



University of HUDDERSFIELD

University of Huddersfield Repository

Mattan, Rowena and Isherwood, Tom

A Grounded Theory Investigation of Consultees' Perception and Experience of Psychological Consultation

Original Citation

Mattan, Rowena and Isherwood, Tom (2009) A Grounded Theory Investigation of Consultees' Perception and Experience of Psychological Consultation. *Mental Health and Learning Disabilities Research and Practice*, 6 (2). pp. 169-183. ISSN 1743-6885

This version is available at <http://eprints.hud.ac.uk/12430/>

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

<http://eprints.hud.ac.uk/>

**A Grounded Theory Investigation of Consultees' Perception and Experience of
Psychological Consultation**

Rowena Mattan ¹ Tom Isherwood ²

¹ Airedale General Hospital

² Leeds University Institute of Health Sciences

A Grounded Theory Investigation of Consultees' Perception and Experience of Psychological Consultation

Rowena Mattan & Tom Isherwood

Abstract

Consultation is identified as a core skill that clinical psychologists are expected to deliver; however there is little research that has identified how the recipients of the consultation understand or experience this consultation. The aim of this research was to explore, using grounded theory methodology, how mental health and social care staff experienced psychological consultation provided by a clinical psychologist. The research findings indicate that consultation is generally felt to be a positive and helpful vehicle in improving work practice. Consultation tended to be seen as a collaborative process between consultant and consultee with psychologists being viewed as experts in the area of mental health. More specifically, consultees tended to initially request and expect cognitive ideas but ultimately gained most benefit from more emotional processes, such as being listened to and affirmation of their own knowledge. Implications for further research were discussed.

Key words: clinical psychologist, consultation, grounded theory, collaborative process, affirmation, consultee

Introduction

Leadbetter (2006) notes that consultancy is a term used within a number of contexts and has various meanings. However, that being said, most models of a psychological consultation would fit within the broad definition of Ovreveit, Brunning and Huffington (1992) who stated that consultation is a process involving a consultant who is asked to use his/her skills to help a consultee with a work related issue. Traditionally consultation has been considered to be an integral, albeit not dominant, part of the psychologist's role. However, consultation began to be considered actively by clinical psychologists in mental health and social care settings following the publication of reports by the Management Advisory Service (MAS, 1989) and the Manpower Planning Advisory Group MPAG (1990). Both these bodies put forward clear recommendations that clinical psychologists make their knowledge available to other professions via consultancy. These recommendations were later formalised in the Division of Clinical Psychology Professional Practice Guidelines (1995) which state that clinical psychologists have a responsibility for the training and monitoring of psychological procedures. More recently the New Ways of Working put out by the British Psychological Society (2007) also emphasise the centrality of consultation in the clinical psychology role.

In the 1990s there was a flurry of articles advocating, or disagreeing, with this recommendation of consultancy within clinical psychology. Most strongly in favour of greater involvement by clinical psychologists were Casey et al (1994), Ovreveit et al (1992), and Quarry and Burbach (1998) who felt that clinical psychology's survival as a core profession within mental health was dependant on psychologists adopting consultancy as an essential part of this role.

Taking the opposite position were psychologists such as Guinan (1994), Jones (1998) and Seager (1994) who felt that the promotion of consultancy was tantamount to denying the importance of clinical interventions with clients which, they felt, was the core role of clinical psychologists.

Although there still appears to be a continuing trickle of interest in consultation (Prior et al 2003; Bremble and Hill 2004; Dowling and Manning 2004; Lake, 2008) there also is a paucity of research studies examining the impact of consultancy in clinical settings, particularly the *process* of consultation as it is experienced by its consultees. It is interesting to note that within educational and learning disability settings psychologists routinely offer an indirect service and coincidentally there is evidence of interest and research in the efficacy and role of psychological consultation (Dennis 2004; Leadbetter 2006; Rose et al 2006).

This study has examined psychological consultation as it is perceived from the viewpoint of the professional receiving the consultation and attempted to address the following issues:

- The circumstances around which the consultancy arose and the consultees' expectations regarding the consultation.
- What occurred during the consultation and the dominant experience of the consultee.
- The impact, if any, that the consultation had on the consultees' professional work.

