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AUTHOR Hochhauser, Mark
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ABSTRACT

Academic perspectives are reviewed for consultation in substance abuse within four general issues: consultation paradigms, research consultation and psychology, sources for consultation, and academic issues. The mental health/crisis intervention model is the most common consultation paradigm. Most consultation research in the substance abuse area focused upon issues of treatment and/or referral of those with alcohol or drug problems. Very little research exists with respect to the evaluation of the consultation. Research consultation is one method of consultation for academically affiliated psychologists who can contribute expertise in knowledge of the literature, methodology, ethical issues, and grant and report writing. The crisis intervention approach is inappropriate within a research setting; research consultation/evaluation should be a more continuous process. The role of the academician in consultation has been reviewed with respect to whether or not the academician who consults for pay may be shirking academic responsibilities. Research suggests that those who consult are generally more productive than their non-consulting colleagues, and that consultation for pay does not result in a reduction in academic performance. (Author)

ACADEMIC PERSPECTIVES IN SUBSTANCE ABUSE CONSULTATION

MARK HOCHHAUSER, PH.D.
RESEARCH ASSOCIATE IN DRUG EDUCATION
DIVISION OF SCHOOL HEALTH EDUCATION
NORRIS HALL
UNIVERSITY OF MINNESOTA
MINNEAPOLIS, MN 55455

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CONSULTATION PARADIGMS

Consult: to seek advice or information of; to have regard for, consider; to exchange views; confer; to give expert advice as a professional (American Heritage Dictionary of the English Language, 1970)

In reviewing the scientific literature in the area of consulting in general, and substance abuse consulting in particular, several important conceptual issues appeared as general themes among the literally hundreds of publications on this topic.

First, the term "consultation" is most commonly associated with clinical practice, rather than research or evaluation. For example, Index Medicus lists consulting under the heading of "Referral and Consultation"; Psychological Abstracts lists consulting under "Professional consultation/Mental health consultation". An analysis of some of the articles so referenced in these two primary sources makes it quite clear that the consultation process focuses primarily upon the role of the consultant as s/he may be used to diagnose/refer problems (or individuals) within large organizations, such as community mental health centers, hospitals, schools, institutions for the mentally retarded, schools for the handicapped, etc. The emphasis upon mental health consultation (e.g., Harper, 1973) has important implications for the development of a non-mental health based consultation/evaluation program. Much has been written about the consultation process itself, and the mental health emphasis is quite apparent. For instance, Rhodes (1974) has described consultation as an intervention process with six components--entry, diagnosis, contract, intervention, consultation maintenance and termination, while Pearl (1974) has identified the psychological consultant as a change agent, and has developed a typology of consultants--the organizational man, the facilitator, the organizer of the powerless, and the leader without goals. Throughout the literature, the consultant is often characterized as someone who will improve the mental health of persons/patients within the client organization; the "clinical consultation" model has important implications for substance abuse consultation.

Second, there were virtually no publications listed with respect to the role of consultation in the substance abuse field, other than those articles which were related to issues of treatment and/or referral of alcoholics, drug addicts, etc. To this extent,

the non-clinical, academically affiliated psychologist has played a very minor role. Nevertheless, it has been suggested (Goldberg, 1976) that psychologists can contribute much to the general area of substance abuse, in areas of: administrztion, training and education, treatment, prevention and education, clinical research and evaluation, basic research, and measurement. The academic psychologist, generally overlooked in the clinically based consultation literature, can offer much in the area of research consultation, a largely neglected domain.

Third, and perhaps most important, was the generally small number of articles dealing with any type of evaluation of the consultation process itself (e.g., Stephenson, 1973; Mannino and Shore, 1975. Although consultants appear to be used widely in a variety of treatment settings, it is not yet possible to state with any degree of scientific certainty that such consultation processes are, in fact, effective. Much of this uncertainty is due to the difficulty inherent is assessing behavioral changes in complex situations; however, it should be noted that many consultation activities are simply not evaluated, consequently it is difficult, if not impossible to determine the effects of a consultation.

