

**AN EXPLORATION OF ORGANISATIONAL CONSULTATIVE PRACTICE: A
SYSTEMIC FAMILY THERAPY PERSPECTIVE**

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2014

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**Dissertation submitted in partial fulfillment of the requirement for the degree of D.Clin.Psy. at
Cardiff University and the South Wales Doctoral Programme in Clinical Psychology**

ACKNOWLEDGMENTS

Firstly, I would like to thank every one of the family therapists who kindly gave up their time to participate in this project. I am indebted to you for your generosity, level of insight and reflexivity into the fascinating and complex area of systemic organisational consultation. Through our shared dialogues, your use of metaphor and the contexts that you created, you have helped me to develop many new valuable and richer lenses through which to see the different hues and textures of the complex social organism: ‘the organisation’.

I am also extremely thankful to both of my supervisors Andrew and Billy. To Andrew in particular for balancing resisting my invitations to provide me with something concrete and by doing that, helping me to find my own way through this process and therefore to produce what I have done, whilst still offering me the containment and reassurance when I really needed it! To Billy, thank you for your initial blowing of my mind and challenging of my world as I previously understood it and for creating the space for new contexts to emerge: thank you for your fresh perspectives!

Another big thank you I would like to give is to my partner Rosie for all her ongoing love, support and nourishment throughout the last three years and particularly in the more recent months. Thank you for the cups of tea and just being there for me when I needed it and for always being able to make things more light hearted and helping me step out of this context and into a more playful one. So thank you for keeping me grounded!

And lastly, I would like to thank all of my family and friends for your continued understanding and just being ‘there’ for me when I was unable to be ‘there’ for you.

ABSTRACT

Although various conceptual approaches and frameworks describe how systemic thinking can be applied via consultation to organisations, they are derived from clinical work and case studies. Indeed, the empirical literature regarding the efficacy or even the understanding of the application of systemic principles to organisational consultation is very poor. An understanding of the processes involved in systemic organisational consultation is considered important in order to support therapists working systemically with organisations in a way that maximises possibilities for organisational productivity, =learning and change. This study presents an exploration of systemic family therapists' understandings and experiences of systemically orientated organisational consultative practice. Semi-structured qualitative interviews were conducted with twelve qualified systemic family therapists working in a variety of mental health and forensic settings across South Wales and the South West of England. A Constructivist Grounded Theory approach was employed to analyse participants' accounts. Three themes relating to systemic organisational consultation were identified in the study: 'The prologue: Conceptualising the context for consultation', 'From monologue to dialogues: Creating new contexts for new conversations' and 'The metalogue: Outcomes of consultation'. The emergent themes were compared to wider literature pertaining to the application of systemic family therapy to organisational consultative practice. The findings from this research have a range of implications for systemic therapists as well as other professionals working systemically with organisational systems. Implications for clinical practice, training and the development of the role of the therapist working systemically with organisations are discussed, and recommendations for future research are made.

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CHAPTER ONE

INTRODUCTION

1.1 OVERVIEW

This chapter introduces the relevant literature pertaining to systemic family therapy, consultation and systemically oriented organisational/systems consultation. It begins with an account of the emergence and subsequent development of ‘systems thinking’ and systemic family therapy, highlighting where possible how these developments in ‘systems thinking’ apply to systems other than the family e.g. a staff team or an organisation. The chapter will then introduce the emergence and development of the broad practice of consultation, before discussing in more depth the specific practice of systemic organisational consultation. This will include a discussion of the theoretical and empirical literature pertaining to the application of consultation to organisations by systemic family therapists. Lastly, this chapter will present the rationale for the current study; exploring how systemic family therapists understand organisational consultation.

1.2 AN INTRODUCTION TO SYSTEMIC FAMILY THERAPY

Systemic family therapy (SFT) is a highly flexible psychotherapeutic approach, which aims to bring about positive change to a wide range of both child and adult-focused problems (Carr, 2006). It is underpinned by a theory of interacting systems, which focus on communication and patterning over time, rather than a theory of individual or family pathology (Jones, 1993). Therefore SFT does not see its work curing mental illnesses that reside within individuals. Rather, it aims to help people mobilise the strengths of their relationships, so as to make disturbing symptoms unnecessary or less problematic (Stratton, 2010). A central assumption that transcends SFT is that psychological problems are essentially interpersonal and not intrapersonal and should thus be understood in the context of social relationships (Boston, 2000). Interventions in SFT therefore, directly address the relationships an individual has within their family system and with their wider social context (Flaskas, 2005).

The idea of working with families of people diagnosed with, for example, schizophrenia may be commonplace today, as recommended by NICE (2014) guidelines. However, the idea of families as systems of humans in interaction with one another is relatively new (Jones, 1993). Likewise, SFT as an alternative and distinct way of helping clients bring about change is, in the terms of psychotherapy, also relatively new. Indeed, one is able to trace the origins of SFT back to around the early 1950's however, exactly how it was, when it was and who it was to first pioneer this approach is still debatable. Indeed, as noted by Haley (1962, cited in Rivett & Street, 2003, p.1) *"just when Family Therapy originated is difficult to estimate because the movement has been largely a secret one."* Furthermore it has also been argued, regarding the emergence of family therapy that: *"There is no first cause. There is a circular cause, in which the beginning, which does not exist, meets the end, which is impossible"* (Maurice Maeterlinck, cited in Rivett & Street, 2003, p. 1). Consequently, a variety of different accounts exist of how family therapy came into fruition, which makes it problematic at best to provide a *true* story of its emergence. In point of fact, as cited when describing their approach to conceptualising the development of family therapy, Dallos and Draper (2010 p.10) helpfully acknowledge that: *'our organization is more or less helpful, but is not reality itself. Arguably we may never be able to objectively establish that there is a 'real' reality out there.'* This is an important point and one that is initially introduced here but which ultimately, underpins the epistemological stance this research project and the researcher takes.

Having acknowledged these difficulties, the author will present an account of the birth and emergence of family therapy, considering in particular how the cultural context, research and theoretical developments and clinical practice influenced this emergence. Secondly, an account of the development of family therapy will be presented, focusing on the key influences of its development including: systems theory, first-order and second-order cybernetics, and postmodernism. Other key concepts of systemic thinking will also be highlighted where appropriate. However, the author openly acknowledges that it is beyond the scope of this research to discuss every contribution to the development of family therapy. Instead, the author intends to identify the key issues and principles, which punctuate the emergence and development of family therapy. Given that a significant body of this introduction will involve revisiting old ideas and old texts, the author also openly acknowledges that in order to set the scene of the development and emergence of systemic ideas, his account is influenced by three key texts: Dallos and Draper (2010); Jones (1993) and Rivett & Street (2003).

1.2.1 PHASE ONE: THE EMERGENCE OF FAMILY THERAPY

With the exception of Nathan Ackerman's psychoanalytic family therapy, which was derived from child psychiatry, family therapy is contended to have emerged as a new way of treating families with a 'schizophrenic member' (Bertrando, 2006). However, rather than being born from a new idea, the journey of family therapy's emergence had already begun in the work of nineteenth century social and community workers, which was subsequently rediscovered by researchers and therapists (Luepnitz, 1992, cited in Jones, 1993). Family therapy's emergence then, can be understood to have occurred due to the combination of a variety of influences including: the social and cultural conditions that were present during a particular period of time; the influence of therapists (Jones, 1993; Rivett and Street, 2003); the work of theorists, and also research (Dallos and Draper, 2010). Each of these will now be considered in turn.

1.2.1.1 The Cultural Landscape

In the early twentieth century, the emergence of family therapy is proposed to have begun in response to evident social needs of the times, which were not being adequately addressed by the general field of psychiatry or psychology (Broderick & Schrader, 1981, as cited in Dallos and Draper, 2010). The dominant views of the time conceptualised all behavioural problems as being manifestations of *individual* disorders that required *individual* treatment. Consistent with this view, the predominating psychotherapeutic theory, psychoanalysis, focused on an individual's historical factors embedded in their 'psyche', tending to ignore the possible contribution of current circumstances and interpersonal problems as factors which may have a contributory effect (Dallos and Draper, 2010). Thus, psychoanalysis had no interest in any analytical treatment of relatives of patients due to its disregard of interpersonal factors in the onset or maintenance of neuroses and psychoses (Freud, 1912; 1916-1917, as cited in Bertrando, 2006). Furthermore, the efficacy and cost-effectiveness of psychoanalytic treatment had also come under question. Indeed, intrapsychic approaches tended to be very long-term and therefore expensive, which in the context of limited public funding of healthcare, tended to prevent the treatment of large numbers of people (Dallos and Draper, 2010). Also, as noted by Jackson (1957, cited in Bertrando, 2006), some psychoanalytical approaches could even lead to an escalation of problems.

In the USA, another important social influence was the great psychiatric deinstitutionalisation, which occurred between the 1940-1960s and led to a dramatic increase in the number of psychiatric patients returning to the community, often to live back with their families, which led to an urgency for finding new ways of dealing with these patients in relation to their social world (Bertrando, 2006). Likewise, in Italy, the passing of the '180' law suddenly meant that Italian psychiatry became community-based, which is cited as being *the* sociological reason why systemic family therapy became extremely important in Italy (*ibid*). Therefore, the need for a new approach that intervened at the relationships *between* people was becoming increasingly pertinent, particularly in response to the growing awareness of the genuine limitations of exclusively individually-based treatment approaches when working with marriage and parent-child problems, as well as the observation that relapses often occurred when a patient having received successful treatment, returned home to their families (Carr, 2006).

1.2.1.2 The Influence of Therapists and Other Individuals

Within the USA at the beginning of the twentieth century, a former psychiatric patient Clifford Beers founded the mental health hygiene movement in 1908. One of the basic tenets of this was that it was possible to prevent mental illness: "*no less than half of the enormous toll which mental disease takes from the youth of country can be prevented by the application largely in childhood, of information and practical resources now available*" (Beers, 1921, p. 202, as cited in Bertrando, 2006). Understandably, when this approach was applied to children, it also required working with the child's family. This subsequently led to the establishment of Child-Guidance Clinics where psychiatrists, psychologists and social workers met with families, seeing each member separately, but working as a team nonetheless (Cushman, 1995). Following this theme, Jones (1993) also highlights that a number of other therapists' had become dissatisfied with their clinical practice of using traditional psychoanalytic and psychological treatments, particularly when working with children and adults who had been given the diagnosis of schizophrenia. Indeed, their unsuccessful attempts to treat the client as an individual also led them to begin involving other family members. For example, in Milan, Mara Selvini-Palazzoli, Boscolo, Cecchin and Prata formed a team to begin working with families of people with anorexia and schizophrenia (McKinnon, 1983).

1.2.1.3 The Influence of Research

The failings of psychoanalytic and other psychological approaches to explain and treat significant mental health difficulties, including schizophrenia, fuelled the search for more useful explanations. Ultimately, this provided funding for research, the primary aim of which was to understand the causation of disorders such as schizophrenia (Lidz *et al.*, 1957; Wynne *et al.*, 1958; Haley, 1963; Bateson, 1972; The Palo Alto group 1956; The Mental Research Institute, 1959, cited in Dallos & Draper, 2010). Importantly, these research studies identified communication as playing a strong role in the aetiology of schizophrenia, which offered the alternative view that schizophrenia could be understood as an interpersonal difficulty, rather than an individually owned, intrapsychic one (*ibid*). In turn, the outcomes of this research led to explorations in therapy with families to provide further research data (Lidz *et al.*, 1957; Wynne *et al.*, 1958; Haley, 1962 and Bateson, 1972, cited in Dallos and Draper, 2010). Again, this highlighted the importance of feedback processes and interactions between members of the family system, instead of things being viewed lineally and statically.

1.2.1.4 The Influence of Theoretical Developments

During this time, ideas about feedback and communication were also being addressed within the disciplines of science, engineering, mathematics and social sciences. A particularly influential figure within this area was Ludwig von Bertalanffy, who contended that the traditional mechanistic models of the time did not explain the behaviour of complex living organisms. Indeed, he made the distinction between the physical laws of closed systems, which do not interact with their environment as opposed to the dynamically interacting processes that affect living, growing organisms (von Bertalanffy, 1956, as cited in Dallos and Draper, 2010). Consequently, von Bertalanffy proposed that in order to understand how an organism works, one has to understand the transactional processes that occur between the components of the system and notice the emerging patterns and the organised relationships between the parts (Dallos and Draper, 2010). This was referred to as a 'general systems theory,' which was an attempt to develop a coherent theoretical model, which had relevance to all living things (Dallos and Draper, 2010). Indeed, von Bertalanffy was the first to emphasise that systems were sets of elements standing in interrelation (von Bertalanffy, 1956, as cited in Campbell, Coldicott & Kinsella, 1994).

The importance of feedback also emerged at an influential series of conferences dubbed the ‘Macy Conferences,’ which were held from 1946-1952. An outcome of these conferences was that a new discipline was established; *the science of communication and control in the animal and the machine* (see Weiner, 1948, cited in Bertrando, 2006), in which it was: “*possible to consider the communicational and interactional aspects of the relationships between any kind of being without referring to their individual properties or the content of the communications or interactions*” (ibid, p.7). This led Norbert Wiener to coin the term *cybernetics*, which described the study of information feedback loops within systems and how this could enable control and adjustments to be made (Dallos and Draper, 2010). Again, this theoretical work highlighted the key principle of feedback and offered an important philosophical loop in explaining the causation of disorders. Indeed, rather than seeing events in lineal sequences, cybernetics proposed that causation was a continuous circular process, taking place over time, proposing a dynamic rather than a static view of the world. Most notably, Gregory Bateson who worked as an anthropologist took these ideas and applied them to social systems including using them to study schizophrenia. A consequence of this was that Bateson introduced the notion that a family could be viewed as a cybernetic system, where the organisation of events should be understood in terms of patterns and information (Rivett & Street, 2003). Bateson’s research also led him to produce his double-bind theory of schizophrenia, which proposed that schizophrenia was an interactional phenomenon: a product of particular rigid and repetitive patterns of family interaction and communication (Bateson, 1972, cited in Carr, 2006). In terms of his impact on family therapy, this theory offered a different understanding of causation, seeing pathology as a consequence of continuous, circular processes occurring over time, rather than a lineal sequencing of events (Rivett & Street, 2003). As such, this theory laid the foundation for what was to develop into several different types of family therapy (Hayley, 1981, as cited in McKinnon, 1983).

1.2.2 PHASE TWO: THE DEVELOPMENT OF FAMILY THERAPY

The variety of influences previously discussed set the scene for the emergence of systemic family therapy. In turn, responding to further developments, systemic family therapy subsequently grew in a variety of ways. These important influences on systemic family therapy’s development will now be discussed.

1.2.2.1 Systems Theory

Another major contribution made by Bateson's (1972) group was the idea of combining von Bertalanffy's (1968) 'general system theory' with insights from cybernetics to form the basis of 'systems theory' of family therapy (as cited in, Carr, 2006). Although seemingly subtle, this was very important in terms of family therapy's development for the reason that, general systems theory alone only addressed the question of: *How is it that the whole is more than the sum of its parts?* However, one characteristic of viable systems is their ability to use feedback about past performances to influence future performance, which indeed cybernetics addresses: *How do systems use feedback to remain stable or to adapt to new circumstances?* Consequently, 'systems theory' offered a coherent framework within which to explain the links between family organisation and processes and thereby offer an explanation for abnormal behaviour (*ibid*). Systems theory includes a number of central propositions which include that: a family is a system with boundaries organised into sub-systems; each family member's behaviour is determined by a pattern of interactions that are repetitious and conform to rules that evolve over time; these patterns ensure that it is impossible to determine lineal causality but instead promote an appreciation of the circularity of interaction; some of these patterns prevent change 'homeostasis' whilst others promote change 'morphogenesis'; feedback determines which of these mechanisms takes place and; if the system is unable to adapt to change, one element will develop a 'symptom' (Rivett & Street, 2003).

Systems theory then, is predominantly cited as being *the* theoretical foundation upon which family therapy is based (Rivett & Street, 2003). Furthermore, its principles can still be seen to underpin the practice of many family therapists today. Indeed, a growing number of therapists have abandoned the term 'family therapist' altogether, adopting the term 'systemic therapist' instead, regarding system theory as *the* essential foundation for their work (*ibid*). Conversely however, systems theory has also been criticised from its outset by many others and ultimately rejected as an adequate overarching theory (Hoffman, 2002; Anderson & Goolishian, 1988; White & Epton, 1990; and Luepnitz, 1988, cited in Dallos & Draper, 2010). In particular, it has been criticised for lacking adequate methods of analysis that arise from its formulations, which make it difficult to establish and apply systemic principles (Rivett & Street, 2003). It has also been criticised for the emphasis that it places on the 'system' over the individual, which has been argued to inflate the role of the family and conflate the experience and meanings of the individual (*ibid*). Furthermore, (*ibid*) also highlight how Pearson (1974) and Poster

(1978) argued that systems theory, as it is applied by family therapists, decontextualises an individual family and fails to account for the societal, cultural and political pressures, which lead families into having difficulties.

1.2.2.2 First-Order Cybernetics

The term first-order cybernetics is used to describe the thinking that emerged from early systems theory (Jones, 1993), from which a number of models of systemic family therapy developed. These were collectively known as ‘first-order’ approaches and were characterised by the therapists’ observation of the system from the outside (Boston, 2000). They included: *communication and validation* (Satir, 1964); *structural* (Minuchin, 1974); *strategic* (Madanes, 1981); the *Milan approach* (Palazzoli, *et al.*, 1978), and *brief therapy* (De Shazer, 1985). Although these approaches had differences, they shared commonality in that they took a *functionalist* view of systems, derived from an idea that had gained significance in behavioural theories of pathology (Dallos and Draper, 2010). Functionalism was concerned with the idea that problems could only arise and be sustained if they had benefit for some members of a system (*ibid*). For example, a distressing problem might take on the functional role of preserving family stability by providing the family with a new focus around which it can re-organise itself, thus diverting attention away from other areas of threatening family experience (*ibid*). Consequently, a focus of first-order cybernetic-orientated models regarded how systems maintained their organisation and secondly, how systems could or could not change their organisation. First-order cybernetic approaches also held the assumption that it was possible to understand a system independently from the person who observes and thus describes it (Haslebro & Nielsen, 2000). Consequently, within first-order systemic approaches, the therapist would focus predominantly on the patterns and regularities in the referred system, adopting a more expert position as someone who could stand in an objective observing position, making judgments’ about that system’s dysfunction and pathology and subsequently, plan interventions to fit the particular observed problem (McKinnon, 1983). In turn, this led therapists to become more interventive in their approach in relation to what needed to be changed in response to the system, such that they would be more likely to arrive at a structural hypothesis that gives immediate direction to the work (*ibid*). In turn, this meant that the therapist was more likely to see their assumptions as facts or truths. Changes that accompanied such

interventions are therefore termed ‘first-order changes’ and they describe changes that occur within the system but do not alter the basic organisation of the system itself (Nicholas & Schwartz, 1998).

1.2.2.3 Second-Order Cybernetics

During the early 1980s, a paradigm shift occurred from traditional general systems theory or ‘first-order cybernetics’ towards ‘second-order cybernetics’. Indeed, second-order cybernetics is understood to describe the critique of first-order cybernetic applications of ‘systems theory’, particularly in relation to the way in which first-order approaches viewed systems in an overly mechanistic way, playing down the importance of language (Dallos and Draper, 2010) as well as the fact that they did not take account of the wider societal factors that shape the patterns of interactions observed by family therapists (James & McIntyre, 1983; Williams and Watson, 1988, both as cited in Dallos & Draper, 2010). Instead, second-order cybernetics presented a new paradigm, placing the therapist firmly *within* the system that he or she was observing (Campbell, 2000), conceptualised their position as being circularly involved with and connected to that, which was being ‘observed’ (Jones, 1993). Consequently, this placed the focus, not on the observed system, but on the observing system, which the therapist was part of (Dallos and Draper, 2010). Fundamentally, this meant that the therapist would inevitably ‘perturb’ or change the family system by the very act of observing it (Rivett & Street, 2003).

Secondly, given the increased emphasis on the therapist as being an intimate part of the observing system, another important concept that influenced second-order cybernetics was constructivism. This contended that individuals construct their own sense of the external world, which is determined, in part, by their own innate mental and sensory structures (Maturana & Valera, 1984). Consequently, as highlighted by McKinnon & Miller, (1987, p.148): *“it is the observer (or therapist) who draws distinctions that ‘create reality’...By including the observer as part of the system observed, second-order cybernetics acknowledges that the system is a construction of the observer drawing the distinctions.”* In this way, a system was no longer considered an objective entity that existed as such, but an image of the world, constructed by people on the basis of their experiences and basic assumptions (Maturana & Valera, 1984). In turn, this shifted the emphasis towards the constructs that the observer brought with them to the observation of the family system, and subsequently the reciprocal

influence that the observer and family had upon each other (Campbell, 2000). This highlighted the important concept of *reflexivity*, which developed since systemic therapists were now required to account for their own personal biases as part of their observations (Boston, 2000), since these biases would tint the spectacles through which they viewed the system (Haslebro & Nielsen, 2000). Thus, the systemic therapist could attempt to observe him or herself as an observer of the system, but they could not leave themselves out of the picture, or remove their ‘tinted spectacles’ (*ibid*). Ultimately, the combination of second-order cybernetics and constructivism meant that, rather than viewing the system as being something connected by feedback and difference, the emphasis shifted towards the system as a meaning-generating entity (Campbell, 2000).

Thirdly, in contrast to first-order cybernetics, which focused on the patterns in systems in general, second-order approaches, drawing on the concept of social constructionism, considered the active process of meaning making (Boston, 2000) and on concepts such as recursiveness, reflexivity and the autonomy of family systems (Sluzki, 1985; Von Foerster, 1990, cited in Jones, 1993). With these influences, the emphasis shifted away from the general patterns in family systems, towards an appreciation of the uniqueness of what actions mean to a particular family system (Dallos and Draper, 2010). Consequently, systems were now beginning to be understood in terms of their wider societal and cultural contexts, which acted upon them, rather than being seen as having problems, which were fundamentally interpersonal. In this way, ‘second-order change’ refers to changes in the *structure* and *functioning* of a system in response to the modification of those systems’ underlying beliefs (Nichols & Schwartz, 1998).

1.2.2.4 The Influences of Postmodernism and Social-Constructionism

Postmodernism is often defined as being an ideological critique that arose in response to the perceived failure of modernism to deliver a brave new world (Sarup, 1993). Modernism assumed the existence of a knowable world with a series of universal laws that could be discovered through systematic scientific investigation, which in turn could be represented through language in scientific reports, which were *the* truth (Carr, 2006). Instead, postmodernism refers to the departure from this modernist view, which radically questioned the mono-voice modernist discourse of science and knowledge as objective and

fixed (Lyon, 1994, cited in Rivett & Street, 2003), the knower and knowledge as independent of each other, language as representing truth and reality, and human nature as universal (Foucault, 1972; Foucault, 1980, as cited in Jones, 1993). Consequently, postmodernism rejects the idea that a single objective and rational account of the world can be reached. It accepts the existence of a world, but this can never be accurately known (Carr, 2006). Rather, through perception and language the world is socially constructed through communities (*ibid*).

In terms of its influence on the development of systemic family therapy, postmodernism offered three main implications. Firstly, it advocated for the questioning of what Lyotard (1986, as cited in Rivett & Street, 2003) called the ‘metanarratives’ of society, which are assumptions that have come to dominate a society or, at a more local level, a system. Secondly, through doubting these metanarratives, postmodernism privileges the unpacking of ‘local’ knowledges, which have historically been rejected or silenced in society (Foucault, 1965, cited in Rivett & Street, 2003), facilitating multiple perspectives to emerge (Rivett & Street, 2003). Consequently, postmodernism, rather than focusing on conflicting sets of ideas, which are often centered on the winning of a battle, concerns itself instead with ensuring that all sets of ideas are given space for expression and are seen as relevant (*ibid*).

Thirdly, originating from postmodernism was social-constructionism. Importantly, social constructionists distinguished themselves from constructionists by describing reality as not being determined by individual but by social structures (Gergen, 1991; 1999). Indeed social-constructionism had a profound influence on second-order cybernetic thinking, suggesting that we construct our own identities and reality through language in an ongoing interactional, relational and recursive process, such that discourses about the world are not a reflection or map of reality, but an artifact of communal interchange (Gergen, 1985). Indeed, it is acknowledged that social constructionists’ draw a distinction between the pre Wittgensteinian period of the concept of language as being the medium to connect us to the ‘real world’ as opposed to the Wittgensteinian view of language as being the tool that enables us to build realities as we describe them (Wittgenstein, 1953, as cited in Campbell, 2000). Consequently, this placed social constructionism within a post-structuralist epistemology. Indeed, whereas structuralism contends that the one true meaning for any word is discoverable (Harland, 1987), post-structuralist thinking stresses the interaction of people as an activity through which meaning is constructed (*ibid*) such that meanings are open to view since they lie ‘in between’ people rather than

being hidden away inside an individual (de Shazer & Berg, 1992). Consequently, the modernist idea of there being a truth 'out there' waiting to be discovered was directly challenged by social constructionism (Campbell, 2000). For example, Bakhtin (1993) proposed that the meaning of literary texts did not share that of the author's, nor did they reside within the embedded structures of the text itself but rather, in the way that the reader constructed his or her own meaning from within his or her own temporal and cultural context (as cited in Campbell, 2000). Furthermore, the work undertaken by Kenneth Gergen (1985) and Rom Harré (1979), who explored concepts of the 'self' and 'identity', also proposed that our beliefs about ourselves are conveyed to us through language (Harré, 1979; Shotter, 1993). Furthermore, Gergen, (1985) also contended that we are not 'one self', but create different 'selves' to create 'voices' to influence the relationships around us. In this way, the function of language was understood as not representing 'reality' itself, but rather to enable one to engage in social relations and interactions, through which meanings about the world are constructed. In this way, Gergen drew on Wittgenstein's argument that words acquire their meaning "*through the ways they are used in patterns of ongoing exchange*" (Gergen, 1994, p.52). Campbell (2000) also highlights how Gergen makes reference to Austin's (1962) definition of the performative aspect of language, which considers how language fits into a social act and thus helps to coordinate the actions of the people involved in the act, suggesting that language helps to maintain relationships with 'communities of understanding', such as employees within an organisation. In this way, it is proposed that we each need an audience to confirm the meaning of what we say and thus the aim of language is to preserve an audience in order to be able to gather from it an evolving sense of identity. This coordination means that we are continually negotiating how to 'position' ourselves in relation to others so that they will acknowledge us and attribute meaning towards our actions. Consequently, as contended by Shotter (1993), if we are communicating in order to create a meaning making relationship with others, we must pay attention to how others might respond to us.

Ultimately then, social constructionism argues that truth is not discovered but co-constructed by communities of people in conversation, with useful constructions being retained by the community whereas constructions that are not useful are discarded (Carr, 2006). In this way, whereas systems thinking has been typically concerned with identifying the patterns that connect that connect the various parts of the a larger system, social constructionism has always asked *how* people work together to produce the realities that they live by. Social constructionism therefore distinguishes itself from

systemic thinking by moving from the question of ‘what is happening?’ to ‘how does it happen?’ (Campbell, 2000). The development of family therapy then, can be understood to be underpinned by these postmodernist ideas, which in turn resulted in a number of post-modern approaches (Jones, 1993; Rivett & Street, 2003).

1.2.2.5 Postmodern, Social-Constructionist Approaches to Family Therapy

The development of second-order cybernetics and the postmodern epistemology saw the emergence of a variety of new second-order approaches to family therapy. It also saw the dissolution of the original four-member Milan team into two distinct groups (Carr, 2006). One continued to practice in an essentially strategic, first-order way (Prata, 1990; Selvini-Palazzoli *et al.*, 1980, as cited in *ibid*), whilst the other became committed to a collaborative, social-constructionist approach which emphasised the use of positioning and circular questioning to co-construct new belief systems (Boscolo & Bertrando, 1992, 1993; Boscolo, Cecchin, Hoffman & Penn, 1987; Cecchin, 1987; Cecchin, Lane & Ray, 1992, 1993, as cited in *ibid*). Within these second-order, social constructionist approaches, the structure of therapy became less about beginning, middle and end points, and more about creating a space for a specific kind of conversation between participants (Anderson & Goolishian, 1988; 1992; Dallos & Draper, 2010; Rivett & Street, 2003), underpinned by the understanding that reality was created through language in an ongoing, interactional and relational process (Andersen, 1990; Bakhtin, 1986, as cited in Shotter, 2011; Gergen, 1985). As such, difficulties were understood to be constructed within this language system and could therefore be ‘dissolved’ through language (Boston, 2000). The role of the therapist therefore became more about how to ask questions in order to uncover and expand *meanings* within a system, which themselves contained the seeds for problem resolution (Carr, 2006). In turn, this moved the therapist away from the expert position and placed them in the role as collaborator (Hoffman, 1993; Anderson & Goolishian, 1988, 1992; Anderson & Burney, 1996). As such, the therapist would explicitly acknowledge that some ideas and explanations would not fit with the clients’ experiences and be genuinely respectful of that, instead being more genuinely interested in the clients’ reactions about that (Boston, 2000). In order to continue to effectively develop this approach and the position of the therapist, particular concepts and ideas were drawn upon including: hypothesising, circularity and neutrality (Selvini-Palazzoli, *et al.*, 1980). Indeed, the concept of

neutrality originated from an assumption of second order cybernetics, which was that one is unable to act in a neutral or non-political way. In its original conception (*ibid*), neutrality was used to express the idea of actively avoiding accepting any one position as more ‘correct’ than another. However, this led to some therapists understanding neutrality in the sense that they were unable to take a strong position or that they could not become involved, leading to the cultivation of the cold and aloof position of a ‘relativist’ (Cecchin, 1987). In a subsequent revision of this concept, Cecchin (*ibid*) suggested that neutrality is more usefully understood as being the creation of a ‘state of curiosity’ in the mind of a therapist, within which the therapist can explore alternative views and positions, which in turn breeds further curiosity about them. In this recursive fashion, neutrality and curiosity are understood to contextualize one another in a commitment to create differences, whilst maintaining no attachment to any particular position (*ibid*).

The technique of hypothesising was also connected to the concept of curiosity and was understood to help therapists to continue looking for different descriptions and explanations, even when they could not immediately imagine the possibility of another one (Cecchin, 1987). Whereas curiosity was described as a stance, hypothesising was understood to be what therapists did in order to try to maintain this curious stance. Consequently, if a therapist described feeling unable to develop any new hypotheses about a system they were working with, this was understood in the sense that the therapist had accepted one of the system’s scripts and, thus, since the therapist now believed this as a form of truth, had lost their sense of curiosity.

Circularity and circular thinking, as opposed to lineal, cause and effect thinking is also a technique nurtured by curiosity and can be used to facilitate the development of hypotheses and the sustaining of neutrality (*ibid*). Consequently, circular questioning is a method through which a clinician creates curiosity in the therapy system, which is consequently assumed to undermine the original system belief that is based on a ‘truth’. This ultimately then creates opportunities for new stories to emerge (*ibid*). By taking this position, events are seen as part of a larger pattern and thus the order of events are of interest but it does not lead to the definition of an act as being either cause or effect. Rather, connections between events are emphasised, which are seen as being both cause and effect simultaneously, avoiding the connotations of blame, which is replaced by a curiosity about the complexity of the pattern. This therefore implies a very different idea about change and responsibility

since the examination of patterns is based on the assumption that everybody is responsible, to some extent, for that patterns existence. Consequently, when circular questions are asked in an open forum, the systemic therapist/consultant interviewing the various people in turn will promote individual and shared reflections which in turn will generate new interpretations to develop. Circular questioning was also developed by Boscolo & Bertrando (1992, 1993) who evolved a particular system of circular questioning that was future orientated and therefore focused the client's attention on the development of new belief systems and solutions, addressing how these would be in the future when the problem had resolved.

Further developments in social constructionist approaches included those of Cecchin, who argued that the concept of neutrality should be expanded to include irreverence towards the therapists favored position or theory (Cecchin, 1987; Cecchin *et al.*, 1992, 1993). In this respect, a lack of irreverence towards ones own ideas was deemed an irresponsible position, since it would make the person blind to the potentially unethical consequences of his or her actions (Cecchin, 1992). Another influence on thinking about the position of the therapist came from Karl Tomm (1987a, 1987b, 1988), who highlighted the fact that every question was a mini-intervention, proposing the term 'interventive interviewing.' Therapists were therefore required to clarify their intentions justifying why they were asking particular questions. In Ireland, the Fifth Province associates developed a particular style of circular interviewing which asked questions in a way that compared, amplified and eventually bridged polarisations within complex systems (McCarthy & Byrne, 1988). Similarly, 'reflecting team conversations'; where team members speak to one another in front of the family, were used to comment on and participate in the co-construction of alternative meanings (Anderson, 1991). Anderson and Goolishian (1988) also considered the system within which therapy occurred, as one which could encourage 'problem-saturated' ways of talking about difficulties, which they argued maintains an idea of 'pathology'.

Another post-modern approach, also based on social constructionism and Foucault's (1979) work on the dehumanising impact of dominant discourses, is the narrative therapy model (White & Epston, 1990). This approach highlights the importance of deconstructing dominant and subjugated discourses, focusing on the importance of narrative structure in meaning-making for humans (White & Epston, 1990). According to this approach, an individual's identity is contained within embodied narratives that

include different versions of the self (Rivett & Street, 2003) and that when attending therapy, a client is likely to have a ‘problem-saturated’ narrative that has become internalised as their primary self-description (*ibid*). Furthermore, this model proposes that individuals’ narratives are created and maintained by their connections to important others in their lives. Therefore, within this approach, the therapist would be particularly interested in the description of the presenting problem from the ‘instigator of the referral’ (e.g. the parent/s) as well as that given by the ‘identified client’ (e.g. the child) (Boston, 2000). To help disconnect the problem from the client's self-descriptions, the technique of ‘externalisation’ is used. This technique also allows for the influence of the problem to be ‘mapped’, thus connecting the problem narrative to relevant others (*ibid*). Consequently, the role of the therapist is to help the client explore the different possible interpretations of a story and to construct an alternative narrative description. Since narratives are understood to be socially determined, therapy often involves resisting potentially socially repressive narratives, and also the deconstructing of self-narratives and the dominant cultural ‘knowledges’ that persons live by (White & Epston, 1990; Rivett & Street, 2003). However, as discussed by Paré and Lysack (2004), a conversational conundrum exists for therapists in terms of how to both honour client expertise, while also bringing discursive ideas and processes to the conversation. To address this, Paré and Lysack (2004) borrow from Bakhtin, (1984, as cited in *ibid*), arguing the need for a therapist to be ‘responsive’ to the client to prevent therapy from becoming a ‘monological’ “*imposition of meaning that paradoxically duplicates the discursive ills that the therapy seeks to redress*” (p.8).

In more recent years, another ‘dialogical’ perspective (Rober, 2002, 2004, 2005, 2008a, 2011; Seikkula, 2002; Seikkula & Olson, 2003), which also draws from social constructionism, has developed within family therapy. Developed from Bateson’s system’s theory (1979) and inspired by Mikhail Bakhtin’s concept of dialogism (1981, 1984, 1986, as cited in Rober, 2005) and the work of John Shotter (Katz & Shotter, 2004a, 2004b; Shotter, 1993, 1994, 2000, as cited in Rober, 2005; Shotter, 2011), this approach shares the view of language as a meaning making system, focusing on *how* participants *jointly construct* meaning (Anderson and Goolishian, 1988). In particular, Bakhtin has challenged the notion that ‘things’ can exist in complete separation from their surroundings such that the ‘other’ is understood to be merely an object; passive and controlled by the explanations of the dominant (Rober *et al.*, 2008b). Instead, Bakhtin argued for a ‘witness’, or ‘dialogic’ thinking, which proposes the notion of interconnectivity between an ‘object’ and its surroundings/environment.

Consequently, within the framework of dialogism, *understanding* is an active process in which the meanings of the client make contact with the meanings of the therapist. Bakhtin therefore contends that it is in the 'space between', in which living movements are intertwining with each other, that new possibilities of experiences and meanings are understood to emerge, which are different from the original meanings of both the client and therapist (Rober, 2005). Indeed, as cited in Shotter (2011), Bakhtin (1986, p.119-120) states that an utterance is: "*never just a reflection or an expression of something already existing and outside it that is given and final. It always creates something that never existed before, something absolutely new and unrepeatable... But something created is always created out of something given... What is given is completely transformed in what is created*". Consequently, it is argued that what changes within an individual in such encounters is not the learning of new facts or bits of information, but the learning of new ways of relating with an other, and the otherness in the world around them, and an understanding of 'how to go on together' (Rober, 2005). Thus, instead of change being located as a variable within a model, client or therapist, it is understood to be within the dialogical space that the meaning of change, for two people, at that time is co-constructed (Shotter, 2011).

However, despite the significant contributions of postmodernism to the developments of family therapy, paradoxically, the 'grand' or 'metanarratives' of systems theory remain, which includes the idea that 'postmodernity' is in itself a new 'grand narrative' (Rivett & Street, 2003). It should also be highlighted that there have been criticisms of second-order cybernetics, especially the constructivist dictum that there is no reality but only our own perceptions. Since in its most extreme position it asserts that since there is no reality, in effect one could invent or say anything in family therapy work as long as it works, which again brings in to question how conclusive one can be about the truth of something working (Dallos and Draper, 2010). Furthermore, this position also struggles morally and ethically, with problems such as physical abuse, sexual abuse or violence in families or other unethical practices in organisational systems. Feminist critique has also argued that postmodernism reduces the 'self' to that which is linguistic in origin only and thus denies the pre-linguistic mother-infant relationship (Sanders, 1998). This critique also argues that there is a reality 'out there,' which is independent of the observer and that families can be seen as displaying real structures, which contain patterns of inequalities and gender roles (Dallos and Draper, 2010). Furthermore, feminist critique argues that these patterns are not simply constructed within families but are shaped by the very real structural and

ideological forces in society (*ibid*). For example, another area of contention sits with how constructivist approaches understand power as they have a tendency to give the impression that each member of a system has equal power to determine how relationships shall be defined and what meanings are given to a particular action (*ibid*). However, this may not always be true with for example, children being at the mercy of their parents or employees being monitored by their managers, who in turn are at the mercy of the next layer of that systems hierarchy.