Method

Participant

The participants were selected for this study via initial contact with five clinical psychologists working in the Yorkshire region. These clinical psychologists worked in various fields: two in the area of learning disability, one in the area of health psychology, and two in the area of adult mental health. They were approached after ascertaining that, as part of their role as clinical psychologists, they had offered psychological consultation to other professionals in the last six months. Six other clinical psychologists in the Yorkshire region were also approached (one in the area of neuropsychology, two in health psychology and three in adult mental health) but they reported that they had not offered consultation in the last six months, or that they did not offer consultation at all as part of their professional role. Those clinical psychologists who had offered consultation agreed to ask their consultees if they were willing to be approached by the researcher.

All participants were contacted initially by telephone or email to determine whether they were willing to participate in the research study, a total of 14 people. Two declined to participate stating that they were too busy, and one participant did not respond to email contact. In total 11 (4 men and 7 women) people agreed to participate. The professions of the participants were varied: five were nurses, two were doctors, two were social workers, one was an occupational therapist, and one was a behavioural worker.

Reasons for Choosing Qualitative Based Research

Qualitative methodology is often employed in areas previously uncharted in order to begin to generate hypotheses or build an understanding within that field (Willig 2001). As indicated previously, within clinical psychology settings there has been a dearth of research with regard to the impact and experience of psychological consultation. Bearing this in mind it was felt that a qualitative approach was the most appropriate and relevant for the proposed area of research.

Procedure

This research has broadly defined consultation on the basis of the definition by Ovreveit et al (1992) while recognising that participants may hold varying definitions of consultation. The interviews were carried out following the semi-structured format. All interviews were audio recorded with a tape recorder. The interviews were completed once the researcher felt that she had sufficiently covered the questions from the interview schedule, and once the participants had felt that they had said all that they had wanted to.

The interviews were then transcribed. Upon transcribing, all identifying details, such as names, place names, and names of organisations were removed in order to ensure anonymity.

Analysis of Interviews

The grounded theory analytic process in this research was informed by Strauss and Corbin (1998).

The first two transcripts were line by line coded, with each line being given an initial descriptive code. The coded data from these two interviews were then collated and, where appropriate, new 'joint' codes were created whilst other codes remained separate.

The remaining interviews were coded with reference to the list of initial codes created in the first two interviews, and new codes were created only when the existing list did not represent the emerging ideas. At this stage the earlier initial codes were raised to conceptual categories. Diagrams were also used to help with initial theme formation. Generally 'saturation' is considered to have been reached when no new information seems to emerge and no new codes are created (Strauss and Corbin 1998).

Alternatively, Dey (1999) proposes the concept of 'sufficiency' to replace 'saturation' since this is the stage where the existing categories do not need to be revised or altered in light of new incoming data. This implies that the analysis is good enough to be considered in its own right, even though, theoretically, concepts can always be further fine-tuned and revised. With reference to this research study it was felt that by the final interview the concepts that had been created seemed to fit with the data of this last interview.

