



Mental Health Consultation

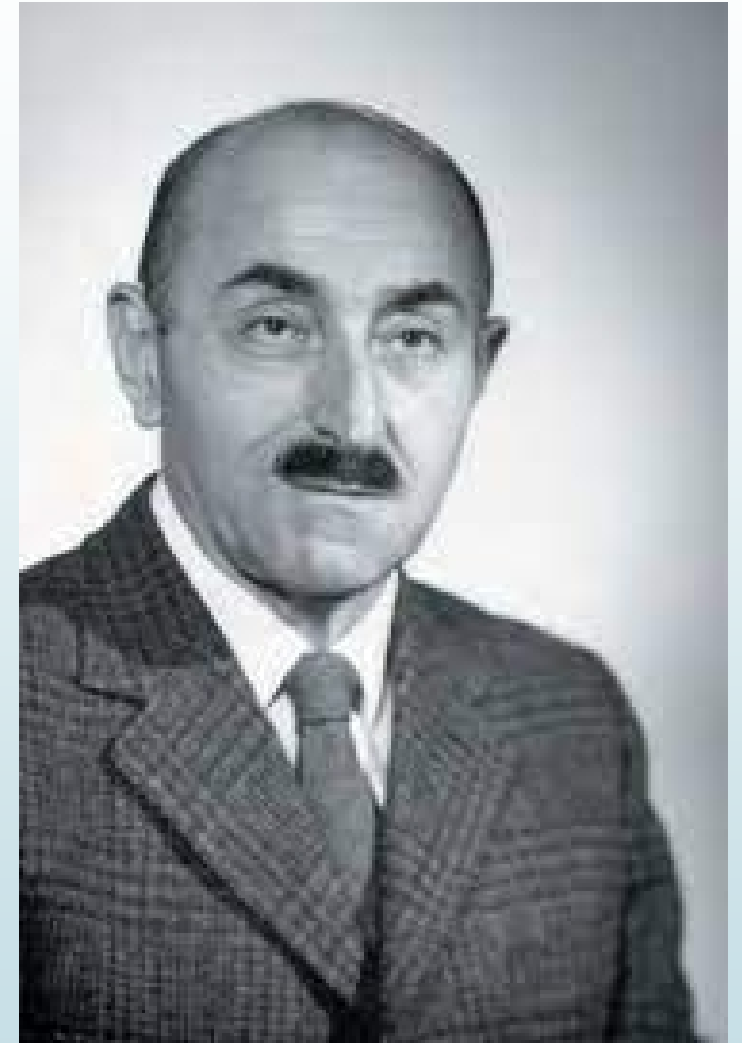
► Gerald Caplan and Ruth B. Caplan

► Presented by: Grace Ann Gibby

Caplanian Consultation

Gerald Caplan

- Liverpool, England
- Child Psychiatrist
- March 6th, 1917 – February 29th, 2008
- Worked in Israel, 1949-1952
- Worked at Harvard University 1952-1977
- Moved back to Israel in 1977



► Erchul (2009)

Liverpool to Jerusalem





What is Mental Health Consultation?

- Method that promotes mental health, prevents, treats and rehabilitates mental disorders
- The actual work with mental health patients is often carried out by professional workers who are not trained in psychiatry, psychology, counseling, or social work
- Consultation provides a way that a small number of consultants can exert a widespread effect on a community.
- Essential aspect of Consultation: the professional responsibility for the client remains with the consultee
- Consultation is a service of primary prevention

Caplan (1995), Carney (2014)



Brief History

- Problem: Caplan was charged with caring for the mental health needs of 16,000 immigrant children located at 100 residential institutions
- Transportation difficulties in Israel prevented the clients from coming to him
- Traditional Model: referral/diagnosis/psychotherapy was not feasible

Erchul (2009)

Gerald Caplan's Possible Emotions

- Frustration
- Anxiety
- Confusion
- Uncertainty
- Fear



Plato



► Necessity is the mother of invention.



Solutions

- Caplan and his staff traveled to individual institutions and met with caregivers
- Caregivers deficiencies were highlighted
- Caregivers were observed, and interactive discussions provided clarity and a new outlook
- In countries where resources are limited; diagnosis and individualized treatment is not an option, and only a few are helped this way
 - Erchul (2009), Rosenfield & Caplan(1954)





Four models of consultation

- Client-centered consultation (A1)
- Consultee-centered consultation (A2)
- Program – Centered Administrative Consultation (B1)
- Consultee - Centered Administrative Consultation (B2)

Caplan (1995)

Benefits of Consultation

- Help consultee with work problems
- Increase the effectiveness of the consultees ability to solve similar situations in the future
- Two heads really can be better than one
- To spread the specialists knowledge
- Requires the application of a clinician's highest skill and creativity.