1.2.3 CURRENT PRACTICE IN FAMILY THERAPY

Despite having a relatively short history, in the 50 years following family therapy's emergence, it has developed in a variety of different directions (Sexton *et al.*, 2004). Consequently there now exist a range of different models, which can be understood to sit within the systemic paradigm (Boston, 2000). Accordingly, the term 'systemic family therapy' does not denote a single treatment method, rather it is more appropriately used as a broad term, which encompasses a number of principles including: strategic, structural, Milan, post-Milan, feminist, Bowenian, narrative, dialogic, solution-focused, social constructionist and so on (Dallos & Draper, 2010; Rivett & Street, 2003; Larner, 2004), incorporating both modern and postmodern approaches (Dallos & Draper, 2010; Boston, 2000). However, despite the current variety of models, commonality between them exists in the way that they understand the function of systemic family therapy as being a *relational* process with the clients' language and agency being prioritised over the application of a particular model or technique (Larner, 2004).

Although historically, systemic therapists tended to argue that the systemic paradigm, with its emphasis on circularity, does not lend itself easily to the 'linear' tools and practices of modern research, more recently this view has shifted (Asen, 2002). Indeed, systemic thinking and systemic family therapy approaches have become increasingly acknowledged and used as interventions across a variety of settings and with a range of problems or issues (Dallos & Draper, 2010; Stratton, 2010; Carr, 2009a; 2009b; 2012; 2013, 2014a, 2014b). Indeed, in a report which examined the evidence base for systemic family therapy, Stratton, (2010) concluded that: "*systemic family and couples therapies are effective, acceptable to clients, and cost effective for a sufficient range of conditions to give confidence that the wide application in current practice is justified and could usefully be extended*". More specifically, behavioural family therapy has been recommended by the National Institute of Health and Clinical

Excellence (NICE) for use with the families of people diagnosed with ‘schizophrenia’ (NICE, 2014); ‘bipolar disorder’ (NICE, 2006); OCD (NICE, 2005); children and adolescents with anorexia nervosa (NICE 2004a); and clients diagnosed with ‘depression’ who have a regular partner (NICE 2004b).

1.2.4 OUTCOME RESEARCH IN SYSTEMIC FAMILY THERAPY

The most recent and comprehensive review of the outcome research for the effectiveness of systemic family therapy was completed by Alan Carr (Carr, 2014a; 2014b). Carr (2014a) reported evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of couple and family therapy for adults with various relationship and mental health problems, concluding that the available evidence supports the effectiveness of systemic interventions, either alone or as part of multi-modal programmes, for relationship distress, psychosexual problems, intimate partner violence, anxiety disorders, mood disorders, alcohol problems, schizophrenia and adjustment to chronic physical illness. Likewise, in a companion paper, Carr (2014b) reported evidence from meta-analyses, systematic literature reviews and controlled trials for the effectiveness of systemic interventions for families of children and adolescents with various difficulties. In this context, systemic interventions included both family therapy and other family-based approaches such as parent training. Carr (2014b) concluded that the evidence supports the effectiveness of systemic interventions either alone or as part of multi-modal programmes for sleep, feeding and attachment problems in infancy; child abuse and neglect; conduct problems (including childhood behavioural difficulties, attention deficit hyperactivity disorder, delinquency and drug misuse); emotional problems (including anxiety, depression, grief, bipolar disorder and self-harm); eating disorders (including anorexia, bulimia and obesity); somatic problems (including enuresis, encopresis, medically unexplained symptoms and poorly controlled asthma and diabetes) and first episode psychosis.

Consequently, the results of Carr (2014a; 2014b) and likewise, Sprenkle (2012) who edited a special issue of the *Journal of Marital and Family Therapy*, support the view for the overall effectiveness of systemic therapy. Furthermore, in a series of studies using four large databases, Crane & Christenson (2012) demonstrated that the medical cost offset associated with couple and family therapy covers the cost of providing therapy and in many cases leads to overall cost savings. The results of the existing evaluation and cost-effectiveness research provide strong support for a policy of funding systemic

therapy as an integral part of adult mental health services (Carr 2014a; 2014b). However, whilst it is difficult to accurately gauge the cost of different treatments, these findings are thought to be an underestimate of the full cost saving implications; for example, research has not been able to capture the longer term gains and also the gains for the wider family system (Crane, 2008; Stratton, 2010). There is also a need for specific evidence-based statements about the types of systemic interventions that are most effective for particular types of problems (Carr, 2014a; 2014b).

Another important issue concerns the generalisability of the results of the studies reviewed by Carr (2014a; 2014b) to routine health service settings. This is because participants in research trials tend to have fewer co-morbid problems than typical service users and most trials are conducted in specialist university-affiliated clinics where therapists carry small caseloads, receive intensive supervision and follow flexible manualised treatment protocols (Carr, 2014a; 2014b). An important future research priority therefore, is to conduct treatment-effectiveness trials in which evidence-based practices are evaluated in routine non-specialist health service clinics with typical clients and therapists. Furthermore, the contribution of common factors, such as the therapeutic alliance, and specific factors, such as techniques specified in protocols to therapy outcome, have rarely been investigated and future research should routinely build an exploration of this issue into the design of controlled trials (Davis *et al.*, 2012).

Whilst recent reviews (Carr, 2009a; 2009b; 2014a; 2014b) included a broad range of interventions, although there are exceptions (Seikkula *et al.*, 2013), the majority; particularly in the controlled trials, drew on cognitive-behavioural and structural-strategic forms of systemic interventions, which were more reflective of earlier approaches of family therapy (Stratton, 2010). As discussed, the past 50 years has seen significant increases in social constructionist and narrative approaches used in family therapy (Dallos & Draper, 2010; Stratton, 2010), yet these approaches are under-represented in the evidence base (Heatherington *et al.*, 2005; Roy-Chowdhury 2003). More research is required on social constructionist and narrative approaches to systemic practices, which are very widely used in the UK, Ireland and elsewhere.

Given the increasing recognition of the efficacy of systemic family therapy practice, the mechanism by which this approach achieves its success also warrants exploration. However, *how* interpersonal change

is understood to occur in systemic family therapy is relatively under-researched (Heatherington *et al.*, 2005; Eisler, 2006; Blow *et al.*, 2007; Dallos & Draper, 2010). Although it is beyond the scope of this study to consider in detail the current state of knowledge regarding the process of change in systemic family therapy, given the overlap identified between psychotherapy and consultation, which is discussed in depth in section 1.4.2.2, it is necessary to highlight some of the key findings within this literature. For a complete and in depth account of the process of change in systemic family therapy, the author refers the reader to a recent, unpublished doctoral thesis (James-Perkins, unpublished doctoral thesis), which employed a Constructivist Grounded Theory methodology to explore the process of change during therapy from the therapist perspective. The relevant issues highlighted by James-Perkins' study to the current study will now be highlighted. Firstly, James-Perkins discusses how the literature has developed from theories based on 'common factors' within psychotherapies more broadly (Wampold, 2001) to family therapy specifically (Blow *et al.*, 2007; Sprenkle & Blow, 2004). Within the latter, James-Perkins highlighted Simons (2006) theory of '*the self of the therapist*,' which places the therapist at '*the heart of the matter*' (Eisler, 2006). This highlighted the importance of having congruence between therapists' values or worldview and the model they utilise such that the therapist could practice in an *authentic* way (Blow, *et al.*, 2007). Furthermore, James-Perkins highlights how Sexton (2007) discusses the way in which the therapist influences the outcomes of therapy in 'multiple' and 'complex' ways, beyond that of the 'self', understanding that the therapist *moderates* and *mediates* the change process in a dynamic rather than a static way (*ibid*). Additionally, James-Perkins highlighted the work of Rober (2005; 2008a; 2011) regarding *how* therapists moderate and mediate the change process. Here, Rober's research was understood in terms of how he draws attention to the therapists' 'experiencing' during the therapy process, specifically considering the process of therapist inner dialogue. In particular, Rober was understood to propose that dialogues not only exist between the self and others but also *within* the self of the therapist. Indeed, he subsequently called this dialogue the 'therapists inner conversation' (Rober, 2002, 2005). By describing the therapist's inner conversation as a 'polyphony' of inner voices, it is further suggested that the therapist's 'self' or 'I' position (James, 1890, as cited in Rober *et al.*, 2008a) may be considered as dialogical in nature (Hermans, 2004, Rober, 2005). In this way, a therapists' dialogical 'I' or 'self' includes a '*dynamic multiplicity of 'voiced' positions within the landscape of the mind*' (Hermans, 2004 p.176, as cited in Rober *et al.*, 2008a). For example, Hermans (2004b, as cited in Rober *et al.*, 2008) clarifies that "*the voices function like interacting characters in a story, each assuming a certain narrative necessity*"

(p.19). Therefore, by using the word ‘position’ to replace the term ‘role’ with its more static, formal and ritualistic connotations, is very important (Davis & Harré, 1990, as cited in Rober *et al.*, 2008a). This is because, by using ‘positioning’, the focus then shifts from the therapists observable, physical role, to the way in which the therapist can ‘position’ themselves dialogically within the unfolding conversation, by using their internal dialoguing to ‘reflectively position’ themselves (Moghaddam, 1999, as cited in Rober *et al.*, 2008a). Consequently, it can be understood that there is a dynamic interplay between inner voices, which parallel the therapist actions in the outer conversation in the conversations with the client (Rober, 2011). Thus, utterances offered by the therapist are simultaneously influenced by his or her own inner dialogue, as well as involving interplay between the external and inner dialogues (Shotter, 2005).

1.2.5 SUMMARY OF THE EMERGENCE AND DEVELOPMENT OF SYSTEMIC FAMILY THERAPY

The previous section aimed to broadly introduce and orientate the reader to the key components, concepts and ideas that pertain to the emergence and development of systemic family therapy practices. This introduction to systemic practice was deemed necessary and relevant to the current study given that many of the developments and ideas previously introduced are employed by systemic practitioners and underpin their practice of systemic organisational consultation, which is discussed in the subsequent section. Of particular relevance are the influences of second-order cybernetic and post-modern ideas, including social constructionism. Indeed, these concepts introduced fundamental changes in terms of how the systemic practitioner became included as part of the therapeutic system, rather than one who was seen as objective and independent of the process of therapy. Consequently, this resulted in systemic practitioners becoming more aware of their influence and the need to be able to account for the ways in which their own prejudices impact upon the co-constructual process of therapy, which in turn, led to another important shift towards an increased interest in the use of self and self-reflexivity of systemic practitioners and how these in turn influenced the processes of change. Furthermore, alongside these developments, the importance of language and dialogue emerged as a focus for creating change within systemic family therapy as opposed to the previous focus of trying to change the structures of systems.

Another important concept of the systemic approach is the idea of context such that the systemic perspective always aims to take account of the full range of systems that can be seen as nesting inside one another. In this way, systemic practice may be undertaken with an individual, a couple, a family, a group of families, professional systems and other wider contexts (Stratton, 2010). Indeed, another more recent acknowledgment is the need for joined up, multi-agency collaboration in order to ensure effectiveness and quality of services in response to service user needs (Miller & Ahmad, 2000; Salmon, 2004; Salmon & Faris, 2006). Consequently, the application of systemic ideas in this context has also meant that it has grown within the public and voluntary health and welfare agencies, as well as in private practice (Stratton, 2010). For example, Dallos and Draper (2010) highlight that systemic family therapists are well placed to facilitate connections across the boundaries of different professionals involved in a case where communication and coordination appear to be poor or ineffective. More specifically, there is also increasing acknowledgment of the opportunities for applying systems thinking to organisations in the form of ‘systems consultation’ or ‘organisational consultation’ (Wynne, McDaniel & Webber, 1986; Campbell, Draper & Huffington, 1991; Matheny & Zimmerman, 2001; McMaughan & Palmer, 1994; Campbell, Caldicott & Kinsella, 1994). This area will now be considered in more depth.

1.3 AN INTRODUCTION TO CONSULTATION

This section aims to introduce the broad field of *consultation*, including its emergence, development and various applications. The author will then specifically discuss the application of systemic-focused consultation to organisations in more depth.

1.3.1 A HISTORY OF CONSULTATION

The activity, ‘consultation’ can be broadly defined as involving an indirect problem-solving process between a specialist (consultant) and one or more persons (consultees) to address concerns presented by for example, a client or system (Ovrevit, Brunning & Huffington, 1992; Sheridan, Welch & Orme, 1996). In terms of its history, consultation is multifaceted, from which a plethora of models,

understandings and applications have emerged, including within healthcare or human service organisations and within non-healthcare related, business sectors. However, given the scope of the current project, the literature focused on here pertains to the application of consultation to healthcare or human-service organisations.

Broadly speaking, the emergence of consultation can be related to the evolution of social needs (Gallessich, 1982). Whereas primitive societies met their member's needs directly and personally within the intimacy of family and community, when group numbers increase, even the simplest cultures develop role specialists (*ibid*). Within the 19th century, industrialisation and its social consequences brought new social imperatives, which forced the transfer of responsibility of human services from primary relationships, to more specialist secondary institutions (*ibid*). In turn, these secondary institutions then began employing 'outside' specialists for help, thus creating a new social role, the 'consultant' to care-giving institutions (*ibid*).

Indeed, within healthcare, the earliest roots of the consultant role are suggested to draw from medicine, specifically the practice of clinical consultation, which began in the thirteenth century (*ibid*) subsequently becoming widespread by the mid-nineteenth century (Brown *et al.*, 2001). Typically, this involved the physician requesting assistance in diagnosing medical problems. For example, in clinical consultation, the specialist consultant examines the patient, diagnoses a problem and prescribes a treatment before withdrawing, leaving the physician to carry out the treatment (Meyers, Parsons & Martin, 1979). The practice of consultation also has roots in other distinct areas, including psychiatry and Gerald Caplan's (1970) seminal work: *The Theory and Practice of Mental Health Consultation*, which originated from his work in post World War II Israel, providing services to thousands of refugee children. Caplan observed that by counselling the professional staff members about the nature of the mental health service, he could change perspectives and reduce the direct service workload. Additionally, within social psychology, Kurt Lewin's (1951, as cited in Brown *et al.*, 2001) field theory and emphasis on action research stimulated a human relations approach to organisational development. Furthermore, emerging practices of consultation were also present within education settings and community psychologists (Heller & Monahan, 1997; Heller, *et al.*, 1984, cited in Brown *et al.*, 2001). Lastly, the rise of behaviourism also had a profound effect on consultation since it contended that behaviour was a function of environmental antecedents. Consequently, consultation with its focus on

changing the perceptions and skills of caregivers was a natural fit, leading to the development of problem-solving models of behavioural consultation (Bergan, 1977; Bergan & Kratochwill, 1990; Erchul & Martens, 1997, as cited in Brown *et al.*, 2001).

1.3.1.1 Early Consultation Research

Since its beginnings, the interest in and the practice of consultation has grown wildly (Gallessich, 1985). With this growth has come steady advances in consultation methods, but unfortunately, conceptual and empirical foundations remain at a rudimentary level (Billings, *et al.*, 2007; Gallessich, 1985; Matheny & Zimmerman, 2001; Sheridan, Welch & Orme, 1996). Indeed, Hylander (2003) highlights that during the middle of the 1980s there was common agreement that research on consultation lacked rigor and had not answered vital questions or even posed meaningful ones (Meade, Hamilton & Yuen, 1982; Hughes, 1994; Pryzwansky, 1986; Wistrom, (1990), as cited in Hylander, 2003). Likewise, Froehle & Rominger, (1993) and Meade *et al.*, (1982) contend that consultation research was in a ‘sad state’ and in about the same state as the empirical literature in counselling and psychotherapy was 20-30 years ago. Furthermore, Gresham and Kendall (1987) added that: *“consultation literature can be characterised as a black box in which variables are poorly defined, poorly measured and poorly controlled”* (p.314). Consequently, given the poor state of early consultation research, it was highlighted by a number of authors that there was a significant need for a greater understanding of the consultation process, the relevant contextual variables and the factors most essential to successful consultation outcomes (*ibid*; Froehle & Rominger, 1993). Likewise, Gallessich, (1982; 1985) proposed that the lack of good theoretical models and cohesive theoretical base, was likely to result in the techniques used within consultation not being linked to conceptual or empirical foundations and thus consultants could not use a coherent approach to focus their practice. This contention was supported by a study undertaken by Johannessen (1990, cited in Hylander, 2003) who noted that there was a great gap between how consultation was described in theory and what it was like in real practice, as consultants did not follow a specific model of consultation. Drawing support from Bardon, (1985); Bowen, (1977); and Glaser, (1981), Gallessich also suggested that the lack of conceptual models will result in harmful consultation processes because atheoretical approaches may not allow for clear role descriptions that are needed by the consultant and consultee (Gallessich, 1982).

Ultimately, it was highlighted during this time that, although consultation was on the edge of a breakthrough and that research into it needed coordination (Bardon, 1985; Meade *et al.*, 1982), unfortunately these requests were not heeded and consequently, the advancements that were alluded to were not met (Hylander, 2003).

Consequently, since the mid 1980s there has been a decline in theoretical writings and research on consultation practice, except for within behavioural consultation, where there has been more rigorous work on experimental designs (Bramlett & Murphy, 1998). A possible reason for this may be due to the fit between the model of consultation under investigation and the research methodology available. For example, since behavioural consultation is largely prescriptive with the consultant taking an expert position, generating solutions to an identified problem, which are subsequently implemented, this approach lends itself more easily to evaluative methods. In contrast, Hylander (2003) suggests that consultee-centered consultation is a much more complex process, drawing upon several different theories of behaviour, communication and organisation, as well as taking a non-prescriptive position; therefore it is up to the consultees to accept or reject and implement or not, the advice produced in the consultation process. Consequently, exploring simple cause and effect relationships through the manipulation of a single variable does not seem fruitful. Instead, Hylander (2003) advocates for a more inductive approach such as ‘Grounded Theory’ methodology, which is a research process that can explore, describe, understand and possibly explain the complexity of the consultee-centered consultation process. Indeed, Hylander’s (2003) contention shares strong coherence with the reason the author is undertaking the current study, which is discussed further in section 1.5.

1.3.2 CURRENT APPLICATIONS OF CONSULTATION

Despite the issues raised pertaining to the early theoretical and empirical literature, the applications of consultation have grown, albeit at differential rates across specialties. For example, considering the industry of business management consultancy, this has now become one of the fastest growing professions exploding from revenues of \$3bn in 1980 to \$330bn in 2008 (O’Mahoney, 2010). Similarly, although healthcare has historically lagged behind other sectors (Garman & Canar, 2013), within healthcare systems there is now the recognition between organisational effectiveness and consultation as the tool for facilitating this (Lippitt and Lippitt, 1986, as cited in Brown, *et al.*, 2001).

Within the UK, USA and other countries, the activity ‘consultation’ is currently applied very broadly both in terms of purpose and by a variety of disciplines. For example, consultation is used within the disciplines of: medicine, (Kalayam, 1987; Krakowski, 1972; Lipowski, 1984), systemic family therapy (Campbell, Coldicott & Kinsella, 1994; Campbell & Huffington, 2008; Haslebro & Nielsen, 2000; Jones, 2003; Rhodes *et al.*, 2011; 2014), medical family therapy (Gawinski, *et al.*, 1993; Seaburn, 1994), clinical psychology (Bremble & Hill, 2004; Caplan, 1970; Casey *et al.*, 1994; Dowling & Manning, 2004; Gallessich, 1982; Lake, 2008; Ovretveit *et al.*, 1992; Prior *et al.*, 2003 and Quarry & Burbach, 1998), educational and child psychology (Dennis, 2004; Hylander, 2003; Kennedy, Cameron & Monsen, 2009; Leadbetter, 2006; Rose *et al.*, 2006), organisational psychology (Lowman, 2002) and management consultancy (O’Mahoney, 2010). Furthermore, the applications of consultation can be found to range from direct clinical work (Kalayam, 1987; Rhodes, *et al.*, 2014), the implementation of evidence-based interventions and training programmes, in an emerging field called implementation science (Beidas and Kendall, 2010; Edmunds *et al.*, 2013; Herschell *et al.*, 2010; Nadeem *et al.*, 2013), formulation consultation (Murphy, Osborne & Smith, 2013; Robson & Quayle, 2009), family business consultation (Borwick, 1986; Cole & Johnson, 2012; Danes & Morgan, 2004; Deacon, 1996; Distelberg & Castanos, 2012; Lee & Danes, 2012; Lumpkin, Martin, & Vaughn, 2008; Matheny & Zimmerman, 2001; Rodriguez *et al.*, 1999) and organisational consultation (Campbell, 1995; Campbell, 2000; Campbell, Coldicott & Kinsella, 1994; Campbell, Draper & Huffington, 1991; Campbell & Huffington, 2008; Haslebro & Nielsen, 2000; Oliver, 2005; Wynne, McDaniel & Weber, 1986).

Consequently, the above discussion highlights how ‘consultation’ as an activity in the broadest sense has developed and has been subsequently applied very broadly, as well as being employed as an activity by a variety of different professional domains. Indeed, each of these areas now has its own empirical research base, which exists in various states of development with some being more advanced than others (Hylander, 2003). Unfortunately however, as previously acknowledged, although it may be useful academically to draw together the entire state of literature regarding the applications of consultation, it is beyond the scope of this research to explore the literature base pertaining to each of these areas in significant depth. Instead, the current study specifically intends to consider the particular area of systemic consultation as it is applied to healthcare related organisational settings. To achieve this, firstly, what is understood by systemic organisational consultation will be introduced, before

discussing the specific empirical literature pertaining to this field.

1.4 INTRODUCING SYSTEMIC ORGANISATIONAL CONSULTATION

1.4.1 INTRODUCTION

One of the most important contributions made by Bateson (1979) is the notion that meaning is derived from context: *“I offer you context, a pattern through time...Without context, words and actions have no meaning at all. This is true not only of human communication in words but also of all communication whatsoever, of all mental process, of all mind...It is context that fixes the meaning”* (Bateson, 1979, cited in Burnham & Harris, 1985 p.59). Indeed, one of the great strengths of the systemic approach is its recognition of the importance of ‘context’ and how this influences the behaviour, thoughts and feelings of people in different situations (Dallos & Draper, 2010). Consequently, as the systemic discipline has evolved, the application of systemic principles to other contexts has expanded beyond the family to include schools, neighbourhood networks, work places, helping services and sport (Billings *et al.*, 2007; Burnham & Harris, 1985; Matheny & Zimmerman, 2001, Wynne *et al.*, 1986). More specifically, this whole systems perspective means that systemic family therapists appear naturally placed to extend their work as system practitioners into consultation with systems other than families (Dallos & Draper, 2010). Indeed, Wynne, *et al.*, (1986) were among the first to highlight the opportunity for family therapists to apply their understanding of systems and system functioning as ‘system consultants’ (Billings *et al.*, 2007). Indeed, the term ‘systems consultation’ is subsequently used here to refer to this application of systems theory and systemic family therapy concepts and principles in consultation with professional, human service or health organisational systems.

The issues pertaining to conceptualising systemic consultation will now be discussed before considering the systemic conceptualisation of an organisation. Having defined the concept of systemic organisational consultation, the author will then introduce the available empirical and theoretical literature pertaining to the application of systems thinking to organisational consultancy in healthcare settings.

1.4.2 DEFINING THE CONCEPT OF ‘CONSULTATION’

As previously mentioned, ‘consultation’ as an activity has developed from multifaceted origins and has subsequently developed in different ways such that defining what is meant by the term ‘*consultation*’ is now both confusing (Mannino & Shore, 1985; 1986) and crucial. Indeed, Leadbetter (2006) notes that consultancy is a term used within a number of contexts and has various meanings. Within the practice of systemic family therapy, there is further scope for ambiguity in defining what is systemic consultation, given that consultation as an activity has overlaps with other areas of core systemic practice including teaching, supervision, training, support and psychotherapy (Gallessich, 1982; McDaniel, Wynne & Weber, 1986; Steinberg & Yule, 1985). Indeed, as stated by Caplan (1970, p.21), “*A mental health specialist who is formally or informally designated a consultant, may engage in many types of professional activity which resemble each other to some extent in regards to goals, methods, and technique...these include supervision, education, psychotherapy, casework, liaison, collaboration, coordination and mediation.*” Caplan (1970) also contended that a higher level of professional functioning would be achieved when the specialist is able to differentiate these various activities and employ each of them consistently. Furthermore, one of the recurrent problems underlying requests for systemic consultation is confusion about what role the consultee and, in turn, the consultant should assume (McDaniel, Wynne & Weber, 1986). Consequently, any lack of role clarity is likely to compromise a consultant’s effectiveness in assisting the consultees’ efforts at role definition (*ibid*). In light of this potential for confusion, the author aims to clarify these issues pertaining to systemic consultations’ conceptualisation, as *an* activity of systemic practice.

1.4.2.1 The Supervision-Consultation Continuum

Historically, views have differed concerning the meaning of supervision and consultation. For instance, Speed *et al.*, (1982) and Kingston & Smith (1983) share the position that the differentiation between the two terms should be made on the basis of the relative expertise of the therapists. However, Burnham & Harris (1985) reserved the term consultation to draw a conceptual distinction based on the principle, derived from Russell’s Theory of Logical Types, that a member of a system cannot observe the system of which it is a part (*ibid*). Thus just as no family member can study that family system from

a meta-position, since they are a part of it, similarly no therapist can study a family system since by definition, he or she is also part of that system (*ibid*). In this way, although the proximity of the therapist facilitates access to the family system and thus the chance to perturb changes within it, it also carries with it the danger of the therapist being absorbed into the family system thus reducing the potency of the therapy. Consequently, at times like these, outside input is needed in the form of consultation, which is perceived to be at a higher level than that of therapy and supervision (Burnham & Harris, 1985). Although this discussion helps illustrate a fundamental conceptual difference between supervision and consultation, the author also highlights that this form of Milan style 'live consultation' to a therapy system, is different in terms of the context of the client, to that of systemic organisational consultation.

Consultation can also be differentiated from supervision in that, in a supervisory relationship the participants agree, for the duration of the supervision, that there is a hierarchical difference in their relationship, whatever their professional status may be outside supervision (Caplan, 1970; Jones, 2003). This relational hierarchy is linked to the clinical responsibility and accountability to the agency or organisation, which the supervisor holds within supervision, for the welfare of the clients of the supervisee and as such, may be held responsible for the professional actions of the supervisee (Caplan, 1970; Jones, 2003). Furthermore, the evaluative nature of the relationship in supervision also makes it difficult, if not impossible, to establish a totally non-threatening relationship (Brown *et al.*, 2001; Caplan, 1970; Conoley & Coneley, 1991; Gallessich, 1982). However, in consultation, this relationship hierarchy does not obtain (Jones, 2003). Rather, as highlighted by Brown *et al.*, (2001) the relationship is an egalitarian one, characterised by openness, warmth, genuineness and empathy, paralleling the therapeutic relationship. However, within consultation, the focus of the work is not on the psychological problems of the clients specifically. Furthermore, in consultation, consultees seek out a consultant, typically from outside their agency in order to use the consultants' views, experience, skills and meta-position in order to gain new perspectives on their own work (Jones, 2003). Consequently, since the consultant is not a member of that agency's regular staff, the consultant bears no statutory or clinical responsibility for the quality of the consultees work or for the care of the clients (Caplan, 1970; Jones, 2003). As such, in the consultation relationship, it is the consultee who is responsible for making the decision of what use, if any, they are going to make of the discussion (Caplan, 1970; Jones, 2003; McDaniel, *et al.*, 1986). Likewise, the consultee is also responsible for what they present in

consultation (Jones, 2003). Consequently, it can be seen that when providing supervision, the supervisor may hold a position of trainer and manager in relation to the supervisee; at least there is a hierarchical relationship. However, it should also be noted that occasionally the supervisory relationship may turn into consultation or a consultative relationship may turn into supervision (McDaniel, *et al.*, 1986). In these cases, it is crucial to be very clear about the role that has been negotiated and to make that role explicit rather than implicit, as implicit roles open the possibility to confusion and resistance as well as in terms of who is responsible (*ibid*).

1.4.2.2 The Therapy-Consultation Continuum

McDaniel, Wynne & Weber (1986) note that pragmatically and conceptually, distinctions between these different realms are not always clear, particularly within family therapy given the increasing focus on brief, problem-centered approaches to therapy. However, traditionally in psychotherapy and counselling there is the direct and complementary relationship between therapist and client in which the aim is to alter the behaviour of the person receiving the service (Brown *et al.*, 2001) by requiring them to disclose personal information about themselves in order to effect changes in their lives. Like consultancy, this relationship is also predicated upon the assumption that a human relationship characterised by warmth, empathy, genuineness and trust is necessary for success (*ibid*). Consultancy, on the other hand, although it touches on workers' personal feelings, is essentially concerned with helping them deal more effectively with their work rather than with their personal lives. Furthermore, although the consultant may wish to contextualise and reframe the area of concern, ultimately, it is the consultee who retains responsibility for determining the scope of the consultation (McDaniel, Wynne & Weber 1986). Additionally, the consultee is understood to be free to accept or reject the consultative advice whereas in therapy there is an acknowledged pressure to accept the interpretations, limit setting, or directives in order for therapy to be effective (Caplan, 1970; *ibid*). However, some forms of therapy stressing client empowerment, choice, autonomy and competence now share more similarities with consultancy in this way (Street *et al.* 1991). Another dimension along which these two concepts can be differentiated is the depth and intensity of the client-therapist relationship and the fact that there is usually a focus on the client's defenses (Brown *et al.*, 2001). Indeed then, it is necessary to clearly define the role of a consultant as difficulty in delineating a clear boundary around the position of a

‘consultant’, holds the potential both for counter-therapeutic compromise and for a useful flexibility to local circumstances (*ibid*).

1.4.2.3 The Training-Consultation Continuum

Training is a process of imparting, in a planned, systematic way, a specified body of information (Conely & Conely, 1991). Traditionally, training is a formal and didactic affair and is rarely collaborative (Brown, *et al.*, 2001), with the trainer choosing the information to be taught and deciding upon the syllabus and teaching format. Also in training, the focus is narrowly dictated by the syllabus to be taught whereas in consultation, the consultant focuses on the problem presented by the consultee. Furthermore, in consultation, it is the consultee who requests the information that he or she believes would be helpful and much of the so-called teaching is more informal and involves various forms of modeling rather than lectures and homework (Conely & Conely, 1991). Thus, training is content orientated whereas consultation is more process orientated (Wynne *et al.*, 1986). The intention of a focus on the process allows the consultant to support the consultees’ competence development, eventually being able to handle the problem on their own, whereas in training, the focus is on the acquisition of knowledge. Another difference between training and consultation is the relationship that exists between trainer-pupil versus consultant-consultee. In the former, there is a clear hierarchy, the trainer being senior and more knowledgeable than the pupil. Instead, the consultation role stems from a peer-peer relationship where the consultant is a resource and adviser for the colleague who is requesting the consultation, whereas the trainer has supra-ordinate responsibility for helping the student to learn. Thus, traditionally, the student is expected to accept the teacher’s advice, whereas the consultee can accept or reject the consultant’s advice. Furthermore, teaching is usually organised in advance of the teaching session, whereas consultation is delivered in an ad hoc manner, determined by what the consultee brings.

1.4.2.4 The Internal Versus External Consultant Position

Another debate within the literature, pertaining to the consultant position, is the question of whether

consultants can be a part of the system or organisation to which they provide services (internal) or be brought in from the outside (external) (Brown, *et al.*, 2001). Indeed, both Bateson (1972) and Burnham & Harris (1985), based on the principle, derived from Russell's Theory of Logical Types, proposed that: one cannot be 'meta' or an outside observer at a 'higher' level of abstraction to a system of which one is a part. This implies that one cannot achieve an overall perspective with which to intervene in a system of which one is an active participant. This idea also relates to ideas within second-order cybernetics (Howe & Von Foerster, 1974), such that since one's presence and observation helps to create the very system they are observing, and thus one cannot be independent of what one observes. Therefore, being within an organisation, one's view of what is going on, is limited by the feedback that is available to them from other colleagues or clients. Consequently, despite there being many different sources of feedback available, the individual will develop a limited and highly selective view of what is really going on. In contrast, a consultant or any other external observer of the system has a different perspective and perhaps a wider view, but certainly a view that will introduce a difference into the organisation, because the external consultant is not being organised by the same feedback as the members of the organisation are (Campbell, 2000). Consequently, this raises questions regarding the efficacy of the internal consultant in that they are unable to step back sufficiently to see the larger patterns, which are influencing the system. In keeping with this, models of systemic consulting which have been described by Campbell, (1996); Campbell, Draper & Huffington, (1991), Campbell *et al.*, (1994); Campbell, (2000) Cooklin, (1999) and Haslebro and Nielsen, (2000) as well as Schein's (1969, as cited in Campbell, 2000) model of expert consultation generally understood consultation to include the concept of a consultant as someone who is invited 'in' to help with a particular problem on the basis of them holding a relative 'outside' position to the problem.

However, some practitioners endorse the concept of both positions (Conoley & Conoley, 1991; Fuqua & Kurpius, 1993; Lippitt & Lippitt, 1986), although concerns still remain regarding the role of the internal consultant. On one hand, internal consultants are viewed as being at a disadvantage in the consulting process as they may be perceived to have less status than external consultants, may be restricted by their own role definition, and may seem not to possess the degree of objectivity needed to function effectively in the consultation role, because they have adopted a normative structure of the system or organisation of which they are a part (Beer, 1980). On the other hand, internal consultants can be seen to have distinct advantages over external consultants because of their familiarity with the

organisational processes, the informal and formal hierarchical power structure. Indeed, there is a variety of data, which support the efficacy of internal consultants (Mannino & Shore, 1986; Medway & Updyke, 1985; West & Idol, 1987). However, another potential difficulty related to the internal/external debate is how a consultant gains entry to the system, given the aforementioned discussion around the importance of having a clearly define role. Consequently, for the internal consultant who is already known within the organisation, ignoring a formal entry process into a consultative position can lead to difficulties (Brown *et al.*, 2001). Furthermore, an internal consultant will also remain in the organisation for much longer than an external consultant and thus will interact with more people (Pipes, 1981). This therefore raises the issue of confidentiality of the consultation for both consultant and consultee (Brown *et al.*, 2001).

The previous discussion highlights the difficulties, which exist regarding defining and conceptualising what is meant by ‘systemic consultation’. However, from this discussion it can be summarised that systemic consultation is generally considered to be an activity, which is offered by someone who holds a relatively external or outside position to an identified problem. In this way, consultation is typically problem focused, however, the responsibility for what is brought to the consultation and subsequently what is taken away from the consultation, is held by the consultee and not the consultant. Consequently, the relationship between the consultant and consultees is not hierarchical, nor does it contain the power differences, which are present within other relationships including supervision and training. As well as discussing the concept of consultation, it is also important to conceptualise what is understood by the term ‘organisation’. This is discussed in the next section.

1.4.3 A SYSTEMIC CONCEPTUALISATION OF A HUMAN SERVICES ORGANISATION

As highlighted by, for example, Fuqua & Newman, (2006); Fuqua *et al.*, (2012); Newman, (1993); Newman & Fuqua, (2006); and Newman, Robinson-Kurpius, & Fuqua, (2002), in order to be able to intervene in an organisation, it is firstly necessary to be able to conceptualise both what an organisation is, as well as understand how it works. Furthermore, when thinking in terms of consultation, this leads to the important question of: who is the client in organisational consultation? Indeed, a major factor distinguishing systemic organisational consultation from other types of consultative work is the

complexity of the client(s)/consultees, since this work usually involves consulting to a whole client system, which comprises a significant number of individuals who in turn have formed their own subgroups, which may have its own norms, values and culture (Brown *et al.*, 2001). Furthermore, the complexity of the client within organisational consultation is increased by the interaction of the multiple interconnections, which exist between each subsystem. This section will now consider how a human services organisation might be understood through a postmodern systemic and social constructionist lens.

Superficially, the term ‘organisation’ seems to clearly denote very definite entities like the Police, the NHS or Greenpeace. However, although the label ‘organisation’ presumes some commonality and comparability, it does not provide an understanding of what an organisation is or how it works (Konigswieser & Hillebrand, 2005). Consequently, defining what is an organisation becomes a more difficult endeavor than might initially be expected (Weick, 1979). Indeed, as highlighted by Konigswieser & Hillebrand, (2005, p. 29): *“Can you actually see and observe an organisation? Do you enter an organisation when you go through the door, or sign a contract of employment? What happens when the staff go home for the weekend? Where is the organisation then? Do the employees take the organisation home with them in their heads or does it remain in the buildings, documents and structures left on site?”* In turn, this raises another question relating to the commonality of what typifies an organisation, for example: what does a rehabilitation and recovery service have in common with an orthopedic surgical department, or The Samaritans? In this respect, Konigswieser & Hillebrand (2005) also highlight the fact that the label "organisation" cannot be limited to just "the company" in the narrow sense of the word. Rather, an organisation is a multi-dimensional “social system” with a complex network of relationships between people, their ideas, values, mental models, attitudes and dreams for the future (Haslebro & Nielsen, 2000).