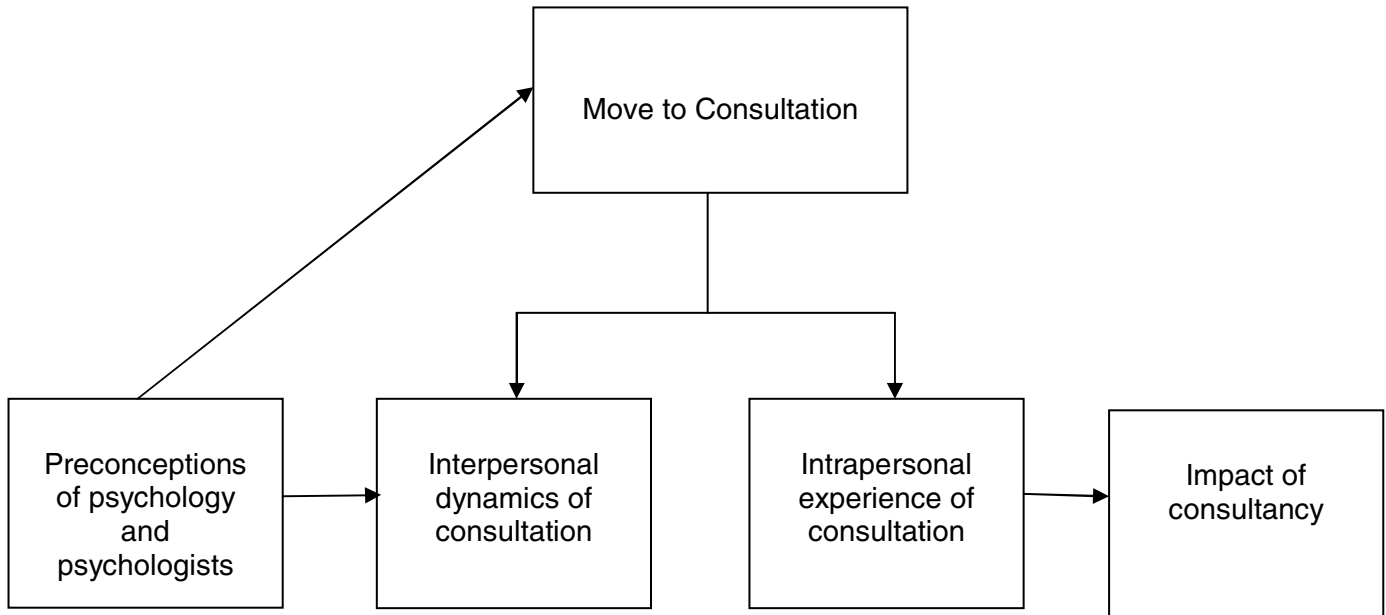
Results

The results section in this research is presented in a narrative form: Each theme that has emerged from the research is narrated initially in general terms and then subsequently in more detail as the more specific categories are presented. Accompanying the narrative are verbatim quotations supporting the emergent themes. The experience of consultation is presented as a process as this was the way the data emerged during the semi-structured interviews.

The overview of the model of the consultation process is presented below.

Figure 1

Overview of Model



THEME 1. PRECONCEPTIONS OF PSYCHOLOGY AND PSYCHOLOGISTS

All participants initiated consultation in an attempt to improve their working practice. The general impression was that psychologists were considered to be highly specialist and knowledgeable and that they could be expected to know how to deal with complicated issues.

Category 1 - Multiple Roles of Psychologist

Most participants prefaced their answers with some form of qualifying statement indicating that they were unsure of what clinical psychologists actually do.

It would appear that the role of a clinical psychologist is not one that is clearly defined, possibly because of the wide remit of a clinical psychology role. However what appears to emerge from the data of these interviews is that the participants have a quite particular exposure to clinical psychologists, and that they tend to see their experience as representing the entire field of clinical psychology.

Category 2 - Psychology to do with Complexity

There seemed to be a general consensus that clinical psychologists tended to deal with more complex issues, or are able to look at issues in a more detailed and in-depth manner. Likewise, clinical psychologists were felt to be positioned as working in the more complex part of the spectrum of problems.

P.4. I mean because it was quite complex, because of the complexity of it really and the sort of, I guess we needed a really in-depth formulation which I was prepared to do but I just needed a bit of guidance with it and also some, um, assistance.

THEME 2. MOVE TO CONSULTATION

On the whole the impetus for the consultation was to receive information that would inform their work.

Category 3 - Feeling Stuck and Lacking Direction

There was a sense that the decision to turn to consultation was connected largely to a sense of the work being too complex, or of having gone beyond the participants' sense of competency, and that they felt that they were unable to continue working effectively.

P.7. I was thinking about erm....the case I was working with and wondering where to go with it and what to do and feeling a little bit stuck with it really.

Category 4 - Advice

This category was evident in many of the participants' rationale for turning to consultation. Implicit in this was the expectation that the psychologist would be providing information-based answers in the consultation.

P.11. The 'consultation is around seeking advice around...carers or management issues of the client'.

