Dispelling Misconceptions Around Consultation

Learning a new therapeutic approach and delivering it with fidelity and competence requires consultation. Consultants can provide coaching, teaching/reinforcing, assessment, and feedback in evidence-based skill development. Despite ample evidence supporting it, consultation is often greatly underutilized with evidence-based psychotherapies (EBPs). Many therapists forego consultation because they have inaccurate ideas about the nature of consultation. Consider the following misconceptions about consultation:

"Only new providers and interns need consultation; I am experienced and have the tools I need."

Many clinicians do not perceive a need for consultation because they associate it with supervision. Since many clinicians learning an EBP are very experienced and have access to the same books, manuals, and articles that consultants do, it is tempting to rely solely on those resources. In fact, consultation is aimed at improving performance and preventing "drift" from the model over time. In that way, it is more like the coaching provided to experienced athletes than the supervision of a novice.

"I get informal consultation with my peers, which is just as good as formal consultation."

Informal consultation, often referred to as "curbside consultation", while helpful tends focused on logistical issues that arise in treatment. This type of advice can be a valuable adjunct to training but is not a substitute for the more structured learning that can be obtained from consistent and regular formal consultation. Informal, logistical consultation also runs the risk of the advisor not fully understanding the clinical protocol, or best practices associated with it, and consequently offering an opinion that fails to take advantage of the full power of the treatment. Formal conceptual consultation offers the opportunity for problems to be anticipated and averted or addressed within the protocol. The consultee will have more confidence to implement less familiar concepts of the treatment with the regular support of an expert consultant.

"The consultant will criticize me and tell others I work with about my weaknesses."

Providers may not want to risk seeking consultative feedback because they may worry the consultant will be critical or devalue the work they have been doing. They may also be concerned that their discussions will not be private, or that their "weaknesses" will be shared with colleagues or bosses. In fact, consultation takes place outside the supervisory or command structure, and consultant feedback does not play a role in employment evaluation. Consultation is a collaborative effort between the clinician and the consultant and consultants strive to ensure a supportive environment that fosters growth.

"The consultant will make me change my treatment plan to fit a standard style, so I won't be able to flexibly address the needs of my patient."

Clinicians are often concerned that a particular style or script will be forced on them, or that they will be required to change how they relate to clients to meet the consultant's requirements when they engage in formal consultation. However, good consultants realize that clinician comfort and confidence are as important as clinical expertise in delivering treatment effectively. Most consultants will work to help each clinician deliver core interventions in a way that is not only consistent with the model, but that also fits the style and personality of the clinician. Just as every patient is different, so is every provider.

"I will not become proficient in the little time I have available for consultation."

Clinicians may feel discouraged if they have limited time available to fully learn and be proficient in EBPs. However, the standard of practice for proficiency is generally achieved by working with a consultant for two complete cases. While learning a new treatment does require an added investment of time and effort on the part of both the clinician and the consultant, learning an EBP brings much added value to clinical work.

"My peers will look down on me and think I don't know what I'm doing."

Providers may worry that their peers will judge them for seeking formal consultation. However, most clinicians understand the value of consultation and case review, and in many settings, the availability of consultation is seen as a privilege. Those who have obtained regular, formal consultation are more likely to be viewed as Subject Matter Experts by their peers and supervisors.

" I need to have a perfect case to go to consultation"

Sometimes providers feel like they need to wait to attend consultation until they have specific questions or even the "perfect case". Attending consultation can be valuable even for those who aren't currently utilizing a specific EBP as it allows for continued learning and a deeper understanding of the protocol just by hearing about others' cases and or questions that arise. Consultants can also help providers decide who might be a good fit for a specific EBP.

"It's too hard to arrange a formal consultation relationship."

Providers may feel that it is too logistically difficult to establish a formal consultation relationship due to factors such as time, cost, and other priorities. They may even worry about working with a consultant who doesn't feel like a good match. In reality, consultants cover a wide range of professional backgrounds and learning styles. There are also many online and free resources. For example, CDP has a free Providers Portal for peer-to-peer discussions and expert input for those who complete a CDP EBP workshop.

Resources

The CDP offers free post-training consultation services for EBPs available through online support, e-mail, and a forum. Please visit www.deploymentpsych.org for more information and to learn about our consultants.

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