Mental Health Consultation

An Untapped Tool for Facilitating
Volatile Intercultural Diversity Group Dialogs

aretha faye marbley, Hal Stevens, Colette M. Taylor, Rachelle Berg Ritter,
Petra A. Robinson, Valerie McGaha, Fred A. Bonner II, & Jiaqi Li

Introduction

There is an urgent need for leadership skills when facilitating communication and engendering acceptance and respect among people from culturally different backgrounds, opposing viewpoints, and vastly different experiences. Thus, when facilitating intercultural group dialogs, varying institutions, agencies, and businesses need culturally competent professionals who have excellent leadership, group, and diversity skills—even clinical skills—to work effectively with divergent communities, both internal and external, and their divergent citizens in addressing highly sensitive issues and building cross-cultural sensitivity.

For such efforts to be effective, con-

aretha faye marbley is a professor
and director of community counseling
in the College of Education
at Texas Tech University, Lubbock, Texas.
Hal Stevens is associate director
of counseling and psychological services
at Clemson University, Clemson, South Carolina.
Colette M. Taylor is an associate professor
in the Department of Educational Psychology
and Leadership in the College of Education
at Texas Tech University, Lubbock, Texas.
Rachelle Berg Ritter is an adjunct professor
of counselor education in the College of Education
at Texas Tech University, Lubbock, Texas.
Petra A. Robinson is an assistant professor
in the Department of Human Resource Education
and Leadership Development at Louisiana State
University, Baton Rouge, Louisiana.
Valerie McGaha is an associate professor
of applied health and educational psychology
at Oklahoma State University, Tulsa, Oklahoma.
Fred A. Bonner II is a professor
and Endowed Chair of Educational Leadership
at Prairie View A&M University, Prairie View, Texas.
Jiaqi Li is an assistant professor
in the Department of Counseling, Leadership,
and Educational and School Psychology
at Wichita State University, Wichita, Kansas.

sultation services should be grounded in multiple disciplines and inclusive of many outreach activities typical of community mental health programs and centers. Such consultation skills allow the mental health professional to assume roles that range from the expert to the collegial.

For these reasons we believe that a consultation model can be an effective tool for use when the goal is to provide safe open spaces for cultural exchange in seminars and workshops in culturally diverse and volatile climates.

According to Block (2000), an award winning American author, speaker, activist, and consultant, "*Consultation* describes any action you take with a system of which you are not a part" (p. 5). He believes that a consultant has some measure of influence over people and organizations, but no direct power to make and implement changes. Likewise, he sees consultation occurring any time a person is trying to alter or improve circumstances or a situation, but has no direct control over the implementation.

In keeping with Block's (2000) definition of consulting, typically group facilitators, like consultants, are external and outsiders to the group. Also, consistent with Block's definition, akin to consultants, any skilled group facilitator, regardless of discipline or specialty area, worth his or her salt or weight in gold, *does* have some leeway to change or improve on the quality of the group process and the quality of communication among the group members. However, what they *do not* have is any direct or real power to make and implement changes—such as changes to the mission, vision, and generated recommendations of the group.

Rather, group facilitators' power to effect change is especially limited when they are confronted with sensitive diversity issues in the midst of communicating complex issues among people from different cultural backgrounds, or where there

are opposing views. Such circumstances require great sensitivity and skill.

Thus, we believe that a consultation model that emphasizes communication and great listening and leadership skills which ultimately empower the group members is an ideal tool for raising awareness and consciousness while promoting inclusive citizenry and modeling effective intercultural communication skills. In this article, we provide actual scenarios as examples of *how-not-to*.

Intercultural
Diversity Group Dialogs

Education, mental health, law, and theology are frontrunners in multiculturalism and are among the few institutions and academic disciplines that are historically grounded in and committed to social justice, specifically among the disparities, inequities, and disenfranchisement of marginalized people. According to W. E. B. Dubois (1989/1903, "The problem of the twentieth century is the problem of the color line. . ." (p. 10). Essentially, social justice, grounded in race and other isms, remain a problem in the 21st century for our nation and for our world. Thus, the ability to communicate across cultures is critical.

Many scholars, educators, and community advocates have identified the need for intercultural diversity dialogs. This means that facilitating effective intercultural dialogue among people with different cultural identities and different levels of oppression and privilege, and building the necessary alliances for peace, both global and domestic, is critical to cross-cultural communication, to eliminating social injustices in communities and societies, and to taking necessary steps toward attaining world peace.

To date, there is openness toward intercultural diversity dialogs in education, counseling, and health settings.

Intercultural diversity dialogs have proven effective and been highlighted in medical settings, specifically in addressing the need to diversify clinical trials to enhance the quality of treatment of patients of color (Coakley, Fadiran, Parrish, Griffith, Weiss, & Carter, 2012).

Further, many medical issues have stemmed from community relations (e.g., hostile community environment, extreme racial issues, racial stereotyping, prejudice, and the like). Intergroup dialogs have proven effective and essential to establish community connections and bring about community restoration to achieve healthy and increased civic engagement (Judkins, 2012).

In the field of education, secondary and postsecondary institutions have also increased their efforts toward learning and teaching through difficult dialogs to enhance campus-wide initiatives related to student academic retention and increased quality of life. In schools, intercultural diversity dialogs can be implemented in faculty development workshops for the purpose of enhancing the classroom experience (Placier, Kroner, Burgoyne, & Worthington, 2012).