Category 5 - Need For Space and Time

This was mentioned by three participants as one of the reasons for seeking consultation.

P.10. 'There's something really very special about the consultation because often as of like today, I'm racing around and part of you thinks, oh you know if I had that hour that I'm going to see Flo, I could see a patient and I could get home quick or I could do this...but once you're there it's like you are in a different world...it's like suddenly it's about time for ourselves.'

Category 6 - Consultation as Compromise

There were those who described consultation as a way of dealing with the inability to access referrals for direct work, and of thus finding consultation as a solution.

P.8. 'When I sat down with Sabrina to discuss sort of you know, what support she could offer for the patients, erm we were limited what we could offer patients but she was willing to offer some support for me'.

THEME 3. INTERPERSONAL DYNAMICS

Category 7 - Availability of Consultant

This was when the physical availability of a consultant was indicated.

However, availability of the consultant in terms of how flexible and accommodating the clinical psychologist presented him/herself was also noted.

P.9 'When this was an urgent case then the consultant was agreeing to make changes in the diary to accommodate this person at short notice...so much appreciated.'

Also there was the emotional availability of the psychologist to tune into what the participant had to say.

P.6. 'I think it is umm, I think it's the ability to listen. To, like I say, not to feel pressured to give immediate answers; not necessarily to give answers!'

This type of emotional availability was seen as lacking for one participant who expressed disappointment in what he perceived to be the emotional inability of the clinical psychologist to deal with the issues in hand.

P.11. 'To be perfectly honest I'm not sure in previous dealings with the psychologist in question where it was around something sexual erm, I didn't feel that the psychologist was very comfortable in talking about those types of issues.'

Category 8 - Consultant as Solution Holder

This category refers to the process of how the consultee would receive help during the consultation. Three participants appeared to have an expectation that the psychologist would have almost magical powers and would offer a totally new insight.

P.7. 'I expected Annie to turn the light bulb on.'

There were also two participants, who expressed an expectation of information but presented their expectations in a more measured way.

Category 9 - Psychologist as an Expert

There seemed to be a general view that a clinical psychologist is a holder of specialised knowledge and expertise.

It is apparent that there are clearly expressed expectations in terms of knowledge and solutions, and less clear expectations in terms of emotional help.

Category 10 - Consultee as Initiator

Interestingly, the participants also saw their role as both generally very active and proactive, and saw themselves as the main holder of most of the information.

P.5. 'I think it's important, for me, it's important to be able to recognise when I need extra..help...in my case, my role had been to initiate consultation and say this is what I want to talk about.'

In addition, the importance being willing to talk openly and contribute, and of being honest about issues was indicated.

Category 11 - Initial Anxiety

Three participants expressed worries regarding how they were going to be perceived.

P.6. 'You do feel like you are exposing yourself a bit: you're exposing your ignorance in certain areas.'

Category 12 - Collaboration as a Model of Working

Three participants discussed how having a collaborative working style allowed for effective working.

Category 13 - Failures of Engagement

There were times when some participants experienced the consultation as not being helpful. Two participants expressed frustration at the pace of the consultation being consultant-led, leaving them with a sense of lack of support.

P.1. 'I think she'll talk too much and sometimes not give me the opportunity and I feel I haven't got everything over'.

Another participant expressed anger that his concerns were not treated seriously by the consultant and that he had to expend what he felt to be disproportionate efforts in order to make himself heard.

Category 14 - Competitive Aspects

Two participants highlighted a sense of competitiveness between them and the consultant, particularly with reference to the consultant's hegemony on specialised knowledge.

P.1. 'I've not been to university and qualified as a psychologist but I've never been in a situation where I have felt I don't understand...what they are talking about is beyond my knowledge...sometimes it would actually appear that a few times, you know, that I could have done better myself'.

Category 15 - Power Differentials

Two participants seemed to have a heightened sensitivity to the specialist role of a psychologist in reference to their own status. Implicit in their comments, was a feeling of resentment that the clinical psychologist was more highly regarded than they were.