Some effects of consultation have been reviewed by Mannino and Shore (1975), who conceptualized the consultation process as an activity for intervention. As such, they assessed changes in the consultee, client changes, and system changes; the effects of a given consultation appear to be a function of who consults to whom about what. In general, consultation models seem to follow the mental health orientation (Dworkin & Dworkin, 1975), with particular emphasis upon the crisis intervention model. Consequently, a consultant may be sought only when a crisis has been reached; although this model may be effective for the mental health professions, it is not relevant for research consultation.

RESEARCH CONSULTATION AND PSYCHOLOGY

The three issues discussed above are most germane to the field of Psychology, insofar as the limitations may represent important opportunities for psychologists in the substance abuse field, particularly in the realm of what has been termed "research consultation" (e.g., King & Hanin, 1975).

Historically, the alcohol and drug abuse fields have been dominated by treatment issues; however, during the past few years, there has been an increasing concern with issues of substance abuse (alcohol, drugs, tobacco and food). Recent publications from the National Institute on Drug Abuse (e.g., Krasnegor, 1978 & 1979) and the National Academy of Sciences (Common Processes in Habitual Substance Use, 1977; Maloff & Levison, 1980) have focused on a variety of research problems within the substance abuse context. With a corresponding interest in the concept of primary prevention, the linkages between substance abuse, prevention, and treatment have become stronger. Consequently, the development of innovative research and evaluation strategies, often within a non-treatment framework, may provide substantial opportunities for academic psychologists, who have been heretofore outnumbered by their clinically oriented colleagues. More specifically, research consultation by academic psychologists can provide valuable contributions in several areas:

1) knowledge of the existing literature: Those psychologists who have taught courses in substance abuse, or who have performed research (or published) in the area often possess important knowledge which can be most useful to a prospective client, especially to those who may not have library facilities available. Much of the research in the drug abuse field has been characterized as atheoretical (as has much of the work in the consultation field). Consequently, the ability of a psychologist to develop a psychological perspective for a research/evaluation project can be valuable, both in terms of the design of the project as well as its subsequent interpretation.

2) methodology: Much research in the drug abuse field, particularly in the area of drug education, has been poorly evaluated (e.g., Randall & Wong, 1976; Goodstadt, 1978 & 1980) and has been characterized by fundamental research errors. Many of these flaws could be reduced (or eliminated) by the use of a methodology consultant, who has expertise not only in the area of experimental design, but in the content area of substance abuse as well. Professionals often lack the academic preparation to carry out sophisticated designs (Clyde, 1972), so that reliance on a research consultant is a practical necessity. Finally, it should be emphasized that important differences exist between traditional research methodology and evaluation research methodology; the consultant must be aware of such differences (e.g., Rutman, 1977; Cook & Reichardt, 1979), as well as the limitations of evaluation designs.

3) ethical issues: Concern for the treatment of human subjects has increased dramatically during the past few years, and psychologists with an awareness of these issues can improve not only the research design, but the treatment of subjects as well. Ethical issues can be of major concern in the substance abuse field, since research is often carried out on children/adolescents who are legally minors, upon individuals who may have difficulty providing informed consent (e.g., narcotic addicts, alcoholics, etc.), etc. Within the research consultation framework, it is essential to deal with issues of evaluation criteria, the possible misuse of evaluation findings, the need to evaluate the evaluators, etc. (Rich, 1979). Moreover, the extent to which the evaluator can intervene into the program s/he is evaluating is an ethical dilemma of some consequence (Perloff, 1979). Although the definition of consultation suggests a rather objective procedure, the definition of evaluation may be more subjective (and political):

> evaluate: to ascertain or fix the value or worth of; to examine and judge; appraise, estimate (American Heritage Dictionary of the English Language, 1970)

It is essential for the consultant to recognize the differences between consultation and evaluation, and to direct his/her services appropriately.

4) grant/report writing: Psychologists who are familiar with the APA Publication Manual, or who have published in professional journals, can provide valuable skills in the development of grant proposals, the reporting of data, etc. Especially important is the ability of the research consultant to communicate with individuals from diverse backgrounds; paraprofessionals, professionals, members of the community, etc.

