A MODEL FOR CONSULTATION TRAINING IN CANADIAN COUNSELLOR EDUCATION PROGRAMS

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Abstract

A growing awareness exists among school counsellors and counsellor educators that traditional counselling practices have been inadequate for managing the variety of problems and demands for service confronting them. The consultation role has been abundantly proposed and described as an effective way for counsellors to improve their service, prevent problems, focus on student growth and development and be accountable. However, the availability of training programs or descriptions of training resources are virtually nonexistent in Canada, leaving school counsellors without the means to achieve role implementation. Role modelling, research activities, direct-service orientations, conceptual problems and lack of training models are discussed in terms of barriers to the advancement of consultation training. Recommendations for a training model are presented emphasizing specialized training for persons to become consultants to counsellors.

Résumé

De plus en plus les conseillers scolaires et les éducateurs conseillers se sensibilisent au fait que les pratiques du counselling traditionnel ont été inadéquates pour régler la variété de problèmes et de demandes de service qui les envisagent. On a amplement et expliqué que le rôle de la consultation est un moyen efficace par lequel les conseillers peuvent améliorer leur service, éviter des problèmes, concentrer sur la croissance et le développement des élèves et justifier leurs actions. Cependant, la disponibilité de programmes de formation ou de descriptions de ressources en formation n'existe presque pas au Canada ce qui fait que les conseillers scolaires n'ont pas les moyens de réaliser l'implantation de rôles. On discute du rôle exemplaire, des activités de recherche de services directes d'orientation, de problèmes conceptuels et de la pénurie de modèles de formation en termes d'obstacles à la progression de la formation en consultation. On présente des recommendation d'un modèle de formation qui insiste sur la formation spécialisée de personnes visant à devenir des consultants auprès des conseillers.

Few words have as much prestige in the helping professions as the title "consultant." Educators, psychologists, counsellors and social workers often describe their work as consultation, yet behaviors associated with the title and process are extensive and diverse. Probably the first helping profession consultant was Sherlock Holmes, whom Dr. John Watson described as a "consulting detective." Watson did his best to demystify the consultation process, to make it "elementary," by writing numerous case studies detailing Holmes' skills in nonverbal communication and active listening. Yet Watson never revealed how Holmes learned his consultation skills, and the passage of more than one hundred years has not changed the relative obscurity of descriptions of consultation training.

Paradoxically, the last two decades have seen a dramatic increase in the number of authors calling for counsellors to act as consultants (Anderson, 1968; Blocher, 1966; Brousseau, 1973; Carlson, 1969; Carr, 1976; Christie & Williamson, 1974;

Dinkmeyer, 1971; Faust, 1967; Hume, 1970; Marks, 1972; McGehearty, 1969; Myrick, 1977; Pancrazio, 1971; Patouillet, 1957; Simons & Davies, 1973).

Professional organizations representing counsellors have also described consulting as a primary for counsellors (ACES-ASCA, 1969; BCSCA-BCTF, 1977). And despite the acceptance of consultation as an essential part of the counsellor's role and its value as a preventive method (Berkowitz, 1973; Brown & Brown, 1975; Caplan, 1970; Carr, 1976; Dinkmeyer, 1968; Dinkmeyer & Carlson, 1973; Klerman, 1974; Randolph, 1972), Canadian journals, texts and universities provide little direction or information regarding consultation training, resources, case studies, procedures, methods or empirical studies. A review of courses offered in 19 Canadian counsellor education programs (as described in their 1980 university calendars), for example, revealed only six percent of current programs had listed a form of consultation training as part of their degree programs. Virtually no mention of consulting appears in most, contemporary textbooks suitable for survey courses in guidance and counselling: of five leading texts published in Canada, a total of eight pages were devoted to consulting. In addition, Canadian counsellor educators still see one-to-one counselling as the most important function in the training of counsellors (Jevne, 1981).

Counsellors, then, desirous of learning school consultation skills must remain perplexed as to how to implement a role for which they have received no training; how to receive necessary training which few Canadian counsellor education programs provide; or how to help themselves with resources that do not exist.

