Assignment 3.1: Consultation Literature Review

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**Literature Review**

Jungbluth, N. J., & Shirk, S. R. (2009). Therapist strategies for building involvement in

cognitive–behavioral therapy for adolescent depression. *Journal of Consulting and Clinical Psychology*, *77*(6), 1179–1184.

**General Summary**

 Beginning with a review of previous research, Jungbluth & Shirk (2009) suggest that therapist behaviors affect the therapeutic alliance, and that the therapeutic alliance is crucial to client success and motivation, establishing a link between therapist behavior and client completion of CBT tasks. Thus, the purpose of this study is to evaluate the degree at which certain therapist behaviors affect adolescent clients’ degree of CBT task completion while controlling for initial client resistance. Using a sample of 42 participants (adolescents of various ethnic backgrounds demonstrating depression and occasional comorbidities) and eight female PhD-level psychologists, the authors evaluated eight specific therapist behaviors, the level of client initial resistance, and client involvement during a manual-based course of CBT treatment using 5-point scales. Results demonstrate that two therapist behaviors, using a less-structured, client-focused approach and attending to the client’s motivations for therapy, significantly predicted client involvement in treatment. While the other therapist characteristics did elicit an effect on client involvement, the effect was not consistent enough to yield generalizable significance.

**Synthesis of Article and Readings**

Despite the article not directly discussing consultation, the article’s methods and findings have implications for consultee-centered mental health consultation, demonstrating that, in the case of a lack of knowledge or skill on the part of the consultee, skills can be taught and knowledge obtained in order to enact positive change in the consultee-client system. The therapist behaviors in this study can be brought to the consultee’s attention to improve knowledge, and the development of these behaviors can improve consultee skill and confidence (Dougherty, 2014).

**Limitations of Article**

One major limitation of the study is that the treatment used was manual-guided. Typically, in vivo therapist behaviors will not be as formulaic as those presented in this study. However, considering that a less structured approach was shown to increase client motivation in the study, this could prove beneficial. Another limitation is that therapist behaviors were too variable to measure significance in many cases. Finally, the sample size limits generalizability, prompting replication.

**Implications for Counselors/Consultants**

This study demonstrates the importance of therapeutic alliance by showing the effects of differences in rapport-oriented therapist behaviors on client involvement and treatment outcomes. Through the analysis of advantageous therapist characteristic, this article supplies consultants with a framework for improving consultee-client relationships by teaching new consultee behaviors.

**Implications for Consultee/Client**

The article suggests that consultee behaviors may directly affect client involvement and treatment outcomes. Consultant and consultee will need to work together to develop these skills in the consultee in order to improve rapport with clients and positively effect treatment.

Newman, D. S., & Ingraham, C. L. (2017). Consultee-centered consultation: Contemporary

perspectives and a framework for the future. *Journal of Educational & Psychological Consultation*, *27*(1), 1–12.

**General Summary**

This study serves to provide an extensive summary of consultee-centered consultation (CCC) while also demonstrating its utility and providing guidance for further research. The article distinguishes CCC as an egalitarian, preventative method of consultation that promotes increases in consultee self-efficacy, skill, objectivity, and knowledge through collaborative work with a consultant. In this paradigm, the consultant indirectly serves the client through working with the consultee. Apart from describing CCC and its utility, the article summarizes the history of CCC, beginning with Caplan’s formulation of CCC, and recommends an avenue forward through the researching of multi-cultural factors in CCC and writing meta-analyses of CCC research to observe overall trends in its use and effectiveness.

**Synthesis of Article and Readings**

This article expands upon the text’s section on consultee-centered consultation, further developing the model’s concepts of the consultant-consultee relationship. Likewise, the article provides an extensive history of CCC that is not included in our readings, demonstrating the evolution of the practice so as to show its most effective components. Finally, the article explores the continued advancement of CCC beyond the scope of our text’s synopsis.

**Limitations of Article**

While this article provides an extensive foundation of knowledge on CCC and its future in the field of consultation, it lacks the interactive component of displaying the use of CCC in action. Without novel research or an in-depth example from a case or study, this article does not show CCC in action or evaluate the efficacy of specific elements of CCC.

**Implications for Counselors/Consultants**

The recent changes made in the field of CCC yield considerable benefit for consultants. Consultants no longer are bound by psychodynamic principles when using CCC and can integrate their own theoretical orientations into their use of CCC. Most importantly, within the CCC framework, consultants must work collaboratively with their consultees in evaluating consultees’ needs and building the requisite consultee attributes.

**Implications for Consultee/Clients**

In this paradigm, the consultee bears considerable responsibility in aiding in their own development. By collaborating with their consultants, consultees will develop an objective understanding of their deficits and formulate a plan for building upon and bolstering their foundation of functional characteristics to benefit their work with clients. Consultees should understand that the CCC process involves considerable self-assessment and intervention.

Ellis, A. E., Meade, N. G., & Brown, L. S. (2020). Evidence-based relationship variables when

working with affectional and gender minority clients: A systematic review. *Practice Innovations*, *5*(3), 202–217.

**General Summary**

This article provides a synthesis of findings in the literature concerning the relationship between the therapeutic alliance and the experience of affectional and gender minority (AGM) clients in therapy. The authors searched PsychINFO, PubMed, and Web of Science, compiling fifteen articles published between 2009 and 2019 with an empirical basis and a focus on the therapeutic relationship with affective and gender minority clients, working to evaluate the research base for evidenced-based relationship variables in counseling AGM clients. The authors found that empathy informs affirmative care (e.g. lifestyle affirmation) with affective empathy (e.g. compassion) being the most important form of empathy for therapeutic outcomes. Interestingly, a strong therapeutic alliance demonstrated a greater effect on positive therapeutic outcomes for AGM clients than lifestyle affirmations from the therapist. Furthermore, positive regard and genuineness from the therapist both predict positive therapeutic outcomes. The article also showed that training in developing empathy and the therapeutic alliance can help practitioners (i.e. consultees) produce better outcomes for their clients.

**Synthesis of Article and Readings**

This article demonstrates the need for multicultural competency in both general counseling and consultation, aligning with the values set forth in our text. AGM clients have specific needs concerning the therapeutic alliance, their therapist’s degree of empathy, and therapist’s management of countertransference. Likewise, the article’s finding that alliance-based skills are teachable aligns with the idea that consultation can aid the consultee in developing relational competency.

**Limitations of Article**

This article is limited by the relatively small number of studies that it was able to draw from in its analysis. In searching the body of research, the authors only found fifteen articles that met criteria for their analysis, thirteen of which covered exactly the desired subjects. Another limitation of this article is that the studies reviewed within only cover the experiences of those outwardly identifying as AGM clients, meaning that it lacks data regarding the therapeutic experiences and needs of AGM individuals who do not disclose their sexual and/or gender identities.

**Implications for Counselors/Consultants**

Consultants reading this article are able to ascertain the importance of certain consultee characteristics in aligning with AGM clients. This knowledge of specifically advantageous therapist characteristics (e.g. positive regard, genuineness, affective empathy) can inform consultants’ own multicultural training, as well as their ability to increase the competency of consultees.

**Implications for Consultees/Clients**

Using a consultee-centered consultation model, consultees viewing this article may develop an explicit understanding of the knowledge, skills, confidence, and/or objectivity they may be lacking when attempting to align with AGM clients (Dougherty, 2014). As such, consultees can formulate a course of action for developing their alliance-oriented skills with their consultant. Specifically, consultees can develop their skills through reflective writing assignments and group training.

References

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