Thus, an organisation can be understood as having its own inner world that really only exists (and can only exist) through being a sub-system of larger systems (Haslebro & Nielsen, 2000). Indeed, this notion can be traced back to the work of Gregory Bateson (1972; 1979) who changed the way in which organisations were viewed. Bateson proposed for a shift in focus from looking at the ‘whole’ system, to instead looking at the individual ‘parts’, which make up the whole and also, from focusing on the discrete ‘things’ to instead looking at the ‘patterns’ and ‘relationships’ which exist between the

different parts of a system. Closely linked to this idea was Bateson's work on how he understood organisational culture. Here, Bateson contended that rather than understanding organisational culture to be something that resides in the individuals within the organisation and that you change culture by the organisational members learning to change their behaviour, instead, Bateson focused on a culture's deeper organising principles that were rooted in the collective shared mind sets, emotional ground and motivational roots of those in the organisation (Hawkins, 1997; Schein, 1992, as cited in Hawkins, 2004). In this way, it was understood that the behavioural and cultural artifacts were the symptomatic manifestations of these principles (Hawkins, 2004) and thus the culture of an organisation could be understood to reside in its habituated relational pathways such that it is possible for all the members of an organisation to change but the culture to remain (*ibid*). Consequently, Hawkins (2004) cites that: *"to assist the evolution of organisational culture, one first has to attend to these deeper organising principles, which are not accessible from questionnaires or individual interviews, but can be glimpsed in the oft repeated stories and shared metaphors, the collective ways of tackling issues, the recursive patterns of behaviour, the shared unwritten rules and the collective emotional patterns that rarely can be articulated but are communicated to the outsider through 'empathic resonance'"* (p, 413). Additionally, this concept is neatly illustrated by the Chinese proverb: 'the last one to know about the sea is the fish.' Consequently, an organisations culture cannot be fully captured by its own members, as their attempts to see this culture will also be part of the culture. Therefore an organisations culture has to be experienced by the consultant through their emersion into the organisational system, or 'deep participation' (*ibid*).

From a systemic, social constructionist perspective of an organisation, it is also important to acknowledge that an organisation is comprised of human beings who interact via language, to construct particular organisational discourses and an organisational culture (Anderson & Goolishian; Goolishian & Anderson, 1988; Anderson & Burney, 1996). Furthermore, these constructions take place within a particular set of structures, including for example policies, procedures, and the layout of the buildings. Therefore, these two aspects of an organisation are not mutually exclusive; rather, as contended by Campbell (2000), the constructed and the material world must not be separated from each other, but rather, in order to understand what an organisation is, one needs to understand both its members and their interconnections, the specific organisational structures, as well as how the organisational members construct an organisational culture around these structures. In this way, the term 'organisation' is not

understood to refer to a common entity but rather a common process, such that an organisation is: *“a clustering of people in society who come together to produce something or provide a service for other people....Out of necessity to fulfill a primary task (Miller and Rice, 1967), these people must work together, communicate a range of ideas, bring in supplies and technologies and maintain its premises and its position in society. The complexity of coordinating these processes to carry out a task over time requires a structure, which I will call an organisation”* (Campbell, 1996, p.118).

Given this study's focus on human service or healthcare orientated organisations, it is also important to highlight a discussion presented by Imber-Black (1986). In his chapter, Imber-Black (1986) draws attention to the incompatible definitions that often underpin human-service organisations, whereby they tend to define themselves and are defined by others as 'caregivers' for the larger society. In this way, there is an aura of altruism that generally surrounds these services and they tend to embody those trends that represent humane reform and social concern for minority populations such as children or the elderly (Imber-Back, 1986). However, simultaneously, there exists another less acknowledged definition, which is that human service provider organisations are 'big business' since they receive an increasing amount of a country's budget (Imber-Back, 1986). Indeed, such systems are employers of a huge number of people and yet cost concerns and issues of efficiency frequently take precedence over the human needs of both staff and clients. Consequently, struggles with financial constraints occur frequently and result in employees facing a continual state of uncertainty regarding the future of their employment. Importantly, Imber-Black (1986) subsequently highlights that: *“all human systems have a definition formed by history, current experience and the views of others, which match the day-to-day operations of the organisation”* (p.357). However, when these definitions become incompatible or when colleagues are asked to choose between contradicting data, the organisational system is likely to operate with mystification and distortion. Consequently, the systems consultant must attend to both definitions and the tensions between them because to see one at the exclusion of the other is to support the systems pattern of alliance, inadvertently perpetrating myths and thus will miss the opportunity to introduce greater flexibility into the system through interventions that allow for the viability of both definitions (Imber-Black, 1986).

Another important feature of human service provider systems is that change in leadership occurs frequently with coinciding periods of upheaval. At the local level, the staff must deal with changes in

leadership style, issues of loyalty to the former leader, questions of attachments and the anxiety about ones own place, since due to rapid turnover, ones peers may quickly become supervisors (Imber-Black, 1986). These changes in leadership may also come with changes in policy and thus practices (Imber-Black, 1986). At a more distant level, vast bureaucratic structures connect local agencies to many hierarchies that are frequently remote from the day-to-day functioning of the system and may have conflicting agendas. These bureaucratic structures can engender a sense of impotence at a local level, which breeds apathy (Imber-Black, 1986). Regardless of the specific consultative request, the consultant must consider these issues of leadership and must evaluate the actual limits imposed by this phenomenon, intervening in ways that clarify and demystify decision making areas and increase possibilities for personal potency at all levels of the organisational system.

Lastly, another important point in systemic thinking, which is linked to organisational change, is that change is seen as being determined by the structure of the system. Outside disturbances may occur but it is the system that decides how it is going to respond to these influences (Maturana & Valera 1980, as cited in Haslebro & Nielsen, 2000). Linked to this is another important idea related to learning. As Haslebro & Nielsen (2000) clearly state, “*learning is a psychological process, people learn, organisations do not*” (p.17), although the available literature gives the faulty impression that organisations are capable of learning (*ibid*).

1.4.4 A WORKING DEFINITION OF SYSTEMIC ORGANISATIONAL CONSULTATION

Given the previous discussions regarding the concepts of ‘systemic consultation’ and the ‘organisation’, it is necessary to bring them together to provide a working reference point for how this research understands systemic organisational consultation. Indeed, as acknowledged by Haslebro and Nielsen, (2000), there is not a clear definition of systemic organisational consultation, but rather a loose assembly of ideas, concepts and methods. However, a helpful definition of organisational consultation for this research is proposed to include two statements. The first considers the structural part of the consultation process, whereas the second helps define how the mechanism of consultation is understood to occur. Consequently, here, organisational consultation is defined as: “*a process involving a consultant who is invited to help a consultee with a work-related issue. The consultee can*

be an individual, group or organization, which enters into a negotiated contract with the consultant agreeing the boundaries of time, place and focus of consultancy work. The consultant uses his or her skills, knowledge and feelings in an attempt to understand the specific task. The responsibility for fulfilling the task lies with the consultee, whereas the responsibility for deepening the understanding of the processes lies with the consultant, who may use a variety of methods to achieve it” (Ovretveit et al., 1992, p.27). And secondly that: *‘A consultant helps a client solve a problem through mutual exploration and understanding of the meaning which the inability to solve the problem has for the larger organisation. The meaning shows in the way relationships are organised around the problem’* (Campbell, Draper & Huffington, 1991, p.5). Importantly, these quotes highlight some of the key concepts and understandings that characterise systemic thinking, which include the idea that what constitutes the problem is not the problem itself, but the meaning that it represents to the organisation. Another important point is that problems always have to do with, or affect, the human relations in an organisation. And thirdly, that problem solving is considered a collaborative effort between the consultant and the client, where the client (and not the consultant) is the one to solve the problem. However, although the aforementioned quotes indeed capture the majority of components understood to pertain to systemic organisational consultation, they miss one crucial aspect: language. Consequently, it is also necessary to add that, from a postmodern perspective, *“organisational consultation is a linguistic event that involves and takes place in a particular kind of conversational process, a dialogue”* (Anderson & Burney, 1996, p.172).

Consequently, the term ‘systemic consulting’ refers to a very particular approach to the consulting process. ‘Systemic consultants’ base their actions on the so-called ‘systemic attitude’; assume a ‘systemic view’ of situations and a ‘systemic understanding’ of individuals, groups, organisations and processes, with the aims of initiating, guiding and supporting long-term, sustainable processes of learning and renewal with the goal of making systems (organisations) better able to survive, prosper and increase their efficiency.

1.4.5 THE EMPIRICAL LITERATURE PERTAINING TO THE APPLICATION OF SYSTEMIC CONSULTATION TO HEALTHCARE ORGANISATIONS

Having previously acknowledged both how consultation has emerged and is currently broadly applied,

as well as discussing the conceptual issues pertaining to defining systemic organisational consultation, here, the literature specifically pertaining to the application of systemic organisational consultation to healthcare systems will be discussed.

As previously discussed in section 1.3.1.1, the early literature base pertaining to consultation was in a 'sad state' (Gallesich, 1985). Unfortunately, despite some areas having made significant developments with empirical research (Hylander, 2003), as highlighted by Billings *et al.*, (2007), only a moderate amount of research has been published in marriage and family therapy journals regarding the specific application of systemic family therapy ideas and principles to organisational consultation. Furthermore, Billings *et al.*, (2007) also note that much of the research being conducted in this area is being published in management or business journals or books (Barry, 1997; Cooklin, 1999; Danes, Rueter, Kwon, & Doherty, 2002; Ginsberg, Kilburg, & Gomes, 1999, as cited in Billings, 2007). Additionally, most of the current endeavors by systemic family therapists to apply systems theory to organisations have been presented at national conferences in workshops and trainings (Billings *et al.*, 2007), which the author has been unable to access. For example, Billings *et al.*, (2007) discussed that: Johns (1999) applied Bowenian and narrative therapies to consulting with organisations regarding human relationships and conflicts: Burnett (1998) helped therapists learn how to use their systems training to conduct organisational consulting; Ginsberg and Gomes (1997) and Shumway & Kimball (2003) discussed the integration of marital and family therapists in the employee assistance setting; and Shumway, Kimball, & Korinek (2002) presented a comprehensive model for marital and family therapists to conduct organisational interventions. From their consideration of the literature, Billings *et al.*, (2007) highlight that: "*there still remains a significant gap or need for comparative outcome-based studies on the effectiveness of family therapists working with organizations*" (p.150). Consequently, there is still a significant need for family therapists to demonstrate and publish evidence-based findings of the effectiveness of their interventions and theoretical models when applied to organisations. Indeed, to facilitate this goal, Billings *et al.*, (2007) contended that, family therapists must have psychometrically sound instruments, developed from a systems perspective, to potentially measure the relational impact of their work. Consequently, Billings *et al.*, (2007) went on to develop the 'Organisational Systems Questionnaire' or OSQ, which was designed to measure the construct of organisational functioning. Indeed, in their study, Billings *et al.*, (2007), concluded that their OSQ demonstrated good construct validity and that a factor analysis indicated that it measured one global

factor of organisational functioning. Overall it was concluded that; “*the OSQ was a useful and psychometrically sound, single-factor measure of organisational functioning*” (Billings *et al.*, 2007, p.149). However, the author has been unable to identify any studies that have utilised this measure, which may have provided more detailed outcomes of systemic organisational consultative work.

A comprehensive review of the literature regarding the application of family systems theory to organisational consultation was undertaken by Matheny and Zimmerman (2001), who conducted an exhaustive search for articles, published prior to 1998. On the basis of this search, Matheny and Zimmerman, (2001) concluded that the “*existing article content in this area is in the form of case studies, reports from general experience, or is solely theoretical*” (p. 422). Indeed, these authors claimed that their content analysis was the first step in the empirical evaluation of the application of family systems theory to organisational consultation, and what is needed by researchers are greater amounts of general theoretical writing, formulation of applied models and empirical testing of these models.

Following the comprehensive review of research pertaining to the specific application of family systems theory to organisational consultation by Matheny and Zimmerman, (2001), the current author aimed to update this review, using similar search criteria documented by *ibid* as outlined on page 424 of their article. Given the previously identified gaps and paucity in the research regarding the application of systemic family therapy to organisational consultation, a broad focus for the current systematic review was chosen. Specifically, the systematic review aimed to identify articles that yielded empirical research on the *application of systemic consultative practices to health-care related organisations*. To obtain the relevant studies, the following literature search was initially made on 1st June 2014 and subsequently re-run on the 25th August 2014 to check for any additional articles. The databases searched included: Cardiff University Full Text Journals, Embase, Ovid MEDLINE ®, PsycINFO, and PsycArticles, using the following combination of search terms and Boolean operators: (“system* consultation” OR “ systems theory” OR “family systems theory” OR “family therapy”) AND (“organisation*” OR “organization*” OR “consultation”). Search limits were also applied, which excluded articles written in a non-English language and published pre-1998. This produced an initial total of 1086 articles. These remaining articles were then manually reviewed and screened by title, abstract and further reading, where necessary using the following exclusion criteria: papers that were

not relevant to the review question or did not specifically examine the application of systemic consultative practices to health-care organisations, duplicate papers, and papers that were not yet published in a peer-reviewed journal including: dissertations, conference presentations, pre-publications, book chapters and 3rd sector research which has not been peer reviewed. Articles that fulfilled any one of these exclusion criteria were rejected (please see appendix I for a summary of this review process).

Following the application of these exclusion criteria, three relevant articles were retained. However, four additionally relevant titles were also located, but unfortunately they were not published in peer review journals and were thus rejected on this basis due to the issue of quality. Of the three studies that were retained, two of these articles were in fact the studies by Matheny and Zimmerman (2001) and Billings *et al.*, (2007), which have been previously discussed. The third study that was retained, considered the application of systems consultation by marriage and family therapists to Head Start programmes (McDowell, 1999). However, the format of this article was a case study, which presented neither primary qualitative nor quantitative data regarding the application of systems consultation to this organisation. Instead, McDowell (1999) described how marital and family therapists could apply systems consultation to Head Start programmes, based on the model of consultation described by McDaniel, Wynne & Weber (1986). From this pilot project, McDowell (1999) concluded in her article that systems consultation lead to positive changes in Head Start staff and families as well as improving the consistency and quality of mental health services available to Head Start users. However, since this article did not provide any primary data to evidence the reported outcomes, nor did it provide any specific reference to the dimensions along which the reported positive changes were assessed, the author is unable to formally assess the quality of this research. Consequently, despite providing a descriptive account of how marital and family therapists can apply systems thinking to organisational consultation, this article provides no empirical support for the application of systems consultation to organisations.

Consequently, given the above systematic review of the literature, in addition to consideration of the literature prior to this time and encompassing a broader range of sources, it can be seen that the state of empirical research in this area is virtually non-existent. Consequently, the author re-iterates Zimmerman and Matheny's (2001) statement that the "*existing article content in this area is in the*

form of case studies, reports from general experience, or is solely theoretical” (p.422). Likewise, this fits with previous conclusions made by Wynne *et al.*, (1986) who contended that while research on individual psychotherapy research has grown, research on the processes and outcome of consultation has languished. Furthermore, Mannino and Shore (1972, as cited in Wynne *et al.*, 1986) undertook a comprehensive review of research in mental health consultation, concluding that the studies that were considered were mostly descriptive and there appears to have been no recent update on such research efforts. They also noted that the very brevity of most consultative relationships poses practical problems for research design. The amount of background material needed to assess the characteristics of clients for research may take more time to assemble than is needed for a whole consultation.

Given the lack of empirical understanding of the application of systemic thinking to organisational consultation, this provides strong motivation for the current study. Furthermore, given this lack of empirical research, the author decided that it would be more useful and appropriate to consider and discuss the various theoretical frameworks and approaches, which do exist and pertain to the application of systemic family therapy practices to organisational consultation. These will now be considered in the following section.

1.4.6 THEORETICAL FRAMEWORKS OF SYSTEMIC AND CONSTRUCTIONIST ORGANISATIONAL CONSULTATION

A number of frameworks and approaches, which are based on systemic and constructionist ideas, have been proposed for working consultatively with organisations. Although there is not the space here to discuss each in its entirety, the key aspects of these main approaches will be highlighted in the following sections.

The application of systemic concepts to organisational consultation results from the confluence of different theoretical traditions including family therapy, and the original organisational consultation world (Campbell, 1995). Over time, systemic thinking has gradually been applied to organisational problems, for example, Selvini-Palazzoli (1986); Wynne, McDaniel & Weber, (1986) and more recently by Senge (1990) who linked the notions of systemic thinking with how organisations learn. In turn, some of these concepts have become more refined and applied exclusively to organisational work

resulting in a body of case studies. Subsequently, based on these case studies, a number of authors have developed specific conceptualisations or frameworks, detailing how they applied their understanding of systemic ideas to organisational consultative practice. Consequently, it is made explicit here that the frameworks discussed below, have been constructed through clinical practice and experiences, rather than through empirically derived, evidence-based research.

1.4.6.1 Development Consultation

Campbell, *et al.*, (1991) were one of the first to publish a framework that applied systemic thinking to working with organisations. Indeed, they applied cybernetics and a Milan-orientated systemic approach to organisational consultation, which they called ‘Development Consultation’. This approach understood that organisations have certain tasks to perform, and that patterns of belief and behaviour about the organisation develop around the performance of these tasks. Consequently, Campbell, *et al.*, (1991) understood that the key to enabling organisational change was to describe and examine the patterns of relationships and communication that existed around specific tasks and the effect these patterns had on relationships and communication throughout the organisation. In turn by observing, understanding and hypothesising about the ways in which these patterns or routines protect certain relationships is the key to enabling organisational change (Campbell and Draper, 1985). Development consultation was based on some straightforward systemic principles, which are linked in a specific way by the consultant (Campbell *et al.*, 1991).

The key systemic concepts identified to underpin Development Consultation include five main principles: ‘Co-evolving systems’, ‘Hypothesising’, ‘Circularity’, ‘Neutrality’ and ‘Interventions’. Using these five systemic principles, Campbell *et al.*, (1991) proposed nine specific stages through which their consultation approach would become operationalised. These include: 1) Implementing referral procedures; 2) Making hypotheses about the referral; 3) Designing a consultation; 4) Use an interviewing format based on hypothesising and circular questioning; 5) Conduct and participate in a reflective discussion; 6) Create and implement exercises and tasks; 7) Facilitate and ensure clients set new goals, termed ‘strategic planning’; 8) Give structured feedback to clients; and 9) Hypothesise about the relationship between the clients’ feedback and response to consultation and evaluation. By

employing the systemic principles outlined in the specific stage-by-stage process, Campbell *et al.*, (1991) contend that Development Consultation is an approach to the management of change, and thus they are more interested in the process of change and its associated problems. Furthermore, Campbell *et al.*, (1991) state that: “*we do not think that talking about problems makes difference in itself, unless it is connected to a view of the gains and losses of changing the relationships and the culture of the organisation*” (p.31).

1.4.6.2. Constructionist Consultation

Following his original model in 1991, Campbell, Coldicott, and Kinsella (1994) published ‘Systemic Work With Organizations: A new model for managers and change agents’, in which they transpose “*systemic thinking from its origins in the therapeutic and academic world of the social sciences to the hard-edged world of organizational life*” (p. vii). The authors discussed how the “*same conceptual tools they applied to families could be applied to organizations*” (p.176). Although this framework shares some similarities with ‘Development Consultation’, including many of the systemic principles that it draws upon, it also had a very different focus, which specifically considered the aspects of systemic thinking that focused on the ‘construction’ of problems in organisations and the attention a consultant pays to addressing that construction, in order to help the client to generate new constructions. This specific type of consultancy was coined ‘Constructionist Consulting’. Rather than focusing on organisational structures, and providing strategic planning interventions, this framework contended that the consultant’s task was to help the organisation become aware of how it constructs its views of problems and the subsequent process by which the consultants join with their clients to co-construct new stories, which includes a solution to the problem (Campbell *et al.*, 1994). To operationalise this, the authors propose a number of frameworks, which they can employ, depending on the consultations specific remit. For example, the FORESEE approach (Campbell, *et al.*, 1994), which includes four stages: Connecting, Contexting, Consequencing and Communicating, is described as a way of working with top managers or executives to help them learn a framework, based on systemic and constructionist methods, which they can subsequently integrate into their own practices (Campbell, *et al.*, 1994). However, where the client is prepared to consider a more ‘far-reaching’ or ‘longer-term’ exploration process, in order to develop options for future development, Campbell, *et al.*, (1994) highlight how they adopt a research-orientated perspective, which they term, ‘Participatory Inquiry’.

Furthermore, to initiate change in a problem-determined system or large organisations, Campbell, *et al.*, (1994) describe using ‘Whole Group Working’ and ‘The Generative Cascade’ as specific frameworks, which help organise the fundamental systemic principles in a way that they can be applied effectively to the organisational dilemma. However, Campbell *et al.*, (1994) also note that although they have attempted to convey the emerging methodology for offering constructionist consulting to organisations, it is as yet, “*ill-formed and sketchy*” (p.146).

1.4.6.3 Learning Consultation

Instead of presenting a specific framework, Haslebro and & Nielsen (2000) published ‘Systems and Meaning: Consulting in Organisations,’ in which they present a collection of case studies which demonstrate how they have taken the principles of the way in which we learn individually (Kolb, 1984) and how we learn collectively, as an organisation (Dixon, 1994) and integrated these principles into a systemic consultation framework (Campbell, 1994) within an organisational consultation format. The aim being to maximize the way in which the systemic consultant can help an organisation to learn through a systemic consultation process.

Likewise, David Campbell (1995) and Alan Cooklin (1999) both provide collections of discussions about how practitioners can develop and learn systemic consultation skills and how they can be applied to organisations.

1.4.6.4 Social Constructionist Approaches

Anderson & Burney (1996) present a postmodern approach to organisational consultation, which they term the: “Collaborative Inquiry Model.” These authors propose that their postmodern perspective challenges the technical and instrumental nature of consultation and the notion of the consultant as the expert on organisational culture. Rather, this approach privileges ideas of the construction of knowledge as social, knowledge as fluid, the knower and knowledge as interdependent, and thus knowledge as relational and the multiplicity of ‘truths’ (Anderson & Burney, 1996). Anderson &

Burney, (1996) present the view that human systems are language and meaning-generating systems in which people create understanding and knowledge with each other, through communicative action and that, an organisation is one example of such a system (Anderson & Goolishian, 1988; Goolishian & Anderson, 1988). For organisations that seek consultation, Anderson & Burney (1996) understand that their role is to join them as they seek a solution to a problem, contending that from a postmodern perspective, organisational consultation is a linguistic event that involves and takes place in a particular kind of conversational process, a 'dialogue'. A dialogue, as stated by Anderson & Burney (1996), is the essence of the process and entails a shared inquiry, a mutual search and co-exploration between client and consultant, into their narratives about the organisation and its members (Anderson, 1995). This shared inquiry is fluid, and it is understood to encourage new ideas and viewpoints to be proposed within the conversation. In this way, both client and consultant become conversational partners in the telling, inquiring, interpreting, and shaping of the narratives (Anderson & Burney, 1996). To achieve this, Anderson & Burney (1996) describe assuming a philosophical stance characterised by an attitude of openness to, respect for, curiosity about, and connection with the other. Consequently, although as consultants they may initially have a structure or outline for the consultation, they would prioritise responding with flexibility and a willingness to follow the client's ranking of what is most important to him or her. Likewise, Anderson & Burney, (1996) propose that the task for them as consultants is to create and continue the dialogue and discover with the client what is significant. In order to achieve this, Anderson & Burney (1996) highlight the value of assuming a stance of 'not-knowing', which refers to the assumption that they do not know what is best for the other person or how they ought to be conducting their business. In turn, the consultant's not-knowing, invites members of the client group to be the teachers, the experts on the circumstances of the consultation, and it naturally acts to involve them in a shared inquiry with us and with each other (Anderson & Burney, 1996). Shared inquiry only happens, however, when the consultant's curiosity maintains coherence with clients and is not too far removed from their experience (Anderson, 1993; Anderson & Goolishian, 1992).

Based on the Collaborative Language Systems approach to working with organisations, Anderson & Burney (1996) clarify that they chose to operate from a non-expert, non-hierarchical position, applying their expertise to the art of creating a dialogical space. Such conversations often lead to solutions created by the participants and usually produce meaningful and durable results. In turn, they understand that the collaborative process often creates conversations that continue after the initial consultation, for

example, among employees informally throughout the day, over coffee or lunch, and they continue formally during staff and management meetings. Once introduced to a new way of communicating, organisations often discover that conversation becomes a springboard for advancing innovative ideas and creating solutions. As organisational members become more responsible for implementation and rely less on external consultants as catalysts, the organisation becomes empowered to act as its own agent of change (Anderson & Burney, 1996).

Another account of the application of social constructionist ideas to organisational consultation is provided by David Campbell (2000), which is described within 'The Socially Constructed Organization'. Based on the work by Anderson & Goolishian, (1988), this approach also views an organisation as one kind of language and meaning-generating system, holding the aim of working with an organisation to create new dialogues. Consequently Campbell articulates that his aim as a social constructionist consultant is to create an environment where all members of the organisation can find a voice and then monitor the way in which differences are managed or not managed within the dialogues as this gives the consultant more important information to feedback into the consultation process. To achieve this, Campbell (2000) outlines six different stages to the consultation process. These include: 1) Getting started, 2) Creating a safe environment, 3) Creating a focus for work, 4) essential conversations about specific dilemmas, 5) Action plans and 6) structures for the future. Campbell (2000) also highlights that 'positioning' within social constructionism is another important concept. In particular, by moving away from the concept of 'self' towards the concept of 'position', it gives one the ability to see that people occupy many different positions in many different discourses. In turn, this leads to the view that dialogue is not between selves taking the 'I' position but between two people in different positions within a larger discourse who are able to shift positions as they are influenced by the others position in the dialogue process. Indeed, this is understood to link to the work of Rober (2005, 2008, 2011) previously discussed.

Additionally, although not entirely focused on a social constructionist perspective, some chapters of the book presented within Campbell & Huffington (2008), entitled 'Organizations Connected: A Handbook of Systemic Consulting', discuss the application of a dialogical framework to organisational consultative work, which indeed relates to social constructionist principles. Despite this book presenting a variety of other views and ways of applying systemic ideas to consultative work with

organisations, the authors highlight six common stages, which transcend these ideas. These include: 1) developing an understanding of the consultants relationships to the client, 2) identifying a problem and making a contract for the work, 3) designing a consultation, 4) working directly with the participants, 5) using continuous feedback and 6) evaluation.

1.4.6.5 Coordinated Management of Meaning

Another framework that has been applied to organisational consultation is the coordinated management of meaning (CMM) (Pearce & Cronen 1980; Cronen *et al.*, 1982). Developed from the ideas of Bateson (1972) and social constructionist theory, the orientating question for CMM as a practical theory was how could better social worlds be made (Cronen, 2001 p.14). This model considers that meaning is dependent on the context within which it occurs, but also adds the idea that communication acts are always *in* multiple contexts. The CMM therefore offers a framework that attends to the general and specific contexts of meaning and behaviour. For example, Cronen and Pearce (1985 as cited in Pearce, 2005) typically employ the following five embedded levels of context in relation to the analysis of families: 1) Speech acts; 2) Episodes; 3) Relationship; 4) Life-scripting and 5) Family myths. Drawing upon Wittgenstein's (1953) idea of a 'language game' and Bateson's (1972) idea of 'punctuation' as the ability to discriminate the start and end of an episode or a change from one episode to another, Cronen and colleagues proposed that the episode is the basic unit of social analysis insofar as human beings organise activities into episodes or contexts with distinctive rules for understanding what is required or accepted action (Cronen, 1995). For example, the stories positioned lower in the model are said to be embedded in and derive their meaning from stories positioned higher in the model. These various meanings are also understood in the context of the contextual and prefigurative forces (i.e. what the existing contexts were and what the other person did in those contexts) rather than because of practical or implicative forces (i.e. what contexts they wanted to call into being or what they wanted the other to do or not to do). In this way, the various contexts of meaning is managed and coordinated. CMM's aim is how can we make better social worlds. One way to achieve this is to help people to enrich the communication patterns of which they are a part and to intervene so that the participants see previously obscured possibilities. Indeed, this hierarchical CMM model suggests a number of different options for ways of intervening. Another idea underpinning the philosophy of the CMM is Yvgotsky's

zone of proximal development, such that at any given there is a range of things that we can do even without help as well as a range of things which we cant do no matter what help we have. Between these is the zone of proximal development: the things we can do if we have sufficient support. Having the help of a skilled facilitator is perhaps the best way for us to practice better world making skills. A facilitator can help one to communicate at a level that we could not achieve unaided. The subsequent experience of communicating in this way is both skill building and addictive in the sense that the more people do it the feedback they get means that they want to do it more. Consequently, CMM has been used as a way of structuring and managing conversations within organisational consultations, providing new ways in which the patterns and relationships between the different layers of context can be understood, which in turn provides a variety of places to intervene in order to facilitate organisational changes.

1.4.6.6 Reflexive Inquiry

Lastly, another more recent model which brings together ideas from systemic practice, communication, constructionist ideas, appreciative inquiry and CMM is ‘Reflexive Enquiry (Oliver, 2005), which is centered on a core practice of reflexivity. This model invites an awareness of how one can remain present in the dialogical tension of organisational life whilst introducing transformation in meaning and action in the face of heated conflict and personal mistrust (Oliver, 2005). It therefore helps provide a framework, which can help organisational members to go on together in ways that do not silence, oppress, marginalise or ignore multiple beliefs, ethics or values within an organisation. This model emphasises communication processes within organisations, proposing that we create the realities within which we live together, through our moment-to-moment interactions with each other (Oliver, 2005). Centered on reflexivity, this model invites members to connect their self-examinations of their thoughts, feelings and behaviours with their relational reflections. This invites members into a critical stance that allows them to critically assess and explore their own actions. Underpinning the practice of this model are five core principles, which include: 1) Systemic, 2) Constructionist, 3) Critical, 4) Appreciative and 5) Complex. These principles each offer a contribution to Reflexive Inquiry, by emphasising a particular dimension of reflexive practice, which are employed collectively to develop a ‘critical consciousness’ about the patterns of feeling, meaning and action, in organisational systems.

1.4.7 SUMMARY OF INTRODUCTION CHAPTER

The previous sections have introduced and discussed the literature pertaining to the emergence and development of the practices of systemic family therapy. The application of these systemic, constructionist and social-constructionist ideas and principles to systems other than the family, including organisations, was then discussed. Having considered the specific literature regarding the application of these systemic and constructionist ideas to organisational consultation, in healthcare settings, it is clear that, despite the initial interest in and prolific writings about this area, there remains a distinct lack of empirical data supporting the application of systemic or constructionist frameworks to organisational consultative practice. Instead, there exist only frameworks and approaches, grounded in clinical case studies. Consequently, this study aims to address this gap in the literature, as discussed in the following section.

1.5 STUDY AIMS AND RATIONALE

1.5.1 STUDY RATIONALE

This chapter has highlighted that although there are various theoretical approaches, which discuss how those authors understand the application of a combination of cybernetic, systemic and social constructionist ideas to organisational consultative work, there is very little outcome research to provide a comprehensive evidence base or understanding of the effectiveness of these approaches to the application of organisational consultation at this time. Furthermore, there is also a complete absence in the literature of any known research, which had explored the perspective of a systemic family therapist as an organisational systems consultant. From the literature bodies reviewed, it is clear that systemic family therapy works and that it is effective. It is also clear from other areas that certain types of consultation are found to offer benefits to the consultees that receive it. However what is less clear is the evidence for how systemic consultation is understood in terms of its mechanism of how it works and particularly how it is understood from the consultant's perspective. Indeed, to quote Wynne, McDaniel & Weber, (1986, p.7) "*Most important.....the role of the consultant as a necessary participant in the consultation system is given far too little attention.*"

Consequently, due to the particular lack of studies and evidence available regarding the application of systemic family therapy to organisational consultation and especially the paucity of research which explores this area from the consultants perspective, it is argued that this study aims to address this significant gap in the research base. Given the paucity of knowledge in this area, it is not possible nor useful to undertake a quantitative study, Rather in order to discover new insights into and possibly generate a model of how the process of systemic organisational consultation is understood, it is more useful to employ an inductive qualitative approach (Hylander, 2003). Constructivist Grounded Theory is such a research methodology.

1.5.2 STUDY AIMS

This study specifically chose to use a qualitative Constructivist Grounded Theory (Charmaz, 2006), methodology to explore systemic family therapists understanding of organisational consultative practice. To the knowledge of the researcher, such a methodology has not been used to explore this area before and therefore an aim of this research is to develop a richer insight into how organisational consultation is understood, by systemic family therapists. This study therefore aimed to highlight any emergent themes from the data in an attempt to provide evidence in an area where very little is currently understood. Another hope of the study is to make the provision of organisational consultation more accessible and understandable to a greater range of family therapists, given the current climate within the NHS of an almost constant pressure on services to change and adapt to a variety of new political and cultural pressures. Consequently, any further insights into how this process of organisational change can be understood should be deemed as beneficial.

CHAPTER TWO

METHODOLOGY

2.1 OVERVIEW

To explore how systemic family therapists understand the area of organisational consultative practice, a qualitative Constructivist Grounded-Theory approach was used. This methodology involved undertaking semi-structured interviews with individual participants who were qualified systemic family therapists, working in mental health and forensic settings across South England and South Wales at the time of the study. Interview data were analysed using a constructivist grounded theory approach, to explore and develop a grounded theory of systemic family therapists' understanding of the processes involved in organisational consultative practice. This chapter will discuss the background and rationale for employing this methodology whilst also making explicit the design and procedures through which the research was carried out in order to ensure quality and to adhere to ethical issues and research governance procedures.

2.2 QUALITATIVE METHODOLOGY

2.2.1 EPISTEMOLOGICAL UNDERPINNINGS

While quantitative approaches have primarily concerned themselves with identifying causal relationships and the verification of earlier theories (Elliot *et al.*, 1999) in contrast, qualitative approaches aim to gather rich data about meaning that represents the experiences and actions of people in terms of how they understand and experience phenomena and make sense of the world and/or events (Willig, 2008).

Currently, there is a diverse array of qualitative approaches (Parahoo, 2006), all of which share a central purpose of an enrichment and understanding of meaning (Elliot *et al.*, 1999). Qualitative approaches also assume a particular epistemological stance, conceptualising the role of the researcher

in the research process in a very different way to that of quantitative approaches (Willig, 2008). Epistemology is the theory of knowledge and it attempts to answer the question of ‘how, and what, can we know?’ (*ibid*). The epistemological position of an approach can be understood to exist on a continuum, with positivism at one end and relativism at the other. Quantitative methods subscribe to positivism, which in its purest form upholds the assumption that one is able to ‘discover’ objective knowledge or truths that exist in the world, which can be measured, replicated and represented as regularities or even laws (Polkinghorne, 1983). Furthermore, positivism also assumes that the researcher holds an unbiased and passive observer/witness position within the research process. Understandably then, particularly within the social sciences, this position has received extensive criticism given that it fails to acknowledge the role of historical, social and cultural factors (Willig, 2008). Instead, qualitative approaches draw from postmodernist ideas, subscribing to relativism wherein the concept of there being an absolute truth is replaced by the emphasis on the particulars of human experience and social life by considering history, language, culture and context that ‘relativise’ the knowledge gained to the individuals and situations studied, and the researchers who are exploring the phenomena.

Of particular relevance to the current study is the tradition within qualitative research of ‘social constructionism,’ which argues that there is no objective reality, offering an entirely opposite account to that of positivist traditions. Instead of being discovered, social constructionism asserts that reality is a construction of the mind, and consequently that there are multiple truths (Mills, *et al.*, 2006). This position asserts that human experience is mediated, rather than merely influenced by historical, social and cultural factors and therefore knowledge is a co-construction of both the researcher and participant. In this way, constructionist theories see psychological research as a circular process in which psychologists themselves are objects of theory (Barker, *et al.*, 2002). This circular process is known as reflexivity and is an important aspect of qualitative research (e.g. Tracy, 2010).

2.2.2 RATIONALE FOR THE USE OF QUALITATIVE APPROACH

This research aims to develop a deeper understanding of how systemic family therapists’ understand what they do when they provide systemic consultation to organisations, agencies or staff teams.

However, the author acknowledges that the development of an understanding of individuals' experiences is difficult to investigate quantitatively (Strauss & Corbin, 1998), particularly when there is an interest in exploring a substantive area, as opposed to a specific research question (Willig, 2008). Conversely, qualitative research methods do accommodate the exploration of personal experiences and the meaning making of research participants, and as such are considered appropriate to use in areas where there is paucity in the research literature-base (Willig, 2008).

2.3 CONSTRUCTIVIST GROUNDED THEORY

2.3.1 OVERVIEW AND KEY PRINCIPLES

Constructivist Grounded Theory was developed by Charmaz (1995a, 1995b, 2000, 2006). It was born out of the existing qualitative research methodology, grounded theory (Glaser & Strauss, 1967), which was originally developed in response to the prevailing positivist methodologies of the time as well as the acknowledgement that the qualitative methodologies available then, lacked rigor and validity in their application. Consequently, grounded theory was developed to provide a systematic, yet flexible set of guidelines for collecting and analysing qualitative data, which in turn facilitated the construction of theories that were grounded in the data themselves (Charmaz, 2006). Grounded theory is therefore inductive in its method. Although early-grounded theory was criticised for holding positivist assumptions (Willig, 2008), proposing that there was a truth to be discovered in the data, constructivist grounded theory positions itself within the 'social construction' epistemology. This epistemology denies the existence of an objective reality asserting instead that "*realities are social constructions of the mind....although clearly many constructions will be shared*" (Guba & Lincoln, 1989, p.43). Whilst continuing to adhere to the well-established grounded theory guidelines (Strauss & Corbin, 1998; Willig, 2008), constructivist grounded theory emphasises the subjective interrelationship between researcher and participant and the co-construction of meaning (Hayes and Oppenheim, 1997; Pidgeon & Henwood, 1997). It sees researchers as part of the research process rather than objective observers. Consequently, the researchers' values, beliefs and world-views must be acknowledged by themselves and by readers in order for the readers to be able to evaluate how the author has interpreted the data and subsequently so that they, as readers, are able to consider alternative meanings in light of their own

values and worldview (e.g. Appleton, 1997; Stratton, 1997). Thus, constructivist grounded theory actively repositions the researcher as the author of a reconstruction of experience and meaning (Mills *et al.*, 2006).