P.1. 'You know I feel that a psychologist gets paid vast amounts of money because they have training and we don't but...not very nice...yeah'.

It is perhaps not surprising that these two participants expressed disappointment regarding aspects of the consultation, as possibly their views primed them to notice differences rather than shared ground during the consultation.

Category 16 - Informal Working Atmosphere

For all participants informality was the way the consultations took place, by mutual and tacit agreement between the parties.

Most participants felt that knowing the psychologist beforehand was an advantage since they felt safer, more comfortable and relaxed about being open about themselves.

However, this viewpoint was not held by all participants. One participant did not see any particular value in previous knowledge, and two participants felt that it was an advantage not knowing the psychologist.

P.10. 'I think maybe there's a benefit in not knowing somebody, having worked in hospitals where people get to know of you and so maybe you go into situations with preconceived idea'.

THEME 4. INTRAPERSONAL EXPERIENCE OF CONSULTANCY

Although there is clearly an overlap between them, the overall experience of consultancy can be broadly separated into two areas, cognitive experiences and emotional experiences.

In a sense the following three cognitive categories can be seen as a different way of understanding.

Category 17 - Detachment as Way of Knowing

Participants talked about the value of different ways of looking at their work, or being able to emotionally distance themselves from their work in order to have more room to work in and to develop the therapeutic work with their clients.

P.3. 'Sometimes you get, you know it's a professional closeness (with client) but then sometimes you don't see the wood for the trees sort of thing because you know you're too close and you need to stand back'.

Category 18 - Values of Different Perspectives

This is an expectation that the consultant would look at the issue from a different angle by virtue of the fact that he or she comes from a different profession from them, and not necessarily because of a need of a detached view. The ensuing different perspective was either a direct product of the view of the clinical psychologist, or a result of the consultation process which enabled the consultee to develop alternative perspectives.

P.9. 'Well (what I wanted to get from the discussion) the aim was to have an opinion from a colleague whose field is slightly different to mine and to view it from a different angle'.

In addition different perspectives were seen as valuable in that they were supportive and emotionally impacting. Four participants indicated this.

P.8. '...Or help you look back and think well yeah, I could have done that differently ... so it's not really saying you've done things wrong, it's saying well acknowledging really yeah you've done it this way but maybe you could have done it that way, so you go away thinking oh yeah, well, I am doing ok'.

Category 19 - Being Thoughtful

Five participants spoke about how the opportunity to have time to think and process their ongoing work was considered valuable as it allowed them to be more nurturing of themselves as a result.

P.8. 'I think as individuals...we're always beating ourselves up...and recognising that's not a failure necessarily, it's just a way of looking at things differently'.

Category 20 - Empowerment

This category encapsulated a sense of being made to feel more capable within oneself, a heightened confidence that was facilitated by the consultation.

P.7... 'and Annie asked me quite a lot of questions about well what do you think to that? Erm and got me to think a lot more in....particularly I don't think she gave me the answers, I think she helped me get the answers from myself'.

One participant was disappointed about the consultation in terms of the empowerment he retroactively realised that he didn't receive, because the clinical psychologist decided to take on his client for therapy rather than supporting him to do so.

P.4. 'I think if Betty had not started working with this person and had continued to see me, I think that would have put more meat on the bone in terms of what I could do with this person'.

Category 21 - Affirmation

This was brought up by most of the participants and seemed to have a fairly central role in the consultation process. Participants spoke of the importance of hearing that they were doing the right thing, that they were not as incompetent as they feared.

Interestingly, considering that there was an overt desire to receive more information/knowledge at the onset of the consultation it could be that covertly the consultees also desired to affirm that the knowledge they already held was valuable and relevant to their work.

Category 22 - Support

Three participants spoke of an emotional atmosphere where they felt supported.

P.2. 'What she does is give or helps me see or have self belief to believe in myself warts and all'.

THEME 5. IMPACT OF CONSULTATION

Participants were able to refer to a perception that had evolved as a result of having the consultation experience, and to reflect on how it had affected them.