For example, Quaye (2012) has explored effective strategies with diversity dialogs for facilitators in postsecondary institutions. His findings reveal the need to adopt practices that increase participant engagement, including development of ground rules, exploring and identifying participant readiness to change, and effectively structuring groups based on racial and ethnic diversity (Stephen, 2012).

Thus, participants who engage in dialogue may experience higher levels of confidence and more frequent engagement (Alimo, 2012). In addition, educators who provide students awareness and avenues through difficult dialogs empower students' ability to effectively examine difficult realities experienced by groups of color (Wright, 2012).

Mental Health Consultation

As previously alluded to, we believe that applying a mental health consultation model is a powerful, effective, and useful framework to facilitate dialogue among culturally diverse groups. Equally important, we believe that this model can build cross-cultural sensitivity and help facilitate honest talk. Ultimately, we maintain that this model can produce more meaningful conversation about and discussion of sensitive issues such as race, sexuality,

political views, and religion with people from diverse cultural backgrounds, and that this model further manages power differentials and safeguards the dignity of those marginalized.

Essentially, we introduce a generic consultation model, a step-by-step method, and a tool that may be used to equalize the power between those who have privilege and those who are marginalized when brought together in a group. For all intents and purposes, a mental health consultation model is a great empowering tool to assure that all voices have an opportunity to speak and be heard. It also provides a template for pursuant follow-up or for a future plan of action.

This generic consultation model draws from the scholarly body of psychological, psycho-educational, counseling, organizational, community, and school-based mental health orientations. It is also heavily grounded in the work of consultation scholars and theorists such as Adlerfer (1990), Alpert & Taufique (2002), Brown, Kurpius, and Morris (1988), Brown, Pryzwansky, and Schulte (2006), Caplin (1995), Clemens (2007), Dougherty (2009), Ingraham and Meyers (2002), Ingraham (2003), Kahn (2000), Sue (2008), Rosenfield (2002), and Washburn, Manly, and Holiwski (2003). This diversity of scholarship is what perhaps makes it a compatible and useful model for facilitating intergroup dialogs with culturally diverse groups.

Models grounded in consultation and collaboration research may vary in the number of steps involved, but not in the basic content. Regardless of the approach or type, almost all consultation models have the following basic components: entry process, defining the problem or diagnosing, goal setting and intervention, evaluation, and termination or disengagement. As a result, we have identified four generic steps that appear common to the majority of contemporary consultation and collaboration models and codified them into a generic model.

For us, this generic model has been an effective tool to facilitate diversity dialogue that is personal, sensitive, and potentially volatile in nature with culturally diverse groups with opposing and strong views and differences of opinions and experiences. In other words, it is intended to work in mixed company. This includes intergroup dialogs that are highly emotionally charged and are centered on issues related to the politics of sexuality, gender, race and power, privilege, and oppression.

Though neutral in nature, applying

a mental health consultation can be a dynamic and active tool to create a level playing field for the voices of those who are without power, who as a result tend to be silenced in these types of venues. Most importantly, for those individuals who have been historically marginalized and without voice, there is a guaranteed assurance that they can and will be heard.

Following is an overview of the generic model with a description of the very basic steps used in mental health consultation and collaboration.

A Generic Consultation Model

A generic consultation model is used as a clinical and theoretical framework to help professionals effectively build cross cultural sensitivity, facilitate honest dialogue, and, ultimately, have a more meaningful dialogue and discussion about sensitive issues such as race, sexuality, and religion with people from diverse cultural backgrounds.

Further, the model is introduced as a theoretical research lens to provide a coherent useful framework to understand the steps to facilitating the dialogue among those who are privileged and those who are marginalized, making sure all voices can speak and all voices can be heard.

From a brief critique of most of the consultation and collaboration models, we created a template that reflects the key steps present in most of the models: (a) entry, (b) diagnosis, (c) implementation, and (d) disengagement. The possible problems and goals that may occur are identified for each step.

Entry is the first step of the model. *Entry* simply suggests that the professional must gain both physical and psychological entry into the consultees' environment, that is, to gain trust, and gather initial information to see if the consultation relationship would be viable. This includes exploring the consultees' needs and agreeing upon established boundaries.

Step two, *diagnosis*, is the fact-finding phase, where information is carefully and strategically gathered. At this point, it is imperative that the problem is clearly defined and aligned with realistic and obtainable objectives and goals. It is in this step that potential solutions and resolutions, strategies, and interventions are collaboratively generated and discussed.

Step three, *implementation*, involves selecting interventions, formulating a sound plan, implementing that plan, and evaluating the plan. The goal is the will-

ingness to work collaboratively, that is, to have all the key players on board.

The final step, *disengagement*, is stepping out and allowing the consultees to take charge. It involves closely evaluating the consulting job and process, articulating the next step(s), implementing a follow up plan, and ending the consultation work.

In the framework of the consultation model, we share the following actual case studies of intercultural group dialogs that went awry, each followed by what we have termed *reflection*. Our reflections look back with the benefit of hindsight, using a mental health consultation to demonstrate a step by step model on *how-to do* a diversity dialogue more successfully.

Case Study Number One
by aretha faye marbley

Exploring Diverse Paths:
A Debacle Gone Awry

A few years back, I was invited to co-facilitate a university town hall meeting to discuss the state of African Americans on campus and in West Texas. The event went awry. The organizers invited what they felt were a cross section of African Americans to serve as expert panelists. This included four African-American males (a city councilman, a banker, a faculty member, and a retired university administrator) and four African-American females (a physician, a elementary school principal, a faculty member, and a university administrator). All of them (except for the councilman) lived in White West Texas as opposed to the African-American community situated east of the railroad tracks.