The process of constructing a grounded theory involves a process of ‘coding’ and ‘categorisation’ of the data, which helps make sense of the meanings and actions of participant’s experiences (Charmaz, 2006). This is achieved by using a ‘constant comparative method’, where data collection and analysis occur simultaneously. In this way codes and categories are constantly revised, in an attempt to capture the richness of variation within each category. This method of analysis also allows instances that do not fit the emerging categories to be captured via ‘negative case analysis.’ Ideas about the data and codes are explored and developed through ‘memo-writing,’ and it is through this important process that a continuous process of evaluation throughout the analysis is achieved. Thus, in any constructivist grounded theory approach, memo-writing forms a fundamental part of this analytical process because it is through this process that certain codes then become conceptual categories and theoretical sampling enables new data to be sought (Charmaz, 2006). Furthermore, given the epistemological position of this approach: that meanings are co-constructed, memo-writing therefore becomes part of the data itself, rather than simply a critical tool. Consequently the researcher’s role in this process is significantly greater than just the effect they have on data collections and analysis. Rather, their role is also in the co-construction of the data as well as their authoring of this co-construction. The strategies involved in the process of this research will be discussed in greater detail in the data analysis section (Section 2.9).

2.3.2 RATIONALE FOR USE OF CONSTRUCTIVIST GROUNDED THEORY

Strauss and Corbin (1998) assert that where the researcher wishes to generate a theory about phenomena about which little is known, the qualitative methodology of grounded theory should be used. Accordingly, given that there is little known about the processes involved in consultative practice from the position of systemic family therapists, this methodology was deemed most appropriate for the current study. More specifically, a constructivist grounded theory approach (Charmaz, 2000; 2006) was chosen to address the research question. This decision was in part based on Carr’s contention that: “*a social constructionist approach is a coherent position for family therapy researchers to take since it*

may be argued that the results of their research are not objectively true but are, rather, useful social constructions developed by communities of researches in conversation” Carr (2006, p.118). Additionally, this approach privileges the notion that the emerging theory and subsequent meaning making is a co-construction of both the researcher and participants as well as containing within the methodology the strategies that allow for transparency in this authoring process of the researcher. This approach also shares good ‘fit’ with the researcher’s own epistemological position, which is important as advocated by (Willig, 2008) to enable the researcher to live out their beliefs in the process of enquiry (see section 2.4.1.1).

In summary, the qualitative methodology of constructivist grounded theory was deemed most appropriate for the current research as it is able to offer a method of enquiry that will facilitate a deeper understanding of this subject area whilst simultaneously acknowledging that the resultant theory offers just one interpretative portrayal of the experienced world, rather than providing a ‘complete’ theory (Charmaz, 2000, 2006).

2.4 ENSURING QUALITY

Historically, qualitative research approaches have been criticised for a variety of reasons including that they lack scientific rigour; are unsystematic in their method of enquiry; are over-reliant on anecdotal evidence; and lack reproducibility and generalisability (Mays & Pope, 1995). In response to these challenges, a series of methodological guidelines have been developed to guide the various qualitative approaches (e.g. see Elliot *et al.*, (1999); Mays & Pope, (1995)). Indeed, Tracy (2010) advocates that through having a framework, which ensures quality in qualitative research methodology, the value of the work can be better communicated. An example of these quality guidelines was produced by Elliot *et al.*, (1999), which have been utilised in this study to ensure methodological rigour. Indeed, Elliot *et al.* (1999) designed a set of seven guidelines (based on 40 quality standards) for reviewing qualitative research. Their aim was to: firstly promote and legitimise qualitative research. Secondly, to ensure that appropriate and valid reviews of qualitative manuscripts could be undertaken. And thirdly, to encourage better quality control in qualitative research through increased self-monitoring. An additional aim of these guidelines is to encourage further developments in qualitative approach and

method. These guidelines, and a description of how they have been addressed throughout this study, are outlined below:

1. Owning one's perspective: Qualitative researchers are encouraged to make explicit their theoretical orientations, values and assumptions, in relation to the phenomena being studied and understood both prior to the study commencing and as they develop throughout the research process. This promotes transparency of the researcher's interpretations and understanding of the data and how the researcher's values, interests and assumptions may have influenced their understanding of the data. In turn this transparency in process enables the reader to interpret the researchers' understanding of the data, creating the invitation for a discussion of possible alternatives. The current study achieved this by providing a position statement outlining the author's position at the beginning of the study (see Section 2.4.1.1), and subsequently how his position has changes through the development of the research process and how this may have impacted on the analysis (see Appendix II).

2. Situating the sample: Qualitative researchers should describe the research participants adequately enough to allow the reader to judge the range of individuals and consequently the situations to which the research findings might be relevant. In order to achieve this, the current study provided participant details that were deemed relevant to the research, for example demographics and years of experience, (see Table 1).

3. Grounding in examples: Qualitative researchers should provide a variety of examples of raw data. This aims to facilitate the readers understanding of both the analytical procedures used, and the understanding that is developed from the data. This allows the reader to appraise the fit between the data and any interpretations made by the author. Furthermore, this allows consideration of alternative conceptualisations. Therefore, illustrations of themes and concepts developed from the data in this study are provided in the results section (Chapter 3) and extracts of a sample interview transcript are detailed in Appendix III.

4. Providing credibility checks: There are various methods, which allow the qualitative researcher to check the credibility of their data and interpretations made. These include: checking understandings with the original participants, using multiple analysts, and triangulation with data from other sources.

In this study the researcher discussed the analysed transcripts and emergent concepts and categories with the clinical and academic supervisors. Furthermore, triangulation was sought through the process of a focus group with a sample of participants. This involved the presentation of emergent categories and themes, so that feedback and verification could be obtained (see Appendix IV).

5. *Coherence*: The researcher should ensure that data, analysis and findings are presented in a consistent and integrated way to achieve coherence and integration whilst also preserving nuances. This can be achieved by using diagrammatic maps or frameworks, and a coherent narrative account. As outlined above, in this study, at each stage of the analytic process, data was discussed with the clinical and academic supervisors. Additionally, both diagrammatic and narrative interpretations of the data can be found in the Results and Discussion Chapters (Chapters Three and Four, respectively). The process of triangulation was also used to ensure that participants' accounts are consistent with the emergence analysis.

6. *Accomplishing general vs. specific research tasks*: Qualitative researchers are required to clarify whether the research aims to develop a *general* understanding of a phenomenon (where findings are based on an appropriate range of participants or situations and the limitations of extending the findings to other contexts or participants are specified), or to provide an in-depth insight into a *specific* instance or case (where the situation or participants have been studied and described systematically and comprehensively enough to provide the reader with a basis for attaining that understanding). Both have limitations regarding the applicability of the findings beyond their original context and these should be addressed. The current study represents a sample of systemic family therapists based across South England and South Wales. The findings are not considered to be generalisable to any other group. Participant details are provided in table one to enable the reader to decide upon the degree to which the findings are applicable to other contexts. A detailed consideration of this study's limitations of the research is outlined in Chapter Four.

7. *Resonating with readers*: To resonate with readers, qualitative researchers should present research data and emergent theory in a way that accurately reflects the subject area and therefore contributes to the readers' understanding of the study area. To achieve this, the author provided draft versions of the emerging theory, as well as the final version, to both supervisors for feedback. Additionally, the focus

group enabled a sample of participants to be presented with the emergent theory for feedback (see Appendix IV and section 4, above). To assist the reader in being able to judge the extent to which the theory resonates, an overview of relevant clinical and theoretical issues pertaining to the research is provided in Chapter One.

2.4.1 PERSONAL AND PROFESSIONAL REFLEXIVITY

In qualitative research, reflexivity is considered to be an essential component of quality (Tracy, 2010). Reflexivity refers to the process whereby a researcher reflects on how their understanding and personal experiences are impacting on the research being conducted. Although there are differences in the extent to which qualitative researchers emphasise the importance of reflexivity in the research process, Constructivist Grounded Theory highlights the central importance of reflexivity in the research process (Willig, 2008). Consequently, in order to achieve good quality research, it is encouraged that researchers ‘make explicit’ and ‘own’ their perspective by disclosing their values, social identities, interests and experiences (Elliott *et al.*, 1999). Additionally, Strauss & Corbin, (1998) and Charmaz, (2006) recommend paying attention to and owning their ‘gut’ sense about the subject matter of the research. This subsequently allows the reader to connect with how the researchers ‘own’ perspective has influenced the process of co-construction of the research data.

To ensure this, a ‘position of self’ has been declared by the author (see section 2.4.1.1). Additionally, throughout the research process, reflexivity was also considered through the use of regular supervision with both clinical and research supervisors. Working from a social constructionist epistemology, supervision was used to understand not only the researcher’s position more broadly, but also their position in relation to the questions being asked. Supervision was also used to consider and reflect upon the researchers’ own shifting position, and to consider how this may be impacting on the construction of meaning throughout each interview. Additionally the author also kept a reflective journal to facilitate transparency through the entire research process, as recommended Charmaz, (2006), for an example see Appendix II.

2.4.1.1 Position of Self

The author positions himself, in the context of writing his thesis, as a male, 30 years of age, white, middle class, English and in his third and final year of his doctoral training in clinical psychology. His professional story began with the completion of a Natural Sciences Honors degree (Psychology and Geography) at The University of Durham followed by a Postgraduate Diploma in Mental Health Studies at Birmingham City University. This was further punctuated by work in various adult mental health settings in rural England, which have contributed important parts to his professional story, particularly given that whilst the author was working within these services, they were in the process of undergoing significant changes in structure, including a merger with another trust. As part of this, the author was also involved in co-designing and implementing a new service. Epistemologically the author identifies with the concept that meaning is ‘socially constructed’ whilst bearing in mind how within the current context of the NHS, more pragmatic approaches may also be necessary at times. The author also has an interest in the power of language and how power and knowledge are constructed, particularly within mental health systems including how particular narratives dominate as opposed to those, which become marginalised. The author has also considered the concept of ‘truth’ and whilst appreciating that there are no ultimate ‘truths’ he acknowledges that he still has reservations about rejecting the notion of truth altogether. As such he positions himself as anti-psychiatry. This position is offered to facilitate transparency throughout the research process particularly around how these influences might impact on the ways in which the author constructed and authored the piece of work.

His interest in organisational consultation is located in past experiences of organisational change and how this process was undertaken, which left the author with a sense of wonder, and intrigue about how effective organisational change can occur, given that what he had experienced was not a smooth or successful process. Additionally, more recently whilst on clinical training, the author had been involved in providing joint consultation to various teams as part of a psychological consultation service. This experience re-kindled questions about the position of clinical psychology as often being seen as a profession which should be invited to undertake this work, whilst simultaneously being aware of the scarcity of training that the author had received to equip him with the skills to undertake this role. The author therefore openly acknowledges that one of his intentions is to develop his own understanding of this area, in order to help him in his own future as a clinical psychologist, but also as a learning

opportunity to immerse himself further in understanding systemic family therapy ideas and processes.

At the commencement of this study, the author understood that his position in relation to consultation as being one of confusion. He understood that consultation referred to ‘something’ that was offered when there was a problem, which could involve a team or on a one to one basis. The author also understood consultation to be delivered by someone who had some form of interest or expertise in that field and thus consultation was viewed as an advice giving position with a focus on solution providing. The way in which this position around consultation has changed throughout the research process is outlined in an example of the authors’ reflective journal (Appendix II). As previously stated, this position is offered to promote transparency throughout the research process.

2.5 DESIGN

The study used a qualitative design guided by the principles of Constructivist Grounded Theory (Charmaz, 2006). Semi-structured interviews were used to explore participants’ understanding and experiences of organisational consultative practice. Thirteen individual interviews were conducted with systemic family therapists working in mental health settings in South England and South Wales. Regarding the research process, participants were invited to attend an individual interview, led by the author, where they were asked about their understanding and experiences of delivering organisational consultative practice. The interview was based on seven main questions generated by the author, clinical and academic supervisors prior to the interviews (see Appendix V). These questions were then subsequently revised at two further stages during the data collection period to ensure that they remained focused on the relevant areas of the study, and were responsive to the data, in line with the inductive nature of grounded theory approaches (Glaser & Strauss, 1967). Each interview was recorded using audio equipment and transcribed. The transcripts were then analysed using a constructivist grounded theory approach (Charmaz, 2000, 2006).

2.5.1 RESEARCH CONTEXT

The research was conducted within a range of private, third sector and National Health Service (NHS) health settings across England and South Wales. Participants worked with a range of client groups including: child and family, adult, forensic and across a number of different NHS health boards/trusts. The author travelled to interview individual participants in their place of work at mutually convenient times. These ranged from private practice rooms, family therapy clinics, and offices.

2.6 CLINICAL GOVERNANCE

2.6.1 ETHICAL APPROVAL

Prior to commencing the study, ethical approval was sought from Cardiff University School of Psychology and was granted in October 2013 (see Appendix VI).

2.6.2 INFORMED CONSENT AND CONFIDENTIALITY

Potential participants were initially identified and contacted by the clinical supervisor who provided them with relevant information (see Appendix VII) about the research study which detailed:

- The aims and purpose of the research study
- Information detailing the procedures and what would be required of the participants
- Details of regarding the storage and analysis of the data
- A statement regarding their right to withdraw from the study at any time.

On the basis of the information provided, participants were asked by the clinical or academic supervisor to give consent to be contacted by the author. Once consent to be contacted was received and on the basis of meeting inclusion criteria for the study, individual participants were then contacted by the author via email (Appendix VIII). At this time they were provided with a further opportunity to ask questions and to arrange a convenient time to undertake an interview. Before each individual

interview, participants were provided with another opportunity to ask any questions in relation to the study and following this, participants were then asked to complete a consent form (Appendix IX), confirming that they had read and understood the information provided about the study and to indicate that they agreed to participate. In addition, participants were asked to complete a 'participant details form' (Appendix X), which provided additional background, contextual information (see table 1), which is important with regard to situating the participants. Participants were further reminded that they were free to withdraw from the study at any time and that any data provided would then not be used in analysis and would be destroyed.

The author addressed confidentiality in a number of ways. Firstly, all participants were ensured that their personal details provided would be kept anonymous and that any quotes used obtained from interview would be anonymised in the final write-up by assigning a pseudonym. Participants were also reminded of the importance of preserving their own client confidentiality. Therefore prior to each interview, participants were reminded not to divulge any specific and confidential details about the cases they were drawing from. The length of each interview ranged from between 55-90 minutes. Following each interview the data was transcribed verbatim by the author. Any details that pertained to the participant's identity through the interviews were removed during transcription. The complete anonymised transcripts were available to the author and both academic and clinical supervisors.

2.7 PROCEDURE

2.7.1 RECRUITMENT PROCEDURE

Following full ethical approval of the study and in accordance with the conditions stipulated by the ethics committee, potential participants were initially approached by the Clinical and Academic Supervisors who provided information sheets detailing the nature of the research (Appendix VII). Individuals who subsequently indicated that they would be happy to participate were then contacted by the author via e-mail to arrange a time and date to meet to complete the interview. Written consent was obtained at the time of interview. In this way, the author acknowledges the tension between the requirements stipulated by the ethics committee which meant that the participant sampling process was

required to be undertaken by the authors' Academic and Clinical supervisors, rather than being driven truly from the emerging data, in line with the processes typically utilised by a constructivist grounded theory methodology. This sampling issue was addressed by the author in section 2.7.2 and will also be formally considered in Chapter Four: The Discussion.

2.7.2 CONSTRUCTION OF INTERVIEW QUESTIONS

A qualitative semi-structured interview schedule was selected as the most suitable method of data collection as it enables detailed and personal data to be gathered about participants' own experiences. The initial interview stem questions (Appendix V) were developed with input from the research supervisors and guided by a framework suggested by Charmaz (2006). The overall aim of these initial questions was to explore participants' understanding of what it is they think they do when delivering organisational consultation. Although the overall aim of each interview was to be guided by the accounts of the participants, literature was used during this process to help a broad range of ideas and concepts to be opened up. Additionally, as previously highlighted in section 2.7.1, the author was unable to purposefully sample participants on the basis of their 'fit' with a particular idea. Instead, specific ideas and themes were followed up and explored with each subsequent participant. This included the ongoing reflexive revision of the preliminary interview schedule (Appendix V), which occurred in consultation with the clinical and academic supervisors as interviews progressed in order to facilitate the emergence of categories and themes (Charmaz, 2006) and to ensure that questions were in line with the aims of the research.

2.7.3 INTERVIEW PROCEDURE

Face to face interviews were undertaken at a variety of clinical bases across Wales from December 2013 to February 2014. Additionally, three interviews were undertaken via telephone due to geographical/timescale constraints. Prior to each interview, participants were supported to complete both the consent form and demographic information sheets (Appendix IX and X respectively). Once these had been completed, the author reiterated the aims of the research, and answered any outstanding questions from participants. In addition, the author made it clear that he would be timekeeping and

referring to the semi-structured interview schedule. The author then introduced the interview and began asking the stem questions. In accordance with Charmaz (2006), stem questions were used flexibly, based on the principle of interviewing as a flexible and emergent technique. In this way, the data collected was part of an evolving process involving the author's co-constructions and subsequent interpretations of data from early interviews. It is acknowledged that these evolving interpretations constantly impact on later data collection with the emerging themes being explored further in following interviews. In this way, the initial stem questions were developed throughout the data collection, in response to each interview, so to ensure that the data collection and continuous analysis remained guided by participants' stories, and to provide opportunities for emerging data to be explored (see Appendix V). Additionally, the author used prompts to help participants articulate a deeper understanding and/or clarification of key themes as they emerged throughout the data (e.g. Charmaz, 2006). Finally, at the end of each interview, participants were invited to ask any questions they may have, in response to issues that had arisen during the interview and were given a participant debrief form (see Appendix XI).

2.7.4 DATA RECORDING AND MANAGEMENT

All of the 13 interviews were recorded on a digital audio recorder and each interview was then fully transcribed by the author, which included a verbatim copy of all speech, and also non-verbal communication, where it was possible (see Appendix III for a sample of transcript extracts). To ensure anonymity, participants' names were not used in the transcripts and instead pseudonyms were assigned.

2.8 PARTICIPANTS

2.8.1 SAMPLE

The sample consisted of qualified systemic family therapists, working in a variety of health care settings, across England and South Wales. These settings ranged from adult, child and family and forensic services, as well as private practices. A total of 13 individuals were initially recruited to participate in individual semi-structured interviews. However one participant's data set was excluded

from further analysis on the basis that the experiences being drawn from were not relevant to the current study's aim and to the interview questions. Consequently, 12 participant data sets are included for further analysis from this point on. This was still considered a 'sufficient' number, based on criteria recommended for Grounded Theory analysis (Charmaz, 2006) and guidelines for Doctoral level qualitative research (Turpin *et al.*, 1997). All participants met the inclusion criteria (see below) for the research.

2.8.2 INCLUSION CRITERIA

In order to participate in the study, individuals were required to meet the following criteria:

- Be qualified systemic family therapists (registered with the United Kingdom Council for Psychotherapy (UKCP), as Systemic Psychotherapists)
- Have a minimum of four years of experience providing organisational consultation
- Be able to commit to an interview that may last up to 90 minutes
- Ability to communicate in English

2.8.3 PARTICIPANT DEMOGRAPHICS

A total of 12 participants were recruited to the study, which included five males and seven females, with ages at the time of study ranging from 31-61+, with the modal age bracket being 46-60 years. All of the research participants were qualified systemic psychotherapists, accredited by the UKCP and regulated by the Health Professions Council at the time of this study. The range of experience practicing as a qualified systemic family therapist ranged from 4 to 35 years, with the average being 17.5 years. Of the participants, nine worked in NHS settings (Adult Community Mental Health teams (CMHT), Child and Family Services; Adult forensic); two worked for a children's charity project; and one worked solely privately. Ten of the participants worked in South Wales and the remaining two worked in England. Regarding participants systemic training, seven undertook their systemic training at The Family Institute in Wales, with the remaining five participants completing this training in London, South Africa and Scotland. Furthermore, eight of the 13 participants were trained predominantly in the Milan Systemic model, with the remaining four describing their predominant model of systemic

training as ‘Systemic’ (N=2), ‘Systemic/Analytical’ (N=1) and ‘Systemic/Structural’ (N=1). Detailed demographic data regarding participants is presented in the Table 1 below.

Table 1: Participant Demographics

Participant	Gender (Female F, Male M)	Age	Years Qualified	Location of SFT Training	Predominant Model of SFT	Area of work
1	F	31-45	4.5	The Family Institute (Wales)	Milan Systemic	NHS Adult/Child and Family
2	F	46-60	8	The Family Institute (Wales)	Milan Systemic	Charity Child and Family
3	M	46-60	14	The Family Institute (Wales)	Milan Systemic	NHS Child and family/Private
4	M	46-60	30	South Africa	Milan Systemic	NHS Child and Family/Private
5	F	46-60	14	The Family Institute (Wales)	Milan Systemic	NHS Child and Family
6	F	46-60	22	London	Systemic	NHS Adult Forensic/Private
7	M	61+	30	Scotland and London	Systemic	NHS/Private Child and family
8	F	31-45	5	The Family Institute (Wales)	Milan Systemic	NHS Adult and Forensic
9	M	46-60	4	The Family Institute (Wales)	Milan Systemic	NHS Child and Family/Private
10	F	61+	35	South Africa and London	Systemic/analytical	Private
11	F	46-60	29	London	Systemic/Structural	Charity Child and Family
12	M	46-60	14	The Family Institute (Wales)	Milan Systemic	NHS Adult

2.9 DATA ANALYSIS

2.9.1 TRANSCRIPTION OF INTERVIEW DATA

The author transcribed each interview manually within one week of the interviews taking place. The process of transcription for each interview ranged from six to eight hours and despite being labor intensive remained an important part of grounded theory methodology, allowing the author to become fully immersed in the data collection. Interviews were transcribed verbatim, although non-word utterances were excluded. To ensure anonymity, at the point of transcription, each transcript was assigned a pseudonym, adhering to ethical practice and the confidentiality agreement signed by research participants. Whilst transcribing each interview, any ideas about the data were recorded in brief comments, using the author's reflective process journal in which he documented both content and process issues (see Appendix XII and XIII for an example). Content issues included: reflections on the themes that emerged during the participant's and author's co-construction; any emergent ideas of the author; and additional information to be gathered at subsequent interviews. As previously mentioned, this reflexive process is an important aspect of the iterative process of grounded theory, and is in line with guidance (Elliott *et al.*, 1999). Process issues, were also explored in an attempt to make it as transparent as possible the ways in which the researcher is constructing the information and authoring it for the reader. This process also allows the researcher to track and reflect on the ways in which their positioning may be changing in relation to the questions being asked, which in turn provides an opportunity to respond to any 'closing down' of any one line of enquiry (see Appendix II).

2.9.2 ANALYSIS OF INTERVIEW DATA

There were several stages to the data analysis process. Firstly the author listened to the audio recordings. Then, having transcribed each conversation, the author read through each transcript several times, in order to gain an initial sense of the data, whilst making notes on the content and process as previously explained. Following this, the analysis, then adhered to the following key principles of grounded theory. These included:

2.9.2.1 Coding

Qualitative coding refers to the process whereby discrete segments of data are deconstructed and named using short labels, which both summarize and account for each piece of data (Charmaz, 2006). Coding is acknowledged to be the crucial link between collecting data and developing an emergent theory to explain the data. This is because it allows the researcher to define what is happening in the data and to subsequently ascribe meaning to it. Consequently the labels that were used were based upon participants' words, and the coding was conducted for the smallest discrete phenomena instances in each case (Willig, 2008). Concepts that emerged were illustrated with data to ensure that they were grounded in examples, as recommended by Elliott, *et al.*, (1999) (see Chapter Three).

2.9.2.2 Focused Coding and Categorisation

Once initial codes were constructed, focused codes were then generated from the data. Focused codes are more direct, selective and conceptual than initial codes (Charmaz, 2006) and were developed by grouping together instances of the most frequent or significant initial codes. This requires a decision to be made by the researcher as to which initial codes it makes sense to raise to higher-level analytic categories (Willig, 2008). In doing this, the researcher raises the conceptual level of the analysis from description to an increasingly abstract and theoretical level. By following this process, a set of lower level analytic sub-categories were initially developed and which were later consumed by higher level analytic categories, creating a tree-formation displaying the analytic categories (Willig, 2008) (see Chapter Three).

2.9.2.3 Constant Comparative Analysis

As defined by Charmaz (2006), this is “*a method of analysis that generates successively more abstract concepts and theories through inductive processes of comparing data with data, category with category, and category with concept. Comparisons then constitute each stage of analytic development*” (p.187). This therefore describes the iterative process of creating further sub-categories by exploring similarities and differences within and between categories (Willig, 2008). This type of analysis aims to

explore all instances of variation, within the emerging theory so that the categories and themes become tighter and more theoretical (Strauss & Corbin, 1998).

2.9.2.4 Negative Case Analysis

Once categories and the links between categories had been identified, instances that did not fit, were then re-examined and explored in more depth. This process then allowed for further development of the emerging theory by ensuring that the full complexity of the data was captured.

2.9.2.5 Memo-Writing

Memo-writing provides an important opportunity to analyse ideas about the codes in creative ways (Charmaz, 2006). It is where researchers stop coding and comparing and analyse their codes and categories in any way, which spontaneously occur to them (Charmaz, 2006). The author used his written record, which documented the development of theory throughout the data collection and analysis to make comparisons between codes and categories and identifying gaps in the analysis (Willig, 2008). An example of memo writing can be found in Appendix XIII.

2.9.3 TRIANGULATION OF EMERGENT ANALYSIS

Having undertaken an initial analysis of data, a focus group was then held in an attempt to ‘triangulate’ the emergent analysis (see Appendix IV and XIV). Of the 13 participants were invited to attend this focus group, 3 of which were able to attend. The focus group was conducted over one hour, at a location that was convenient to the participants. The author presented initial themes to participants, who were then asked to comment and reflect on the information presented, paying particular attention to what did and did not ‘fit’ with their accounts. The focus group was recorded using audio equipment, and comments that participants made with regard to the initial analysis were noted and responded to by the author in his subsequent analysis (see Appendix IV). This ensured that the analysis remained grounded with the data at various stages of the research process, as per the guidelines for good

qualitative research (Elliott *et al.*, 1999), and in response to identified limitations in previous research identified.

2.10 SUMMARY

This chapter has described in detail the methodology used in this study, including the rationale for employing a qualitative constructivist grounded theory approach. It also outlines the procedures that were followed in order to adhere to good quality qualitative research including ethical and clinical governance issues. The following Results Chapter will present the Constructivist Grounded Theory for how systemic family therapists understand organisational consultative practice.

CHAPTER THREE

RESULTS

3.1 OVERVIEW

This chapter presents the Constructivist Grounded Theory that emerged from the analysis of the data collected from 12 individual interviews. Three **THEMES** were identified, along with eight CORE CATEGORIES, 17 **categories** and 43 sub-categories. For ease of reading, **THEMES** are highlighted in capital and bold lettering, CORE CATEGORIES in capital lettering, **categories** in lower case and bold lettering and sub-categories in lower case and underlined lettering. A narrative summary of the Constructivist Grounded Theory is presented in Section 3.2, which also includes a diagrammatic summary of the three **THEMES**, eight CORE CATEGORIES and 17 **categories** (Figure 1). Likewise, for each section of the results, concepts are initially conceptualised diagrammatically in order to facilitate an understanding of the relationships between the **THEMES**, CORE CATEGORIES, **categories** and sub-categories. Each sub-category is then described in narrative form, using quotes to illustrate the ideas presented.

3.2 A NARRATIVE AND DIAGRAMMATIC SUMMARY: A CONSTRUCTIVIST GROUNDED THEORY OF HOW SYSTEMIC FAMILY THERAPISTS UNDERSTAND ORGANISATIONAL CONSULTATIVE PRACTICE

3.2.1 A NARRATIVE SUMMARY

The theory that arose from the data provided an account of how the author understood systemic family therapists' insights into their practice of consultation to organisations. To check the overall 'fit' of this account, a focus group was used as a means of triangulation, the results of which were positive and a detailed account of this feedback can be found as appendix IV. Core aspects of the grounded theory

were organised into three main themes. Theme one: **‘THE PROLOGUE: CONCEPTUALISING THE CONTEXT FOR CONSULTATION’** captured the various components that together, were understood to create the context of an organisational consultation, within which the *doing* of consultation takes place (which is discussed in theme two). More specifically, theme one described participants conceptualisation of organisational consultation as being both a discrete activity in itself, whilst simultaneously sharing overlaps with other core aspects of systemic practice, including supervision, psychotherapy and training. These conceptualisations included how participants understood consultation to fit with the dimensions of accountability, responsibility, hierarchy and power. Also central to participants’ conceptualisations of consultation, was the consultant role. Specifically, participants described how they understood developing a systemic consultant role, which began with the initial development of a core systemic orientation, which was subsequently consolidated and embodied through systemic practice. Once consolidated, participants then described how they applied their systemic orientation to an organisational consultative context. Indeed, organisational consultation was understood to involve specific stages, which began with the important process of developing a detailed understanding of an organisations ‘request’ for consultation. To understand this request, participants specifically discussed the need to establish the organisational context from which the request originated, which included mapping the arrangement of relationships within the organisation as well as clarifying how the request for consultation was perceived. Additionally, participants linked the process of contextualising the request to developing an explicit understanding of the organisations agenda for requesting consultation, which was subsequently shared with those who would be involved in the ensuing consultation process. Consequently, it was understood that prior to the actual ‘doing’ of a consultation, there were a significant number of contextual factors, stemming from both the consultant and the organisation seeking consultation, which were subsequently brought together at the point an invitation for consultation is made. In this way, the issues discussed in this theme were understood to form a *prologue* or the context to the *doing* of consultation.

It is also important to highlight here that although participants discussed how they developed their own systemic consultant position, which on the one hand was understood to form part of the context to consultation, participants also discussed how they used this systemic orientation *in vivo*, during the consultation process. Accordingly the systemic consultants’ position was understood to transcend the consultation process, and is captured here by considering the consultant position in terms of its

development within theme one, but also how it is operationalised during the consultation process in theme two as the '*consultant in vivo*'.

Participants then discussed how they understood the way in which they would work consultatively, following a request to offer consultation. This core element of the grounded theory is located in theme two: **'FROM MONOLOGUE TO DIALOGUES: CREATING NEW CONTEXTS FOR NEW CONVERSATIONS'**. Here, participants described the importance of creating a context conducive to change. This was understood to involve an initial focus on the process of joining and contracting with consultees, in order to collaboratively develop a clear and explicitly held remit for the ensuing consultation. However, it was also acknowledged that this was often an ongoing process of negotiating an evolving remit with consultees. Another important part of the joining and contracting process was the consultants' task of creating a 'safe enough' context, in which consultees would feel able to take new risks and thus, fully engage in the consultation process. Having established a clear remit, participants then described how they used themselves and their consultant position *in vivo*, to develop an understanding of the various forms of feedback, pertaining to the *process* of consultation. This was understood to occur in an ongoing reflexive, recursive way, which allowed participants to make process informed decisions about how to be most useful for the consultees, within the context of the agreed consultation contract. Participants subsequently described that they used these process informed reflections to engage in new dialogues with consultees, specifically aiming to create new possibilities and opportunities for new meanings to emerge and thus movement to occur within the system, ultimately facilitating the process of organisational change. In this way, the process of change was understood to involve the consultants' use of themselves *in vivo*, to understand the *process* of the consultation, through which new possibilities and differences could be co-constructed in a dialogical manner with consultees.

Finally, theme three: **'THE METALOGUE: OUTCOMES OF CONSULTATION'** pertains to how participants understood the impact and value that consultation has for an organisational system. It also considers how participants understood the mechanism of systemic organisational consultation to work. Indeed, this was linked not only to the principle of structural determinism, but also the reverberative nature of conversations. More specifically, participants described that through having their initial conversations with consultees in the consultation space, these would lead to a change within those

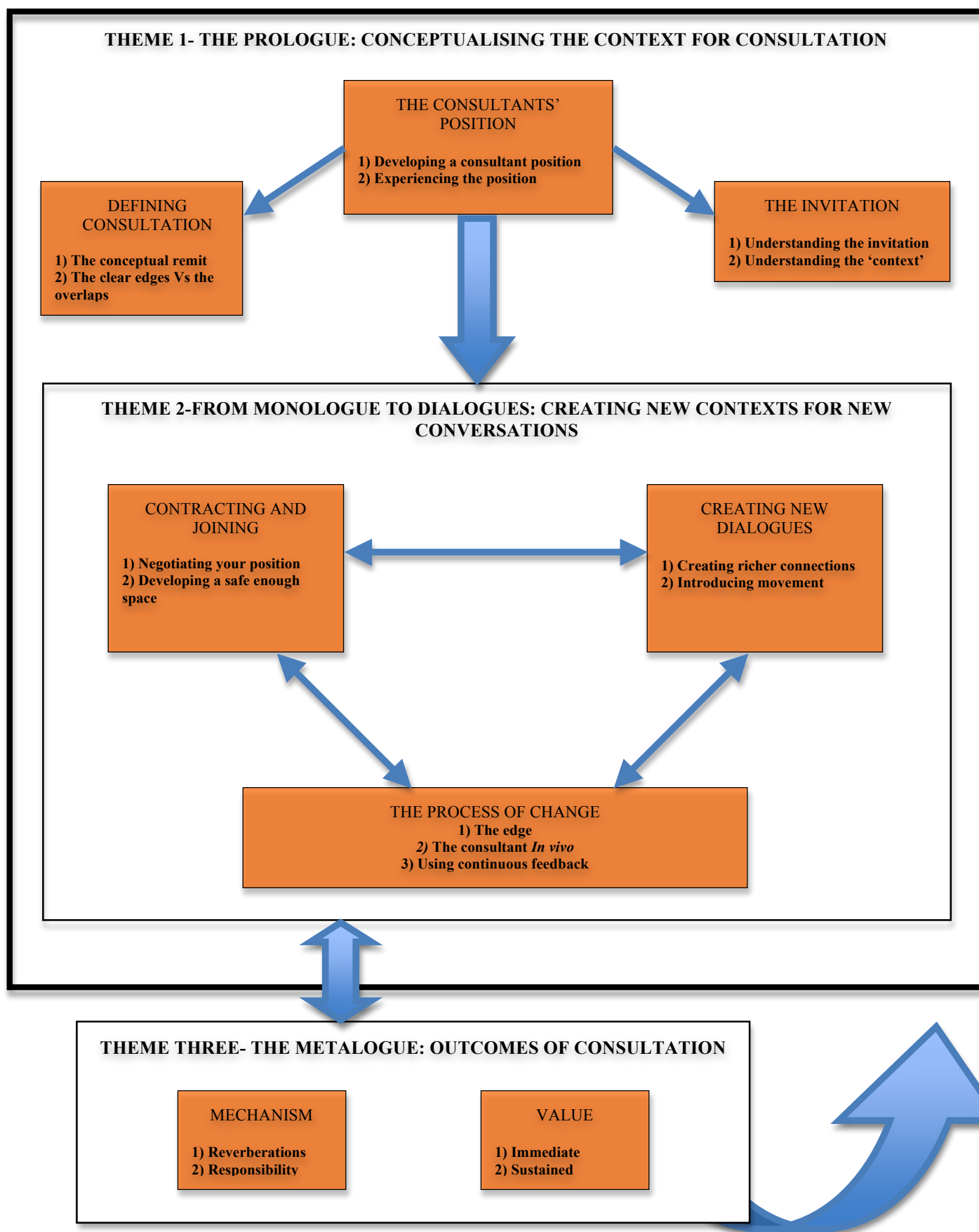
individuals, which is dependent upon their own personal structures. These individuals would subsequently take those changes back into the wider organisation, where they would continue to have further and deeper reverberations into the system, via the new conversations they had with other staff members, for example. In this way, the outcome process was understood to form its own ‘metalogue’, taking on a life of its own. This view shares coherence with the notion that organisations themselves do not learn, rather the learning process occurs at an individual level. Furthermore, it also fits with participants accounts of how they understood responsibility in consultation, which included that, in consultation, the consultant or the consultation process are not responsible for what is taken away or how that is subsequently put into practice. Rather, the responsibility for change was understood to sit with the organisation.

A diagrammatic representation of this theory is presented in section 3.2.2 as Figure 1.

3.2.2 A DIAGRAMMATIC SUMMARY

This section presents a diagrammatic summary of the three **THEMES**, eight **CORE CATEGORIES** and 17 **categories** (see Figure 1).

Figure 1: Diagrammatic Summary of Themes, Core Categories and Categories.

