frustration over lack of agreement, and so on. The consultant who ignores these complexities may inadvertently contribute to their escalation. Thus, the consultant must attend to the potential impact on multiple systems, even if only one system has a designated consultant.

The consultant's assessment should include the following: (1) What agencies do you regularly interact with? (2) Which agencies do you consider as your allies? (3) Which agencies do you have regular difficulties with? What is the nature of such difficulties? How are such difficulties approached or solved? The answers to these questions, and the tone with which they are answered, will inform the consultant regarding patterned alliance and splits, escalating symmetry regarding shared cases, and the myths and beliefs regarding other agencies. One will also discover whether agencies that regularly struggle with each other occasionally submerge their differences in regard to a particular family or if there are situations in which families remain in the human service network by virtue of being the intense focus of conflict between two or more agencies. The questions help the agency to experience its connectedness to other systems and begin to raise the possibilities of networking strategies.

The third area involves the agency's relationship to the larger community, to the public that funds the agency through taxation. The agency's relationships to the community are often ignored, yet this may be an arena of great stress. Often human service systems are given a profoundly mixed message by the larger community that simultaneously desires that the job be done yet shows a lack of respect for those who do it. Clients (e.g., probationers, the elderly, the handicapped, welfare recipients, etc.) served by human service systems are often not highly regarded by the community. Hence, the public often regards success with these clients as a form of control rather than something that facilitates their development. The consultant must be aware of this often hidden source of stress that involves a sense of being unappreciated and poorly esteemed for one's work.

In addition, specific human service systems may have particular difficulties with the larger community; an example might be a chronic aftercare project that wishes to establish a group home in a residential neighborhood. In such a situation, the unit for consultation may well be the agency *and* neighborhood residents.

The consultant's assessment should include the following: (1) How do you think the community regards your agency? (2) How do you think the community regards your clients? (3) What would constitute success in your work for the community? Does this match or differ with your own view of success? (4) Have there been particular disputes with the

community? How have these been approached? What has been the outcome? The responses to these questions will let the consultant begin to understand the nature of the relationship between the agency and the community. One will discern if there is a high degree of mistrust and misunderstanding between the agency and the community. One may discover extremely rigid boundaries, or one may find that community members participate in decision making of the agency as members of a board. The questions also help to raise the agency's own sense of its embeddedness in a wider context that affects its functioning.

In examining the various aspects of intersystem relationships, the consultant seeks to discover how others see the agency, how the agency believes it is regarded by others, and the ways in which such relationships affect the agency's overall functioning. This information helps the consultant determine the correct level for intervention (Imber-Black, 1986b).

TYPES OF CONSULTATIONS

Consultations to large human service systems, categorized on the basis of the initial consultation request, include case-based, relationship-based, education- or in-service-based, and program development-based. Education-based consultations most often include aspects of program development, and the two categories will be considered together. Some consultations may, of course, include more than one of these areas or may over the course of the consultation develop from one area to another. While these consultation types are entry points, the consultant should guard against deciding unilaterally that an agency needs another type of consultation or moving from one type to another without frank and open discussion with all concerned.

In a case-based consultation, a request is made by a larger system for consultation on a particularly problematic case or a group of cases that share common elements. Upon entry into the system, the consultant may discover that the complaint about the case is usefully conceptualized the way a symptom is conceptualized in family treatment. Individuals, agency subsystems, and whole agencies often organize in response to issues in stuck cases. A useful consultation seeks to introduce second-order change that will obviate the need for future consultation requests on identical topics. Case-based consultations may take the form of a family-larger system interview as described in previous chapters; however, it is useful for the consultant to inquire about the usualness of the problem being presented, for instance when an agency describes an issue of anger between clients and larger system or a repeating triangle between the system seeking consultation, another larger system, and various client systems. If a repetitive pattern is confirmed, then the consultation should

address issues at this level and not simply seek to resolve the issues regarding one family.