Being an African-American faculty member, licensed professional counselor, professional group facilitator, scholar, and expert in diversity training and cultural competency, I was comfortable facilitating this town hall meeting on the concerns of African Americans. After all, I had spent more than seven years on the university campus and the same seven years gaining an inroad into and getting to know African-American people residing on the eastside. This included attending and joining a church, advocating on behalf of the community, organizing community clean-ups, working closely with community groups, participating in neighborhood events, and protesting the closing of schools in the African-American community. In short, I knew the campus environment and knew the people on the Eastside and their issues and concerns extremely well, and none of the issues voiced by African Americans on

campus or in the hood were coming forth from the mouths of the panelists.

I am not sure what the exact directive was for the panelists, but my co-facilitator, a White female university counseling psychologist, indicated that each panelist had about 10 minutes to talk followed by a period for fielding questions. Surprised, but resigned to the panelist format for diversity dialogue, I decided that my role would be to facilitate the discussion from the audience on key issues of concern for African Americans.

The esteemed panelists shared personal stories and accolades of the beautiful, positive experiences they had as African Americans living in West Texas. I sat there in total disbelief listening as each panelist told of the joys of being Black people living in a city that historically segregated and marginalized Blacks and a city that remained, even today, largely racially segregated. As they spoke, the White audience visibly relaxed, sighed in relief, and nodded their heads in agreement. I was shocked not only at this being a talking-at-people rather than a dialoguing-together meeting, but also at the lack of representation from the Eastside community and the lack of hard and challenging questions addressed to our panelists.

An overwhelming disappointment washed over me as I watched people who purported to be experts on race and diversity issues conduct this façade, this sham of a town hall meeting. I listened to African Americans participate in an event grounded in Eurocentrism at best and racism and ignorance at worst. That is, one that alienated and muted the voices African-American people in order to make White people and White administrators feel comfortable. Where was the real dialogue on the state of African Americans and where were the other African-American people? What was most alarming was those ever-present, yet unspoken, issues of color, race, privilege, and racism looming over the room.

After several affirming questions had circulated to and from the audience, I found my tongue. I began with a simple statement of,

> Racism exists here, and neither our city nor our university are doing well when it comes to African Americans, and for most of us, including myself, our experiences have not been a bed of roses. Further, you assault and insult our intelligence by implying that it is.

With those words, I reclaimed our voices, heritage, culture, and dignity. The audi-

ence, the panelists, and the co-facilitator became noticeably uncomfortable and the few African Americans in the audience who understood rose up and nodded their heads in agreement.

In that moment, I knew we were finally embarking upon an honest, life-altering experience. I had successfully redirected the tone of the town hall meeting to the few African Americans in the audience from campus and those who lived east of the tracks. For the remaining 20 minutes, I knew that the university administrators, organizers, co-facilitator, esteemed panelists, and the White people in the audience would be attending a real town hall meeting about African Americans. Though not funny at all, I chuckled softly to myself.

Reflection

Looking back through consultation lenses, the first thing I should have done was to identify the controller. In the above scenario, a White female psychologist working in the Student Counseling Center asked me to co-facilitate this group with her. We talked informally over the phone and I just assumed things because she was a doctoral-level-prepared counseling psychologist who had the necessary skills for facilitating this group.

In terms, of gaining *entry*, Step One, I entered the arena physically, but I was not psychologically prepared. According to the model, during the entry step, I should have first identified the key person, or in this case, the chief department that was ultimately responsible for the outcome.

Further, having an educated White female co-facilitate a group comprised largely of Black folk, she should have screened for cultural and clinical competency, any biases she may have against this group, and for her level of comfort and firsthand experience with African Americans, particularly this African-American community. Also, it was important to substantiate that she had the expertise for organizing and facilitating a discussion of this magnitude and sensitivity on race and racial issues.

In Step Two, *Diagnosis*, the panelists should have been prescreened and data gathered on their racial and ethnic identities, views on race and racial issues, and their qualifications for being on the panel, including work with African-American people and community groups, and their experiences and comfort level with intercultural discourse. Likewise, we should have started with a written document detailing the format, outcome expectations, rules of behavior, group parameters and

facilitators' boundaries including norms and behaviors shared prior to the event with all the key people, and specifically with the panel members.

Both the facilitators and organizers had a responsibility to make certain that the panelists and audience were in accord about the key issues. This could have been done by providing a five-minute overview, including the purpose of the town hall meeting, historical perspectives, and an opportunity for the audience to give input on topics, format, and participation at the onset. Lastly, it should have been clear what the final outcome of the meeting would be and how the information gathered from the meeting would be disseminated and used (e. g, published, shared with key administrators and city officials) to ultimately benefit the African-American community.

During *Implementation* (Step Three), we needed buy-in from the audience and the panelists in formulating, evaluating, and implementing a plan. We should have allowed the group to reach consensus on the final key themes and major ideas. When all is said and done, it was the African-American community's responsibility to identify the steps that needed to occur to heal the racial divide and to implement any resulting plan.

Step Four, *Disengagement*, relates to ending the town hall meeting. When and how we would terminate the town hall meeting should have been clearly articulated to everyone at the onset of the dialogue. Last, we should have developed methods of evaluating the event as well as follow-up, perhaps including reciprocity such as helping the community organize future town hall meetings within their own community.