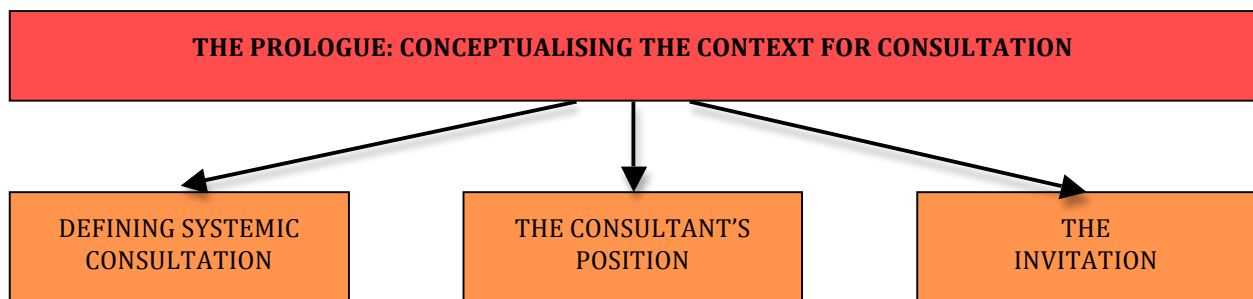


3.3 PRESENTATION OF RESULTS

3.3.1 THEME ONE - THE PROLOGUE: CONCEPTUALISING THE CONTEXT FOR CONSULTATION

This theme pertains to how participants conceptualised organisational consultation and comprises three core categories (see Figure 2). Core category one considers how participants defined organisational consultation in terms of its overall remit, as well as how they understood its' fit as an activity with other core dimensions of systemic work. Consequently, this core category is described first to help orientate the reader into this area of work. Indeed, it is acknowledged here that in order for them to make these definitions, participants were drawing from their experiences and position as a systemic consultant, as per the conceptual arrangement in figure one. Core category two describes how participants understood the process of developing a systemic consultant position, which was understood to subsequently underpin and thus provide a context to the entire consultation process. Furthermore, core category three describes how participants understood the invitational process to offer consultation, which included developing an understanding of the organisational context within which the invitation originated. Taken together, this theme considers the various factors that participants understood as providing a context or prologue to a consultation, rather than the actual processes involved in *doing* consultation. Each core category will now be considered in turn, before moving on to theme two where participants explore how they understood the *doing* of consultation specifically.

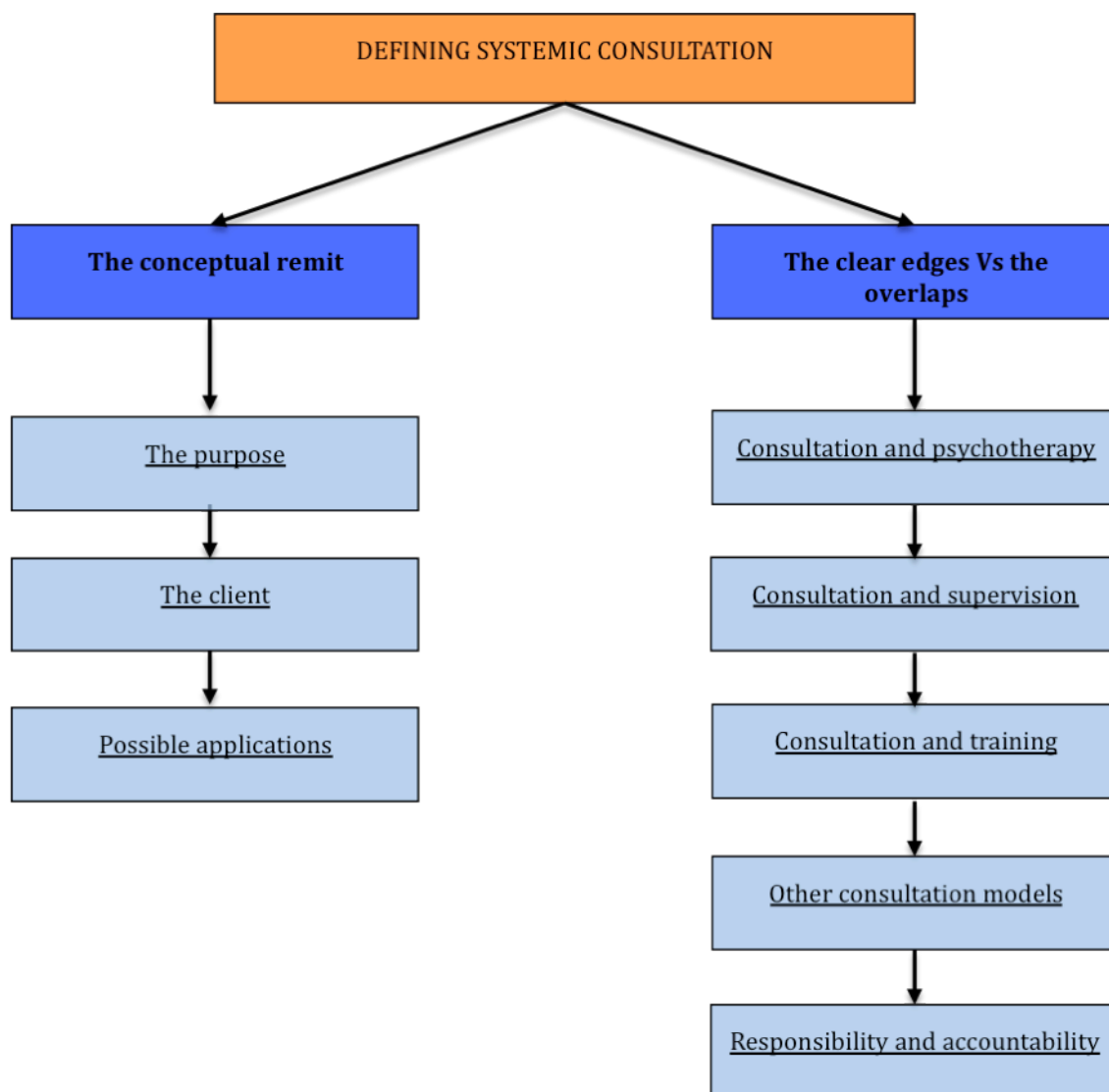
Figure 2: Diagrammatic Summary of Theme One: 'The Prologue: Conceptualising the Context for Consultation'



CORE CATEGORY ONE: DEFINING SYSTEMIC CONSULTATION

This core category outlines participants' conceptions of the remit of consultation. This includes how participants understood consultation to fit as an activity within the broader remit of systemic practice, highlighting how difficult some areas were to clearly define, whereas within others, there was significantly more clarity. This core category comprised two categories: **'The conceptual remit'** and **'The clear edges Vs the overlaps'**.

Figure 3: Diagrammatic Summary of Core Category One: 'Defining Systemic Consultation'



Category One: The conceptual remit

This category focused on participants specific descriptions about how they understood the concept of organisational consultation, including what it might entail, who it might involve and how it can be applied. This category was organised into three sub-categories: 'The purpose', 'The client' and 'Possible applications'.

Subcategory One: The purpose

This sub-category specifically described how participants understood consultations' *raison d'être*. Indeed there are multiple propositions, which allude to other important features that will be considered in more depth later in the core category 'The consultant's position'. However, more specifically, participants identified consultation as being something, which is initiated in response to a request for someone 'outside' to help with a particular difficulty. In this way, it was understood that the concept of a consultant is somebody who was seen as being 'outside' of, and occupying an external position relative to, the identified problem. This outsider position was further understood to enable the consultant to have fresh perspectives, which they could subsequently bring to the consultation in order to help create a more positive shift for the consultees.

Eleanor: "I think consultation specifically asks for someone outside to come and see what they can see specifically because they are fresh to it... because they are standing in a different place they see something different and if one can listen to that idea then it can be useful."

Participants also described the purpose of consultation as being linked to the resolution of problems and thus consultees would seek out a particular set of skills, presumably possessed by a consultant, which might be useful to them in solving their difficulties.

Grant: "A consultation for me would be a request from someone to negotiate some help with a dilemma that they've identified, or even part of it may be helping them identify it...It would be something that they think that I have the skill, expertise, and knowledge to help with."

Many of the participants also linked consultations purpose with the importance of language and having conversations, through which differences and a different level of reflection could be introduced to the system so that it could then appreciate itself in new ways.

Kevin: "I think a consultant helps to create a different conversational space that has a level of reflection to it, which then by definition helps the system to appreciate itself and its differences. So it is that invitation to reflection really."

Furthermore, another participant described his concept of consultation as being related to movement and how he saw this as part of the wider process of facilitating the movement of a group of people.

Geraint: "What I would say is consultation...may be around making a considered transformation with a group of people...so the definition for me of consultation there was an enquiry about how we move together or not."

In discussing their understanding of consultations purpose, participants conceived of consultation as involving an invitation, from someone else, on the basis of the consultants' relative 'outside' position as well as how they were perceived in terms of their skills, in order to help create new conversational spaces and movement within the system. Linked to this, was the importance for participants to be able to determine who the client is in consultation.

Sub-category Two: The client

This sub-category specifically considered participants understanding of who is 'the client' in consultation, which was understood to be an important part of the overall conceptualisation of consultation. Multiple accounts were presented, which included that organisational consultation could be provided on a one to one basis, as part of a group, team, or at an organisational level. Subsequently, it emerged that the client in organisational consultation was not seen as fixed, but rather flexible in response to the initial invitation and subsequent negotiation of the specific piece of consultative work, which will be discussed in Theme Two of the analysis of results.

Lorna: "In organisational consultation you might still be meeting with one person but you might be consulting to the system in which they operate. But equally you might also be consulting with a team or a group of teams."

Geraint: "I can think of three instances one is when an organisation asked me to do a piece of work for them...Another was with a voluntary organisation who employed me as a systemic psychotherapist...but there was an element of consultation with the staff in terms of helping them to do to work more effectively with the clients that they were working with and thirdly, I am employed by the national health service as a systemic psychotherapist in a CAMHS setting and I think that there are times that I engage on the edges of systemic consultation with organisations that wrap around families."

Another participant also discussed the notion of there being a 'wider' sense of the client in organisational consultation, which was understood to differentiate organisational consultation from other types of consultative work that she engaged in.

Michelle: "And then I think about consultation to organisations which is...something wider.... And I think of that exercise as being qualitatively different than what I do when I am doing consultation to individuals or even small groups."

In addition to the 'purpose' and the 'client', another important area participants linked to their definitions of organisational consultation was the possible applications of organisational consultation.

Sub-category Three: Possible applications

This sub-category describes how participants understood the application of organisational consultation. Some participants talked specifically about how organisational consultation could be used to help with service 'transition', which was understood to bring an organisation into contact with a significant number of changes.

Kevin: "People have experiences of difficulty in complex organisations which is where you come in but they might for instance be going through a transition in their lives where they are working not only one system but with several systems."

Alice: "We've been asked to go back and we are in the process of that and that is about a service that is moving, physically moving and so we are doing some work that supports that process really that transition."

Participants also linked the applications of organisational consultation to helping a system develop a sense of perspective, in order to be able to consider itself 'now', in comparison to how it was 'originally set up'. Subsequently, it was understood that through taking stock of this relationship, the

organisation is more likely to be able to consider the degree to which it has ‘maneuverability’ and the ability to change. The idea of a systems’ history will be discussed further in theme two, core category three: ‘creating new dialogues’. Furthermore, participants also linked the concept of maneuverability to helping an organisation function at its ‘interface’ with other teams, so that it is able to keep pace with the changes that are happening elsewhere.

Lorna: “I would go in and consult...about their understanding about what it is that their team does and how they can maneuver within the constraints of how their team was originally set up and the criteria within which they have to operate.”

Gary: “It has been mainly in how they as an organisation are functioning or the interface between that particular team or service unit and why their wider context and so forth with changes that are happening elsewhere.”

Another participant expressed the idea that consultation is usually problem focused and that those are the times when organisations are likely to invite a consultant in. However, there was also acknowledgment of the fact that some organisations almost value a regular time or space for consultation in order to keep track of their ‘temperature’.

Eleanor: “Organisational consultation is almost always problem focused. I have occasionally been connected to organisations where they do some regular consultation to take their temperatures...or to do good housekeeping...but by and large when asked for organisational consultation it is because something is not working.”

This category related to how participants understood the broader remit of organisational consultation, which included it being an activity that was initiated by a request, typically in response to a particular problem. More specifically, this request was understood to seek someone who was perceived as being ‘outside’ of the problem, to come and offer what were perceived as useful skills, in order to help resolve an identified organisational issue. Additionally, participants understood that the client or consultee of organisational consultation was not fixed, but flexible, depending on type of request. Consequently, consultation was also understood as having broad applications. Whilst participants specifically described organisational consultation as an activity, they also linked this understanding of consultation in terms of how consultation fitted with the other areas of their core systemic practice. This was understood as sharing both clear distinctions, as well as blurred overlaps.

Category Two: The clear edges Vs the overlaps

This category emerged whilst participants described how they understood consultation as being one part of the systemic family therapy work that they undertake. As such, participants discussed the ways in which they understood consultation as being both a distinct area of their systemic practice, whilst also sharing overlaps with other aspects of this work. This category therefore, aims to draw out these complex relationships and is organised into five sub-categories: 'Consultation and psychotherapy', 'Consultation and supervision', 'Consultation and training', 'Other consultation models' and 'Responsibility and accountability', each of which will now be discussed in turn.

Sub-category One: Consultation and psychotherapy

This sub-category specifically captures the overlap or blurred edge that participants described between psychotherapy and organisational consultation. Participants specifically understood this similarity as being linked to how in both consultation and psychotherapy, people enter into the relationship in similar ways, coming 'freely'. Furthermore, the lack of hierarchy within the relationship was also understood to be another commonality.

Eleanor: "Consultation I think is much more like psychotherapy that the person coming to the consultant comes freely and says this is what I want to talk about...so more like therapy and that formal hierarchy isn't there."

Participants also described that, the ways in which they might work, during psychotherapy and consultation are similar in terms of process, 'form' and 'systemic orientation'.

Elenya: "But that is exactly what we do with families, it is the same things but in a different context."

Bill: "But in one sense it doesn't shift the systemic orientation towards how you think about working with that different content."

Kevin: "In a way it is not that different to working with a family, one of the first things that we would ask a family is what is the history of their idea about coming here and what are their histories of the idea...there is an isomorphism between them. An isomorphism as I understand it means it has the same form and relationship ok, but its that's not to say that they are both the same, there are similarities in form and dynamic if you like."

Participants also described similarities in terms of their focus on the ‘relationships’ in both consultation and psychotherapy, which in turn highlighted that they understood the mechanism of change in both consultation and psychotherapy to be similar.

Lorna: “So I guess there are cross-over’s in terms of systemic family psychotherapy because of course if you are operating as a family and systemic psychotherapist, which is what I primarily do then I am interested in relationships and how people work together.”

Geraint: “They are similar I think because if you take for example family therapy and consultation they both engage with a group and they both engage with perhaps a sense of perturbing the system in a way that change can be generated.”

Whilst highlighting how they understood psychotherapy to share commonality with organisational consultation, particularly in terms of their orientation or ‘positioning’ within the relationship, participants also linked their understanding of their ‘positioning’ and the qualities of the ‘relationship’ between consultation and supervision.

Sub-category Two: Consultation and supervision

This sub-category specifically described the ways in which participants distinguished consultation from another important aspect of their practice: supervision. In particular, some participants described finding the process of thinking about these two areas as being a ‘fine line’, which they experienced as ‘confusing’. However, despite being confusing, participants did draw a distinction about the way in which they ‘positioned’ themselves as being the difference.

Elizabeth: “I’m struggling...because there’s a very fine line, isn’t there, and I can feel myself crossing it! Because you could have a conversation in supervision, couldn’t you. So what was different? I was thinking about the way you position yourself.”

This idea of the ‘positioning’ of the consultant will be described in more depth in the following core category; ‘the consultant’s position’. However, for now, ‘positioning’ should be understood to refer to participants understanding of themselves as taking a particular imagined position in their mind, in relation to a dilemma, rather than a ‘physical’ position. Consultation was also understood to be distinguishable from supervision in terms of the hierarchical relationship and power that exists within

supervision, between the supervisor and supervisee, but which was not present in the consultant-consultee relationship in consultation.

Eleanor: "Supervision is where there is a hierarchic relationship...so no matter what peoples relationships may be outside... for the duration of the course they both agree that this person is a trainee and this person is the supervisor and the supervisor is responsible to the organisation as well as to the client."

Michelle: "The key distinction for me has always been about the management aspect of supervision and if I am not within the organisation or same organisational context as my consultees/supervisee then I make a distinction that is it is consultation rather than supervision because of the issues of accountability and management of accountability...one of the differences between consultation and supervision is about hierarchy and positions of power."

Another difference highlighted by participants was how they experienced the dimension of proximity and closeness within the relationship, which was related to the idea that within supervision, the relationship has time to build up, whereas in consultation, this is not usually possible.

Geraint: "In supervision it is a much longer-term relationship and that relationship develops with time whereas in consultation feels to be a shorter relationship and....I am wondering if it relates back to something that somebody else said which is about the sense of proximity or closeness and I wonder whether in supervision there is a sense of being closer whereas in consultation there was a sense of that being different."

Furthermore, participants also understood there to be a difference in terms of how 'directive' each activity was, such that in supervision, due to the hierarchy and accountability that pertains, at times this might mean that the supervisor has to take a more directive position, whereas in consultation this did not appear to be the case. Additionally, participants alluded to another difference being the tasks that are undertaken, which in supervision are 'line management' linked.

Sarah: "The distinction is about who is responsible for what is happening and how directive is it and what is the relationship between the supervisee/consultee and the consultant/supervisor and whether it is within an organisation and whether there is line management involved and all those kind of things."

Within this sub-category, participants specifically drew distinctions between supervision and consultation in terms of the particular qualities of the relationship that exist between supervisor and supervisee versus consultant and consultee, as well as the types of tasks each activity undertakes.

Similarly, participants also made explicit the differentiation of training from consultation, which they also linked to remit of the activities.

Sub-category Three: Consultation and training

This sub-category specifically captured the ways in which participants differentiated consultation from training. This included the idea that within training there is a greater level of directness, instructiveness and information giving, which was understood as being different to the remit of consultation in that it has different learning intentions.

Sarah: "Training is in a slightly different place again isn't it because training it has usually got a specific target it has got more of that information giving idea."

Eleanor: "The reason why I think training is the one that is different is because there is much more direct instruction- yeah try working like this: just try you know that or if it's line management your files are not up to date you have to get them up-to-date."

Additionally, another participant introduced the idea that there could be some degree of overlap between these two areas in that they could run in tandem, whilst retaining their differences.

Gary: "If people are saying look we want to we want to think about our practice and we would like you to come in and do a programme of training if you like then the difference between coming in as a consultant and coming in as a trainer I think is much more there is much more overlap."

Gary: "It happened in tandem almost so you know we would be there one week and we would be working with the staff and next we would be working with management and so forth. So that is an example of how we kind of structured training to in a way where we there was a consultative element to how it should be delivered."

As well as drawing distinctions between consultation and other areas of clinical practice, one participant also discussed how he understood his form of systemic consultation to be different and distinct from other types of consultative practice.

Subcategory Four: Other consultation models

This sub-category specifically described how systemic organisational consultation was understood as being distinct from other types of consultation. In particular it was highlighted how there are specific consultancy agencies, which provide consultation to organisations on a regular basis and furthermore, that these agencies draw on a very different approach. Specifically, it was discussed that other ‘agencies’ focused more on organisational structures, adopting more of a first-order, structuralist epistemology as opposed to a second-order cybernetic perspective, which would understand organisational systems linguistically, rather than structurally.

Kevin: “There are consultancy agencies up and down the country to the best of my knowledge they operate using more of a business managerial approach you know they are not drawing on quite the same traditions as we are they would be coming from a business perspective and looking at systems more structurally in the first place whereas I think because of our school tradition we are coming at systems linguistically.”

Kevin: “Well initially not actually, some of the earlier consultative works with organisations that family therapists were doing was more structural, but it was structural in the sense of they were using ideas drawn from structural schools of family therapy ok? So they were thinking about hierarchy, roles, you know they kind of triangulation those kind of concepts were the ones they were using most. However I think in the way that the school of thought that psychotherapy has developed in has moved into that sort of second order narrative linguistic systems...so that we are coming in, in a way to this field with a bias which is about conversation.”

Whilst specifically discussing how consultation fits within the other areas of their systemic practices, which included having both overlaps as well as clear distinctions, participants also linked consultations relationship with the concepts of responsibility and accountability as being another important dimension in defining systemic organisational consultation.

Sub-category Five: Responsibility and accountability

This sub-category specifically related to participants understanding of the relationship consultation has with responsibility and accountability. Indeed this relationship was highlighted by participants at several other stages, including in theme two, category one, ‘**Contracting and joining**’, and also in theme three, core category two, ‘MECHANISM’ with regards to the outcomes of consultation.

However, it is introduced here in most depth, given that participants discussed this issue most actively in order to convey how they understood consultation as being distinct from other aspects of their practice. Accordingly, participants talked clearly about how they understood consultation to be separate from the day-to-day, organisational administrative issues including line management, accountability and subsequently, that neither consultation nor the consultant was responsible for how the consultation space is used, what is brought to it, or what is taken away and how that information is used. Indeed, one participant was explicit about the fact that she sets this out in writing for the consultee.

Sarah: "Consultation is very clearly not about line management. It is not about the consultant having any responsibility for that person in their job or in terms of what they end up doing. That is the consultees responsibility with what they do with the consultation and they hold all of that responsibility."

Alice: "You are accountable and the buck stops with you but in consultation you go in and here are my ideas what you do with them is your business."

Eleanor: "I think responsibility for me sits very clearly with the consultee...in fact there was the case with the BPS where someone a very senior psychologist had had a relationship with a client, a sexual relationship who then when the relationship broke up, the client made a complaint and this senior psychologist had had external consultation and the BPS ethics committee asked the consultant whether they knew about this relationship and he didn't...and they said its fine its not the consultants responsibility it was the responsibility of the therapist to mark this as a dilemma so that confirms what I think."

In this way, consultation was understood as being free from the internal processes that occur within an organisation and that by not taking responsibility, this allowed consultation to remain more external to the presenting issue as well as to the system. Another idea participants talked about was the fact that although they didn't see themselves as responsible in terms of the overall outcomes of consultation, they were not completely without responsibility. Indeed, participants described that they were, to a more or lesser extent, accountable for practicing ethically and certainly within the legal framework.

Grant: "Certainly when I speak with people, as I said earlier on, if I hear anything that raises concerns for me as a practitioner, manager or otherwise, I would decide what course of action to keep someone safe...I wouldn't just go: well, it's a consultation so it doesn't count. I couldn't do that. I am responsible. Because that's responsible for the consultees practice rather than their interaction with the clients."

Kevin: "Now whatever the contract there, there is still a legal responsibility...so for example I can consult to people who are not I am not in their agency but their practice is and I can contract with them formally that you know, I am offering these ideas I am not taking responsibility for what you do,

you are responsible for what you do, you make sense of what I offer. But I still have to be in law responsible for what I am saying and defend and account for what I am saying.”

Furthermore, some participants also described how they experience a level of responsibility for ensuring the safety of the organisational team.

Gary: “But one of the key things that I tend to do in these consultations is maintain a focus if you like on the responsibility for where it leaves the team with the team.”

Building on this further, another participant described how the degree to which they experienced responsibility was related to how ‘direct’ their relationship was with a ‘client.’ This was illustrated by drawing comparisons with psychotherapy, through which it was understood that responsibility in consultation was somehow experienced as ‘different’ to that experienced in psychotherapy.

Geraint: “I was thinking is it that you have a responsibility, a greater sense of responsibility because you are working with client material and I feel a responsibility with people I supervise because they are asking or they are bringing a question for consideration that has a direct relationship to their relationship with their client which feels it carries a load of responsibility. However when you're consulting with the group you're equally carrying a load of responsibility because there are personal relationships involved and it doesn't it's not therapy but you still have a responsibility to the integrity of the people that you're working with as the highest context marker

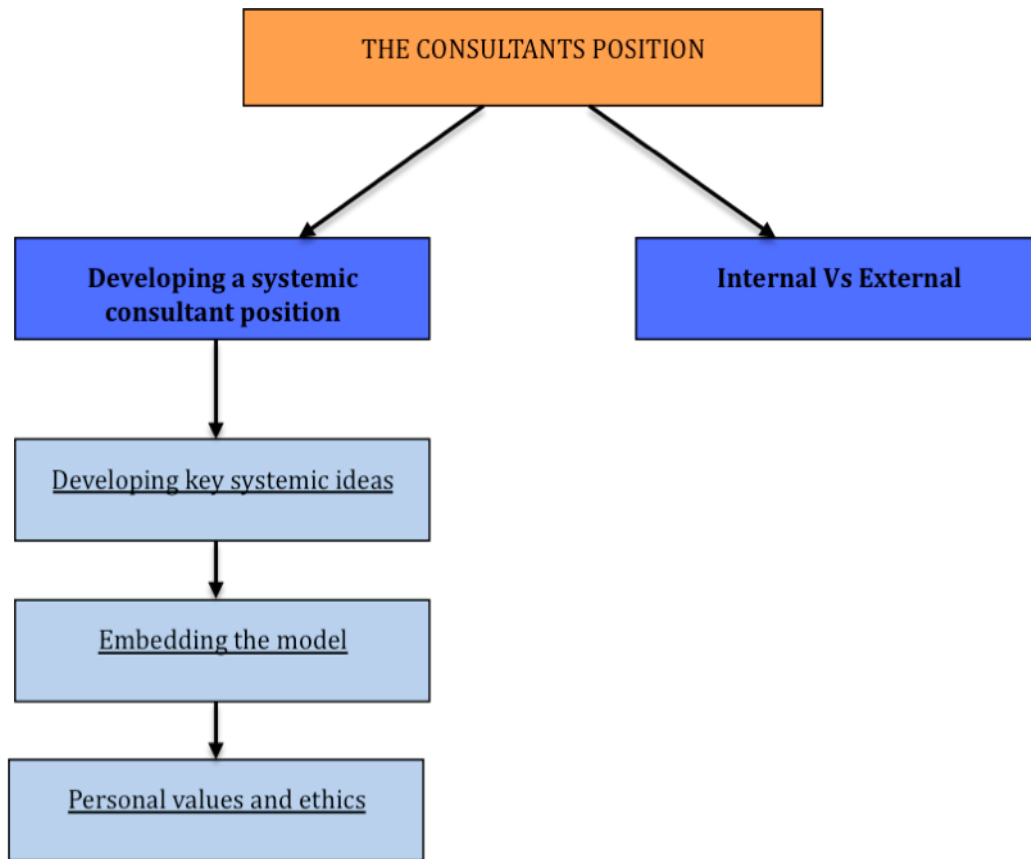
Whilst describing systemic organisational consultation, participants highlighted how they understood this area as being both distinct from other practices, whilst also sharing overlaps. The main distinctions that participants drew occurred between consultation, training and supervision around the formers absence of a hierarchy, power or the level of instruction that existed within the consultee-consultant relationship, but which was a prominent feature within both supervision and training. Furthermore, one participant described another important distinction in terms of how they understood their form of consultation as drawing from a second-order cybernetic, linguistic persuasion, as opposed to being more structurally orientated and within a first-order perspective. However, in describing ways in which they understood organisational consultation as being distinct, participants also acknowledged that organisational consultation shares some increasingly overlapping or blurred edges, which included how they specifically experienced consultation as sharing a similar ‘form’ or ‘isomorphism’ with psychotherapy, as well as sharing a similar relationship with responsibility and outcomes. Participants also introduced the idea that consultation had overlaps, because it utilised other important components of core systemic practice. Indeed, throughout this category, participants made references to their

‘positioning’, which was understood to be a crucial component to the understanding of consultation. Consequently, participants described how they understood this systemic position and more specifically, their position as a systemic consultant.

CORE CATEGORY TWO: THE CONSULTANTS’ POSITION

This core category specifically pertains to how participants understood the position of the systemic consultant as something, which is initially developed, and then subsequently brought to and used in the consultation process. Consequently, how participants understood the development of this position is discussed here, as it pertains to what the consultant is *bringing* to the consultation process and is thus understood to form part of the contextualisation of consultation. Whereas, how participants understood how this consultant position was operationalised *during* consultation is discussed in the category entitled ‘**The consultant *in vivo***’. In this former context however, participants discussed the initial development of a core systemic position, which is subsequently strengthened through clinical practice and personal growth in terms of participants’ own confidence and values. Furthermore, as well as discussing the development of the consultants position, participants also described this position as being one, which is experienced. Accordingly, participant responses are organised into two categories: ‘**Developing a systemic consultant position**’ and ‘**Internal Vs external**’, which are summarised diagrammatically in Figure four below.

Figure 4- Diagrammatic Summary of Core Category Two: ‘The Consultants Position’



Category One: Developing a systemic consultant position

This category focused on how participants understood the various aspects, which contribute to the developing position of the consultant. Beginning with their training, and subsequent personal and professional growth, in terms of skills, confidence and values, this was understood to create the platform from which they could step out in to the position of organisational consultant. This category was organised into three sub-categories: ‘Developing key systemic ideas’, ‘Embedding the model’, and ‘Personal values and ethics’, each of which will now be discussed in turn.

Sub-category One: Developing key systemic ideas

This sub-category specifically captured participants understandings of how they developed the key systemic ideas, which when placed together, form a systemic ‘orientation’. In particular, participants considered how their initial systemic training was important in helping to develop a ‘foundation’ orientation, which was subsequently linked to one of its’ core components; the value of being able to tolerate significant levels of uncertainty.

Elenya: “Again years of expensive training, again that is why systemic training is important....I think there is almost, because you have been through that process and that is the foundation of what you do, there is almost like, it can look like a fearlessness of uncertainty”

As discussed in the previous category, systemic practice includes various roles, for example consultation and supervision, which share both overlaps and distinctions. Linked to this, participants also related the process of their training to developing the experiential insights necessary in order for them to distinguish the subtle differences between these different ‘hats’ or roles. In turn, by experiencing, and thus knowing what these different ‘hats’ were, this was understood to allow participants to be able to move fluidly between roles as and when they needed to, as well as being able to name which ‘hat’ they were responding from in order to ensure that they can maintain being useful.

Lorna: “Through the process of training I understood the difference and I understood the different hats that I was wearing in those different positions and I think that now that is quite embedded and I am able to name what it is that it is that I do when I am doing it and I think that I am able to move more fluidly between these different positions...because it is not just about having experience of wearing different hats its having the experience of knowing when you are wearing different hats so without that kind of grounding then that fluidity that I talked about can just feel confused blur rather than a fluid movement it just becomes a big squelchy thing...It’s the practice of knowing what it is that I am doing and why I am doing it.”

As well as the fundamental importance of training in helping participants develop the appreciation of the various hats pertaining to a ‘systemic role’, participants also described how their subsequent work with families helped them to hone the various other skills necessary in the development of a systemic orientation. Indeed, one participant discussed the value of taking a non-expert stance, where they learnt to ‘join with’ the family and work very much ‘in the moment’, which subsequently became ‘integral’ to them in which they practiced systemically.

Alice: “So there is something about the way that we work with families and the kind of influences on our thinking there is very much non-expert, is very much joining with and working in the moment and that kind of philosophy that grew for us as a couple seeing families has now become integral to the way that we work across you know with anybody.”

Michelle: “So if I were to take a position of being the expert then it would be different from the position which I normally take which is of having expertise but being a facilitator but in that idea of the relationship there are still, I have the power of my own skills and knowledge that I can choose to use in whatever way I choose to use.”

Furthermore, this non-expert position was understood as being underpinned by the core principles of negotiation, collaboration, and the valuing of multiple possibilities, which in turn was understood to link back to consultations relationship with responsibility as previously discussed.

Geraint: “And you used the words Jack, well you used two words I think I haven't used at this point which was negotiation and collaboration, but both of those words are fundamental to the way that I practice, whether it is in consultation or psychotherapy.”

Lorna: “Yer absolutely, the idea of multiple possibilities I think is something that kind of runs through as a thread in systemic ideas, whether it be work with individual families, team or communities or organisations, that idea that whatever kind of interaction you have with others can lead to any number of possible outcomes.”

Another core aspect that participants related to developing a systemic ‘position’ was neutrality, which was understood as being the anticipated or hoped outcome of an active process on the part of the consultant, whereby they are continually calling into question an imagined ‘position’ in relation to the ideas or narratives that are being expressed by consultees. Furthermore, it was understood that this process was linked to the concept of irreverence, whereby one tries to ensure that each idea they encounter is given the same level of value as another. This was also understood to help the consultant to not align themselves with any particular story and thus potential outcome, which in turn links back the ideas of responsibility previously discussed in theme one, core category one, as well as those which specifically discuss responsibility and outcomes in theme three, core category two.

Kevin: “I think the sense that I understand neutrality is that it is a stance...in my experiences I am trying to actively question my response to an idea so that I don't simply buy into it because I like that idea, but that I see it as a perspective in the system... so that I can be open to another set of ideas that I might not be so attracted to personally, you know they might not fit my own bias but have a value and logic and I have got to work just as hard to engage with those set of ideas so that I can see how it fits

or how it could fit better...I will still privilege ideas but my intention is to bring that privileging into question over and over again in an on-going way."

Elizabeth: "Well, I did a few things. I think I positioned myself; I'm going to say as neutrally as possible, because it's very difficult to be completely neutral. And I did that by allowing them each to tell their story."

Furthermore, participants also described 'curiosity' as an important component of their systemic position, which was understood to help them to be a 'foreigner' and to explore these 'new landscapes', which allows the different layers of complexity to emerge. Consequently, by being 'curious', this allowed participants to survive the uncertainty that working with systems and organisations presents, by allowing them 'not to know'.

Elenya: "I have no idea I am like; Cecchin said, he would consider himself as a foreigner, it's almost like visiting a foreign place or a different place, and that is how I think of myself as like a small foreigner in a new landscape and it is curiosity that using those ideas that we use in systemic therapy with families and individuals being genuinely curious about peoples lives experiences and in my experience what happens then is layers begin to emerge and you know different hues and textures of what is it like to be in this place at this time and what people want from that."

Geraint: "And that [curiosity] doesn't help me know but it helps me not to know and keep the conversation flowing and keep it curious."

Kevin: "There is greater complexity and therefore the thing about greater complexity for me is if I get it that things are always more complex than I can realise then I am always open to the possibility that there is something in this that I don't know and that I can then it encourages and invites me to ask questions more."

Through their experiences of formal training and subsequent practice with families, participants described how they developed particular ideas and principles, which together, formed a systemic orientation that was not fixed to a specific mode of work, but rather, one that could be applied flexibly. Having developed this systemic orientation, participants also described how they consolidated this systemic orientation as a basis for developing a more specific consultants' position, via firmly embedding these skills within themselves and their practices.

Sub-category Two: Embedding the model

This sub-category specifically describes participants accounts of how, through experience and ongoing personal growth, they ‘embedded’ the skills and implicit confidence necessary to be able work effectively within an organisational consultant role. In particular, participants discussed the value of developing a variety of experiences of working systemically, which became consolidated and almost internalised, from which they could subsequently draw from when working in a consultative role.

Lorna: “When you graduate it’s about bedding in what you know in the core work of what you do...and I think that probably the more kind of organisational consultation builds up over time, so probably the longer someone has been qualified the more they would have developed that as part of their repertoire and the more that would become imbedded in the work that they do.”

Elenya: “I think that is something that you learn over the years and that you develop the more and more you do it, the better able you are...you become competent at that and... over the years, I have become more confident as I have got more experiences to draw on.”

Kevin: “Well it is confidence and it is authority, it is a sense that I can with some confidence which comes to some extent from experience of doing things that the feedback is that has been really useful we would like you to do more of that with us but you know gradually I think to set yourself up with a stall.”

Participants also described developing an awareness and acceptance of their position, whatever that maybe, as having an impact. Furthermore, another participant extended this notion of knowing that their position would have a consequence to actively position themselves in order to create different patterns within the system to those, which they understood to be currently operating. Furthermore, one participant described the mechanism through which he understood this process, which was the systemic principle of second-order cybernetics.

Kevin: “Because I think you are you know particularly with this more second order perspective I am aware that I make a difference, I cant not make a difference, so then the questions is can I make a difference in some kind of conscious or purposeful way that is going to be useful that is going to kind of make a better difference you know?”

Gary: “I have come to accept there is no position one can take anywhere in any organisation that isn’t going to have an unforeseen or an unintended consequence and that that consequence is going to have two sides to the coin...and it is a case of how we decide to look at it and how we decide to utilise it.”

Elizabeth: "So I might not be the one that's doing all the talking actually. But I might be positioning myself so I'm asking a certain question to elicit a response that will be picked up by the rest of the team. It's tiny things, isn't it, that make the difference."

As well as discussing the development of their core systemic position and how that is subsequently embedded, participants also linked their own values and ethical principles as an important dimension to their understanding of their position as a systemic consultant.

Sub-category Three: Values and ethics

This sub-category specifically captured participants' accounts of how their own ethical principles and values form an important part of their systemic position. Specifically, this was related to the types of request that participants receive, to offer organisational consultation, or about how they understood their stance towards consultation. In particular, participants described the need for congruence between how the request for consultation sits with their understanding of what they can offer, ethically and morally, which also seemed to fit more widely with having a strong sense of social responsibility.

Kevin: "There are some riders on that, there are ethical riders for instance and for instance you could argue that someone might have come in to consult to the Nazi party in Germany and make the war more efficient in the way that they are run, so you necessarily wouldn't want, there would have to be a fit between the consultant and what the system was at least telling itself what it is aiming to do and wanted to do."

Bill: "Another element....is the values of the consultant...the ethical values and the values that bring the consultant into doing this job are very important to address. One of the reasons that I do not do organisational consultation with businesses is a political one...so the examples I've been giving you are all from the domain of charities or social and mental health services because I feel you know the congruence between my values as a therapist and as a citizen ...I think it would be simply impossible for me to I simply couldn't do it, it would be a bit like being asked to be a therapist for Adolf Hitler or Margaret Thatcher you know I would have to turn down the invitation and I think that people do need to look at that level of, all of us we have a responsibility to think what is the implication of me offering to consult to this that or the other organisation."