BRIEF EXAMPLE: AN AGENCY TRIANGLE

A community mental health system providing outpatient services sought consultation regarding a family whose therapy was protracted and unsuccessful. Initial entry into the mental health system revealed a longstanding conflict with the local child-welfare office that played out in a number of shared cases, of which the case under discussion happened to be one. A pattern emerged that included conflictual triangulation of clients, such that shared cases frequently created clients who were in a loyalty bind: they were being asked to form primary alliances with workers from each system, who were, in fact, in conflict with each other. The exact content of the conflict seemed to center on a symmetrical escalation regarding whose mandate was more important, disagreements over sharing information regarding clients who had given consent for shared information, and status in the community. The child-welfare system referred cases grudgingly to the mental health system. The mental health system viewed itself as the rescuer of families from the child-welfare system and frequently lost maneuverability thereby. Relationships between the two larger systems had deteriorated to the point where they seldom met with each other. Relationships were extremely formalistic, and gossip was rife. Since the community being served was within a small city, the two systems were forced to interact regarding certain clients.

Upon discerning this pattern, the consultant began by coaching the mental health director in order to establish a meeting between the two larger systems. The agenda for the meeting was to discuss the case for which consultation had initially been sought and to begin to discuss similar cases in order to bring the pattern involving such cases into awareness. As case after case was discussed, the participants from mental health and child welfare began to see the triangle. Gradually, the consultant was able to ask other questions regarding the work of each system and the relationship between the two larger systems. Ways in which the developmental mandate of the mental health system often conflicted with the social control mandate of the child-welfare system were discussed for the first time. Myths that each system had about the other were called into question. Future-oriented questions that posed a different relationship between the two systems were raised in order to break the stalemate. Towards the end of the meeting, the original case that had prompted the consultation was raised by the consultant, and the participants were asked to make a plan that would detriangulate the family. The plan included agreements about what information was appropriate to share,

based on agency mandates and family consent, and what information belonged within the boundaries of the family's relationship with one or the other larger system. This was the first time that the two larger systems had not allowed their discussions regarding shared clients to deteriorate.

Following this meeting, the consultant held a family-larger system session with the representatives of the two systems and the family in question, in order to clarify roles and boundaries. The family members stated that they had been very confused in their work with the two larger systems, particularly regarding whose role was what, who to turn to in crisis, what the parameters of success were with each system, and so on. They were quite aware of the conflict between the two systems, even though this had never been discussed openly, and the father remarked that it made him wonder how he could get help for his very conflictual family when the helpers were fighting with each other. The session ended with specific agreements on goals for the family's work with each system and a written contract regarding what information should be shared between the larger systems and how feedback to the family was to occur.

The next and final step in this consultation involved the consultant meeting again with representatives of both larger systems. The workers on the shared case were asked to report on their family-larger system interview. An initial working agreement regarding other cases was then developed that spelled out boundaries and appropriate complementarities between the two systems. A quarterly review of the agreement was included.

The consultant's final intervention was to urge that each system offer in-service training to the other, in order to diminish myths between the two systems and to organize a relationship in which each system's work was valued.

The consultant followed up in 1 year and found that the two larger systems were largely cooperative, that they knew when to meet on problematic cases, and that the prior pattern of triangulation with families had disappeared. Each system had offered in-service training to the other regarding their mandates.

Requests for relationship-based consultations are made when workers within a given larger system are experiencing difficulties in their relationships with one another. Examples include complaints of low morale, two or more staff members relating with a high degree of conflict, symptomatic expression by one or more people, patterns of inappropriate secrecy and covert alliances, and staff burnout. Blame-oriented hypotheses are often rife, as participants struggle in their relationships with one another. In extreme situations the daily work of the agency takes a distant second place to the energy being expended on relationship problems.

The consultant's entry in relationship-based consultations requires careful analysis of the larger system in order to obviate being seen as the ally of one of the conflicting parties. Consultation regarding staff relations is often sought after a situation has gone from bad to worse. Prior solutions, the preferred focus of blame, and patterns of scape-goating should be investigated in order to begin to reframe the situation.