Case Study Number Two
by Hal Stevens

Silenced

The two of us sat quietly facing the diverse group of participants with whom we would dialogue while noticing the homogeneity of the panelists with whom we would be facilitating. We sat quietly, a White male psychologist and a Black male graduate student witnessing how wrong dialogue can go without proper preparation and discussion. The initial objective was simple enough; we were told that participants would watch films (up to three) and afterward they were to engage in a small-group facilitated dialogue focused on their feelings and perceptions about those films.

With this purpose in mind, we spent several days preparing. Our preparation ranged from discussions on minimizing power and privilege differentials to discussions on counseling techniques that might be helpful. Because of our diversity training, we affirmed our appreciation and respect for the importance of planning as a necessary first step for creating a safe space for diversity dialogue.

The morning of the event was uncommonly warm for late fall—the sun was shining brightly and there were no clouds in the sky. We woke up energized. The heat of the sun gently touched our faces as we inhaled the morning air as if trying to take in the whole world in. This morning's troubles seemed a little less troublesome because we were so excited about the opportunity to facilitate this necessary diversity dialogue, with an equally excited community. The weather, the opportunity, the partnership were all too perfect for a higher power not to be on our side.

Unexpectedly, we arrived to a visibly diverse group of participants of different races and ethnicities, ages, and religious and educational backgrounds—which became apparent later in the dialogue. We were scoping out the scene before the dialogue, engaging in various conversations trying to gauge the attitudes and expectations of the participants when the event coordinator pulled us aside to inform us of a change in the program.

Apparently, the participants enjoyed all three films and couldn't decide which small-group dialogue to attend, so the coordinator decided the entire group would discuss the films together. We looked around the room at the 30 or so participants, noticed the table and chairs at the front of the room and the lecture-style arrangement of the participants' chairs. Then, like a fist, the reality of our assent to expert panelists hit us square in the stomach. We looked at each other with confusion and concern in our eyes, bit our tongues, and conceded to the change.

We sat quietly next to each other chained to our seats staring into space as the other panelists rambled on and on about the historical significances and scholarly interpretations of the films. They continued talking until the hour of dialogue the coordinator promised had elapsed, leaving us about 20 minutes for the question and answer session. Excitedly, the participants raised their hands. We could not believe our eyes or ears as participants asked questions and the panel gave "expert" answers rather than promote dialogue.

Suddenly, and astonishingly, a self-identified Muslim woman proudly rose to her feet to discuss her experiences as a Muslim living in the South. She talked about her frustration and anger at the peculiar looks she gets in the community because of her *ghamidi* and about the assumptions people make about her religion. She asked, very pointedly, how to engage people in dialogue when they seem to be comfortable in their ignorance. After she finished her question, a White participant stood and said, "I understand what you're saying, but this community isn't that bad." She sat down rather matter-of-factly, and the conversation was over. The Muslim woman simply shook her head; and with that, the question and answer session was over. We got up and walked away frustrated, ashamed, and defeated.

Our purpose in accepting this invitation was to create a safe space for dialogue and we failed. Why didn't we ask about the goals of the event? Why didn't we demand a facilitators' meeting prior to the dialogue? Why didn't we question the coordinator's request that we review the film's website to expand our knowledge-base? In our discussions about power, why did we fail to consider the dynamics between us, the coordinator, and the other facilitators? Why did we assume that we would feel safe? We left with all these questions running through our minds and wondering how many of the participants felt the same way. How many others could not find their voice because they didn't feel safe? Sadly, we never knew because no one bothered to ask; and more importantly, no one thought to. None of us thought enough about the event at all.

Reflection

In retrospect, had we applied a consultation model to our roles we might have been better able to understand the system and how better to create dialogue. Our *entry* in to the system made a lot of assumptions that turned out not to be accurate. Understanding the system and its expectations should have better clarified. As we look back, we have observed that the sponsoring committee probably saw themselves as exempt from the problems related to diversity and inclusion. So we needed to ask "What did the people sponsoring this want, and how could we achieve it?"

As I look back, now *diagnosing*, I am not sure the people sponsoring this knew what they wanted other than an event that celebrated diversity. Their sense of dialogue and interaction may in and of itself not have a true form for them. Some

of the other facilitators of dialogue had interpreted their roles as being the experts on the material where as we had seen our roles as being experts in facilitating discussion and an awareness of the impact of privilege and oppression on the group process. Using a consultation lens, we could have interviewed the sponsoring group and identified what they were trying to accomplish. Were they trying to create a dialogue of growth and mutual understanding, or were they trying to have a conversation that viewed diversity from a third party and the group would be the observers?

When it came to the *implementation* process, we could have done some troubleshooting earlier so that when the circumstance changed, warranting a change in the format, we (the sponsoring group and consultants) would have been ready to address the alternative options. As it turned out the decision was made unilaterally and with little discussion.

Another issue that would have been helpful to discuss at this point is the evaluative component to the process, the *disengagement*. We should have arranged a time when all the parties involved could attend to identify success and places that had room for improvement. In this case, as soon after as possible would probably have been best. Here we could have looked at what went well and what we could have done better. As I do more and more work in diversity, I recognize the political nature of the work. This seems to play out in a way which seems to create discomfort in majority groups. With this tends to come questioning of group leaders' expertise. This means recognizing the questioning as resistance and to be patient when it comes.

Case Study Number Three
by Colette M. Taylor

Not Seeing the Forrest for the Trees

"Fix it!" shouted my boss as he made his way into of the auditorium. Pessimistically, I thought to myself that this just might be one of the most challenging programs I had ever been involved in as the Assistant Vice President for Student Affairs. I had been tasked with diffusing the growing campus-wide racial tension which had been slowly gaining momentum during the past three weeks. It was my responsibility to facilitate this Student-Community Town Hall meeting.