Participants also related how their own biases impacted on their position as consultant. Indeed one participant described a deeper level of personal connection related to the value of reflection, which is a significant part of the consultation process and will be considered in more depth in theme two, core category three; **'Creating new dialogues'**.

Kevin: “To some extent I think this is based on biases like I would have a bias that a reflective life will maximise more of its resources lets say for a person if I reflect on my own life and I can see what I have got in any given situation or context I am more likely to make good judgments’ because I will be able to so that reflective process is a valuable process.”

This category discussed the development of the consultants position, which included the importance of participants’ initial training in creating a ‘systemic foundation’, from which participants could embed their systemic ideas further, in order to develop an ‘embodied awareness’ of their core position. As part of this systemic position, participants also highlighted the importance of having congruence between ones values and the ethical principles that surround a request for consultation. Having considered how they develop the specific qualities pertaining to a systemic consultant position, participants additionally considered how the overall *position* of the systemic consultant sits, in terms of whether it was ‘internal’ or ‘external’ to the presenting issue.

Category Two: Internal Vs external

This category specifically related to participants accounts of how they understood the issue of whether a systemic organisational consultant was *internal* or *external* to the presenting difficulty, which would be expressed in the form of an invitation to consult, as discussed in the next core category; ‘THE INVITATION’. Firstly, participants discussed that they understood the concept of ‘internal’ Vs ‘external’ as being related to context, such that they could be ‘external’ to the presenting ‘dilemma’ or group of consultees but still ‘internal’ within a broader context, for example, the NHS.

Grant: “For me it would be external to the context in which they see their issue or dilemma sitting, because if it’s an organisational issue for this health board, it still sits within the NHS, and I am not external to that. And if it’s within the borough of XXXX, I’m not external to that, but I can still be external to the dilemma that they bring...I am external to you, but I’m still white, English, living in Wales, all the rest of it. You’ve come, this is an NHS clinic that you re in, but I can be external to you and your dilemma. I can offer that perspective from being outside.”

Gary: “I think for me that again a lot of that depends on the structure, role, remit etc of the organisation so although you are kind of lets say under the umbrella of a particular organisation there are some groups within that to which you consult which are sufficiently different or external to where you are although you are working in the organisation you can nonetheless, there is enough difference for you to be recognised as someone who offers the service if you like or who facilitates this process.”

Eleanor: "I don't think you really can be an internal consultant I think that I sit with the early Milan people and where they are at and there was that wonderful hippie guru called Carlos Casteneda he said to influence the circle you have to be able to press on the edge of it and I think that is a nice metaphor"

Participants also highlighted the 'value' that was placed on having someone external, which included that the external position brings with it a different perspective that is 'imported' in from the outside.

Kevin: "If you go back to Farerras idea there is something important about that import, the bringing across that threshold ideas that may either bringing them across or activating them by that only the outsider can activate."

The value of having an external consultant was also linked by participants to freeing up the consultees internal relationship hierarchies such that they would not get in the way of the consultation process.

Bill: "We would rather have someone from the outside do it because on the inside we all have our internal hierarchical relationships and roles and so on so it would make sense for us to be freed up from all of that so that a facilitator would help us to be able to have different conversations in a new way and we have put by two days and we've heard that you do these things and would you like to do that?"

Another participant also associated the value of having someone who is external with the idea of having regular points of reflection, as opposed to one off events.

Lorna: "So there is something about I think continuing to have reflection points and I think that is where an external consultant be really helpful because they can offer follow up so rather than it just being a kind of just a one off event, there is a sense of being able to attend to it in the future as well that the consultant who again is kind of perhaps one step removed in that meta-position really than an internal consultant."

The idea of being 'external' was also described by participants as being something, which was misperceived by consultees, who related it to having an increased sense of objectivity, which appeared to create a tension for participants in terms of the way they felt their role was understood by consultees versus how they might understand their own epistemological stance. Consequently, participants understood being external as not the same as having more objectivity.

Alice: "You know and it all depends very much on epistemology and how you understand the world so the very idea of external and internal kind of speaks to a kind of reductionistic epistemology that there is such a thing of external and internal and that they are temporal and that they exist. But then again

for the people that we did the interviews with they spoke lots about oh they are external and they've got this objectivity so the people who we consult to, they are more likely to see the world in that way I think so for them their perception of us as external is important to them, less so to me."

Alice: "Because we don't see ourselves as external from them but there is this idea and it persists that if something is external it is objective and that objectivity is the gold standard for lots of people you know lots of our colleagues have been trained in ways of seeing the world that value objectivity including our psychology colleagues."

Eleanor: "I don't think it's because the consultant is objective absolutely not I think that the consultant is as subjective as everybody else but their subjectivity is fresh to the situation."

Furthermore, other participants introduced the idea of movement in relation to the dimension of remaining external to the issue. More specifically, participants acknowledged that, due to the natural 'pull' of the system to adopt its' values and beliefs, the external position is not sustainable. Consequently, with time, one is likely to become less able to remain 'external' to the presenting issue, which was closely linked to another concept that is discussed in theme two, core category three; **'The edge'**.

Bill: "I think it's more inside and outside, it's more like being in and sensing from the inside and then moving to the outside...I am in and out at the same time I am observing myself being in it so I am both I am both in and out at the same."

Grant: "So it's about having enough of a relationship, which means at some level you become more internal, because you have that relationship while standing outside through things like curiosity and awareness of self and all that kind of stuff. So you have a relationship that you can call on that's trusting and doesn't need to be friendly even. But there's an engaging usefulness in the relationship, but still an idea of outside perspectives being able to help."

Michelle: "That is fascinating actually, reflecting back on some of the things that I had been institutionalised into doing and I thought that is such a powerful thing that happens to people, the pull of the system."

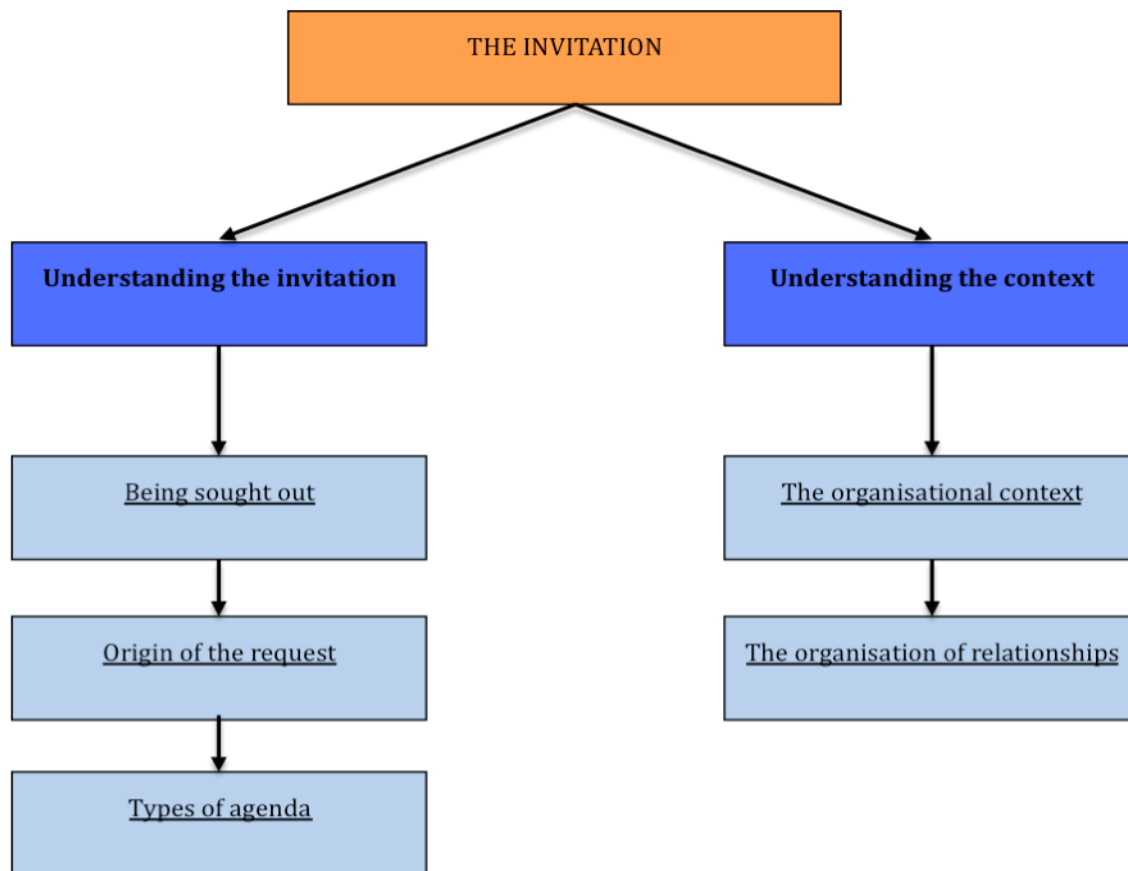
In this core category, participants described how they understood the role of the systemic consultant as being an important component in the conceptualisation of consultation. Indeed the consultants' position was understood as being initially grown and developed through participants core systemic training, where key systemic ideas were introduced and consolidated, to form a core systemic orientation. This was subsequently embedded further through participants experiences in systemic practice, which allowed them to develop the personal confidence, skills and depth of insight necessary to be able to

fluidly access how they experienced themselves in relation to the various different roles they enter into. Consequently, the aforementioned was understood to be the process through which participants developed a systemic consultant position and having developed this, it was understood that this position becomes ‘meta’ to whatever content or issue was presented. In this sense it becomes a part of the context to consultation, or an individual prologue that each participant owns, and subsequently brings to an organisational consultation and all the sub-components of this work. Linked to this, is the understanding that an organisation has also developed its own context or prologue, which it brings to a consultation, initially via an invitation to the potential consultant. Consequently, it is understood that at the point when the systemic practitioner receives an invitation to offer consultation, both sets of prologue or context are understood to meet in that invitational space. It is here where the systemic practitioner puts on his or her consultants’ hat and steps into their consultant position, which is subsequently utilised in order to establish the purpose of the invitation, the invitations context within the organisation and the subsequent negotiation of the consultation contract.

CORE CATEGORY THREE: THE INVITATION

This core category acknowledges how participants understood the ‘invitation’ an organisation might make for them to come and offer consultation. In this sense, the invitation was understood to be the first point of contact that an organisation has with a potential consultant. This core category is further comprised of two categories: ‘**Understanding the invitation**’ and ‘**Understanding the context**’ and is represented diagrammatically in figure five below. Within these categories, further sub-categories will be considered in turn.

Figure 5- Diagrammatic Summary of Core Category Three: ‘The Invitation’



Category One: Understanding the invitation

This category describes the emphasis that participants placed on understanding the invitation they received, to offer consultation. It comprises three sub-categories: 'Being sought out', 'Origin of the request', and 'Types of agenda'.

Sub-category One: Being 'sought out'

This category specifically related to how participants' experienced being 'sought out', either by an individual, team or service, which they understood to be related to how they were perceived in terms of being a systemic practitioner.

Geraint: "I have also had the experience of when one practitioner seeks you out and asks you to consult then that is a very different relationship then...And I get ad hoc, one-off requests. Can you spare me an hour Geraint to help me think about...? And I guess I've been doing that ten years."

Alice: "I suppose gradually people have come to me more and more for that individual consultation and I think probably as the years have gone on increasingly I see that as necessary to talk about in organisational contexts team contexts and so that is how that has developed really... I think in the early days we did get asked once or twice to meet with teams to think about clients and then it kind of developed and we got asked to meet with teams to offer them some space to think about themselves as teams and that was very clear that it was not about clients but that it was about them."

As well as describing how they might be sought out by a range of individuals, through to whole teams, participants also discussed the impact being sought out meant for them, in terms of the skills others thought they possess. This was understood to represent a wider appreciation of the value of systemic practices, but also, that they as individuals could be of value in this role, which was seen as flattering for participants.

Elizabeth: "There's something about being invited in. It's quite nice, actually, to be invited in. So there's something there about, if you're being invited in to do some consultation, to consult with, I feel it's saying something to you. As in, we think you can do this. We think you've got the skills, the knowledge the experience that we need."

Elenya: "I think you become, by dint of the skills you bring as a systemic practitioner, I think you become seen as somebody who would be useful."

Sarah: "But you do start getting sought out I think by and usually by in my experience by individuals who come to you because you are seen as a kind of a slightly detached, slightly distant different perspective kind of voice I suppose."

As well as describing their experiences of being sought out or invited in to an organisation, based on their systemic position and the skills that others' perceived were attached to that, having been sought out, participants identified how important it was for them to work to understand the origin of where the request came from within the organisation, in order to establish a sense of context for the work they were about to enter into.

Sub-category Two: Origin of the request

This sub-category specifically acknowledged the importance for participants to understand the origin of the consultation request. This was related to the idea that, depending on where the request came from,

for example, a senior manager as opposed to the whole team, the consultant would be ‘positioned’ by the request in different ways. Linked to the origin of the request is the concept of hierarchy, which carries with it the connotation of ‘doing to’ the team as opposed to ‘doing with’ the team, which will also influence how others will position the role of the consultant. This latter point is discussed further in the subsequent category; **‘Understanding the context’**.

Michelle: “So where the request for consultation comes from is very important in terms of how you then get positioned and used...So if you are employed, contracted by the chief executive of the organisation to do something on their behalf then I think if nothing else when you meet with the team or teams they will perceive you as something to do with management. Whereas if a team invites you in to do a consultation because they are struggling with communicating together for example then the contract is between you and them and you may be being paid for by the organisation but you would probably negotiated something so the relationship you have with them is slightly different than if you are being foisted on by management.”

Participants also discussed how upon receiving the request, they immediately became organised to work with the request in order to establish clarity regarding its origins. To achieve this, participants described drawing upon their underlying systemic orientation, including skills such as curiosity (as previously discussed in the core category; ‘THE CONSULTANTS’ POSITION’) and asking questions in order to make explicit the context of the request.

Gary: “Then in the exploration it is well what is the footing of this consultation what is it that, who am I consulting to and what for and who’s idea was it and so on and so forth...So I tend to ask a lot of questions before I go in, in terms of the history of the idea of the consultation why now, who is in agreement with it and so forth.”

Lorna: “You are paying attention to who is referred and what is their relationship to the referrer and why have they been referred. You know all of that kind of back tracking that has to be done in order to understand the very basis of the relationship between you and the person sat in front to you.”

Thus far, participants have described the importance of understanding *where* the request came from and how they might subsequently work to develop a coherent understanding of its’ origin. However, another important dimension, which participants linked to understanding an invitation for consultation, was the idea of the organisations implicit and explicit agendas for requesting consultation in the first place, which also needs to be explored further as part of the convening conversation.

Sub-category Three: Types of agenda

This sub-category specifically pertained to participants need to understand the meaning or agenda(s), which are attached to the request they receive for consultation. Indeed, participants specifically highlighted the delicate and cautious manner in which they approach trying to decipher whether a request is a 'poison chalice', or whether it was more of an 'open invitation' and how it is important to pay attention to the 'clues' that are offered, in terms of how the consultation is set up.

Bill: "I think that the main distinction was in relation to the remit the consultant is offered by the people in the organisation and the delicate matter with which we have discussed as to the meaning of that invitation and whether it is a poisoned chalice or whether it is an open invitation towards the consultees."

Gary: "Sometimes it is tricky if you are invited in to a context where you are invited in under false pretenses. Now you may not be aware of that? You may go in good faith. But the way in which the consultation is set up might be important in terms of clues that that gives you, but you cant always predict how that will run."

Participants also discussed how an organisations agenda or agendas for requesting consultation need to be made explicit and become part of the initial contractual process. Indeed, participants highlighted their experiences of working with organisations that had given both 'overt and covert' agendas. Furthermore, the process of working through this was acknowledged as being a difficult but an essential aspect of the consultation process, in order to protect both themselves as well as the consultees, who might be left vulnerable to an organisations' hidden or covert agendas.

Gary: "Most of the time there are a number of agendas running and part of my, I think part of my job is to begin to look at those agendas. There are the overt agendas and then covert agendas. Sometimes it is useful to name the covert agendas and sometimes it is not, sometimes it is much better to just leave them covert, address them, attend to them but not make them overt. It really is very context dependent."

Eleanor: "If I have a very strong feeling that there is an agenda out there like that, I would then ask permission and write individually to each person in the group saying this is how I work. So and so has invited me in and this is my understanding up to the moment of what his agenda is and this is how I work and try and give a big message about being open to many points of view to try and neutralise a bit to try and give me some space to maneuver. I might do quite a bit of that in the consultation and certainly I think that when there is a lot when there are many hidden agendas around then that persisting with that position of curiosity and not knowing is fantastically useful."

Participants also discussed how they understood the types of request in terms of complexity, which they related to whether there was an underlying problem in the organisation, as opposed to there being more clear cut requests.

Elenya: "I think the more complex ones are when you are invited to consult to processes that maybe or maybe not going wrong in some way."

Eleanor: "The most clear cut is when a group specifically asks for consultation like a CAMHS team or whatever or CMHT or you know some group that specifically works like that and then sometimes it's at a larger level at an organisation just either saying we are pausing we're having a think or saying we've got trouble, there is something going on and we don't know what it and then very very problem focused so it is that kind of range."

As well as discussing the value and importance of clarifying and making explicit an organisations agenda, in an attempt to establish a clear, explicit viewpoint of what the request for consultation is about, participants also linked the importance of understanding the invitation with the need to understand the wider context within which it is located.

Category Two: Understanding the context

This category captures how participants described the process through which they work in order to develop an understanding of the context within which the request sits. It contains two subcategories: 'The organisational context', and 'The organisation of relationships', each of which will now be discussed in turn.

Sub-category One: The organisational context

This sub-category specifically related to participants accounts of how they develop an understanding of the organisational context within which the invitation to offer consultation sits. In particular, participants acknowledged the wider context of the current NHS and the impact that this has on an organisation and its staff members.

Alice: "The other I was thinking about as being somebody that provides consultation within the service that I work I am very aware of the other layers of context that any team are in and how the NHS in

2014 has completely over gone the course of the last eight years, people's capacity for change has been completely zapped for multiple reasons really and I think working with the reality of how awful the situation feels sometimes and so there is something about you know again the kind of difference and tensions and acknowledging hope and ideas and also holding the despair that I think a lot of people feel these days."

More specifically, participants also discussed the importance for them to establish how people, aside from the requester, understand the invitation that was made for consultation and thus the range of different perspectives that these people will hold regarding how consultation is perceived within their organisation.

Lorna: "That is about finding out in advance, asking whoever it is who has invited you in, what is the teams understanding about what I am here for and are they going to see me as an interloper into their cosy world or are they expecting it and welcoming it, and what are their expectations?"

Kevin: "So I have to be already be inviting the manager to think about that. How are we going to negotiate this with the team? What do they think you are doing on their behalf? When I arrive how do you think that they will understand my presence?"

In turn, this was seen to help the consultant contextualise how much support might exist for the consultation process and thus how they might be positioned or need to position themselves in order to be useful to the consultees.

Gary: "Sometimes what you get back is: 'yer we have got support from them and they really want this to happen' and this is great but not really. It is verbal or you know there, there go ahead, pat on the head you know, of course if you want to do your thing carry on doing your little thing down there do whatever you like it wont make any difference to us we are not going to be affected by it we are not going to change anything here...so it is important to kind of you know have that kind of to ask those questions you know how much influence do you have how much support do you have what difference do you think this will make, if it doesn't make any difference what will you do, how will you do it, what else needs to change?"

Furthermore, one participant specifically highlighted how he develops an understanding of the organisational context. Here, he described the personal process of doing an 'intervention' to himself in order to specifically get a 'flavour' of the 'atmosphere', as he is arriving on the consultation day itself.

Gary: "It is more in a sense that I do as an intervention to myself so rather than sailing in with one with maybe the manager's remit as I have discussed, sure it is a context, it is a frame of reference and I will have some hypotheses formed about what might be happening and so forth or what might be

needed or what might be asked for, but once I am in there I want to get a flavor of what the organisation is like, so that it is started from the car park and just what the structure of the place looks like and then the room we are in and our working space that we are in what is it like? And then the atmosphere, what mood do I feel what vibe do I pick up if you like from the group as a whole but also from different individuals within that.”

One participant also referred to how she used the Coordinated Management of Meaning Model ((CMM) Cronen and Pearce, 1985 as discussed in Chapter One) as a tool to help her think about the concept of context, and how this applies within an organisation.

Michelle: “What it means I think in my mind anyway, everything happens in context and there is context if you know CMM you will know there are different kinds of contexts. There is the context of the situation there is the context of the physical building you are in there is the context of the definition of relationship that is probably a term that people have talked about which influences the way you understand how you talking about talking together, there is the context of your previous life experiences there is the context of your training your discipline your organisation, your country, your race your culture and everything and so it, I guess you could take any one of those labels and think about what does this mean in terms of the way that I live my life and the way I think about the way I live my life and the way I communicate and have relationships with other people. So it is as broad as that.”

As well as the importance of establishing the overall organisational context in which the invitation sits, participants also identified how the specific arrangement of relationships within the organisation is also related to being able to develop a clear understanding of the invitation, which in turn effects how participants develop an understating about how best to position themselves in relation to the invitation.

Sub-category Two: The organisation of relationships

This sub-category specifically related to how participants described how they try to develop an understanding of the arrangement of relationships within an organisation, and thus the multitude of consultee positions that are present during the consultation, which they understood as being an important part of the invitation to consult.

Lorna: “So it is kind of balancing different expectations so I have someone who has invited me and so I know is welcoming the feedback but then I have unknown quantities within that as well who I don’t know whether they see that as useful or not and I don’t know what their existing relationships are but I

do know that they are in a different position so I know that within that team there are some qualified people and some unqualified people and I need to pay attention to that and what that means to them and how they already see themselves within that team.”

Michelle: “So I guess it is all about kind of discussing and asking questions and trying to tease apart all the complexities of the relationships whether they are real or imaginary before you even get in the room.”

Gary: “My position but also my position in relation to other people’s positions in relation to each other. So a useful idea from that Laura Fruggeri underscores in consultative work which I find very interesting is what is my or another persons relationship to other peoples relationships.”

This category captured how participants understood the context within which the invitation for consultation sits. In particular, the factors participants discussed included; the origin of a request within an organisation; the types of overt and covert agendas which were attached to the request; how relationships within the organisation were organised, and the opinions which were expressed about the idea of consultation. Subsequently, participants used their understanding of this context to determine how best to position themselves in relation to the request. To do this, they described using specific skills to enter into a delicate negotiation process of understanding the organisational context, including how the relationships within this system are organised.

SUMMARY OF THEME ONE

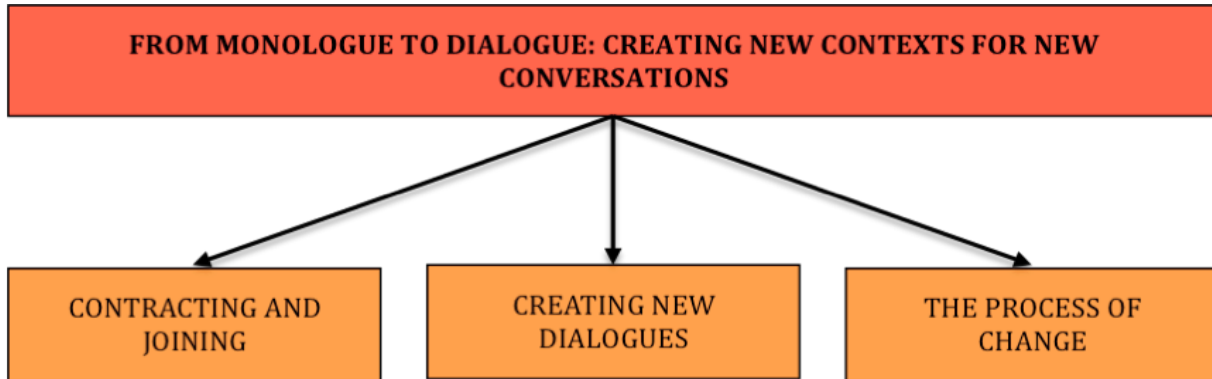
Theme one captured the various aspects of organisational consultation that were understood to exist prior to the actual convening of a consultation. In this way, the components discussed within this theme are understood to form the ‘prologue’ to consultation and thus represent different forms of context within which the ‘doing’ of consultation takes place. Core aspects pertaining to the ‘prologue’ were the ways in which participants’ developed their own prologue, which involved them developing a systemic orientation and subsequent consultant position(s). This was understood to include core systemic ideas and practices, which participants’ subsequently utilised during all parts of the consultation process. Indeed, this systemic orientation was first used to decipher and understand the invitation to offer consultation, including where it originated. Consequently, at the point the invitation for consultation was made, it was understood that both the consultants’ prologue and the organisations prologue, come together in this initial invitational space to create the overall context for consultation. Also emergent

within this theme was the significant amount of work that participants report doing prior to the actual convening of a consultation, both in terms of how they develop an in depth understanding of their own position as a consultant, but also in the attempts they make to conceptualise the context within which the request for consultation sits, so that they in turn can use this information in order to know how best to position themselves as being useful. Having undertaken sufficient pre-consultation work; aka the prologue to consultation, participants subsequently went on to provide detailed accounts of how they understand how they might begin to work consultatively, which began with a dominant narrative around creating a context within which organisational change was most likely to occur. The process of creating this context for change was seen as complex and will be outlined in the following theme.

3.3.2 THEME TWO: FROM MONOLOGUE TO DIALOGUES: CREATING NEW CONTEXTS FOR NEW CONVERSATIONS

Following participants descriptions of how they understood the conceptualisation of organisational consultation, which included the various contexts that are brought together at the point an invitation is made, participants subsequently discussed how they understood the task of creating a context for organisational change and the subsequent *doing* of consultation. Three core categories emerged from the analysis of interview transcripts: the process of ‘CONTRACTING AND JOINING’ with consultees, ‘CREATING NEW DIALOGUES’ and ‘THE PROCESS OF CHANGE’, which was understood to mediate both contracting and joining and creating new dialogues. Each core category will be considered in turn in the following sections.

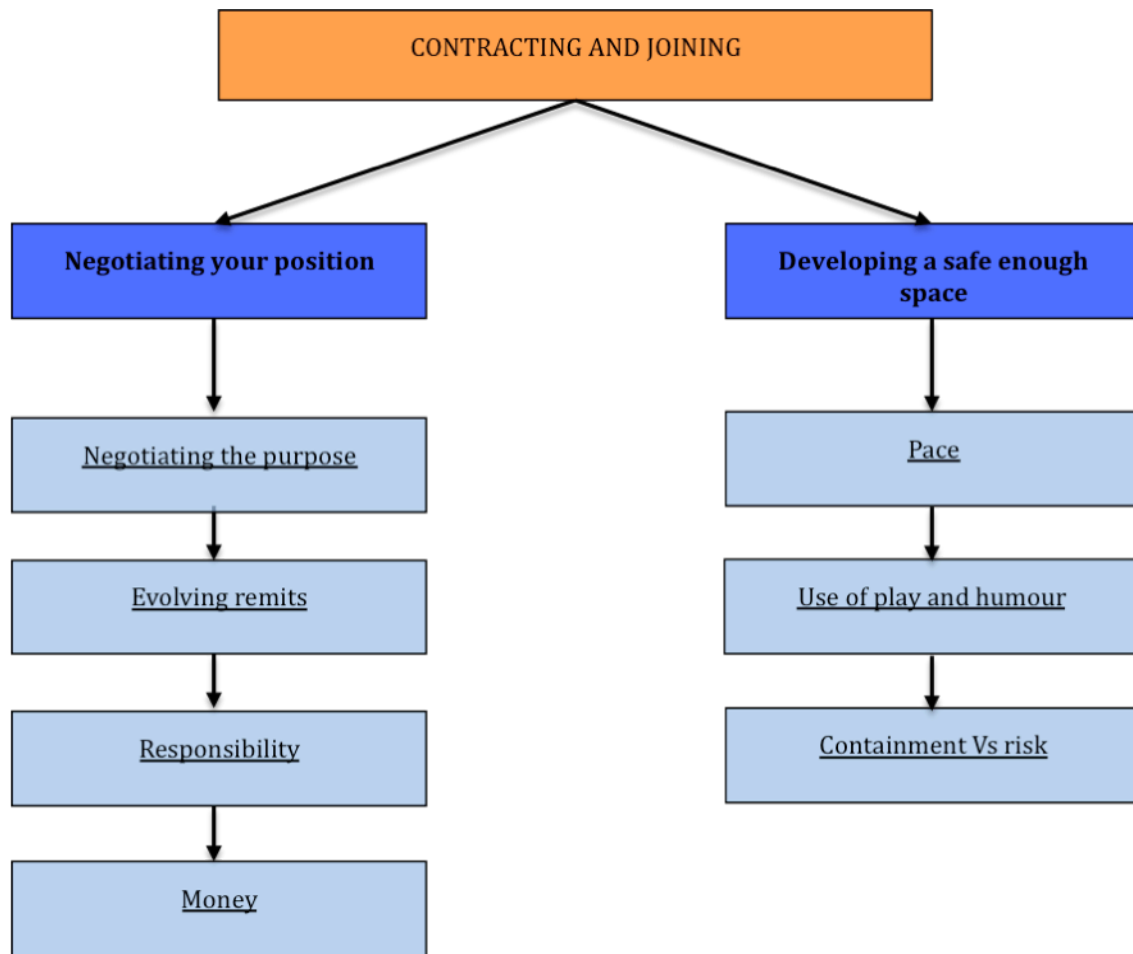
Figure 6- Diagrammatic Summary of Theme Two: ‘From Monologue to Dialogues: Creating New Contexts for New Conversations’



CORE CATEGORY ONE: CONTRACTING AND JOINING

This core category captured how participants aimed to construct a clear and purposeful consultative contract, as part of the wider process of joining with the organisation and consultee group. The importance of contracting was also related to creating a context conducive to organisational change. However, it is important to highlight here that whilst the author has organised each process into conceptually distinct stages in order to usefully punctuate the differences that participants discussed, *in vivo*, once an invitation for consultation had been received (as per the last theme), the processes discussed in this theme, are happening both instantaneously and simultaneously, rather than in the discrete stages that are implied by the diagrammatical representations offered. Having acknowledged this, participant responses were organised into two categories: ‘**Negotiating your position**’, and ‘**Developing a safe enough space**’.

Figure 7- Diagrammatic Summary of Core Category One: ‘Contracting and Joining’



Category One: Negotiating your position

Having received an invitation to offer consultation, this category captured how participants worked to negotiate the parameters of the consulting contract with the organisation in order to ensure an effective and useful consultation. In turn, having a clear purpose was understood to help participants know how best to respond to the consultation request. This category was organised into four sub-categories, which included: 'Negotiating the purpose', 'Evolving remits', 'Responsibility', and 'Money', each of which will now be considered in turn.

Sub-category One: Negotiating the purpose

This sub-category specifically captured how participants work to negotiate a clear purpose for consultation, which includes the specific details of how the consultation could be set up as well as an agreement about what the ‘dilemma’, is.

Grant: “It would be negotiated, I don’t know whether you want to call it a contract, but some negotiated agreement saying this is the dilemma, I would like your skills, and your knowledge to help me in, well, whatever it is, whether it’s deciding an action, or understand it differently, or have different perspectives, but it would be that negotiated agreed focus. Including how often and where.”

To operationalise this contracting process, participants described the value of asking questions to both whoever made the initial request for consultation and with whomever the consultation is likely to involve. Specifically, participants discussed the aim of these questions as being to establish a clear ‘permission’ about what areas can and cannot be explored during consultation as well as what peoples’ ‘comfort zones’ were. In turn this links to the idea of creating a safe enough context, which will be discussed in category three of this core category.

Lorna: “So there is a kind of negotiation that will have to happen between the consultant and whoever invites you into that position as consultant... but also I guess asking the question, ask them the questions from the beginning, asking them permission to challenge, permission to ask questions and so you are having that mandate to do it is really important.... checking out what are the no-go zones. What are peoples comfort zones and what are their discomfort zones and understanding some more about that is really helpful.”

By working through this process in this way, it was understood to give everyone the chance to be involved in the contracting process, giving value to each position and point of view. In turn, this was understood as being an important part of systemic working and is discussed in more depth in core category three of this theme, ‘CREATING NEW DIALOGUES’. Linked to this was the idea that this process helps the consultant to ‘join sufficiently’ with the group.

Gary: “So what I need to be able to do is to be sufficiently able to join with the group that I am working with.”

This also meant that whatever contract or arrangement that arose from this process, would be explicitly shared with everybody involved in the consultation process and subsequently, from that point on,

everybody was in, including the consultant. Furthermore the value of establishing this clarity from the outset was understood to be related to participants aims of wanting to be as useful as possible, as well the acknowledgment that, if enough time isn't dedicated to this part of the process, difficulties are likely to arise later on down the path.

Eleanor: "If you are not clear I mean I have run into trouble where I have thought I am doing an organisational consultation and then I discover afterwards actually it was two of my colleagues who wanted to persuade all of their colleagues to become systemic therapists...I should have asked more questions."

Bill: "So these kind of positions that the consultant is placed in have to become in my view part of the convening conversation, they have to be discussed with the people that are present in the consultation and the consultant has to deal very delicately with the whole process of accepting the conditions under which they offer consultation...otherwise it becomes an under the carpet theme that will affect the whole process of the consultation."

As well as describing the necessity of establishing a clear contractual remit, participants also linked the contracting process with the idea that remits often evolve, despite having contracted the purpose(s) with an organisation.

Sub-Category Two: Evolving remits

This category addresses participants' comments about how despite agreeing a contract or remit for the work, that these remits often change or evolve. As per the previous discussion, participants acknowledged that having an agreed contract helped them understand how to best position themselves. However, this initial remit was understood to 'evolve' in response to the issues that are 'brought' into the consultation process.

Gary: "And then from that I then begin to get some sense of where how I am positioning myself, how they are positioning themselves and what we might do and that can evolve and I mean my experiences in those kind of consultation generally do evolve and sometimes they evolve quite far away from the initial remit. Not because I have run it there, you know unilaterally but because issues have been brought forth."

Sarah: "It is something about almost contract fits with that pinned down way of doing things...But I think when actually what they seem to want when you get there is something else...I suppose what I am interesting in is...how much what someone starts off being asked to do ends up being what they really do, you know that kind of sense of the starting point versus the whatever ends up being the stuff of it."

Furthermore, participants also described evolving remits in the sense that, a relationship previously defined as supervision for example, may ‘shift’ focus in response to what is brought to the session, which may create an invitation for the supervisor to take on a more consultative position.

Bill: “I have been invited in to provide supervision to whole staff groups and then an organisational matter will come up so rather than focusing on their continuing professional development or specific focus on a client case or some technical or kind of goal based intervention around interviewing a family they will mention that there is an organisational matter that they wish to discuss and that will shift the focus.”

In addition to participants’ accounts of experiencing evolving remits as part of the contracting process, participants also made explicit that regardless of the specific contract agreed upon, consultations relationship with responsibility remained the same.

Sub-category Three: Responsibility

Although responsibility was initially discussed with reference to the position of the consultant, participants also re-introduced the issue of responsibility specifically within the contracting process. In particular, participants explicitly drew out the distinction that they are not responsible in the legal sense of the word.

Kevin: “Well I think this is good because it is important the distinction in terms if you think of contracting in a legal frame it is different in contract you know with a working contract. In a way contract probably is not the right term to use for that negotiation because of its legal connotations. But it is like contracting it is like an agreement that this is how will go on but then the legal contract is what the organisation thought they were employing me to do and what responsibility I have for what I did I suppose.....so checking those things out when you get there is important.”

Rather they highlighted the importance of being experts in having conversations, not specific problems, which built upon the theme of developing a collaborative, non-expert position, which in turn creates the space for the consultees to own the responsibility for their consultation.

Elenya: “You are not going in there to sort this team out, which might be the managers agenda, and I think in talking about it with people that is where you draw on skills then...it is about kind of saying to people hang on a minute, lets press the pause button here a minute and lets think about what might

happen here, what might happen if other narratives and being in this family, in this nursery emerges, what are you going to do with that?"

Alice: "One of the things that I have got expertise in is in facilitating a conversation that is the expertise that I bring what it is about what is going to be useful for you that is your call and I'll help you do that and then we can have a conversation about that."

Whilst seeking permission and clarifying responsibility were identified as important in negotiating and joining with a system, participants also linked the process of joining and contracting to money and how this carries an important influence on the contracting and joining process.

Sub-category Four: Money

This sub-category presents participants descriptions of how being employed by an organisation to provide consultation and thus the financial edge, also has an important impact on how the negotiation process was experienced by participants. Indeed for one participant, it seemed to highlight a tension in terms of how whilst receiving payment from the organisation, could they retain their ability to negotiate their preferences in terms of how feedback may happen for example.

Eleanor: "I would want that to be pretty much up front right from the beginning and maybe not only with that person but via the contact with them who else it needs to be clear with you know what is the management structure, who is indeed paying for it and why are they paying for it, what is it that they think is going to come out of it and what are the confidentiality boundaries and if there is feedback to be done who is it done to? For example I would want to feedback to participants before I fed back to management if I have agreed to give feedback and for all of that to be explicit."

However, for another participant, it was the lack of a financial edge, which gave him less ability to negotiate his contractual remit with that organisation.

Gary: "Another function here was that the kind of work that I was doing was sort of pro-bono, so there was no fee to negotiate. Now if there had been, that would have been another interesting punctuation...But because this was a voluntary context and this was a voluntary organisation there was also kind of nebulousness about that in terms of you know there was less of a financial edge if you like."