The purposes of this paper are to identify factors contributing to the discrepancy between the unavailability of training and the substantial professional literature supporting consulting as an essential counsellor role; summarize published accounts of existing consultation training programs; and suggest a training model suitable for adoption in Canadian counsellor education. Throughout this paper, interactive exercises will be presented to calibrate the readers experiences.

ACTIVITY I

This first activity begins right away. Check the box(es) below which most closely describe your experience or training in consultation.

- ☐ I have received no formal training in consultation.
- ☐ I have learned most of what I know about consultation "on-the-job."
- ☐ I received training specifically in consultation, including a practicum through a university or private organization.
- ☐ I act (or have acted) as a consultant fairly regularly.
 - ☐ I have called myself or stated to others that I am (was) a "consultant."
- ☐ I never thought of consultation as a distinct area for training.

Unobservable Role Models

One way counsellor education students learn to be counsellors is through modeling their instructor's or supervisor's behavior; some educators actively rely on modeling by using demonstrations and role plays in courses or by consciously demonstrating skilled behaviors in their interactions with students. As counsellor educators, many of us are active as consultants to individuals or groups external to the university in such things as professional development, community or-

ganization, continuing education workshops, or counselling service improvement and assessment. More often than not, this activity may be unobservable to counsellor education students, thus reducing opportunities for students to model consulting behaviors. Counsellor educators may not view the techniques used or results obtained in such consulting work as essential to the training of students. Indeed, the study by Jevne (1981) showed that counsellor educators placed relatively low priority on consulting as an area of training for students. At the same time it appears that counsellor educators see little reason to report professionally on their external consulting work and consequently the Canadian counselling literature contains only one article in the last 10 years describing a counsellor educator's external consulting actions (Carr, 1976).

ACTIVITY II

If you have acted as a consultant, would you describe the results of your actions as worthwhile for other persons interested in consulting to know about?

Absence of an Active Research Program

Research efforts in counselling have been extensive and substantial and can at least provide a strong foundation for presently available training. Research on consultation can best be described as emerging, and counsellor educators may be hesitant to include in their training an approach which is lacking in a substantial body of research. However, research demonstrating the effectiveness of consultation approaches is far from inconclusive. While Mannino and Shore (1975) reviewed 35 outcome studies of consultation during the period 1958-1972 and found inconsistent Medway (1979) examined a number of studies of consultation in schools and concluded that the majority of studies not only found consultation effective, but also used research designs which minimized the usual criticisms of field-based studies. Pine (1976, p. 6) stated the case more succinctly when he said: "the research data supporting the concept of the counsellor as a consultant/trainer are extensive, well-documented and unequivocal."

Consultation has received little research attention in Canada. An informal review of the last 10 years of the Canadian Counsellor, Canada's Mental Health, Canadian Journal of Education, Alberta Journal of Educational Research and the School Guidance Worker uncovered only five articles dealing specifically with school consultation. Sprinthall and Erickson (1973) believe the deciding factor in whether counsellor education programs adopt any particular approach has little to do with the quantity or

quality of research but is more likely based on "conventional wisdom." (For a definition of conventional wisdom see Columbus, Christopher, "What people told me before I found out the world was round," 1492).

ACT	IVITY III		
Each of us has perceptions associated with terms like consultant; now is the time to list some associations you may have. Com- plete the following:			
"A so	chool consultant is a person who:		
and			
and			
and			

The Medical Model

Another factor which contributes to the lack of available consultation training resources may be the vice-like grip of the direct service or medical model which pervades both the training and service of those concerned with public education.