Mendoza (1993), Rapoport (1971)



Client – Centered Consultation

- Major focus of interest – the professional case of the consultee
- Immediate Goal – to help the consultee find the most effective treatment for the client
- Consultant makes a specialized assessment of the client and correct diagnosis

Caplan (1995)



Consultee – Centered Consultation

- Focus is on the Consultee rather than the client
- Consultant will focus on the nature of the consultee's work difficulty and help them to handle this.
- Consultant does not need to learn the “objective” reality of the client to identify distortions and internal inconsistencies with the consultee's story.

Caplan (1995)



Program – Centered Administrative Consultation

- Usually called by a consultee or group of consultees
- Collection of essential data himself
- Helps with current problems in the administration of programs that prevent, treat or rehabilitate mental disorders
 - May relate to planning and administration of services
 - Policies governing the recruitment
 - Training and effective utilization of personnel



Consultee- Centered Administration

- Major focus is to help consultees develop an improved capacity to master problems planning and maintenance program areas.
- Focus on the interpersonal aspects of the agency
- Consultant must have a detailed knowledge of administrative issues just as much as psychosocial knowledge

➤ Caplan (1995)



Putting it into Practice

Case Study

Mrs. Thompson works in a high profile city at a community center that offers free services in Mental Health. Each week she encounters individuals struggling with anxiety, and depression. As she is familiar with these areas, Mrs. Thompson feels right at home. However, one day she meets a lady who is struggling with a gender dysphoria. This is an uncommon territory for Mrs. Thompson; she determines that she will require some consultation to help her client.

Question

Which of the four models could Mrs. Thompson follow and why?

- a. Client- Centered Case Consultation Model
- b. Consultee – Centered Case Consultation Model
- c. Program – Centered Administrative Consultation
- d. Consultee – Centered Administrative Consultation



Putting it into Practice

Case Study

The local Salvation Army office is excited to organize and plan their latest outreach program: a support group for individuals struggling with depression. The counselors begin the program and midway through they begin to experience some difficulties. They decide collectively that they would benefit from administrative consultation to ensure that their program is planned and implemented effectively.

Question

Which of the four models would the Consultant follow and why?

- a. Client- Centered Case Consultation Model
- b. Consultee – Centered Case Consultation Model
- c. Program – Centered Administrative Consultation
- d. Consultee – Centered Administrative Consultation



Discussion

- **Which one of the following models are you more drawn to and why?**
 - a. Client-centered consultation (A1)
 - b. Consultee-centered consultation (A2)
 - c. Program – Centered Administrative Consultation (B1)
 - d. Consultee - Centered Administrative Consultation (B2)



A2 - Consultee-Centered Case Consultation

➡ 9 step model

1. Guide the development of consultation by understanding its ecological field
2. Explicate all consultation contracts
3. Keep the consultant relationship noncoercive
4. Focus on the Consultee NOT the Client
5. Avoid uncovering types of psychotherapy
6. Focus on the Consultee – not the Client
7. Use the displacement object
8. Foster Orderly Reflection
9. Widen Frames of Reference

Guide the development of consultation by understanding its ecological field.

- Consultee & Consultant Organizations
- Consultant & Consultee individuals
- Community
- Client
- Client's family
- Historical, sociocultural, and psychosocial forces

➤ Caplan (1963)



Basic Principals

- Explicate all consultation contracts



- Keep the consultant relationship noncoercive



- Caplan (1963)