As I walked onto the auditorium stage, I greeted the guest presenters already seated on the stage and then moved to the podium. Slowly adjusting the microphone, I took a good look around the room. In front of the auditorium, I saw a large group of White, Black, and Brown students and all shades of the rainbow sitting and fidgeting with nervous energy. Several students, many I knew by name, held brightly colored signs stating, "Forrest Hall Must Go" and "Forrest Hall Equals Institutional Racism." I had worked with many of them during their student protests which had occurred during the last several weeks.

These students had been protesting the university's unwillingness to rename Forrest Hall, the university's Reserve Officer Training Corps (ROTC building. Endowed by the Daughters of the Confederacy decades before, the building was named after General Nathan Bedford Forrest. A Southern Civil War general from Tennessee, Forrest was also known as a slave trader who played a significant role in the development of the Ku Klux Klan. The students were enraged, insulted, and disgusted by the unexplainable actions of the university I represented.

Out of the corner of my eye, I noted that the other side of the auditorium was strangely silent. One this side, several local politicians, brothers and sisters of the Confederacy, and mostly White faculty members sat rather awkwardly. I laughed nervously as I realized that most of them were staring at the students as if they were from another planet.

As I continued to look around the room, the tension was palpable. The growing student anger began to make me extremely uncomfortable. Latecomers, both students and community members, jammed near the entryway while campus police officers fidgeted in the aisles. A frustrated murmur began to reverberate from the student side of the auditorium.

Swallowing hard, I welcomed the audience and introduced Professor Albert Cope and moved to the side of the stage as he began his presentation. Professor Cope had been selected, against my recommendation, to give a presentation entitled "A Choice: The Future from the Institution's Immediate Past."

His presentation, designed to defend the racial and prejudicial acts committed by Nathan Bedford Forrest, was meant to justify the university's building-naming policy. I had informed my boss that this would not go over well with the students. Unfortunately, I was right. A murmur became a loud growl of disapproval by the time his explanation of the historical significance of Nathan Bedford Forrest was finished. Clearly uneasy, Professor Cope reluctantly began the question-and-answer session after a brief pause. He pointed to the sixth row: "Sir, do you have a question?"

Distracted from watching the students, I noticed a White gentleman wearing wire-rimmed glasses and a red and black checkered shirt seated in the sixth row of the auditorium among the community leaders. He stood up, fumbling to get his bearings. Striding to the microphone standing in the aisle, Mr. Smith introduced himself as a lifelong Brother of the Confederacy and said, "We are heading for disaster if we don't accept our southern heritage. Nathan Bedford Forrest was a true American hero!"

The auditorium exploded into chaos with students chanting, "Racist! Racist!" Students standing in the entryway began trying to force their way past the campus police. Professor Cope and the other panelists quickly rushed toward the stage exits, leaving me to handle the disgruntled crowd. Stepping back on stage, I belted out a loud, shrill whistle. "May I have your attention?" I shouted over the roaring mob. I began calling students by name. "Michael, get your fraternity brothers to sit down…Leia, get control of your group!"

Using my individual relationship with the students and my expertise in crowd control, I methodically silenced the voices of these students. Although I took control for the moment, I knew I was muting the legitimacy of their mission—misusing my power and performing a social injustice. Caught between and rock and a hard place, I knew I had to "fix this."

Reflection

I still shake my head at my actions during this event. I realize that the situation rapidly got out of control because I failed to utilize my training as a student affairs professional to facilitate difficult dialogs. I could have handled this situation better by overcoming the four basic fears among both students and community. As the university's designated facilitator, it was imperative to develop an organized plan to enter, diagnose, implement, and diffuse this ongoing situation.

Entry: I entered the situation having to maintain two conflicting roles. The university had designated me to be a problem-solver, while I was seen by the student body as their ally and advocate. Clarity about my role would have increased if I took the time to develop some understanding of desired goals, in a professional and productive way, of both the students and

the university. Before establishing the town hall meeting, the university failed to meet with the perceived antagonists to determine their viewpoints and expected outcomes. We had no desired outcome other than "preventing the student disruptions." This failure prevented me from structuring the program with the end goal in mind. In essence, my role was ill-defined.

We knew the discussion had the potential to be politically charged. As the facilitator I was challenged to be prepared to handle individuals who were disruptive, hostile, or threatening. In fact, I should have also identified my own emotions throughout the situation and remained calm. I was upset and my emotions escalated the audience's stress and tension.

Diagnosis: Concrete goals for the event had not been established because of the extreme views displayed by both parties. In fact, there was no agreement on what the problem actually was. As the designated facilitator of this event, I should have been aware of the members of each of the social groups involved in the context of university's system of dominance and oppression. By gaining a thorough knowledge about the groups that were scheduled to participate in the dialogue (including their histories, the history of their conflicts, and their current status), I could have developed a better understanding of the actual issues at hand.

The community and university administrators viewed the problem as disruptive students. The students felt the problem was racist policies of the institution. A clear consensus about the problem was never established. Therefore, the point of the town hall meeting was not clearly defined for anyone. University administrators felt this was the way to educate the students, while the students felt this was the opportunity to have an open dialogue with decision makers about the errors of their ways. As the facilitator, I should have led the two groups as they clearly defined the overall problem, then established the town hall topic and the rules of the interaction, all prior to the event.