Category 23 - Benefits of Consultation

The main benefit of consultation seemed to be a gaining of awareness of clarity, or a sense of knowing what one was doing. Implicit in this was a renewed ability to know how to move forward, this being interesting when bearing in mind that one of the original reasons for turning to consultation was a sense of feeling stuck.

There was also an emotional faculty gained from an ability to put aside personal issues to better focus on the work.

P.5. 'It helped me to package things umm, so that I could then park that rather that to try and mull over things too much'.

An alternative emotional experience described was one of replenishment. Here participants described a feeling of renewed energy and interest as result of the consultation.

Category 24 - Importance of Consultancy

Views ranged from feeling that while considered a luxury, consultation was felt to be extremely important to a sense that it was felt to be enjoyable but not essential.

Category 25 – Lasting Effects

The more long-term effects of consultation were commented upon here. This can be seen as a form of 'internalisation' of the work carried out in the consultation meeting.

P.7. 'I always reflect back on that and think right, this is what we discussed; this is what Annie was sort of saying...'

Discussion

Circumstances Around Which the Consultancy Occurred and Expectations of Consultees

The perception of psychology in general and more specifically of clinical psychologists is pertinent to the circumstances surrounding the decision to seek consultancy. It was interesting to note that despite the fact that most of the psychologists were embedded in teams, there exists some vagueness about what a psychologists' remit is. Often the participant saw the psychologist's role in connection to their particular field and was unaware that a psychologist's role may be wider. However, despite this lack of clear definition in terms of content of a psychologist's work, there was a clear indication that psychologists were viewed as being positioned at the specialist end of the mental health spectrum where they were seen as being equipped to deal with complex and challenging issues. It would seem that this view supports the move by the BPS (NWW 2007) to expect psychologists to position themselves as offering consultations to their colleagues. However, given that this is still a fairly new initiative it would seem that still further development is required in ensuring that psychologists are appropriately trained in delivering consultation (Preedy 2008).

The primary reason for requesting the consultation was the participants' feeling of being stuck in their clinical work and not knowing how to move forward. All of the consultations were initiated by the consultees. This is encouraging in terms of the acceptability of psychological consultation within health teams, as it would seem that consultation is something that participants intrinsically feel will be helpful to them. Initially, participants expected that the consultation would offer advice with regards to their work. This is similar to the model of the 'expert' consultant (Broome 1994) in that the consultant would offer his specialist views to be taken on by the consultees and that this is what was needed for their work to be improved upon. It is interesting to note that in similar research (Isherwood, 2001) where psychologists were asked about their experiences of providing consultancy, the overriding view was that they felt generally uncomfortable in providing direct advice, preferring instead to work more within a 'process' consultancy model (Broome 1994). It is possible that this discrepancy between positions of consultant and consultee has an influence on how the consultancy develops and may play a role in explaining further results in this

research regarding how the expectations seemed to evolve into an experience of seeking affirmation of the participant's own knowledge and expertise.

The above results notwithstanding, there were two participants who expressed a more emotionally led expectation that they needed 'time out' in order to be able to regroup and then return to their work. It seems that this is also a view held when deciding to request consultancy.

Experience of Consultation

The way in which psychologists positioned themselves seemed to have significance for the participants in that they indicated that being able to easily communicate, both on a practical and an interpersonal level, was important for them. The informality of the consultation was felt to play a part in facilitating a sense of safety and containment. This seems to fit with earlier work carried out by Schein (1998) on the advantage of 'process' consultation over 'expert' consultation in enabling the consultees to understand themselves and their professional roles.

The role of the relationship in supervisory situations is prominent in supervision research literature. Bernard and Goodyear (1998), Bradley and Ladany (2001) and Scaife (2008) all argue that a positive relationship is central to productive supervision. Consultation differs from supervision in that it tends to be a one-off event and not necessarily a period of sessions as generally occurs in supervision (Bernard and Goodyear 1992). Therefore, it seems imperative that the consulting psychologist has the skills to enable a positive working atmosphere right from the initial point of contact. Accessibility and availability would therefore be important in establishing a relaxed and safe relationship and in this research participants felt that it emerged as an important component of the consultancy.