BRIEF EXAMPLE: THE SYSTEMIC FUNCTION OF RELATIONSHIP CONFLICTS

Consultation was sought by a multiservice system because two supervisors were not getting along with one another. In this system, one supervisor was in charge of a mental health unit and the other was in charge of a child-welfare unit. Their relationship was rapidly deteriorating, and their respective staffs, as might be expected, were taking sides. Personal blame was rife and resulted in mutual accusations and recriminations. Client care was beginning to suffer. Most of those who assessed the situation from within the organization saw it as a personality problem and believed that one or the other of the supervisors would have to leave. Such individual blame-oriented framing is common when relationship issues are targeted by larger systems. Investigation from a systemic perspective yielded a very different picture. The two units had been separate entities until recently, when by administrative fiat a multiservice organization was created. Most workers were very unsettled by this change. At the upper levels, far removed from this particular agency, battles ensued regarding the meaning of the merger, the future of each group's service mandate, and where power would reside. The two supervisors attended high-level administrative meetings, but each chose to protect the staff members from knowledge of the current chaos. Thus their struggles with one another were a metaphor for interactions in central administration and a distraction for their staffs during a highly unstable time.

The consultant was able to reframe their alleged conflict as a cooperative effort to protect their staffs and an effort to discover solutions that were not being found at higher levels. Following this initial reframing of the issues, the consultant worked with each supervisor to develop a plan for greater openness with the staff regarding the current problems in the larger system. As such openness ensued, rumors abated. The focus of each staff shifted from the relationship between the supervisors to what could be done within the constraints of the new mandate.

Larger public-sector systems have increasingly turned to family therapists for education-based consultation. The consultant is asked in to give in-service training to all or part of a staff. Such consultations are often more complicated than they may first appear and should not be

simply regarded as teaching requests. A workshop or series of seminars given in a larger system is an *intervention* in that system. It is important for the consultation to discern where the request is coming from, who thinks it's important to learn the material, and what sort of commitment to working in a new way is being made. It is also important for the consultant not to proselytize. Not every larger system should do family therapy. A consultant can effectively impart understanding of systemic process that will enhance an agency's functioning, rather than turning it into a family therapy program.

BRIEF EXAMPLE: A GROUP HOME LEARNS ABOUT FAMILIES AND SYSTEMS

An agency that provided group homes for mentally handicapped young adults who were leaving home for the first time sought education-based consultation regarding family process. As the consultant began, it became clear that the request for consultation arose out of repeated problems that staff were having interacting with the parents of clients. The request for information about family process indicated the group home staff's conceptualization of the locus of the problem *in* the families. The consultant began by meeting this request. She focused on family life-cycle issues, highlighting the leaving-home phase of development and its special proportions for families with mentally handicapped members whom they may never have anticipated leaving home. During this presentation, the consultant discovered that the group home expected a very rigid boundary to develop between the group home and the clients' families. Such a rigid boundary was in marked contrast to the leaving-home phase of development of nonhandicapped young adults, who generally maintain contact with and influences from their families. In short, clients were expected to completely switch their loyalties from their families to the group home. Families were expected to distance, have formal visits, and not intrude. Those families who insisted on more contact were stipulated as overinvolved. When problems ensued, the parents were asked to seek therapy.

The consultant began to ask questions regarding the relationship between the group home staff and families *prior* to the client moving to the group home. What emerged was a pattern in which the parents were given information about the group home. The group home did not elicit information from the parents regarding their special knowledge of their children. No effort was made to affirm the parents' many years of expertise as the care provider for their handicapped child. Rather than defining a working partnership between group home and family, the agency had attempted to initiate complementary relationships in which they had all the professional expertise regarding working with mentally handicapped people, and the parents were to be the recipients of such knowledge.

During this discussion, the staff highlighted case after case of problematic relationships with families and the difficult behavior of clients who were, as it turned out, caught in the triangles between family and agency.

Following the educational input, the consultant began to raise what she framed as "programmatically experiments." It was suggested that for the next five new clients, a special effort be made to involve the family in the transition from home to group home. Workers were instructed in methods to interview the parents regarding effective ways to work with the young adults, thus affirming the parents' years of experience, and regarding their experiences with larger systems in their child's behalf, in order to establish a different relationship with the group home staff. Staff met regularly with the consultant during the experiment. They reported being astounded at the information they gathered about the families' relationships to other larger systems, as they heard many painful stories of disqualification and disappointment. All of the families were eager to tell what they had experienced. The staff began to discover a qualitative difference in the entry process and settling in of the clients. Relationships between staff and families were markedly better, as a less rigid boundary was established and the parents were affirmed for their contributions, rather than kept at a distance.