This category captured participant understandings of how they undertake the contracting process in order to establish a clear remit for consultation as well as to join sufficiently with the consultee group.

Participants also drew attention to how this process was linked to issues of responsibility as well as the value of having a financial edge. However, whilst discussing the process of joining and contracting as being related to the aforementioned, participants also linked the process of joining and contracting to the importance of creating a safe enough context for the consultation process to occur within in order for it to be effective.

Category Two: Developing a safe enough space

This category related to participants descriptions of how they understood the value and importance of creating a safe enough space for the consultation process to occur within to allow the consultant to join with consultees and subsequently, so that it could become an effective space. This has been organised into three sub-categories: ‘Pace’, ‘Use of play and humour’, and ‘Containment Vs risk’, each of which will now be discussed in turn.

Sub-category One: Pace

This sub-category described participants understandings of how important the ‘pacing’ of a consultation is in order to create and subsequently maintain a safe enough context for consultees. Specifically, participants discussed that one of their tasks during consultation is to pay attention to the pace and ‘connectedness’ of where the consultant is in relation to the group, to ensure that everyone is ‘walking along’ together and that the conversation was not becoming too ‘risky’. In turn, having a safe enough context was related to the process of having useful conversations as well as supporting the ongoing process of the consultant joining with the group.

Eleanor: “So it is that very slow paying attention to the connectedness and being only about half a step ahead of where you are wanting where everybody else in the group is so that you are walking along.”

Bill: “So the consultant or the therapist has to be always on the lookout for the sense that the conversation is either too safe or the conversation is heading too quickly towards a very risky and unsafe position...so it really is a good case of whether the consultant is thinking in what way might this become a safe enough context to have any useful conversation and so that guides the joining with the group.”

Participants also described ways in which they might notice whether the pacing was appropriate, which included attending to noticing different types of feedback, which in turn is linked to the more detailed discussion of ‘feedback’ in core category two, of this theme.

Elizabeth: “How do you create a safe space, and how do you know when you're pushing too much. I mean, you push so much you've lost it completely. All those things about noticing. And not just about body language, the bit that's not being said, the bit that's not really being expressed.....So I suppose it's being mindful, respectful, watchful. Looking out for, I guess, the bit that goes on that aren't so explicit. And just taking your time.”

Furthermore, participants described specific techniques they might use, such as movement in order to pace a consultation and to ‘break the ice’.

Gary: “From the initial conversation it seemed useful to invite people to meet in their natural groupings rather than mix everyone up so that any folks that, so and then what I did was I invited them to have conversations in their own groups about their perception of the issues.”

Geraint: “I find sometimes trying some kind of relational activity that breaks the ice or for people to share a little bit about themselves and begin to start stepping into the realms of what they are expecting and what their hopes are and what they see this gathering being about.”

Here, participants highlighted how important the ‘pace’ of consultation was linked to creating a safe enough context for the overall consultation process. Additionally, participants also linked the idea of using play and humour as another way to help pace a consultation in order to create and maintain a safe enough consultative space.

Sub-category Two: Use of play and humour

This sub-category specifically related to participants use of play and humour as techniques to facilitate the creation of a safe consultative space, which was understood as something that needs to be created if consultees are to feel able to take more risks later on that will be necessary for new dialogues and thus change to emerge. Indeed participants acknowledged that as well as the value of having reflective conversations, it is important to adjust your style to that of the group, which might include using more playful techniques.

Bill: "So it's not just the case of a difficult reflective conversational process but you might find that the consultation utilises ideas from more of a skill based workshop or you might find that there are more playful techniques that suit the culture of the group."

Eleanor: "I mean humour is really useful but risky. Yes it is one of the great change making possibilities and I can go really theoretical on that because of Bateson because it is in his theories there when it works it allows people to jump a creative level, but when it doesn't work it is disastrous, so you have to be very very careful."

Another participant also discussed how playfulness could be used in a meaningful way in order to have conversations that 'go beyond' roles and thus cross boundaries in a 'safe' way. This in turn was linked to taking an appreciative stance towards an organisation, rather than coming from a 'deficit' emphasis.

Lorna: "I think that everyone gets from that a sense of playfulness but with a depth of meaning. You know it can kind of go beyond roles and collegial relationships you know and it can cross over the boundaries in quite a sort of safe way I think and you can explore that...there is no accusation involved in that, there is an appreciation rather than coming from an deficit emphasis and where I know there is something wrong with this team and I am going to get to the bottom of it, it is much more kind of explorative process."

As well as discussing how they use play and humour as ways to help create a safe enough context, participants also described how they understood the need to strike a balance between being able to provide consultees with a sense of enough containment that they feel safe, but also so that the consultation space was risky enough that it wasn't too safe.

Sub-category Three: Containment Vs risk

This sub-category specifically related to participants descriptions of how they understood the need for a balance between a space, which is both containing for consultees to feel safe, but safe enough for consultees to take risks. Paradoxically, it was highlighted that too much safety can have the opposite effect of making things feel 'uncomfortable'.

Gary: "For me the kind of guiding thing there is this needs to be safe enough for people to take risks, however they perceive what the risk to be but also risky enough for them to feel safe, because there is nothing worse than something being so safe that everyone feels uncomfortable."

Bill: "So you have in the jargon you have a safe enough context within which people can then begin to improvise and be creative and try to find alternatives like you do in therapy you know but you have to be safe enough before people are going to feel that they can take a step in another direction."

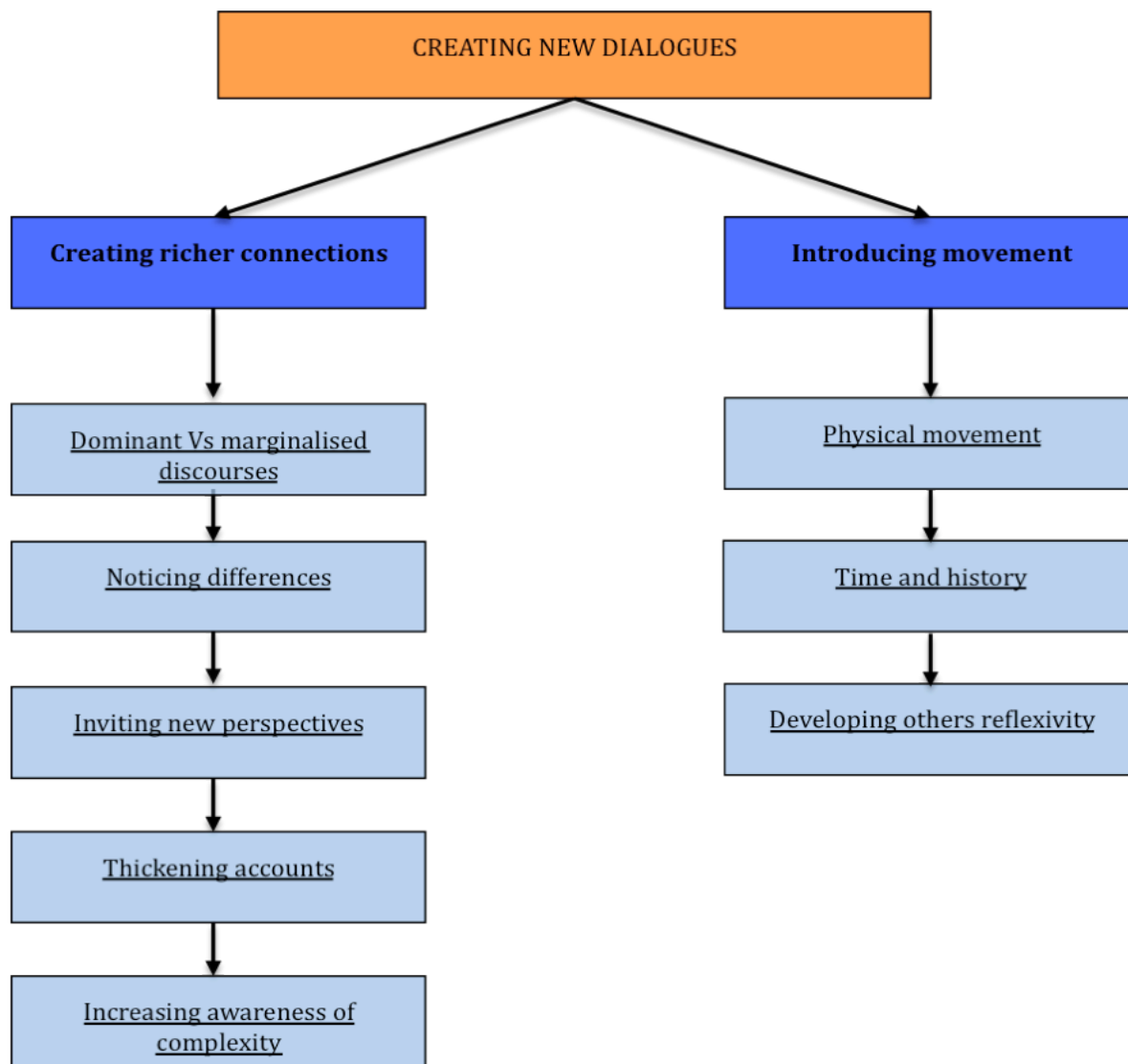
Elenya: 'And I suppose the risk is that because it is such deep work in a way you know it demands such a lot from people I think you know there is always a risk that I think that you have to be constantly aware of how people are in the groups and how they are coping with it and managing.'

This core category considered how participants, having received an invitation to offer consultation, worked to negotiate their role and to contract the purpose of the consultation with those that the consultation process would be likely to involve. This process of joining with and contracting was also linked to the process of creating a safe enough context for consultees, which was understood to operate in parallel. This need to create a safe enough context was understood to have two main functions. Firstly, for consultees to join with the consultant in the consultation process and secondly it helped ensure that consultees did not perceive the consultation process as being too risky to engage in, which in turn was understood to facilitate their participation in the process. Having joined sufficiently with consultees and begun working with consultees to establish an appropriate, useful level of pace and safety, participants made the link to more specific techniques and principles that they drew upon in order to work with an organisational system in order to create changes within the system. This is considered below in core category two: 'CREATING NEW DIALOGUES'.

CORE CATEGORY TWO: CREATING NEW DIALOGUES

This core category related to how participants understood what they might do in order to create organisational change. This core category was organised into two categories: '**Creating richer connections**' and '**Introducing movement**', represented diagrammatically in Figure eight. These will now be considered in turn.

Figure 8- Diagrammatic Summary of Core Category Two: ‘Creating New Dialogues’



Category One: Creating richer connections

This category related to participants understanding of how they develop richer connections within a system, by increasing the sense of its ‘interconnectedness’. It contains five sub-categories: ‘Dominant Vs marginalised discourses’, ‘Noticing differences’, ‘Inviting new perspectives’, ‘Thickening accounts’, and ‘Increasing awareness of complexity’, each of which will now be explored in turn.

Sub-category One: Dominant Vs marginalised discourses

This sub-category captured participants understandings of the ‘dominant’ and ‘marginalised’ discourses or language that exist within a system, and are thus used by the systems’ members. Subsequently, participants described how it is important for the consultant to help the system become aware of their ‘preferred’ use of language and what gets ‘sidelined’ as a result. To achieve this, participants described explicitly inviting consultees to think about new ideas, which was linked to the idea of increasing consultees’ self-reflexivity and is discussed in more depth in category two of this core category.

Elenya: “So having an understanding and introducing the idea of complexity of language and communication and bringing in a kind of social constructionist frame so you might want to talk with people about their preferred use of language and what language then gets sidelined as a result of that and do they have an understanding of how certain language within their organisation gets preferential treatment and others don’t and what is the basis for that.”

Bill: “Because you will get in consultation the dominant stories you know where everybody agrees with...So the consultant has to be mindful of their job which is to try to introduce a new, fresh conversation and fresh opportunities.”

Participants also discussed the post-modern idea of how language can have ‘power’ within a system, which can subsequently create a power struggle or competition for what is the ‘right idea’.

Elenya: “I really like postmodern ideas, I loved Foucault...because I loved ideas about regimes of power residing within discourse and I think that that is what happens. There is a tyranny of ideas isn’t there do you know what I mean? Its like an idea can have such power, [provides example] this child is bad.”

Kevin: “I think you often have what is often talked about dominant discourses or dominant stories in any system...the medical discourse for example but you will get stories within teams that kind of come out of that discourse you know so they are very difficult to partialise. So I think there is always a tussle in any group of people for what is the best idea, what is the right idea, what is a good idea.”

Participants discussed how both dominant and thus marginalised discourses exist within organisational systems, and that certain discourses have power, which may or may not be helpful. Participants therefore described the importance of trying to invite the system to reflect upon its use of language and why it privileges what it does, with the hope that through this process, new ideas will emerge. Closely linked to this process was how important it was for participants to pay attention to the differences in what people say, in order for them to be subsequently explored.

Sub-category Two: Noticing differences

This sub-category specifically considered the importance of noticing and paying attention to the differences that arise during the process of consultation. In this way, differences were understood to represent an ‘opening’, or starting point, from which a new idea and conversation could emerge. Specifically, participants discussed the importance of paying attention to the content of spoken narratives and upon encountering an ‘opening’, to begin to engage with that viewpoint and to explore it further with other consultees.

Bill: “So if somebody says oh I was thinking about how we're not responding very much to the influx of refugees in our community and it seems that there is only me that is interested in talking about this so I would rather not talk about it here because this too it difficult. So something like that then to let that go would be in my mind is a big error because somebody has made an opening there so the consultant would have to take that provocative statement and try somehow to engage with that person's viewpoint and maybe say can you say some more about it and then also watch if somebody else says oh well we are going to discuss that next week and I thought we were going to discuss it then because there are more important things to discuss at the moment.”

Participants also discussed how they noticed differences in terms of how consultees might respond to what is being discussed, by ‘moving’ or ‘pulling a face’, or by things like ‘hesitation’, which was understood to being indicative of a difference within the wider consultation process. Indeed, this idea links to the category ‘**Using continuous feedback**’, discussed in the core category, ‘THE PROCESS OF CHANGE’. Again, by noticing these differences, participants described that they can ‘offer a bridge to something new’.

Elizabeth: “So for instance I might notice that somebody, I don't know, pulls a face, moves, shifts. And I might be saying, “I was just wondering what you feel about what so-and-so's just said” or “Do you have a different view?” So opening up the conversation, and paying attention to those little minutiae.”

Geraint: “Well I'm wondering if a word like hesitation might be something that happens if there is a narrative that is privileged...it may be that they experience a level or degree of hesitation before they utter those words because of the fear perhaps of how those words will fall and any possible repercussions of what might happen if those words upset or create you know rifts in the group that they are in. I think that the interesting thing for me is the value of hesitation and perhaps again I say fear sometimes to say certain acts or think in certain ways and that can offer a bridge to something that is new.”

Another participant also discussed that she used her understanding of differences in order actively ‘play up’ the differences, which was understood to facilitate new perspectives to emerge.

Alice: “Kind of checking out if things are the same to you or is it different for you because people have differences and so playing with difference and playing with things like gender you know...So kind of playing up the differences.”

Whilst participants understood that paying attention to the differences is important in terms of seeing new ‘openings’ or ‘bridges’, once these had been identified, participants linked the next stage of the consultation process to the notion of inviting new perspectives into the consultative space.

Sub-category Three: Inviting new perspectives

This sub-category specifically related to participants descriptions of how they might invite new perspectives into the conversational space, which was understood to relate closely to the former process of noticing differences. However, here participants described their role as being more active and with the intent of helping others to also hear a difference that they have become aware of.

Elenya: “So I might say to people if I were to ask the managers about this teams and the history of this team and you know what the important things are, what might I hear from them about what I need to know? And what if I ask the domestic or the admin person or the business support person, what would I hear, or project workers.”

In describing this process, participants also made links to their own values and epistemological positions, which included dialogism and the value of having multiple voices present in the room, through which different perspectives can emerge.

Geraint: “It could be useful to explore the minority view because it offers a difference and that difference could offer to quote other people it could be a creative gift you know it could generate some useful idea in the future through so to get all the different voices in the room and through voices that could offer a different perspective it could be clues or an opportunity or possibilities that could come from those new ideas and create a new movement to occur....because I lean towards a persuasion of dialogism of trying to get as many voices in the room as possible. I don't seek the particular convergence of one idea or one truth but I attempt to create an environment where it is okay for differences to emerge and to be heard.”

Participants also expressed the hope that by taking on this active role of hearing as many differences as possible, this would hopefully act as an invitation for consultees to take this forward themselves, following the consultation process.

Eleanor: “And then there is one which one might call the helpful isomorphisms is that the more that you demonstrate your willingness to hear many points of view for example the more it acts as a model and invitation for them to do so rather than to and provided that they feel that you're hearing their point of view as well because you have to hear each point of view and then step back again.”

Furthermore, linked to the idea of inviting new perspectives, participants also discussed how once a new perspective has been offered, they can use their consultant position to create the ‘valuable’ space in order to ensure that these different points of view were heard, so that no one voice or discourse could ‘dominate’ the process.

Michelle: “I think there is something very valuable about having the opportunity to be focused and to be listened to.”

Eleanor: “I find that that way of just patiently going around all the different points of view and using ones personality and ones authority as a consultant and making space for points of view to be heard and not letting one theme run away with its self and dominate the whole process.”

Furthermore, participants described that by hearing everybody, it was hoped that in turn, this would help consultees begin to be able to hear each other more clearly, and thus be able to sit or hold a higher level of difference or complexity, than they previously did.

Elizabeth: “It is something about allowing them space to be heard. And there's also something about orchestrating it in a way so that they can listen to one another. So it's not only about being heard by me, but actually being heard by all of us.”

As well as inviting new perspectives and creating the space for these new perspectives to be heard by consultees, participants also linked the overall process of increasing a richer interconnectedness within the system to the process of ‘thickening’ and developing these new perspectives.

Sub-category Four: Thickening accounts

This sub-category specifically related to participants understandings of how they develop and thicken new, emerging narratives. In particular, participants described trying to ‘hear’ more about what a consultee is trying to say, which might involve holding back others, temporarily, as well as using specific techniques, such as ‘circular questioning’, in order to invite ‘other perspectives’ on what has already been said.

Bill: "So when you hear those kind of comments, to me as a family therapist I really need to be able to come in to hear more about the first person's comment and to hold the other person by valuing their contribution to the conversation but asking them if we could explore a bit more so I can understand it a bit better."

Eleanor: "I think some of the very basic techniques that come from the Milan way of working which is where I very much root myself are profoundly useful so the things that are called circular questioning you are constantly in a group someone says something and you invite other perspectives on that."

Other participants described how they understood this space to have an element of risk attached to it in that it takes a risk for someone to say something different, and thus is might also be 'risky' for someone else to join with this new position in order to add to it.

Kevin: "You are opening a space, it is an invitation space it is a risk taking space it is a witnessing space where you can truly give a kind of build on something that someone else proposes or says or offers you know so that it becomes more than the whole being more than the sum of the parts...then someone will take a risk and if you notice it has happened and of course that is what you are looking for is that kind of edge of someone willing to say a little more and then you want to see if there can be some support for the act of taking the risk, not necessarily the story but the act of taking the risk then tells you something about the team as well so you can feed that back."

As well actively trying to thicken the new narratives that were expressed by consultees, by inviting other, new perspectives and using specific techniques to achieve this, participants' also linked the process of creating richer connections within a system to increasing the systems awareness of the complexity that exists within it.

Sub-category Five: Increasing awareness of complexity

As well as thickening the emerging narratives, this sub-category specifically related to how participants aimed to increase consultees' awareness of the complexity that exists within the system, which was again related by participants to the overarching theme of creating a richer level of connection within the organisational system. In particular, participants acknowledged that 'complexity is', and thus you can only bring awareness to it, with the hope that by appreciating a greater level of complexity, in turn, there can be a greater 'appreciation of difference'.

Kevin: "Well the complexity is. You can't increase it or decrease it what you can do is bring it to awareness."

Lorna: “Yer its about trying to help people see different layers and levels of meaning in terms of relationships in terms of language in terms of communication in terms of ways of being with one another and understanding other peoples ways of being in a relationship to one another. So from the very innocuous kind of things e.g. gender, race color of hair you know those kind of things you can kind of map out as these things connect us in the surface level way then you can also get at core beliefs values, ideas that underpin practice and what kind of things connect us to other people and then of course from that there can be an appreciation of difference.”

Within this category, participants discussed how they understood the process through which they worked consultatively. Specifically, underpinning this process was participants’ fundamental focus on social constructionist principles, including the use of dialogism. In this way, participants privileged using language and having new dialogues with consultees, in order to facilitate the co-construction of new ideas within the system, which were based on the differences and the feedback that emerged from the consultation process. In this way, participants aimed to help consultees appreciate an increased richness of connection that exists within their system, by helping the system to develop a higher level of reflection, in order for it to be able to appreciate the complexity that exists within it. For example, participants highlighted how they invited consultees to consider the language that they are using and how much power does the dominant discourse have, as one example of increasing their awareness. Ultimately by developing an increased richness of connection, participants linked this with an organisational system as having more options to consider, and thus helping it to learn, via its individual parts (i.e. the employees) to become more flexible, and to move away from the narrower definitions it may have previously been operating under. In turn, participants understood this as being a recursive, ongoing process, linked to movement, since with movement comes new opportunities to have even more ‘new’ conversations.

Category Two: Introducing movement

This category encapsulates participants understanding of the use of movement in order to instigate new possibilities for new conversations to occur within the organisation, which in turn is thus linked to the overall process of organisational change. This category is organised into three sub-categories: the Physical movement of consultees, Time and history of the organisation and ‘Developing others’ reflexivity. Each sub-category will now be discussed in turn.

Sub-category One: Physical movement

This sub-category outlines the ways in which participants described inviting participants to ‘physically move’, in order to perturb changes in the status quo. By moving participants physically, this was understood to disrupt the usual patterns or groupings, which have formed within the system.

Elenya: “So I invited people to physically move, you know we set up little stations really with flip charts and post it notes pens and stuff like that...Maybe it is movement maybe it is manipulative but it is engaging with people where they are at I think in a way and I think physical movement can be really useful.”

Bill: For example...you might want to work with subgroups...you might want to assign them tasks and in consultation you might want to divide the big group into smaller working parties and turn it into a kind of quasi workshop.”

Alice: “One of the things we spend a lot of time thing doing is moving tables. So we will go in to a room that people are using and we’ll get there first and there will be tables because they are used to meeting around the table.”

This therefore introduces consultees to new groupings, which will have to subsequently form and join with one another in order to successfully undertake the process of a task, which is likely to be focused around an idea or new theme. In turn, through working in this new sub-group context, it was hoped that consultees would adopt, and internalise, new group values and ideas, which they would subsequently take back ‘into’ their original organisational settings. Furthermore, participants also described physical movement in the sense of creating connections between people in different places within the organisation.

Elenya: “Venger says that. He talks about peaceful and different strengths within organisations and one of them is that somebody who is able to see connections between things and kind of connect people; why don’t you talk to so and so because he kind of has as similar idea to yours and I think he calls them social artists.”

Whilst participants discussed how they used physical movement in order to create new opportunities for new conversations to be had, participants also linked movement to the notion of time and the history of an organisation.

Sub-category Two: Time and history

Another idea linked to movement was the notion of time and history within the organisation. Participants discussed the idea that every organisation has its own sense of history and coming into being, which in turn defines how it now understands itself.

Alice: “So there is a physical movement but thinking how stories move as well and get retold and how culture gets impacted upon by that and I'm thinking about that how does that in the moment in the moment there is a conversation...how does all of that come into that moment...how histories of organisations are present in the moment.”

Kevin: “The way that I would be thinking about it is in terms of what I often call an oral history for a team so a team has a history you know of coming in to being and it is really important for teams what that story or stories are and how they help to define and by define I mean defines the kind of relationships that they have with one another and with the wider context within which they find themselves.”

Another participant introduced the idea of using the concept of time to understand the organisations developmental stage and whether its members matched this position, or whether they still aligned themselves with an earlier mythology of the organisation.

Gary: “Another guiding principle is about the principle of history of the organisation, where is it in its development and formation. Is it an early team? Is it a team that has been established for a while, is it a team that is so bogged down in its own bureaucracy that it can't move? The history of the idea of the team and the ethos... and are their loyalties to the initial kind of mythologies really useful to the team or do the team need to cut themselves free from those early mythologies that they are operating under because they no longer apply or they are no longer functional, useful they are no longer effective or necessary even.”

Given this understanding, participants subsequently discussed how they can use the context of time and history in order to stimulate a system into thinking about its' relationship with this concept. In turn, this was linked to increasing the richness of options available to the system, but with a different future focus as opposed to one orientated within the current time frame.

Geraint: “The other thing is that a focus in the present or the past the past can offer up legacies that kind of constrain people...so then if you introduce a question about the future it offers a different frame that can help people adopt a new perspective or a new view that they hadn't considered before.”

Participants also linked the idea of robustness and integrity to having an explicit knowledge of where one has come from and also where one is going. Thus, the use of time and history was linked to the stability of an organisation to be able to withstand change.

Geraint: "I would imagine because if you know where you are and where you have been and come from then you have some sense of where you want to go get to and that suggests to me a sense of that you feel connected to the team integrity or that sense of belonging to that culture."

As well as describing how the context of time and history can be used to create movement for consultees, participants described that another way to achieve movement was through developing consultees' own reflexive abilities.

Sub-category Three: Developing others reflexivity

This sub-category specifically described participants aim of trying to help consultees develop their self-reflexivity, through which it was hoped that they would be able to experience an increased sense of mental movement so that they are more able to freely consider alternative positions and not remain stuck in a monological train of thought.

Eleanor: "So that very slow process of inviting self-reflectiveness, which is I think is one of the key things that we do in all of these processes And you invite them to wonder what it is about and to notice it and again then we are back to responsibilities it is up to them whether they take that and use it for change or not."

Gary: "So it was a reflecting process, we would invite them to reflect on what they have just heard this group saying as well as bringing forth the conversation that they had just had. So it was layered and layered and layered conversation."

Eleanor: "You often in organisations have myths just like in families about the golden days the terrible times before the change after the change those things and the more you can help people to be curious about those and begin to see them as maybe part of what has gotten stuck but also how interesting that other people have different points of view."

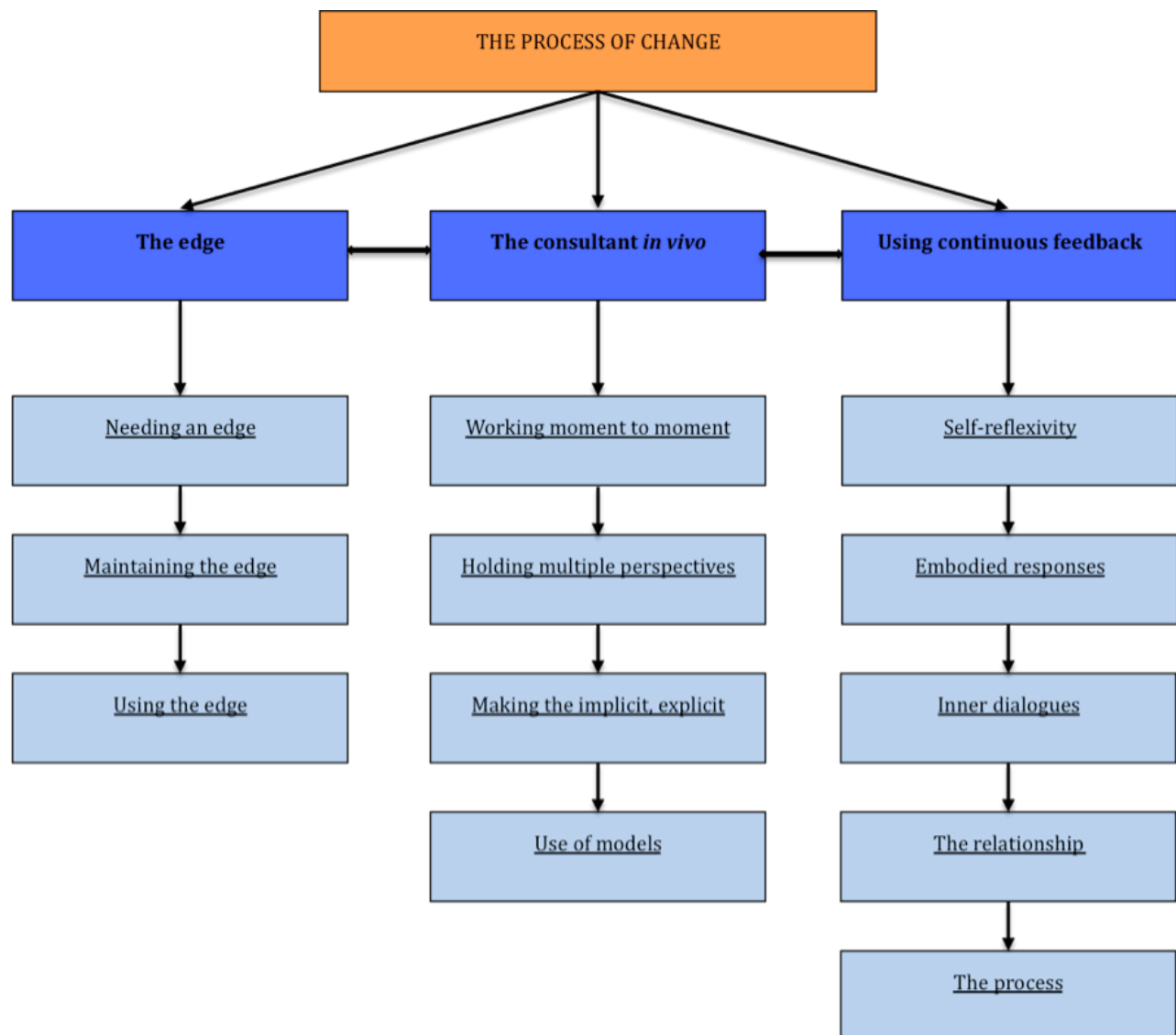
This core category captured how participants understood the way in which they create new dialogues between consultees and thus within the wider system as part of the consultation process. The process of creating new dialogues was understood to involve noticing the 'differences' and minority views within both the content of what was expressed, but also in terms of consultee responses to what was being

expressed. These differences were then expanded upon and explored to ‘thicken’ the new accounts with the aim of creating a richer sense of interconnectedness between consultees and thus within the wider system. The idea and use of movement was also linked to creating new opportunities to have new conversations and thus a richer level of connection within the organisational system. Ultimately it was understood that it was through the use of language and by having new conversations, which explored the differences and building new narratives around these that subsequently gave the system ‘new’ perspectives, which it could utilise in order to make the changes it needs to. Furthermore, the process of creating new dialogues was understood to be recursive, rather than linear, which is closely linked to the use of feedback and other internal processes utilised by the systemic consultant in order to create ‘THE PROCESS OF CHANGE’, which is discussed in the next core category.

CORE CATEGORY THREE: THE PROCESS OF CHANGE

This core category directly related to the process of change, which participants understood to underpin the overall consultation process. Although this core category is presented last within this theme, conceptually the processes discussed here are understood to operate in parallel, underpinning the techniques and ideas presented within the aforementioned core categories. This core category specifically considers what is happening at the internal, process level of the consultation and is subsequently organised into three categories: ‘**The edge**’, ‘**The consultant *In vivo***’, and ‘**Using continuous feedback**’. Each of these categories and their respective sub-categories are presented diagrammatically in Figure nine below, and will now be discussed in turn.

Figure 9- Diagrammatic Summary of Core Category Three: ‘The Process of Change’



Category One: The edge

This category describes participants reflections of ‘*The edge*’, which was understood to represent the imagined boundaries or positions that participants construct during the consultation process in order to help them determine how best to orientate themselves in relation to the presenting issue. This category was further organised into three sub-categories: ‘Needing an edge’, ‘Maintaining the edge’ and ‘Using the edge’.

Sub-category One: Needing an edge

This sub-category specifically related to participants ideas of why ‘an edge’ is needed in order for them to be useful. In this way, participants described that in order to be most effective or useful in the consultation process, they need to ‘delay’ incorporation into the system they are consulting with and try to remain on the ‘margin’ because that is where they understand their work to be most effective. This was related to the idea that the longer one spends in a system, the pull of a system acts to draw you in to adopt its beliefs or values, and thus one becomes too *in*, loosing some of the valuable outside perspective. In turn this was understood to relate to the value of being in a relative ‘external’ position, as discussed previously in core category two of theme one; ‘THE CONSULTANTS’ POSITION’.

Eleanor: “I mean again it is one of the very early Milan ideas which is the longer that you spend in a particular system the more you and they become part of one new system and the less likely you are to be able to bring about change because you're not on the margin any more so its techniques again in therapeutic terms they developed all these techniques in order to delay incorporation a bit they are saying that it is inevitable but you can make it stretch out a bit and I think that you try to do that in consultation as well.”

Kevin: “And the consultant bit of that definition is the bit that allows you hold on to some sense of outside but you know the Milan team for instance always knew that the earlier part of the work was always the optimum for making changes because you are most outside at that stage.”

Indeed, without having an edge, participants described that things would become too similar and thus not usefully different enough for consultees to benefit from.

Alice: “It's about bringing in something that is different, there needs to have an edge, if it is too samesy [the same] then it's not useful and if it is samesy because we are having the same kind of conversation that people have had with other people then it is not useful. If it samesy because we are having the same conversation with those people again it is not useful.”

Therefore, constructing an edge was important for participants to be able to create a useful context that is different enough for participants to benefit from. This need for an edge was also explored further through the idea of needing to maintain an edge during the consultation process, especially when doing longer-term consultative work.

Sub-category Two: Maintaining the edge

This sub-category focused on participants descriptions of how they maintain an edge in consultative work, especially when engaged in longer-term consultations. To achieve this, some participants described physically ‘pulling back’ or creating space for themselves by stepping ‘in and out’ of the process, to interrupt themselves from becoming too firmly attached to one idea or position that exists in the consultation process and creating a new distinction for themselves and the consultees.

Gary: “So now I have created a distinction and I have pulled back as it were I have kind of taken myself outside again and knocked on the door and said hello I am here, what do you, is this the same or not?”

Eleanor: “So I would certainly want to step out to have a think at that point and say what is going on with me why am I beginning to feel like this what is this about. Time out to think so if I am doing a big organisational consultation that goes on over a day or days I will build in time to go for a walk and see what comes up.”

Lorna: “So perhaps if you have introduced an exercise or an idea then perhaps stepping outside of that whilst that is going on to kind of pause and reflect that can be really useful. So whilst that is going on I am just going to think about what it is that I am doing, why I am doing this, why I am leading with this and again what position am I doing this from and does this fit with my idea about how to be useful for this day.”

The process of stepping in and out to maintain an edge was also linked by one participant to the idea of helping the consultees to also try and do the same which was further linked to the holding and safety of consultees. In turn it was understood that this idea of maintaining an edge is more widely linked to the pacing of a consultation, which was discussed in the previous sub-category.

Sarah: “I think that sense that the key to stepping in and out I think is hugely important I think that that is a key bit of process that it is very difficult because it is always easier to land in one place and stay there but actually if you are really working you are constantly stepping back and forth and enabling others to step back and forth and that that I would see as the safe place so that kind of safe uncertainty almost is the place to aim for and to try and stay there and that kind of the holding.”

Instead of using physical movement to maintain the edge, another participant described doing a similar process but using imagination instead to construct an imagined edge or boundary.

Kevin: “The longer-term work you have to slightly work in a different way...you imagine and a boundary for your self that enables you to take that helicopter meta-position so you know through intellect and through maybe having the support of a team your not in so that you can retain and

nurture the boundary for the use of the system knowing that the very sure-ing up of that boundary helps you to ask the naïve question or ask the you know the provocative question that cant be asked from within because it is to dangerous."

Participants also discussed that they are more easily able to maintain an edge by working as part of a team of consultants who can subsequently take different 'positions' during the consultation in terms of what their focus is on, which can then be used to have a reflecting conversation in order to check out the different perspectives.

Eleanor: "So I ask my teammates to consult with me in the room and my teammate is more connected with me than with them and at a certain point we stop and my teammate says Eleanor have you noticed such and such and I go thank you that's very important...so my teammate and I work together all the time and we are even all in the same room but is deliberately positioning him or herself to be slightly outside marginal to the system."

Kevin: "If you have got a team of two or three or four whatever when you go into a session, one person takes a particular position or takes a particular role and which will involve several positions but a role while another person on the team takes a slightly different role you know maybe more observer role or like more content the other process so that at the end you can have a conversation that is informative and is you know generative of holding on to that edge."

Finally another participant highlighted the importance of using supervision to check out his own personal development and where his own 'edges' are.

Kevin: "I don't have a single model except I think it goes back to what I was saying earlier, that I need to have good supervision, I need to I really need to attend to my own personal development I don't think is a done and dusted thing it is an ongoing thing and I have to be ideally usually within some sort of supervisory context developing questions for myself about where my own edges are there you know where my blind spots are."

Moving beyond issues of why the edge is important and how this edge can be maintained by employing various techniques and practices, participants also linked this with how they might actually apply and use the edge during a consultation.

Sub-category Three: Using the edge

Within this sub-category, participants described using the edge in the form of a guide, which allowed them to step in and out of a context and thus recognise both sides of it and by doing so, this gives them a sense of perspective of where they are currently positioning themselves.

Sarah: “Actually unless you stand in the middle and you see both and you somehow hold that balance it is not going to work and so it is about how can you keep inviting those on either side to see the others perspective and to join in the middle somehow because if you just polarize you just end up fighting and the person gets lots on the middle and that I think is essentially I think is about in out both and that what is false is that either or and neither goes anywhere useful

Another account that emerged was based around the idea of holding a meta-position whereby you have taken yourself out of the current process and, in a metaphorical sense, you are in a helicopter-like position observing the boundary.