In terms of participants' expectations towards the psychologist and their corresponding expectations towards themselves, an interesting phenomenon occurred. On the one hand, there was a certain fantasy that the psychologist would wave a magic wand and miraculously find a 'cure' for the presenting issues. Part of this was fuelled by the prevailing view of the psychologist as a holder of specialist knowledge. Possibly, also, the lack of clarity surrounding what psychologists actually do, contributed to the expectation that the psychologist would offer a revelatory solution. This is not a new phenomenon, and the role of the rescue fantasy has been well cited in literature (Koocher & Keith-Spiegel 2008). On the other hand, the participants generally had a very proactive view of their role in initiating and actively guiding the consultation, and this seemed to temper the 'miracle' fantasies that they had towards the psychologist. Indeed, it could be suggested that the meeting of these two views – on the one hand turning to the expert and on the other hand seeing self as active participant – led some participants to describe the consultancy as a collaboration where both sides contribute to a mutual exploration of ways of coping. Conversely, in cases where participants indicated a failure of engagement, it seemed that this was a result of one side seeming to have hegemony on holder of knowledge, and that subsequently a collaborative way of working did not emerge.

Another central feature of the research findings was the process that despite most participants initially identifying a more cognitively based need for consultation, the dominant positive experience of consultation was a sense of affirmation or empowerment.

Two possible explanations of this phenomenon are offered here.

1. The participants approached the consultation with the conscious, overt, request for more information as a way of solving their issues. However, there also existed within them a more unconscious request that they need not be so self critical of

themselves and to be able to acknowledge the knowledge they already held. As the consultation progressed, and because of its informal nature, the participant was able to feel relaxed and safe enough to address his/her more covert needs and these needs of affirmation once recognised, allowed the participant to feel more confident in his/her clinical work.

2. Alternatively, or in parallel, the psychologist was able to meet these more covert needs by both allowing for an atmosphere of safety and containment, and by providing alternative non-judgmental ways of thinking about the issues being discussed. Generally, as pointed out previously by Isherwood (2001), psychologists are quite reluctant to simply offer advice in consultation, their training in explorative process leading them rather to look for alternative ways of dealing with issues.

Impact of Consultation

Most participants indicated that they left the consultation with a heightened sense of clarity and ability to consider alternative ways of working. There were varying opinions regarding the centrality of consultation in their on-going clinical work, from one participant who felt it was essential, to another who felt that, while it was at times useful, it was by no means crucial to his work. One could surmise that this most probably reflects different emotional needs of the participants in that they felt varying needs for that emotional affirmation and accompaniment that a positive consulting session can offer.

Suggestions for Further Research

As there is to date relatively little literature in this particular area, there are numerous directions which could benefit from further study. Some of these are presented below.

This research indicates that mental health and social care staff in the NHS often express that they are unclear exactly what the role of a clinical psychologist is. Further research examining in more depth how psychologists are viewed by their colleagues could help to understand this lack of clarity.

It could also be useful to explore how consultation is defined by different services, and how this may affect the consultation process itself.

Given that consultation appears to be a generally positive experience, it would be valuable to examine more closely whether the consultation experience has, in turn, an influence on this initial conception, i.e. whether this conception is a function of working more closely with the psychologists, or whether it is a function of something else.

From this research it is possible to identify certain elements of consultation that contribute to a positive experience, such as a collaborative way of working, or feeling understood, contained and empowered by the consulting psychologist. It seems too simplistic to assume that the absence of these elements would explain a negative experience of consultation, and it would be helpful to specifically examine unsuccessful consultations and to compare this to the parallel supervision research literature that exists.