Implementation Stage: By establishing goal for the session, all participants could have been focused on resolving the actual issue rather than on the emotions of the situation. Concrete strategies to deal with the reactions of the students and the community members during this difficult dialogue should have been developed by anticipating the chain reactions that occurred by bringing these two volatile groups together. An inclusive agenda

should have been built by both groups to ensure that each group had equal time to express their ideas and concerns.

To be a true town hall, the program should have been more focused on open dialogue for the participants rather than a faculty member's lecture. Rearranging the agenda to have a five-to-ten-minute outline of the historical context followed by a panel discussion that included student and community representatives would have effectively shown the crowd a more balanced and unbiased perspective on the part of the university. By working together to facilitate this program, the students and the community members would have been more inclined to listen and to resolve the conflict together rather than depend on me to solve it for them.

Disengagement Stage: After the question and answer session at the town hall meeting, I should have assisted the audience in making goals and strategic plans for the future by announcing next steps. This process should have described the next planned event, which was a student debate, geared to discuss possible solutions to the building naming or re-naming as they proposed. As the town hall ended, I could have given the name of the debate moderator to the students and community members interested in participating. By doing so, I would have given the participants someone to connect with for the next phase of the process, which would have helped them feel as if their issue was being considered rather than left hanging.

Case Study Number Four
by Rachelle Berg Ritter

Ditching the Homo Card

When I heard the words, "I'm ditching the homo card. I will never be a fag," I knew the discussion was about to get heated. I glanced at the openly lesbian couple sitting next to the man who just spoke these words and thoughts started racing through my mind—ranging from "We obviously need to discuss this further" to "Hey, I'm about three feet away from the fire alarm."

While working on counseling licensure at a Treatment and Foster Care agency in the Southwest, it was my job to recruit, assess, train, and supervise foster parents. In my trainer-educator consulting role, I provided a three-hour session on cultural issues in general and those specifically related to foster parenting and children in foster care. The purpose of the session was to provide education on diversity issues, have an open dialogue about these

issues, and assess whether the prospective parent(s) should continue to the home-study interview part of licensure.

In order to establish rapport and explore training needs, I started the session with a group exercise in which each participant described his or her culture—what they perceive it to be and what it means to them as individuals, families, and potential foster parents. This particular group of about 12 people, like the children served at the agency, represented a diverse group of people from almost every ethnicity, socioeconomic group, age, family structure, and sexual orientation.

After this activity, we moved to an exercise designed to gather more information and diagnose any potential problems and need for interventions. "A Hand in Life" (Bradley, unpublished activity) is an exercise in which each participant is given four random playing cards that assign the participant a gender, ethnicity, sexual orientation, age, and disability. We discuss what their new profile is and how they feel about each card. The participants have an opportunity to choose a card to "give back," which often reveals deep-seated and often previously unacknowledged feelings about minority statuses.

In my experience, the card assigning sexual orientation is the most often returned card, and the one most likely to result in a heated discussion. So, I spoke to the lesbian couple before class to give them a heads-up about the activity and make sure they were comfortable with it. They said they were interested in how the activity turns out and gave me their blessing to do it.

Some amount of discomfort seems inherent in the process of "giving back" a particular identity, but I was not prepared for "I'm ditching the homo card. I will never be a fag." These words, spoken by an African-American man in his late forties, seemed to cover the room like a wet blanket. After considering my options for a moment, I told him that those particular words might be hurtful to some people in the room and asked if he could explain what he meant in a more sensitive manner. He refused to reframe his statement, saying again: "I refuse to be a fag. I'm getting rid of the homo card."

Seeing that he had no intention of trying to be sensitive to others' feelings or enter into a problem-solving process, I decided not to give him a stage for further hurtful comments and moved on to the next person. After class, I met with the lesbian couple to debrief on the situation.

They said that while the comments were hurtful, they were more concerned with this man's ability to be a foster parent to diverse children than their own feelings.

I also met with the man, who not only refused to consider that his comments might be hurtful, but insisted that we should not consider licensing a gay or lesbian couple, because according to him, they obviously could not be good parents or role models to a child. His level of anger toward the gay population (that constituted almost a fourth of our children's family backgrounds) and his refusal to consider others' feelings led me to believe that any interventions we could provide would not increase our confidence in his abilities as a foster parent to culturally diverse children. I recommended that he not continue the licensing process to become a foster parent and the agency's relationship with him was terminated.

Reflection

Entry is often considered the first stage of consultation, and this was achieved in the foster parent group by relationship-building and establishing rapport. The cultural activities used were designed to get group discussion going about our personal backgrounds and those of the children we served, with the intention of becoming comfortable with the group, learning new information, and diagnosing any potential problems.

Diagnosis, the second stage, identified any problems that may exist within the foster family or system and generated possible interventions. In this case, I learned that this foster father was extremely homophobic and unwilling to consider this a potentially problematic issue, which could have been a danger to our Lesbian, Gay, Bisexual, Transgendered, Transsexual, Queer/Questioning, Intersex and Asexual/Allied (LGBTQIA) children.

Implementation of intervention plans followed the diagnosis stage. I considered various interventions to increase cultural and emotional sensitivity in this man, but ultimately decided that he was unwilling to commit to this plan and therefore could be more hurtful than helpful to the children served by our agency.

Since interventions with this man did not seem like a productive option, and he was therefore released from the program, my *disengagement* process consisted of thinking about future interventions for similar situations and evaluating the process. One suggestion is to ask the group to set some ground rules before the discussion, such as being respectful toward others. When harsh words are spoken, the leader can give feedback about how those words affected him or her and even allow the group to respond about how it made them feel; in the "homo card" situation, the gay couple could share their feelings about the words "homo" and "fag" and how the man said them so forcefully and unapologetically.