Teacher training generally supports the analogy between physical health and mental health; that is, if a student in a classroom is experiencing behavior which conflicts with learning, (unmanageable, disruptive, slow learner, retarded, etc.), then the cause must stem from an underlying conflict which must be resolved before learning can proceed. The student's "problem" will most likely be conceived of as having its origins outside the classroom (or school) and in need of treatment by specialized practitioners. The foundation assumption of this model is that the problem is in the student. Consequently whatever intervention is to be made must be done to the student. Counsellor education programs, usually housed in Faculties of Education, are strongly influenced by this model and continue to train school counsellors to spend most of their working days with vocational and counselling, educational and remedial treatment approaches which at best serve the needs of a limited number of students, rather than the needs of the student body as a whole. Lamb, Heath, and Downing (1969) described this as the "private practice model" which builds up case loads and waiting lists, and thus usually restricts the counsellor's focus to work directly with referred students or students whose behaviors potentially threaten the validity of the institution (such as drop-outs, the unemployable, or learning disabled). This medical model emphasis is particularly puzzling in light of Jevne's (1981) finding that of the theoretical foundations favored by counsellor educators, a developmental focus was ranked highest. The medical model is the most costly,

least efficient, and most likely ineffective system for implementing principles of developmental growth, whereas consultation has been described as the most effective way of applying and supporting principles of development (Dinkmeyer & Carlson, 1973; Myrick, 1977). Consultation may include some direct service, but is generally described as an indirect service, working with changing environmental forces (teachers, parents, administrators, systems). Admittedly, significant improvements have been made in the direct service model through the development of sophisticated diagnostic procedures, the acceptance and application of a wider variety of theoretical counselling approaches such as behavioral, transactional, reality therapy, relationship, rational-emotive, and gestalt techniques, and the creation of varying target formats such as family and group counselling. Each of these changes has brought its own problems: improved diagnostic procedures, for example, are time consuming and actual treatments available may not match the diagnosed need. In addition, the counsellor may have little time to discuss sufficiently the diagnosis and recommendations with those responsible for implementation. The application of these attractive theories and ideologies may actually blind practioners to the reality of the situations they encounter. The theories may be a template through which only those behaviors fitting the theory can be observed. Despite these changes, the direct service model is vastly inadequate to meet the needs of all students. Drum and Figler (1973, p. 75) describe the problem this way:

Counsellors have virtually exhausted the new approaches, techniques and physical changes that can be made within the direct-service model. Numerous theoretical approaches have been proposed which attempt to increase the efficiency of the present model. A large number of techniques have been added to the counsellor's arsenal to make him more palatable to the client and his needs. The provision of more attractive facilities, the reduction in the length of the interview, and the reduction of teaching loads represent attempts to regulate counsellor activities so that more students can be served. However, ... these changes are not providing the scale of relief which has been hoped for.

Given this dissatisfaction with service delivery and its conceptual framework, practicing counsellors are trapped into inaction since few training programs exist to help them bring about the necessary changes within the field. Moving from direct to indirect service, while theoretically attractive, is beyond the training competency for most school counsellors, even though consultation as an indirect, preventive-oriented service with its focus on environmental changes and interaction with caretakers is compatible with and not in opposition to more traditional, direct services with their focus on crisis and student remediation.

ACTIVITY IV

Up to this point a definition of consultation and/or counselling has been purposely left out. Some people may see no difference between them. Let's test this out with the following activity:

Counselling and consultation share the following:

- 1.
- 2.
- 3.
- 4.

Counselling and consultation are different in the following ways:

- 1.
- 2.
- 3.
- 4.

Conceptual Barriers

The conceptual relationship between direct and indirect service and the need for identifying and providing the practical training aspects of "how to do it" introduces an additional conceptual factor which may account for the relative unavailability of facilities for training in consultation. As the literature on consultation grows, so does the confusion around the distinctions between the consulting, counselling and educating roles of the counsellor. Brousseau (1972), for example, in supporting the need for consultation at the elementary school level, cited the lack of operational definitions, vague role descriptions and unspecified objectives or methods which characterize consulting at that level. Morrill, Oetting, and Hurst (1974) introduced a system to organize counsellor role functions under the headings: counselling, consulting, and coordinating. While their distinctions have gained increasing support, the consulting literature has begun to generate its own role terminology.