References

- Bernard, J.M. & Goodyear, R.K. 1998. *Fundamentals of Clinical Supervision* (2nd ed.). Needham heights, MA: Allyn & Bacon.
- Bradley, L.J. & Ladany, N. 2001. *Counsellor Supervision: Principles, Process & Practice* (3rd ed.). Philadelphia: Brunner-Routledge.
- British Psychological Society 2007. *New Ways of Working for Applied Psychologists in Health & Social Care – Working Psychologically in Teams*. British Psychological Society, Leicester. Onyett. S.
- Brembel, A. & Hill, J. 2004. A Model of Multi-Agency Psychology Consultation. *Clinical Psychology*, 34, 29-28.
- Broome, A. 1994. Selling Psychology in a Competitive Market Place. *Clinical Psychology Forum*. 70, 15-18.
- Casey, M., Harris, R., McDonald, K. & Todd, G. 1994. Opportunities for Consultation. *Clinical Psychology Forum*. 65, 36-38.
- Dennis, R. 2004. So Far So Good? A Qualitative Case Study Exploring the Implementation of Consultation in Schools. *Educational Psychology in Practice*, 20, 18-29.
- Dey, I. 1999. *Grounding Grounded Theory: Guidelines for Qualitative Inquiry*. San Diego: Academic Press.
- Division of Clinical Psychology 1995. *Professional Practice Guidelines*. Leicester: British Psychological Society.
- Dowling, Z. & Manning, M. 2004. Consulting with an Assertive Outreach Service Using a Reflecting Team Approach. *Clinical Psychology*, 44, 22-25.
- Guinan, P. 1994. "Marketing Clinical Psychology". A Response to Brunning & Many Others. *Clinical Psychology Forum*. 73, 11-13.
- Isherwood, T. 2001. *A grounded Theory Investigation of 'Consultancy' as a Model of Service Delivery to Staff who Work with People with Learning Disabilities*. Unpublished Doctoral Thesis, University of Leeds.
- Jones, A. 1998. "What's the Bloody Point?": More Thoughts on Fraudulent Identity. *Clinical Psychology Forum*, 112, 3-9.
- Koocher, G.P. & Keith-Spiegel 2008. *Ethics in Psychology & the Mental Health Profession: Standards & Cases*. Oxford University Press.
- Lake, N. 2008. Developing Skills in Consultation. *Clinical Psychology Forum*, 186, 13 -17.
- Leadbetter, J. 2006. Investigating & Conceptualising the Notion of Consultation to Facilitate Multi-Agency Work. *Educational Psychology in Practice*, 22, 19-21.
- Management Advisory Service (MAS) 1989. *Review of Clinical Psychology Services*. London: Department of Health.

Manpower Planning Advisory Group (MPAG) 1990. Clinical Psychology Project. London: Department of Health.

Ovreveit, J., Brunning, H. & Huffington, C. 1992. Adapt or Decay: Why Clinical Psychologist Must Adopt the Consulting Role. *Clinical Psychology Forum*, 46, 27-29.

Preedy, K. 2008. Developing Skills in Consultation 3: Personal Reflections on Consultation as a Newly Qualified Psychologist. *Clinical Psychology Forum*, 186, 25-33.

Prior, H., Stirling, H., Shepherd, K. & Stirrat, J. 2003. Advantages of a Staged Consultation Supervisory Model for Health Visitors from Child Clinical Psychology. *Clinical Psychology*, 26, 32-35.

Quarry, A. & Burbach, F. 1998. Clinical Consultancy in Adult Mental Health: Integrating Whole Team Training & Supervision. *Clinical Psychology Forum*, 120, 14-17.

Rose, J., Ahuja, A.K. & Jones, C. 2006. Attitudes of Direct Care Staff Towards External Professionals, Team Climate & Psychological Well-being. *Journal of Intellectual Disabilities*, 10, 105-120.

Scaife, J. 2001. *Supervision in the Mental Health Professions: A Practitioner's Guide*. Hove & New York, Brunner-Routledge.

Scaife, J. 2008. *Supervision in Clinical Practice*. New York, Brunner-Routledge.

Strauss, A. & Corbin, J. 1998. *Basics of Qualitative Research: Techniques & Procedures for Developing Grounded Theory* (2nd edition). London, Sage.

Willig, C. 2001. *Introducing Qualitative Research in Psychology: Adventures in Theory & Method*. : Open University Press, Buckingham

Worthen, V. & McNeill, B.W. 1996. A Phenomenological Investigation of "Good" Supervision Events. *Journal of Counselling Psychology*, 43, 25-34.