Although it may be possible to utilize consultants when a crisis develops in an agency, mental hospital, community mental health center, school, etc., the crisis intervention model is not relevant for the research consultant. Quite often, research consultants will be sought after a grant proposal has been developed, presumably to provide an evaluation/research component to the proposal. Unfortunately, when such a crisis is reached (an immediate need for evaluation), it may be virtually impossible for the consultant to provide much help, insofar as the evaluation component will not have been integrated into the development of the proposal. Consequently,

it is essential that a research/evaluation consultant be involved from the beginning of the project; an evaluation should not be merely an appendix (lest the proposal suffer an appendectomy), but the evaluation should be related to the objectives, rationale and goals of the project. Indeed, Rossi (1979) has suggested that the evaluation start at the beginning of the program, and that perhaps researchers should consider competing methods of evaluation (perhaps one in favor of the project goals, and one in opposition to the goals); let the better evaluation win.

SOURCES FOR CONSULTATION

For the academic psychologists who is just beginning to enter the substance abuse consultation field, the identification of potential sources for consultation may be difficult to determine. However, it is valuable to note that consultation may develop upon several levels:

1) local: Within the context of a large city, or perhaps county, it is possible for the academic psychologist to identify a variety of sources. These include social service agencies, self-help groups, treatment facilities, etc. These agencies may be sought out either through already established personal contacts, or perhaps more pragmatically, through the Yellow Pages. Some of these groups may be able to little, if anything; however, the consultation experience can be of enormous value to both the consultant and the client.

2) state: Consultations can also be done with various state government agencies, such as a Single State Agency, Department of Education, Mental Health, Health, Welfare, Aging, etc. State agencies can often afford to pay a consultant, and the professional contacts made in this way can be most valuable.

3) national: Once one has built up a modest amount of consultation experience, it may be possible to do consulting on a national level, through federal agencies as the National Institute on Drug Abuse (NIDA), National Institute on Alcoholism and Alcohol Abuse (NIAA), and related agencies as the National Prevention Evaluation Resource Network (NPERN).

Consulting on a governmental level has several benefits; first, it often provides an opportunity to review grant proposals, and an understanding of those factors that contribute to an excellent (or poor) proposal can be invaluable in the development

of one's own research proposals. Moreover, grant review as a consultant activity provides an overall perspective in the substance abuse field that cannot be achieved in any other way. Second, since academic psychologists have a reputation of being unbiased and scientifically objective, the opportunity exists for the consultant to provide expert testimony, to have an impact upon state or national policy decisions, to provide information which may be used for program development, etc.

There are several warning for prospective consultants; although a consultant may be viewed in a positive way--as an information source, a legitimator, a publicist, an interpretor, as a catalyst to self-inquiry, as an additional resource, the consultant may also be perceived in a very negative way--lacking knowledge of prevention, serving his/her own interests, being a personal judge, an ideological antagonist, being organizationally disruptive, and as a tool of other interests (Consultation orientation kit, 1979).

ACADEMIC ISSUES

The general role of the academician in consultation has been analyzed during the past few years, with particular emphasis upon whether or not the academician who consults may be shirking his/her academic responsibilities when compared to the academician who does not consult for pay. In their assessment of those academics who did consult for pay, Marver and Patton (1976) assessed the possible impact upon their department and potential conflicts of interest. They found that over one-third of the academic faculty surveyed consult for a fee; consulting faculty generally published more than their non-consulting colleagues; consultants taught more graduate students than undergraduates; consultants were younger and higher in rank than their non-consulting colleagues; and consulting represented a relatively large source of supplemental income (second only to summer teaching).

In a more extensive analysis of their previous work, Patton and Marver (1979) and Patton (1980) further concluded that: consulting faculty are professionally more active than non-consulting faculty; 19% of faculty consult more than ½ day per week, while 6% of faculty consult more than 1 day per week; 60% of those who consult for a fee are at a university, while 68% who do unpaid consulting are at a four year college or junior college. They found no evidence to suggest that those faculty who consult for pay shirk any of their university responsibilities because they might have less time; if anything, consultants were more active.

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