Basic Principal

- Focus on the Consultee – Not the client

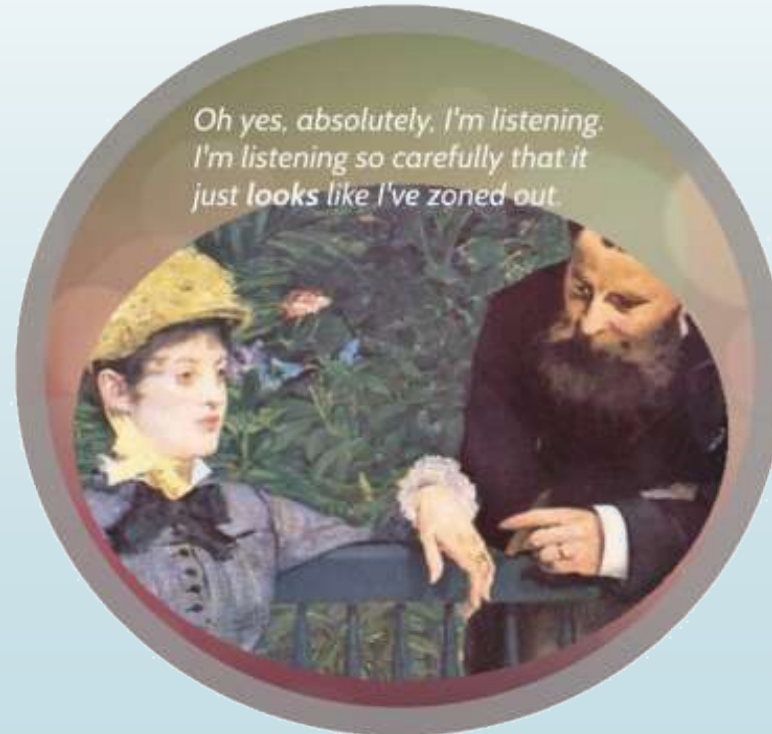


► Caplan (1963)

Basic Principles

- Avoid uncovering types of psychotherapy

Consultant should not use method of interpretation psychotherapy





Basic Principles

- Use the displacement object

If the consultee becomes overly involved, attempt to refocus on the client-related elements.

- Foster Orderly Reflection

Provide an atmosphere that is unhurried and systematic

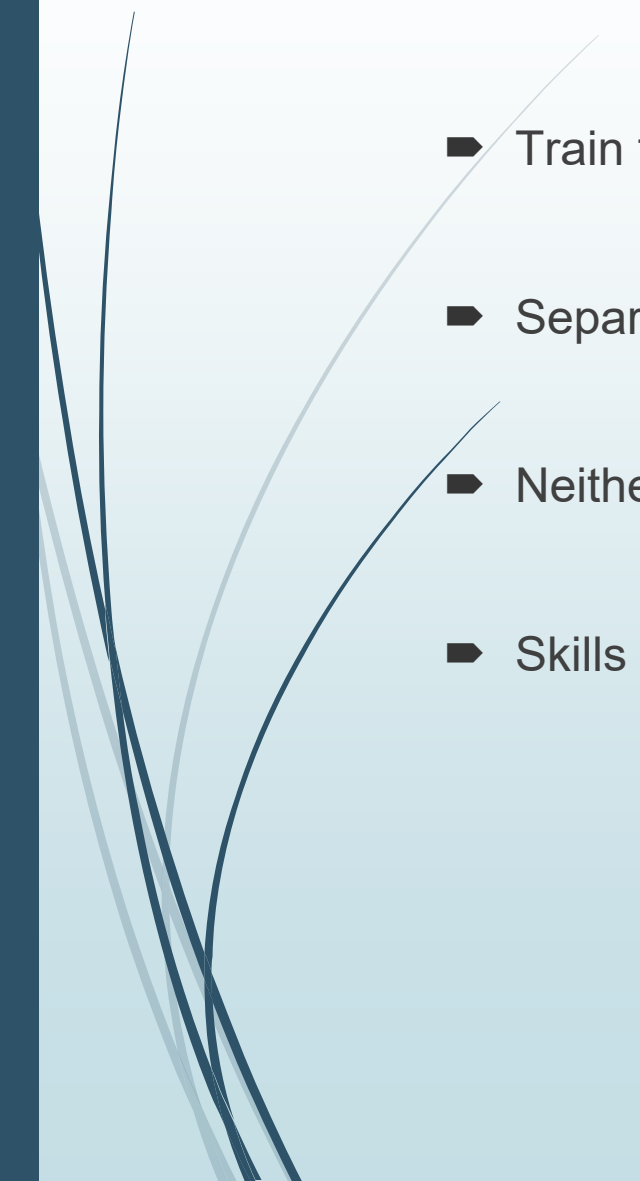
- Widen Frames of Reference

When possible consultant can offer aid : intrapsychic, and interpersonal

➤ Caplan (1963)



FINAL BASIC PRINCIPLE

- Train those who consult to be consultants
 - Separate body of concepts and techniques
 - Neither is it modified counseling or watered-down psychoanalysis
 - Skills must be taught
- 



Obstacles with Consultees

- Lack of understanding
 - Lack of skill or resources to deal with the problem
 - Lack of objectivity
 - Theme interference
 - Direct personal involvement
 - Lack of confidence and self esteem
- Whittington (1971), Caplan (1963)