Goodman (2001) suggests moving the conversation from the personal to the general. Turning the conversation to how society feels about homosexuality or how homosexuality might be an issue faced by children in foster care could have achieved this goal. Finally, I would suggest that if particular members or the discussion get out of control, the leader should shut it down. Taking a break to let the leader and group cool down is a possibility, or the leader could say something like, "I can see that you feel very strongly about this issue, but in the interest of being respectful of other's feelings, we need to discuss this later."

This diversity dialogue gave me insight into my own feelings about diversity issues and how I interact with and lead others. I found myself uncomfortable and angry with his derogatory language, I became aware of my discomfort and noted that I need to examine and monitor my reactions as they relate to this in the future. I felt like I did not handle the situation as well as I could have, but this has given me the opportunity to consider what I could do in the future and what I would suggest to others in a similar position.

Conclusion

In the final analysis, using a mental health consultation model as a frame for facilitating difficult conversations can be an effective approach, and especially so when related to issues and questions of diversity. Because of the multiple orientations and disciplines that our model is drawn from, this mental health consultation model is applicable for use in a variety of settings and in a host of disciplines.

Similar to business intervention models, such as the Organization Development Process Model (ODP) (McLean, 2005), the phases of each model can support in-depth and holistic approaches to interventions which extend from an entry phase to implementation and evaluation phases.

Like the ODP model, lack of power to implement notwithstanding, the mental health model supports work even after separation. That is, after the physical facilitation or intervention has ended, the physical withdrawal does not terminate the work that was conducted throughout the implementation phase. This model has a power that lends itself to a process of continuous improvement, growth, feedback, and learning.

Thus, in order to experience the full potential of this model, we strongly encourage the readers to look back and re-examine a personal group experience focused on potentially volatile issues (e.g., race, religion, and politics) that was, in essence, disastrous, in order to practice this model. In short, take some time, look back, just as we have done, and apply this mental health consultation model and see how applying this model might have averted the disaster.

Finally, we have found that for the facilitation of difficult dialogs, it is important to consider using strategies or techniques that support sensitivity and inclusiveness. This requires thoughtful planning in a humanistic, values-driven effort that seeks to create, develop, and disseminate constructive knowledge, attitudes, and values towards collaboration, authenticity and self-awareness.

Indeed, from a multicultural-social justice perspective, the phases of the mental health consultation model are highly appropriate for facilitating intercultural group dialogs. This can be another step forward in the fight for empowerment toward democracy and social justice for all.

References

Adlerfer, C. P. (1990). Organizational consultation: The state of the field. *Journal of Applied Behavioral Science, 23*, 281-284.

Alimo, C. J. (2012). From dialogue to action: The impact of cross-race intergroup dialogue on the development of White college students as racial allies. *Equity & Excellence in Education, 45*(1), 36-59.

Alpert, J. L., & Taufique, S. R. (2002). Consultation training: A field in need of review, revision, and research. *Journal of Educational and Psychological Consultation, 13*(1&2), 7-11.

Alessandria, K. P. (2002). Acknowledging White ethnic groups in multicultural counseling. *Family Journal, 10*, 57-60.

Andrews, G., Nardone, M., & Gough, S. (2010). Promoting equality and learning in the workplace. *International Journal of Diversity in Organizations, Communities, and Nations, 10*(3), 127-137.

Annan, J., Bowler, J., & Mentis, M. (2008). Understanding diversity in educational psychology teams. *School Psychology International, 29*(4), 387-399.

Attree, P., French, B., Milton, B., Povall, S.,

Whitehead, M., & Popay, J. (2011). The experience of community engagement for individuals: A rapid review of evidence. *Health and Social Care in the Community, 19*(3), 250-260.

Avest, I., & Bakker, C. (2009). Structural identity consultation: Story telling as a culture of faith transformation. *Religious Education, 104*(3), 257-271.

Block, P. (2000). *Flawless consulting: A guide to getting your expertise used* (2nd ed.). San Francisco: Jossey-Bass.

Brown, D., Kurpius, D. J., & Morris, J. R. (1988). *Handbook of consultation with individuals and small groups*. Alexandria, VA: American Association for Counseling and Development.

Brown, D., Pryzwansky, W., & Schulte, A. (2006) *Psychological consultation: Introduction to theory and practice* (6th ed.). Boston: Allyn & Bacon.

Cannoid, L., & Gilllam, L. (2002). Regulation, consultation, and divergent community views: The case of access to ART by lesbian and single women. *Journal of Law and Medicine, 9*(4), 498-510.

Caplan, G. (1995). Types of mental health consultation. *Journal of Educational and Psychological Consultation, 6*, 7-21.

Clare, M. (2002). Diversity in consultation: Statement of purpose. *Journal of Educational & Psychological Consultation, 13*(3), 249-263.

Clare, M. (2009). Decolonizing consultation: Advocacy as the strategy, diversity as the context. *Journal of Educational & Psychological Consultation, 19*(1), 8-25.

Clemens, E. (2007). Developmental counseling and therapy as a model for school counselor consultation with teachers. *Professional School Counseling, 10*(4), 352-359.

Coakley, M., Fadiran, E. O., Parrish, L. J., Griffith, R. A., Weiss, E., & Carter, C. (2012). Dialogs on diversifying clinical trials: Successful strategies for engaging women and minorities in clinical trials. *Journal of Women's Health, 21*(7), 713-716.