Several new models of consultation have been generated, one of which is called the "collaborative" model (Pryzwansky, 1974). The term consultation has taken on a variety of role meanings ranging from expert-advisor to change agent to advocate to trainer to facilitator. Several writers believe counselling and consulting are not distinctly different; that they differ only in degree, counselling being perceived as a more intensive process. Bergan (1977), Dinkmeyer and Carlson (1973), McGreevy (1978), see consultation and counselling as relatively the same process, while Caplan (1970), Faust (1967), Brown (1977), and Pine (1976), make distinctions between consultation and counselling. It appears the particular requirements of a specific consultation model determine the degree of difference between the two functions. Caplan (1970), the leading proponent of the mental health consultation model, distinguishes between counselling and consulting by stating that the focus in consulting is only the problem of the client (student) and never the special, personal or private problems of the consultee (teacher). He goes on to point out that consultation differs from supervision because the consultant and consultee are usually not members of the same profession. However, Sturges (1979) separated supervision into two types: administrative, where the supervisor is mainly concerned with evaluation, and consultive, where the supervisor is concerned with totally nonjudgmental, helping relationship. Several authors, notably Ness (1980) and Goldhammer, Anderson, and Krajewski (1980), have used the term clinical supervision to mean a collaborative relationship where the teacher and supervisor work together on the teacher's concerns about student learning. Lippitt (1959, p. 5) in admitting that "consultation, like supervision or love, is a general label for many variations of relationship" goes on to distinguish consultation as different from counselling because the consultant is always an "outsider" free from any hierarchical system in which the consultee is located. Meyers, Parsons, and Martin (1979) in an attempt to reduce definitional ambiguity have identified a composite definition drawn from the work of several authors. They describe consultation as: (a) a helping and problem-solving process, (b) which occurs between a professional help-giver (consultant) and a help-seeker (consultee) who is concerned about a third person, group or system (client), (c) with the relationship being voluntary, (d) and both consultant and consultee participating in problem-solving, (e) the goal being to solve a current, work related problem of the help-seeker, and (f) with the help-seeker learning how to handle future problems more skillfully and sensitively.

Since consulting includes a collaborative or mutual responsibility for problem-solving, it appears to conflict with the "client-centered" theory base which Jevne (1981) found to be preferred by Canadian counsellor training since the client is assumed to be fully responsible for making (life) changes. Consultation approaches which agree with this view of client responsibility are likely to be accepted into training programs because they may not be seen as different enough to be considered a separate program component. Consultation approaches which rely on a more active view of responsibility for change, and consequently conflict with the client-centred base of the training program, are likely to wind up as a brief lecture or handout. Clearly this is an oversimplification of the situation and is not meant to belittle the inquiry methods or philosophical bases of Canadian training programs. However, Jevne's study reveals a degree of consensus among counsellor educators that may lead one to believe important conceptual and practical differences may not be easily tolerated in present programs.

One further conceptual development may, paradoxically, be a contributor to the training problem. The increased attention and concern with consultation has been accompanied by the proliferation of several models of consultation, some of which differ significantly in their procedures, skills, and concepts. While the mental health consultation model (Berlin, 1962; Caplan, 1964; Newman, 1967), has received the most attention and discussion, and can be credited as the "father" (or "mother") of consultation in the schools. additional models have been developed, each with implications for school practice. The advocacy model (Hyman & Schreiber, 1975; Mearig, 1974), the behavioral model (Bergan, 1977), the developmental model (Dinkmeyer & Carlson, 1977; Myrick, 1977), the ecological systems model (Blocker & Rapoza, 1972; Kelley, 1968) the organization development model (Schmuck, Runkel, Arends, & Arends, 1972), the organic model (Hirschowitz, 1973), the process model (Schein, 1969), combination models where systems and process are integrated (Broskowski, 1973; Gallessich, 1972), and the traditional psychoeducational model as described by Meyers, Parsons, & Martin (1979) have all been proposed and implemented as valid contributions to school counselling.