Case Study

- A teacher spoke with hopelessness about a ten-year-old girl in his class, who he felt was mentally retarded. He had spent much time in vain trying to teach the child to read so that she would not get too far behind the others in the class. He felt that unless he succeeded she would inevitably become an outcast in society and that others would exploit her weakness. The consultant realized that the teacher was identifying with the child, whom he was perceiving in a stereotyped way as a "mental defective" who must inevitably come to a bad end unless "rescued" by him through greatly augmenting her ability to achieve. The teacher was not perceiving the child's assets, namely, that she was quite popular among her peers, and had nonverbal skills that might one day help her make a useful place for herself in society. He was also exaggerating the likelihood that more intelligent people would exploit her because of her backwardness-in fact, he felt this was inevitable. This teacher was currently worrying about his own ability to achieve in a new school to which he had come after an unsatisfactory experience elsewhere as a principal. He was particularly sensitive in his relationship with the headmaster, a driving man who demanded high standards from his teachers. The theme of "mental retardation" was also important in the teacher's past life, because he had been backward himself as a child, and had only begun to improve at the age of ten.

■ Caplan (1963)



Question:

- ▶ Choose the answer that best describes the teacher's problem:
 - a. Lack of understanding
 - b. Lack of skill or resources
 - c. Lack of objectivity – theme interference
 - d. Lack of confidence or self-esteem



Case Study

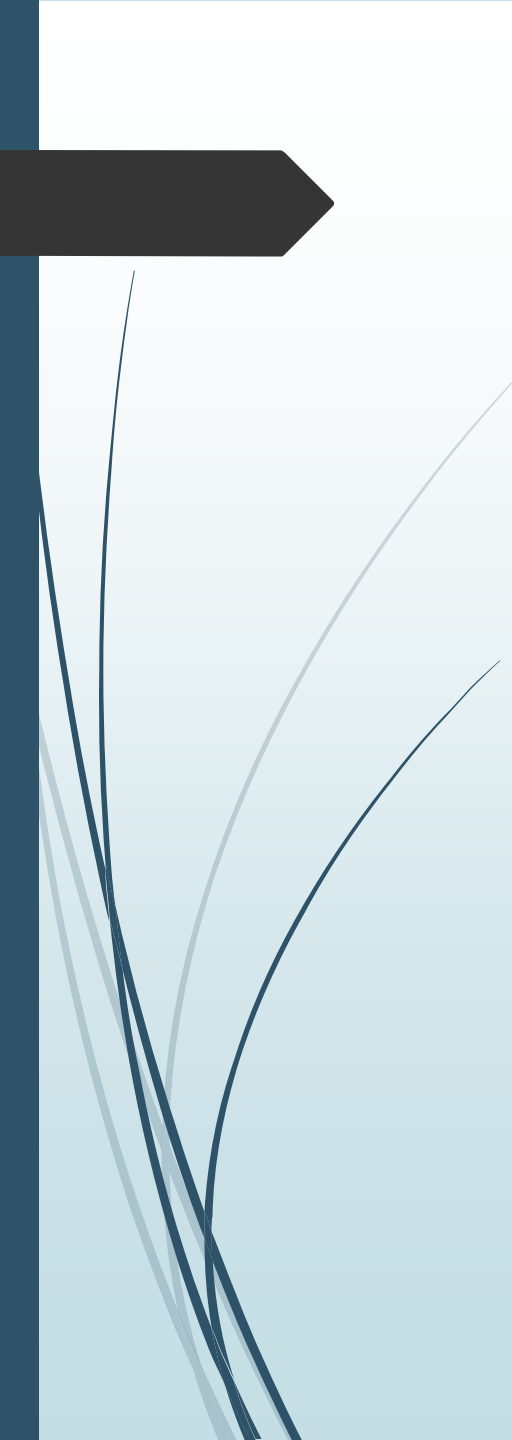
- Mrs. Wilson works at a local clinic providing mental health services. Despite her 30yr career in mental health, she thoroughly enjoys her job and enjoys helping others. Mrs. Wilson has lost her husband and hence she is familiar with bereavement counseling. Recently, Mrs. Wilson encountered a few individuals who have lost pets and were suffering terribly. Mrs. Wilson felt familiar with human loss and grief but was caught off guard with pet loss. She decides to ask for expertise help in this area.



Question

► Is Mrs. Wilson experiencing any of the following, if so which one(s)?

- a. Lack of understanding
- b. Lack of skill and resources
- c. Lack of objectivity
- d. Lack of confidence and self-esteem



Current Utility

- Counselors are encouraged to utilize consultation
 - Improves client services
- Private Practitioners are missing from the research
- Caplan's Model is being used in a variety of settings: schools, community centers

■ (Carney & Jefferson, 2014, Lambert et. al, 2004)



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