Dougherty, A. M. (2009). *Psychological consultation and collaboration in school and community settings* (5th ed.). Belmont, CA: Brooks/Cole, Cengage Learning.

DuBois, W. E. B. (1996). *The souls of Black folk*. New York: Penguin Books (Original work published 1903).

Flam, A. M. (2009). "I need your eyes to see myself": Multi-agency team consultation as reflecting turn taking. *Journal of Systemic Therapies, 28*(4), 72-88.

Goodman, D. (2001). *Promoting diversity and social justice*. Thousands Oak, CA: Sage.

Greenhalgh, T., Voisey, C., & Robb, N. (2007). Interpreted consultations as 'business as usual'?: An analysis of organizational routines in general practices. *Sociology of Health & Illness, 29*(6), 931-954.

Gregory, R., Failing, L., & Harstone, M. (2008). Meaningful resource consultations with First Peoples notes from British Columbia. *Environment, 50*(1), 36-45.

Hawthorne, K., Prout, H., Kinnersley, P., & Houston, H. (2009). Evaluation of different delivery methods of an interactive e-learning program for teaching cultural diversity. *Patient Education & Counseling, 74*(1), 5-11.

Henning-Stout, M., & Meyers, J. (2000). Consultation and human diversity: First things first. *School Psychology Review, 29*(3), 419-425.

Ingraham, C. (2000). Consultation through a multicultural lens: Multicultural and cross-cultural consultation in schools. *School Psychology Review, 29*(3), 320-343.

Ingraham, C., & Meyers, J. (2000). Introduction to multicultural and cross-cultural consultation in schools: Cultural diversity issues in school consultation. *School Psychology Review, 29*(3), 315-320.

Ingraham, C. (2003). Multicultural consultee-centered consultation: When novice consultants explore cultural hypotheses with experienced teacher consultees. *Journal of Educational and Psychological Consultation, 14*, 329-362.

Jotkowitz, A., & Zivotofsky, A. (2008). Stranger at the consultation: Increasing the diversity in research ethics consultation. *American Journal of Bioethics, 8*(3), 25-26.

Judkins, B. M. (2012). Intergroup dialogs, building community, and relational justice. *Catalyst: A Social Justice Forum, 2*(1), Article 6. http://trace.tennessee.edu/catalyst/vol2/iss1/6

Kottler, J. A., & Marbley, A. (2000). Group work with marginalized groups. In J. A. Kottler (Ed.), *Learning group leadership: An experiential approach* (pp. 64-75). Needham, MA: Allyn & Bacon.

Loe, S., & Miranda, A. (2005). An examination of ethnic incongruence in school-based psychological services and diversity-training experiences among school psychologists. *Psychology in the Schools, 42*(4), 419-432.

Maital, S. L. (2000). Reciprocal distancing: A systems model of interpersonal processes in cross-cultural consultation. *School Psychology Review, 29*(3), 389-400.

McLean, G. N. (2005). *Organization development: Principles, processes performance*. San Francisco: Berrett-Koehler

Newell, M. (2010). The implementation of problem-solving consultation: An analysis of problem conceptualization in a multiracial context. *Journal of Educational and Psychological Consultation, 20*(2), 83-105.

Percy-Smith, B. (2006). From consultation to social learning in community participation with young people. *Youth & Environments, 16*(2), 153-179.

Peterson, J. S. (2007). Consultation related to giftedness: A school counseling perspective. *Journal of Educational & Psychological Consultation, 17*(4), 273-296.

Placier, P., Kroner, C., Burgoyne, S., & Worthington, R. (2012). Developing difficult dialogs: An evaluation of classroom implementation. *Journal of Faculty Development, 26*(2), 29-36.

Portman, T. A. (2003) Multicultural competencies and group work: A collectivistic view. In G. Roysircar, D. S. Sandhu, & V. E. Bibbins Sr. (Eds.), *Multicultural competencies: A guidebook of practices* (pp. 141-148). Alexandria, VA: Association for Multicultural Counseling and Development.

Romney, P. (2008). Consulting for diversity and social justice: Challenges and rewards. *Consulting Psychology Journal: Practice & Research, 60*(2), 139-156.

Rosenfield, S. (2002). Best practices in instructional consultation. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology IV*. Bethesda, MD: National Association of School Psychologists.

Roysircar, G., Sandhu, D. S., & Bibbins Sr., V. E., (Eds.). (2003). *Multicultural competencies: A guidebook of practices*. Alexandria, VA: Association for Multicultural Counseling and Development.

Sheridan, S., Eagle, J., & Doll, B. (2006). An examination of the efficacy of conjoint behavioral consultation with diverse clients. *School Psychology Quarterly, 21*(4), 396-417.

Shriberg, D. (2009). Consultation in societal context: Statement of purpose. *Journal of Educational & Psychological Consultation, 19*(1), 93-94.

Sue, D. W. (2008). Multicultural organizational consultation: A social justice perspective. *Consulting Psychology Journal, 60*(2), 157-169.

Sue, D. W., & Sue, D. (2003). *Counseling the culturally different: Theory and practice* (4th ed.). New York: John Wiley.

Washburn, J., Manly, T., & Holiwski, F. (2003). Teaching on racism: Tools for consultation training. *Journal of Educational & Psychological Consultation, 14*(3/4), 387-399.

Wright, P. G. (2012). Racism: A difficult dialogue. *Academic Exchange Quarterly, 16*(2), N.P.