The number of models and their conceptual frameworks may have limited their integration into training programs because of the seemingly overwhelming knowledge it would take to master the concepts, procedures and skills associated with each. Gallessich (1974) has proposed that all models be taught in order to enable counsellors and psychologists to choose from a set of options that model which best fits their particular situation. However, she recognizes the realities of training time available and states that a "high level of competency in all consultative models is obviously not feasible" (p. 142), and that model selection should be based on program priorities and objectives. Broskowski (1973) recommended that models be compared and evaluated in order to find an optimal model for school consultation. Some authors have attempted to classify and compare consultation models (Dworkin & Dworkin, 1975), or have suggested a typology for comparison Gallessich, 1974), but as of yet these attempts have not been able to manage the slippery problems of revised or altered models, interchanged names of models, or simple confusion of characteristics of models. However, virtually all models perceive the counsellor as a designer of interventions and view the process of consultation as including a number of distinct steps or stages which, for the most part, call for a number of skills generally not associated with counselling. A detailed analysis of all models is beyond the purpose of this paper, but would provide a valuable resource.

ACTIVITY V

Since the actions or methods or schoolbased consultants have been detailed elsewhere through case studies, model descriptions, and empirical research, this paper has focused on the premise that counselling and consultation require training in different, albeit, overlapping areas, and has not specified the actual content areas for training consultants. Given what you know about consultation up to this point, brainstorm areas which you believe may be essential for training consultants: Possible areas:

a.

b.

c. d.

e.

Looking at your list, rank them, if possible, in terms or priority.

Few Training Models

Finally, and of greatest importance, is that dearth of literature on training in consultation. Few books and edited works exist which can provide a valuable overview of the conceptual (and to some degree, field-based, practical) knowledge (e.g., Dinkmeyer & Carlson, 1973, 1975; Meyers, Martin, & Hyman, 1977; Meyers, Parsons, & Martin, 1979), and no works have been produced which can serve as comprehensive and systematic training resources. Lacking appropriate training models, counsellor educators have probably been reluctant to embark on a significant program in consultation training either on a long or short term basis. Some university-based trainers have attempted to remedy this problem by reporting on the content of their training programs (Chasnoff & Muniz, 1978; Dinkmeyer & Carlson, 1977; Gallessich, 1974; Gallessich & Ladogana, 1978; McGreevy, 1978; Moracco, 1977), describing the importance of a competency-based approach (Dinkmeyer & Carlson, 1977; Froehle, 1978), detailing a particular method of training, such as the workshop or in-service (Gallessich & Ladogana, 1978; Zaffrann, 1979), or describing expected stages of cognitive growth in the trainees themselves (Cohen, 1976).

All published training reports agree that consultation is a distinct training area which calls for specific skills and conceptual content different from that of crisis-oriented counselling. Although there are some differences as to particular areas of study, or length of training, most trainers recommend a conceptual focus on: (a) different consultation models (assumptions, values, issues), and procedures with an identification of steps or stages associated or in common with each, (b) organization theory (including diagnosis and change), (c) group process, (d) teaching/learning strategies, (e) social systems (relationship of people to systems), (f) conflict management, (g) entry processes, (h) self-understanding (including personal style), (i) ethics and evaluation (needs assessment and research), and (j) interpersonal communication skills. A consensus exists regarding teaching methods as all agree to the importance of demonstration, simulation, role-play, videotaping, didacpresentations experiential components. practicums or internships.

Gallessich and Ladogana (1978) have been the most illuminating in their reporting of their training experience. They trimmed a 65 hour inservice program on consultation down to 35 hours, emphasizing more pragmatic and didactic and less experiential (group process and role play) material in their resulting program. By increasing demonstration role plays, relying on lectures and written assignments, they developed a step-wise curriculum in consultation which allowed "trainees to choose the extent of training involvement" (p. 106). Beginning with orientation to consultation theory and practice, followed by basic consultation skills, then advanced consultation skills, process consultation skills and practice, and finishing with workshop leader skills, Gallessich and Ladogana empirically developed their curriculum to increase the extent to which counsellors would work with teachers and principals.

Dinkmeyer and Carlson (1973, 1977), emphasize an Adlerian, humanistic, change agent, competency-based approach to consultation. The content of their approach is less oriented to related background concepts and focuses more on consultation role, learning principles, consultation processes, procedures for individual group, parent and family consulting and application of developmental approaches in the classroom. They list 14 consulting competencies, describe in detail specific learning units, present a training format, and emphasize the role of student and instructor in demonstration and feedback.