The group home followed the experiment with the establishment of policies that involved families in the transition from home to group home and that encouraged rather than discouraged contact.

In this consultation, an initial request for education arose from an ongoing relationship problem. The consultant met the educational request and utilized this as a springboard for broader systems change that enhanced agency, client, and family relationships. At no time was it suggested that the group home implement family therapy. Rather, by educating the staff about family development *and* family-larger systems relationships, the group home processes changed *vis-à-vis* families.

Sometimes education-based requests mask relationship issues within a larger system. For instance, a symmetrical struggle between two subsystems with a larger system may be at the heart of an education-based consultation request. The consultant needs to know the history of how this system deals with new ideas. The system's typical response to difference will be operative in education-based consultation.

Education-based consultation to large human service systems must be executed in ways that affirm existing competencies. For instance, to ignore the psychodynamic expertise of a mental health staff while introducing family systems competencies is to invite resistance to the consultation and to contribute to unnecessary staff splits.

Requests to help implement family therapy within existing systems should be approached with caution. It is especially important for the consultant to assess the whole larger system, examine the meaning and timing of the request, and avoid unplanned alliances that disqualify the theoretical positions of other components of the larger system and contribute to symmetrically escalating patterns between subsystems regarding which approach is best.

It is not unusual for education-based consultations to broaden into program-development consultations. As people in the larger system begin to see the implications of the new learning, program-development requirements begin to emerge. At this juncture, it is important for the consultant to be sensitive to the demands and intricacies of the larger system, as program development often requires major systemic changes.

BRIEF EXAMPLE: ESTABLISHING A FAMILY THERAPY PROJECT WITHIN A PUBLIC SCHOOL SYSTEM

An education-based consultation was requested by the director of special education for a medium-sized school district. The request was for family therapy training for the guidance staff involved with special education students. At the beginning of the consultation, the entire guidance staff was required by the director to attend the sessions. Interest in learning a new way of working with students, their families, and the school system was high. However, as the consultation proceeded many issues of how to implement the new material emerged. At this juncture, what began as an education-based consultation shifted to a program-development consultation. While continuing the educational in-service with the staff, the consultant met frequently with the director of special education to examine the feasibility of the guidance staff offering family therapy services within the school system. Criteria for such services were established in order to obviate competition with the local mental health clinic. Students and families whose difficulties were clearly school related became the population for the project. Operating between the family and the classroom enabled the counselors to reframe students' problems as interactional and systemic, thus reducing individual blame. Armed with systems concepts, the counselors were able to be "shuttle diplomats" in situations where tension was high between the family and the school. Where ongoing family therapy ensued, family privacy was protected by holding meetings in buildings other than the one the student attended.

The consultant continued to meet with the director of special education approximately quarterly over a 4-year period, in order to continue with the program development. These meetings also insured that the consultant understood the special education context within which the

project was developing. Monthly case-based consultations were held with the guidance staff. During this time the project developed from in-service training in family therapy to an experimental program offering services to families with school-related problems, and finally to an established family therapy project within the school district, which included a commitment to video and live supervision and the availability of counselor consultations to teachers in order to intervene in classroom problems. It is important to note that the major program-development thrust of this consultation occurred during a time of severe budget cutbacks within the school district. Initially, the staff felt discouraged, but the consultation focused on what was still possible, despite the budget constraints. Staff morale was maintained by a joint commitment to the project and by problem solving that bypassed budget constraints through creative uses of time, a willingness to work in less than optimal conditions (including initially conducting family sessions in the only space available—an old locker room) and demonstrations of efficacy, which ultimately led to greater institutional support.

CONCLUSION

Consultation to larger systems is a complex activity, requiring the capacity to move among levels of a system, to understand that system's embeddedness in several outside contexts, to appreciate and utilize systemic patterns, and to function collaboratively with the larger system. Effective consultation focuses on the development of resources within the larger system and seeks to enhance existing competencies, while imparting new information and facilitating systemic change.