Both Myrick (1977) and Zaffrann (1979) recommend the workshop as a learning tool for consultants and give specific ideas for organizing and delivering workshops as a method of training counsellors as consultants, while Alpert (1977)

details the value of school staff meetings as a context for training future consultants.

Reports of training programs are emerging, yet authors focus on different aspects of training such as content or process or structure or competencies. Taken as a whole, these reports provide scope yet make program comparisons for the purpose of distilling a core curriculum very difficult.

ACTIVITY VI

Okay, let's take a break. It took some energy to get to this point. Let's refresh ourselves with some jokes about consultants:

- 1. A consultant is anyone with a briefcase 50 miles from home.
- How many consultants does it take to screw in a light bulb? Two, one to screw it in and the other to process the experience.
- 3. A consultant is a person who uses your watch to tell you what time it is.

4.	Your turn:	

Training Issues

Barriers to the development of consultation training in counsellor education have been described with the intention that counsellor educators may use the ideas and references presented as a resource for the creation of a systematic approach to training. Yet a few issues remain which are essential to the development of any additional training.

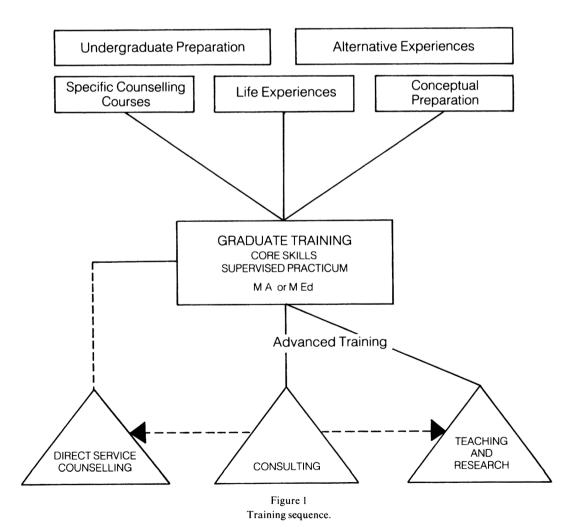
Are there certain prerequisite background skills and characteristics necessary to work as a consultant? Clearly, consultation is a change-oriented procedure relying on skills in human helping and the characteristics associated with facilitating change within a humanistic framework. A core set of helping skills (which may include some counselling skill) such as empathy training, assertiveness, or self-disclosure, problem-solving processes, conflict resolution techniques, facilitation of adult learning, and other process oriented skills will be necessary. Training will also need to include conceptual learnings in human and organization development, as well as an orientation to selfawareness and self-understanding. Competency in these areas must be demonstrated prior to the serious study of consultation processes themselves.

When, then, should consultation training take place in the career of a counsellor? Even though the programs described by Gallessich (1974) and Gallessich & Ladogana (1978) were directed at training school psychologists, their approach is in-

structive for counsellors. Gallessich (1974) detailed a full year's training at the doctoral level. while Gallessich and Ladogana reported on a 35 hour in-service program for practicing counsellors. If the conditions in British Columbia are similar to other Canadian provinces, that is, a majority of practicing school counsellors have minimal professional training, then inservice training in consultation is not recommended, but instead training in the areas described above must preceed actual consultation training. It appears that a majority of Canadian counsellor education programs already include the content listed above as part of their training (Jevne, 1981), therefore, consultation training in Canada should likely be post MA (MEd) or at the doctoral level as illustrated in Figure 1.

A related issue is whether teacher or counsellor experience is necessary for the consultant role. While Carr (1977) has concluded that teaching

experience is not necessary for, and may, in fact, interfere with effective school counselling, the reality of the situation is that to be employed as a counsellor (consultant) in a school system (in British Columbia), a person must hold a valid teaching certificate. Other provinces have developed a more educated view as to the need for a specific teaching certificate and instead have tried to certify counselling personnel independently. However, several authors, notably Myrick (1977) and Broskowski (1973), have pointed out that since school consultation must be process oriented, that is, the consultant is a person who facilitates change, helps others learn how to solve problems, how to use resources effectively, in other words, the focus is on process not content, then it is not necessary that the consultant have had background as an educator. Training persons in school consultation from disciplines other than education increases the number of potential consultants and



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should encourage counsellor education programs to recruit widely from other helping areas.

Given the differences outlined between consultation and counselling, and given the extent and depth of training suggested for consultation, is it reasonable to expect counsellors to become consultants or should an entirely new position in the schools be created? Myrick (1977) has described a new role called the "learning development consultant," which is based on a reorganization of traditional counselling services enabling the consultant to work primarily as a growth and development specialist. It may be too much to expect school counsellors to change their present service focus and become fully functioning consultants merely through continuing education or more expanded training programs. Instead it may be more efficient to train present and potential school counsellors in how to be effective consultees or users of consulting services (Collins, Pancoast, & Dunn, 1977). In most school districts in British Columbia, counsellors have little opportunity to work continuously with consultants who specialize in counselling and these consultants are generally university-based faculty with limited availability. In addition, internal district personnel who might be, and often are, used as "consultants" have little if any knowledge or training in consultation and more often than not have administrative, supervisory, or evaluative responsibilities for counsellors. This type of hierarchical relationship conflicts with the philosophical and empirical basis of consultation as a helping intervention. Counsellor educators need to recruit and train specialists in consultation to work with school counsellors. Through practicum and more specifically, internship experiences, both counsellors and school districts could examine the value of this distinct consulting service, and may be more willing to employ specialists in counselling/consultation.

Not all school districts will be eager to accept this new approach to counselling services; however, work by Heller (1978), Cherniss (1978), and Wilcox (Note 1), has focused on the facilitative conditions necessary for acceptance of the consultant and consultation processes and the specific behaviors seen as crucial for improving readiness for consultation.

A final issue pertains to the relative influx of a consultation approach in the primary and elementary grades and the relative absence of consultation at the secondary and post-secondary levels. This trend is most likely the result of the impact of early intervention philosophy — emphasis on screening, diagnosis and remediation in the early grades, what is often called case-centred or psycho-diagnostic consultation.

While this is a worthwhile trend, probably an equally great need exists at the junior and senior

secondary level where the developmental concerns of students are more likely to clash with the traditional curriculum and structural organization resulting in an increase in school related problems for teachers, students, parents, and administrators. For example, recent concerns about the stress experienced by teachers in British Columbia has prompted the British Columbia Teachers' Federation to view stress reduction counselling as a major priority (BCTF, 1980). Consultation training must be directed at the secondary level, not at the expense of an elementary level focus, but with an emphasis on increasing the availability of consultation services at the secondary level.

Conclusion

Counsellor education programs will be faced with serious challenges as we enter the 1980's, only one of which is the changing role of the school counsellor and implementation of systematic training in consultation. A pessimistic view of Jevne's (1981) study might conclude that while there is a consensus around certain priorities within counsellor education in Canada, those priorities are lagging many years behind the needs of students in our educational systems, and such a consensus represents a citadel of unresponsive and conventional wisdom, and an unwillingness to demonstrate leadership and risk-taking to insure effective counselling services in our schools. Seven years ago when Julius-Guttman (1973) surveyed Canadian counsellor education programs, she concluded that existing training models were divergent and outmoded and that they had no vision of the future for counselling. The June, 1972 issue of the Canadian Counsellor was devoted to specifying the future of counselling in 1984, and several authors suggested new roles, including consultation and systems approaches. It appears that while programs have increased in quantity and there now exists a consensus as to their primary focus, there has yet to develop a futures-oriented training curriculum — what Carl Rogers might call a "learning how to learn" curriculum. The counsellor might be trained to help others learn how to learn, and the consultant may be trained to help others learn how to help others learn how to learn. Probably the major implication for counsellor education from the consultation movement is the need for counsellor education to improve its own ability to be responsive to and prepared for an unknown or unknowable future. Possible counsellor education could benefit from long-term consultation.

ACTIVITY VII

- 1. Discuss the ideas presented in this paper with another person.
- 2. Write down some thoughts about this paper and send them to the author.
- 3. Expect an immediate reply.

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