Elenya: “Again that is why systemic training is important really because you learn to take, you know because we talk about trying to take a meta-view of families, it is almost like you are connected with it but you are also able to hold lots of those stories in mind and kind of be a helicopter.”

In turn, by doing this process overtly, it was understood that this would also act as a model for participants to do the same, helping them to develop the process of seeing things but from multiple perspectives.

Eleanor: “But it is also fantastic information once you can step back from it and look at it so look at me I'm beginning to side with this bit here, that is exactly what is happening amongst them you know how come I did that and if you stand back from that and will free yourself from it, it begins to act as an invitation to them also to do that yeah?”

Gary: “But my role I guess is to periodically stop the world as it were and say ok where have we got to, lets look at our landscape lets look at what we are creating together here, what are you creating for yourselves in this organisation in this point. What have we got? And what do we want to go with this?...and then that can also be a useful frame to enable people to reflect on their position and make decisions.”

In summary, participants described how they need and use the concept of an ‘edge’ to help them hold on to different perspectives in order to be useful, rather than being drawn in to the systems way of thinking. Ultimately, this was understood to be an important aspect pertaining to the process of change. In attempting to understand *how* the process of change was held together, during consultation, the author conceptualised another category; ‘the consultant *In vivo*’, which was understood to mediate the two other categories within this core category: ‘the edge’ and ‘using continuous feedback’.

Category Two: The consultant *In Vivo*

Although it is acknowledged that participants understanding of the consultant position was considered in core category two of theme one, 'THE CONSULTANTS POSITION' that discussion specifically focused on their understanding of the 'development' of the consultant position and the skills and ideas which contribute to this position. This category however, specifically considers how participants used themselves in their consultants' role, in relation to the process of change during consultation. This category was organised into four sub-categories: 'Working moment to moment', 'Holding multiple perspectives', 'Making the implicit, explicit' and 'Use of models'. Each will now be discussed in turn.

Sub-category One: Working moment to moment

This sub-category relates to the notion of working 'intuitively' and within the present 'moment', which was described by participants as being a concept that helped them to manage the uncertainty of not knowing how a particular conversation might go. In turn, this was understood as being closely linked to some of the other key principles including curiosity and neutrality which together form the consultant's position.

Alice: "So I think when we go in to meet with you know when you meet with 20 odd people I have got no idea how this conversation is going to go I don't know whether they are going to speak to me I don't know what they are going to think but we're just going to go in and we just going to see and we don't kind of the plan it we don't think about that or this."

Kevin: "But when I am actually doing it I think the only way it works for me and I move away from this and I come back to this and this feels more like my home in this which is that once I am there I have to try and work more or less intuitively...I try to work in the moment in the present moment."

By remaining flexible and free to entertain the variety of positions and ideas that arise at any given moment, another participant discussed how this allowed him to remain 'open' and 'responsive' to what ever may come up, which in turn helped to avoid being 'prescriptive' and getting caught up with needing 'certainty'. In turn, this was also linked by participants' to their use of feedback, which will be considered in more detail in category three of this core category, '**Using continuous feedback**'.

Bill: "Some of the ideas that help shape the openness of the consultant to being responsive to what ever is brought by the group members and to try and avoid some of the pitfalls of certainty or being overly prescriptive in the ways of going forwards in a consultation day."

Sarah: "Again as a therapist I would be going with the feedback I suppose I wouldn't stick with what they necessarily come in the door with I would work with what is actually happening and adapt to that and go with that and do whatever I thought was most useful at the time."

This sub-category explored how participants understood a core dimension of the consultant role as working moment to moment, using the feedback they get from consultees in order to remain flexible and open to what is being brought to consultation, rather than being overly prescriptive and relying on certainty. In addition to this, holding multiple perspectives was also linked as another aspect of how the consultants' role is integral to the process of change.

Sub-category Two: Holding multiple perspectives

This sub-category refers to the importance of holding multiple perspectives 'tentatively', which was identified as another part of the consultant role linked to creating a process of change. In particular, by continuing to consider multiple perspectives, it was understood to help participants continually consider the various alternative possibilities that exist, preventing them from becoming 'married' to a particular idea or hypothesis. In turn, this was understood by the author to be linked to the concept of irreverence.

Eleanor: "Exactly and particularly if you only have one hypothesis and for instance if I've got married to it and really want them to accept it as well then it is not a hypothesis any more it's a truth I want to as Maturana says I want to quash them with it."

Elenya: "I could have thought oh no this manager is terrible, all these staff are so unhappy and I have heard all these stories that people have been bullied....But in doing that you shut down you know if you understand too soon you close down possibilities so you have to acknowledge that we all have opinions and of course I had opinions about that and ideas, prejudices we call them but I think you learn that is not useful because then you orient then to one particular, we all look for things in our environment that confirm our own world view so if I have a hypothesis about something I am going to ask questions that are going to fit with that. So you have to hold those very lightly which means that you, not that you don't know, because you know what you know in that moment but you have to yer just hold it very tentatively."

This skill was also closely linked to how participants understood drawing on their self-reflexivity in order to continually bring in to question how they are positioning themselves in relation to an idea. The idea of holding multiple perspectives also links closely to the outcomes of consultation in terms of responsibility in that by holding multiple perspectives, participants do not become invested in a particular outcome. Participants also discussed the idea of considering multiple perspectives in relation to how they thought about the relationships they hold with consultees.

Lorna: So it is that kind of position, rather than taking it at face value, thinking about the sort of different strengths of relationship that you might have with other people around that person."

Gary: "So if that relationship changed, how would this relationship change rather than what would this person do or say or think, it is not based so much on what the individual will do sort of thing well that too but how it will affect changes systemically in the organisation and relationships. So that becomes kind of a guiding principle if you like."

Whilst discussing how the dimensions of working 'moment to moment' and holding multiple perspectives pertain to the consultants' role during the consultation process, participants also discussed how they might choose to share and make explicit their own internal reflections and insights with the consultees, which was also linked to this *in vivo* consultant role.

Sub-category Three: Making the implicit, explicit

This sub-category refers to how participants decided whether or not to make explicit their internal reflections, which was linked to being an important component underpinning the process of change. In particular, participants linked making things explicit with being 'transparent', which was understood to facilitate the process of 'engagement' by cultivating an environment where nothing is 'hidden'.

Grant: "For me, transparency is something I do feel quite strongly about. Being transparent also to them is engaging at a certain level, There's nothing hidden. This is what's going on. There's a connection between what I'm saying, and possibly an understanding of why I'm saying it. "

In terms of whether or not to make their internal reflections explicit, participants described that they would make this decision based on whether sharing their reflections would add to the 'generative'

nature of the conversation, increasing the layers of perspective that are available to consultees. This was contrasted against making things more ‘concrete’ or ‘fixed’.

Bill: “Again these process informed reflections need to be translated into exploratory conversations.”

Geraint: “There are many things that influence me sharing my inner dialogue or making a choice not to. I think the thing that one of the ideas I think that helps me to think I would share is if there could be again an added layer to the perspective that is being discussed or considered that might enhance or add to the sense of the generative nature of the conversation so almost like blocks building on each other.”

Gary: “I think what guides me is the sense of whether naming something that is covert may be more likely to fix it, or concretize it that is one factor. It is useful to keep it fluid because that allows more opportunities more choice more possibilities to emerge then the last thing I want to do is get something nailed in. It is to almost in a sort of soft prophesying way create you know free something umm which I would rather have more flexible.”

This technique was understood to allow participants to model, to consultees, some of their own reflexive processes. This was hoped to demonstrate to consultees, the value of considering multiple perspectives, who would subsequently be able to internalise this process themselves, and take it back into the wider organisation. Linked to the value of making their internal reflections explicit, another aspect participants understood to help the consultant role facilitate the process of consultation was the consultants’ use of models, to help inform and guide their practice.

Sub-category Four: Use of models

This sub-category related to how participants described using certain theoretical models and frameworks, as templates within which they could place information that was raised during consultation, to subsequently help them organise and manage it. In turn, using frameworks in this way helped participants free up their mental space, to allow them to then step back and view the issue from within a particular model or models, which in turn presented them with options about where they could go next.

Lorna: “Thinking about theoretical frameworks, so, can I place this somewhere? Is a really useful question to ask. So not just where am I coming from but where are my ideas coming from and can I name this, can I place it somewhere even if it is only a loose connection, you know it is still a

connection somewhere. And do I want to speak to that?...You will probably hear similarly from other people but I guess the CMM model is particularly helpful.”

Kevin: “My sense is you still have to have some models for understanding what it is that you are doing in that relationship that address that have an implicit self-reflexive addressing of power or of your own position.”

Michelle: Well I mean there are theoretical models that I would draw upon...you know people like David Campbell he has written a lot about organisational consultancy...Christine Oliver is another person who has written quite a bit and there are lots of people who have written about appreciative enquiry and I think of that as a stance in terms of how I might position myself when I am asking these questions.”

In addition to using theoretical models, holding multiple perspectives and working moment to moment as contributing to the process of change, participants also described using ‘continuous’ feedback as another important aspect of the process of consultation.

Category Three: Using continuous feedback

This category focused on participants accounts of how they understood and used various forms of feedback during consultation, in order to understand the consultation process. This understanding could then be made explicit and reflected back into the system, in a recursive-loop. Indeed, feedback was described as occurring in many types or forms, from ones own embodied responses through to overt, verbal feedback and was understood to help participants determine how best to position themselves in order to be most useful. This category was organised into five sub-categories: ‘Self-reflexivity’, ‘Embodied responses’, ‘Inner dialogues’, ‘The relationship’, and ‘The process’, each of which will now be considered in turn.

Sub-category One: Self-reflexivity

This sub-category specifically related to participants use of self-reflexivity and self-awareness when working as a consultant, as an important way of checking in with the process of consultation. In particular, participants firstly described the process of self-reflecting as asking themselves questions in

order to establish where they were in their consultant role in relation to various different aspects of the consultation process.

Gary: "It is the taking a reflective position that organises if you like my response to what I notice happening in that cybernetic loop if you like and that might go something like how come I am feeling this? What is it about this context that you know is this useful information, my emotional response what I want to do with that and what I think about it, is this useful information as to how this system is being organised in this moment in my role as consultant?"

Grant: It's something that I regularly visit, to be honest, if I'm working with people. The question I ask is; Am I still being useful or Am I now too close? Am I still curious? Am I still external to the dilemma?"

This use of self-reflection was understood to transcend the whole process of consultation, from the beginning, when negotiating the consultants' role and the remit of the contract, through to reflecting upon what feedback would be useful to provide.

Lorna: "It is holding on to that being aware of your role and the constraints around your role and that kind of self-reflexivity of you know what am I doing here, why am I asking these questions and what is my mandate to do that and how does my relationship with this team and whoever it is that has asked me to come in to this team, how does that impact on what it is that I do."

Participants also linked the idea of using their self-reflexivity to ensure that they remain neutral to the ideas that are being expressed, so that they do not become 'biased' to a particular viewpoint. Indeed this was understood to link to how participants attempt to hear multiple perspectives (see sub-category two of previous category) and are not attached to any particular outcome or idea.

Kevin: So it is useful to monitor my responses so if I really like an idea or I like a group of people and how they are acting in the system then I can be drawn to it or attracted to it, I could easily become very biased towards that and actually miss then how that idea is being played in relation to other ideas."

Other participants discussed the value of developing their self-reflexivity in terms of it being something that is never 'complete', but rather that it is an ongoing process.

Lorna: "So again it is this reflexivity that is important and how do you kind of practice that and how do you get better at that? I think that is something that is something really personal to each individual. I can only name from my position, I practice mindfulness alongside my practice of that really helps me because that gives me kind of space so that is something that I sort of use."

In this way, self-reflexivity was understood to be something, which was ongoing for the consultant throughout the consultation process, which provided an imagined place where they could check in with themselves about various aspects of the consultation process. In turn, these process informed reflections subsequently offered the consultant a choice in terms of whether to make them explicit or not (as previously discussed). Linked to self-reflexivity, participants also discussed how they used their own embodied responses to guide this self-reflexive process.

Sub-category Two: Embodied responses

Linked to how participants described their use of self-reflexivity, this sub-category specifically described participants understandings of how they noticed their own bodily responses as feedback tools to help them navigate how other people might also be feeling, within the consultation process. This idea was linked to a systemic phenomenon known as isomorphism, in which it is understood that what is experienced in the self, is similar to what other people are also experiencing at that time, which relates to the notion to being connected or attuned to the environment.

Elenya: “So you are constantly thinking about yourself in relation to the system that you are working with and noticing how your experiencing that and that is stuff that you use. You might be bored, you might be aggravated with someone, you know you might be angry you might be cold or you might be scared and all that is information because you can absolutely guarantee that if you are feeling it then someone else is feeling it or some other people in that group are feeling it.”

Bill: “All of those sensory responses can be seen as partly if not largely related to the experience of being part of that context temporarily... you have to kind of be open to noticing these responses in yourself...and embodied responses are from a systemic point of view, embodied responses are information about what is happening not just in yourself but also this will be imminent in this gathering in some way.”

Having experienced a bodily response, participants’ also made links with how this feedback then gave them choices to respond in different ways.

Gary: “Well for me three things happen. There is a gut level response, an embodied response so it will be an emotional response that will be accompanied by me becoming aware of muscle tension in my body or not you know. Then the accompanying action that goes with that what do I want to do, do I want to nurture do I want to compete, do I want to run a mile haha and then the analysis if you like or the meaning attribution that I put on this.”

Bill: “So you're dealing all the time with kind of readings of the system out there but also of your own embodied and intellectual responses that you're observing and to whether the maintenance of a kind of a tentativeness towards things that are suggesting a new direction might emerge.”

As well as using feedback from their bodily responses, another important type of feedback available to participants' was their inner dialogues.

Sub-category Three: Inner dialogues

This sub-category specifically considered participants understandings of how they use their inner dialogues as a form of feedback, which they can subsequently use to bring into question different ideas in relation to their current position, and whether that is the most useful position to take at this time.

Geraint: “I am really interested in my own inner dialogue and how that responds to what people are saying or how I act...I'm also wondering about peoples inner dialogue in the group and what they're not talking about and perhaps if I am working in that context with a group I have also got an inner dialogue from me going on and perhaps an induced inner dialogue from the person who has employed me who might not be in the room.”

Elenya: “That is why you know the therapeutic training is so important because it is all about what is going on for you, there is a constant internal dialogue about why did I ask that question in that way to that person.”

Kevin: “How are you going to take yourself away enough and have an you know you can do all this internal dialoguing and you can have methods for doing that there are processes you can build for yourself like a set of good questions for instance at the end of a session.”

In addition to using their inner dialogues as a means of gaining feedback and thus insights into the consultation process, participants' also linked how they use these processes to help them pay constant attention to the relationships that they have with the people in the room.

Sub-category Four: The relationship

This sub-category captured participants descriptions of how they use their experiences of the relationships they have with consultees, as feedback about the wider process of consultation. Like a

positioning compass, this was understood to help orientate the consultant to issues such as pacing and safety within the relationship, as well as whether or not the consultation is being perceived as usefully effective. In particular this was described as being like an ‘art’ in terms of interpreting what people might be communicating by how they ‘sit’, ‘look’ or ‘respond’ to what other people are saying.

Eleanor: Again these are the sort of the art ends of this domain, so they are difficult to describe. I think some of it has to do with the feeling between you and the other people and whether it feels smooth, cooperative, sticky, there is resentment around there is prickliness around.”

Elizabeth: “So feedback, direct feedback. But also, I guess, from the way that they contribute, from the way that they sit, from the way that they're looking, from the way that things move on, or not move on after. So all those things really. It might not be direct feedback. It might be that you see it in another interaction.”

Kevin: “And because of your response to that initially will tell me a lot about how you understand because everyone will be watching you tell that story and so I am thinking already and watching how others respond to things that you say.”

Participants also talked about how they need to respond to the feedback that they receive and thus adapt their position to one that might now be more useful in terms of what the consultees are bringing.

Sarah: “I think there is so much about responding to feedback and I think if you are not doing that then I am not sure what you are doing really or that you can’t be doing anything useful I suppose is what I am thinking.”

In this sub-category participants discussed how they are continually using feedback from consultees as indicators of the relationships they hold with consultees, which in turn helps them to respond in a useful way to consultees. Linked to this, participants also discussed how they drew these various forms of feedback together to create an overall understanding of the ‘process’ of consultation.

Sub-category Five: The process

This sub-category specifically described participants link between understanding and using the various forms of feedback and how they combine this to create an overall understanding of the process of consultation as opposed to relying on more of the content of what is said.

Kevin: “I think probably most of the people like me who have done this work rest more on the feedback in the processes.”

Eleanor: "In a way it is a more difficult kind of work because you can't rely as much on technique and strategy and tasks and previous solutions and so on I mean you can use some of that but it is more about using yourself in a way to try to create a context in which this invitation occurs to."

More specifically participants likened their value of the process as like having a faith, which they must believe in, in order to be free to move to different places and in order to step back from the content. In fact, without that this faith, participants even described feeling as if they were stuck and in a blind alley.

Sarah: "I think there has to be a confidence and a trust in that a trust in the process because if you don't trust the process I think that is when you just keep going because you cant allow yourself to step back and go hang on a minute, wait and reflect."

Geraint: "Having faith in the process and the facts and the humanity that people can take control of their destiny without their destiny being put on display."

Alice: "Because I think with the consultation particularly if you are in and you don't know where is it going to go you kind of again you respond to the feedback to figure out is it just with this group of people or do we go over to those group of people."

Here, participants discussed how they use various forms of feedback in a continuous manner in order to help them construct an understanding of the process of consultation. In turn, by holding an awareness of the process, this was subsequently understood to help guide the consultant in terms of how to most usefully orientate themselves, what to bring forth and make explicit, and how to maintain a useful edge for the consultees.

SUMMARY OF THEME TWO

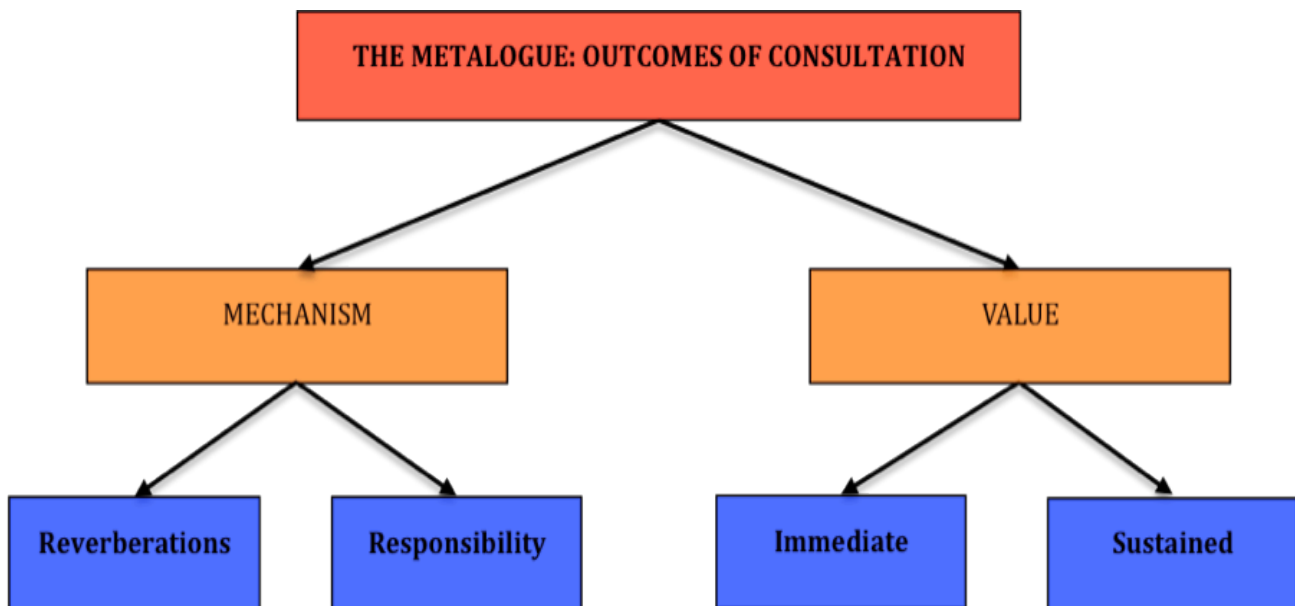
This theme described how participants understood the *doing* of organisational consultation. Specifically, participants initially linked this to the process of joining with the consultees and negotiating a contract for the consultation work. Alongside this, participants also highlighted how they worked to ensure that a safe enough space was created for the consultation process to occur within. Participants then described how they aimed to develop an increased awareness of the complexity that exists within the organisational system, by highlighting and creating new connections both between different layers within the system, and also between that system and the other systems within which it

sits. The method of highlighting this complexity and creating richer conversations was primarily understood to occur via having new conversations about different ideas and with different parts of the system, which were previously disconnected along that dimension. In turn, the overall aim of this was understood to create new possibilities of thought and movement such the organisation could have explicit awareness of the range of choices available to it, rather than being repeatedly stuck in the same groove. Ultimately this was understood to make the organisation more resilient to change in that it would now have the infrastructure or the awareness of the processes that could allow it to become increasingly flexible to any further imposed changes in policy or wider organisational structure, for example. Underpinning all of this was the process of consultation, which involved the consultant's use of their self-reflexivity, to understand the various types of feedback present within the consultation. Through this process, hypotheses were developed and subsequently the consultant was tasked with the decision of whether or not to make these explicit and feed them back into the consultation process. The need for an edge was also understood as important in this role, to help the consultant check in with how they were positioning themselves in relation to the ideas that were continually emerging. In this way, the process of consultation was understood to be recursive and continually developing, as more layers of feedback were added into the process, which is in keeping with how participants understood the outcome process to operate. As such, the way in which participants understood this outcome process is discussed in theme three.

3.3.3 THEME THREE: THE METALOGUE: OUTCOMES OF CONSULTATION

Theme three specifically addressed participants understanding of the outcome process in consultation. As previously described, the process of consultation was understood to be recursive and interconnected and not lineal, thus the author highlights that this punctuation is drawn here on a conceptual basis and not because it represents a disparate step in the consultation process. The word 'metalogue' was used to describe this outcome process in order to capture the mechanism of the consultative process, which understood to be reverberative and with the consultant having no particular responsibility or preference for how the information generated from the process is used. This theme comprises two core categories, 'MECHANISM' and 'VALUE', which will be discussed in turn.

Figure 10- Diagrammatic Summary of Theme Three: The Metalogue: Outcomes of Consultation



CORE CATEGORY ONE: MECHANISM

This core category described how participants understood the mechanism of change within organisational consultation. It is organised into two categories; ‘**Causing reverberations**’ and ‘**Responsibilities**’, which will be now be considered in turn.

Category One: Causing reverberations

This category specifically related to how participants understood the process of change as being reverberative, similar to the process of throwing a stone into a calm pond; it causes far-reaching ripples beyond the initial impact. In particular, participants described the ways in which they understood that through their initial questioning, there would be a deeper effect upon the whole organisation.

Sarah: “In some ways that is kind of set up as through the vehicle of meeting with, well going to start meeting sometimes but mostly through one to one consultation, the ideas that through that you kind of have a deeper, broader effect on the organisation as a whole.”

Geraint: “Well it makes me think that asking questions is great and how the question lands then kind of perturbs the system and people respond by giving particular answers and then the narrative starts to emerge and evolve around.”

Gary: “Yer and then feeding that back in to the system and that might have had more of an impact on the much higher up hierarchies. But then very often there is disjuncture between the aims and objectives of other hierarchy much higher up from the practitioners on the ground because they live in another world.”

Participants also described that they understood the mechanism of how consultation effects change as being linked to the theoretical principles of structural determinism. This principle understands that the outcome (B) of a particular input (A) is due to the structure of (B) upon which (A) acts. In this way, the consultant is unable to specifically know in advance or during the consultation process, how the consultation may impact upon the organisation overall.

Eleanor: “If you think structural determinism...it is that structure that specifies the outcome and how it is likely to respond...I didn't know what my questions were reverberating but they knew because it is their world you know so the more I asked all these questions trying to understand the more those two were silently saying to each other this is exactly it this is the elephant in the room yeah? So I think that this way of working is very good because it doesn't expect us to know but it does provide a tool for trying to understand.”

Grant: “And sometimes I know that at different times some of the information I have through consultation will inform what I do in other areas of my role. Just that I believe some of the consultation affects what they do in the conversations they have.”

As well as discussing the reverberative nature of systemic working as part of the mechanism of understanding organisational change as a result of consultation, participants also re-visited their position in relationship to responsibility.

Category Two: Responsibility

This category considers how participants specifically understood responsibility in relation to the outcomes of consultation. Again, participants highlighted that they understood their role as trying to ‘expand’ the ideas preset within a system, so that there were more options to consider but that, having done that, it was up to consultees to take away what they want from the consultation process.

Eleanor: "I will do my thing systemically which means that I usually try and expand the ideas that we're talking about and look at different options and from different points of view but it's up to them what they take away."

Elenya: "You are not completely non-interventive, you are being paid for you know, but then you don't get attached to the outcome so what you are doing it for, because I have been asked to come here and create pockets of dialogue but actually comes out of that dialogues you shouldn't really be attached to any."

Elizabeth: "Because actually, what we were doing, we were facilitating a different kind of discussion, a different kind of focus, we were opening things out....you did your consultation, then you went away and just hoped that things would be different."

However, as part of how participants understood responsibility, they also discussed how they understood their role as being responsible for providing both immediate feedback into the consultation system as well as providing more formal feedback.

Sarah: "And then often I think it is about feeding back that process to the person and that is often what then frees something up."

Bill: "I tend to be very canny or cautious because I felt that there was this kind of sense that we will use whatever the consultant says in order to implement our own prejudices so I am usually very canny about giving feedback and I tend to air on the side of peoples determinations I mean it is usually very generic."

Gary: "I drafted a letter really in which I summarized my position and perspective and made some observations and I said you know my sense is that really I need to be I need to stop because this is not really clear what my role is here and what benefit there is to it."

In summary, this core category discussed how participants understood the mechanism to be reverberative and to provide a sense of freeing up the system to be able to move in whatever way it decided was most useful, rather than the consultant having an investment in a particular, fixed outcome for the consultation process. As well as considering how they understood the mechanism of the outcomes of consultation, participants also discussed how they understood the value that consultation has for an organisational system.

CORE CATEGORY TWO: VALUE

This core category describes how participants understood the overall value of consultative practice, both in terms of its ‘**Immediate**’ and ‘**Sustained**’ impacts.

Category One: Immediate changes

This category captured how participants understood the value of consultative practice for consultees in the immediate, short-term. In particular, participants understood this as helping people to ‘re-energize’, ‘feel better’ and take time to reflect, through which they were able to consider multiple points of view, instead of perhaps being more constrained.

Lorna: ‘My personal view is that I think in the moment and in the immediate reflections then I think people learn a lot through that process and are really invested in understanding more.’

Sarah: But almost by definition I guess there is some positive motivation there almost certainly you are going to go away from that feeling better and if you certainly use that time at all to think together about what you are doing and doing that in a kind of respectful mutually supportive way then I think in itself is energising.’

Michelle: “The value of that I think is at least in terms of helping people understand each others perspectives and listening, having the opportunity to listen to each other because resentments and rivalries and alliances get built up so quickly and so easily and particularly as working life gets more and more pressured and more and more squeezed that time becomes rarer and rarer.”

However, it was also acknowledged that some consultees might have wanted a more expert position from the consultant such that they were not left with the responsibility of having to actually work at implementing the changes themselves.

Eleanor: “I think so but it also might mean that not everyone is satisfied some people will have wanted you to take on a more expert position and help them solve this problem visibly whereas working this way people might come out at the end of the consultation and say that was useless what happened there? Nothing happened there.”

Another participant also discussed how they understood that consultation could lead to direct outcomes within the wider organisation.

Bill: "And a suggestion came up about why do we not invite the new manager to the next supervision group and we can talk with her directly about this stuff. So that is what they did actually and it lead to a very productive and engaging session with the new manager and the group...So of course once the staff began to get their act together and made more realistic demands about supervision and suitable referrals to the children's homes and so on and so forth the management, the people who were further up the tree started to get a bit sniffy and began to think that what I was doing with their staff was starting a mini revolution because people were starting to make what I would call quite normal professional requests for better supervision and caseload management."

As well as having immediate changes participants also linked how they understood consultations impact to have longer, more sustained outcomes for the organisation.

Category Two: Sustained changes

This category specifically related to how participants understood the impact of consultation over longer time scales. In particular, participants discussed the value of introducing points of reflection within an organisation as being linked with positive change, which included the overall health of an organisation as well as individual's health within the organisation, which in turn was linked to stress related illnesses.

Gary: "So I think it is both healthy for the organisation that people have time to reflect and it is healthy for the individuals in terms of stress related illnesses and all of that."

Participants also described a sense of having less knowledge of how things actually happened; rather they expressed their hopes around how they hoped things changed or what they hoped the organisations gained from their consultations, which included creating a culture of reflection.

Kevin: "So when you say what would you hope to achieve, that is the first thing really because in a way I don't think you ever really know, it is too complex just to say I went in and sorted it out, consultant are often bought in as trouble shooters and you know it may not have that kind of effect straight away, particularly as I think lots of systems that you are doing this kind of consultative work to really are looking to try and create a culture of reflection."

Lorna: "And how does what we do and why we do it then how does that inform whatever it is that is the practice of that team, or organisation. And how does that lead to a particular outcome or particular results. And where does that leave people in terms of future developments as well, what ideas are generated through that process."

Gary: "And again it depends on what, sometimes change is a battle and it can have a much bigger impact on the organisation on the wider scale."

Another participant described how he understood the value of systemic consultation as being related to how connected an organisation is with its resources, which was understood to allow it to remain connected to its core values and history, but whilst being able to change and adapt to the current pressures it is facing.

Kevin: "Now teams that I think are more resourceful are where those resources that are connected have a greater chance of survival, not necessarily intact as they are but are able to make the adaptation to keep the history going so that now in this newer phase well this is what we were before this is what we were last week and this is now what we are, we are still somehow the same and yet are entirely different you know in the same way that anyone who is developing will say I am still me, I am still the me I was when I was a teenager, but I am different to."

Lastly, another narrative, although one which was less powerful, considered the difficulties in sustaining organised change, acknowledging the 'real' context within which changes were trying to be implemented.

Lorna: "I think what happens following that is that it kind of gets lost again within you know people...unless there is something that is ongoing I think it is very difficult for people to maintain investment in change when you go back to your desk, your chair, you are in the same place where you always have been and the person sat next to you, and the policy drivers are still the same and the hierarchical structure is still the same."

Gary: "I don't know but the more that changes the more it stays the same because at another part of the organisation there is, it doesn't, change here has implications for change here umm but this group have got more power to curtail limit contain or block change."

This core category understood the value of systemic consultation as having both immediate and more sustained outcomes for organisations. Immediate effects were linked to a sense of consultees feeling re-energized and as having more options to choose from, which in the longer term was linked to better employee and organisational health and better sickness rates. However it was also acknowledged how changes can be difficult to sustain.

SUMMARY OF THEME THREE

This theme captured how participants understood the mechanism of consultation to work as well as the value of the consultation process for an organisation. This included participants understanding that, following the conversations that were had during the consultation session, due to the principles of structural determinism, these conversations would cause changes within the individual consultees, who would subsequently take these changes back in to the wider organisational system. Thus, consultation via this process would have a wider reverberative nature within the organisation. In turn, this was also linked to responsibility in that due to principles of structural determinism, participants understood that it is because of the systems structure that determines the outcomes, and thus they cannot position themselves as being responsible for determining a specific *right* outcome for a system. Rather they understood that their aim was to help increase the level of feedback within a system so that it could have many possible options and subsequently, outcomes to choose from instead of continuing to remain in the same way of responding as it has historically. Participants were also able to describe more specific immediate and longer-term values of having consultation and the impacts that they hoped that this has on the system.

3.4 SUMMARY OF RESULTS

The aim of this study was to explore systemic family therapists' understandings and experiences of organisational consultation. Whilst there is a literature base around psychological consultation in general, with some studies reporting the application of systemic organisational consultation, there is paucity in the current knowledge regarding what is known about how the process of systemic organisational consultation is understood from the systemic consultants' perspective. The current study aimed to address this issue, with the expectation that findings could support the development of our understanding about how systemic consultants understand the process of organisational consultation and organisational change. A large amount of rich data emerged from the interviews and a Constructivist Grounded Theory was used to understand the experiences of participants. The analysis identified three themes: 'The Prologue: Conceptualising the Context for Consultation', 'From Monologue to Dialogue: Conceptualising the Context for Consultation', and 'The Metalogue: Outcomes of Consultation'.

The theme 'The Prologue: Conceptualising the Context for Consultation', captured participants definitions and conceptualisations of consultation and the position of the consultant as well as how they understood the invitation to offer consultation. The theme, 'From Monologue to Dialogue: Conceptualising the Context for Consultation', encapsulated the factors that were understood to be integral to the process of *doing* consultation and creating organisational change, which was understood to be mediated through feedback processes and the *in vivo* position of the consultant. The final theme, 'The Metalogue: Outcomes of Consultation' considered how participants understood the outcome process of organisational consultation including the mechanism of systemic change. The following chapter will consider these findings in relation to the research base, and clinical implications will be considered.

CHAPTER FOUR

DISCUSSION

4.1 OVERVIEW

This chapter summarises and discusses the main findings of the current study in relation to the available literature. Following this, the chapter will then consider the clinical and service implications, as well as discussing the strengths and limitations of the study. Recommendations pertaining to policy and future research will also outlined.

4.2 RESEARCH FINDINGS AND THE EXISTING LITERATURE

The key aim of this study was to explore how systemic family therapists understood systemic organisational consultative practice. To the author's knowledge, this was the first study to directly investigate systemic family therapists understandings and experiences of providing consultation to organisations and the only study to do so using a Constructivist Grounded Theory methodology. Analysis of the data yielded a theoretical model comprising three key themes: **'THE PROLOGUE: CONCEPTUALISING THE CONTEXT FOR CONSULTATION'**; **'FROM MONOLOGUE TO DIALOGUES: CREATING NEW CONTEXTS FOR NEW CONVERSATIONS'**; AND **'THE METALOGUE: OUTCOMES OF CONSULTATION.'** This theoretical model suggests that the systemic family therapists interviewed, appear to understand their practice of systemic organisational consultation as being an activity, which is very similar to their practice of systemic family therapy with families. More specifically, this theoretical model suggests that like their linguistic and social constructionist approach to therapy, as opposed to a focus on a family systems structure, this linguistic and social constructionist approach can be transferred from therapy and applied to the practice of providing consultation to organisations. Consequently, in terms of our theoretical understanding, this model adds that generic systemic family therapy skills can be applied successfully to the provision of consultation to organisations. Additionally, this model also adds to our theoretical understanding

regarding how organisations can be understood and consulted to from a linguistic, social constructionist approach as opposed a structuralist epistemology.

In the proceeding section, the main findings of the study will be presented in relation to the relevant literature already discussed on systemically oriented organisational consultation. However, where relevant, additional literature will also be included in this discussion. To maintain consistency and for ease of reading, **THEMES** will be highlighted in capital and bold lettering, CORE CATEGORIES in capital lettering, **categories** in lower case and bold lettering, and sub-categories in lower case and underlined lettering. Whilst considering the findings, it is important to hold in mind that these three themes interacted with one another, in a complex and interconnected way, rather than how the more discrete diagrammatical presentation in Figure One might suggest. Indeed, the inclusion of feedback arrows within this diagram were an attempt to convey this interactive and interconnected nature, which will be further teased out here, in the discussion of the results.

4.2.1 THEME ONE: THE PROLOGUE: CONCEPTUALISING THE CONTEXT FOR CONSULTATION

Theme one, ‘**THE PROLOGUE: CONCEPTUALISING THE CONTEXT FOR CONSULTATION**’ presents the key findings of how participants understood the various components, which together, create the prologue or context to the subsequent *doing* of consultation, which is discussed in theme two within section 4.2.2. In this way, the organisation of participants’ data fits with a fundamental tenant of systemic thinking: that any event occurs inside a frame of reference or a *context*, (Bateson, 1972). The key findings of theme one were organised into three core categories: 1) DEFINING SYSTEMIC CONSULTATION; 2) THE CONSULTANTS’ POSITION; and 3) THE INVITATION, each of which will be reviewed in turn in the following section.

1) The core category, ‘DEFINING SYSTEMIC CONSULTATION’ discusses participants’ conceptual definitions of systemic organisational consultation, which they linked to being both a distinct activity, whilst also acknowledging the different edges that it shares with other aspects of participants’ core systemic practices. This core category was subsequently organised into two categories: ‘**The conceptual remit**’, ‘**The clear edges Vs the overlaps**’.

Within the category ‘**The conceptual remit**’, participants understood ‘The purpose’ of systemic organisational consultation to include the consultant as being someone who is invited ‘in’ to help with a particular problem on the basis of them holding a relative ‘outside’ position to the problem as well as being due to the skills that the organisation perceives the consultant to possess. The idea of consultation being problem focused fits with a variety of previous research including, Campbell, (2000); Campbell *et al.*, (1991; 1994); Caplan, (1970); Ovretveit, Brunning & Huffington, (1992); Haslebro & Nielsen, (2000); Jones, 1993; 2003; Sheridan, Welch & Orme, (1996) and Wynne *et al.*, (1986). Likewise, the concept of the ‘outside’ or ‘external’ consultant also fits with previous literature and is discussed in depth within the subsequent core category: ‘THE CONSULTANTS’ POSITION’. Many of the participants, also linked consultations purpose with the importance of language and having conversations, through which differences and a different level of reflection could be introduced to the system so that it could then appreciate itself in different ways. This view of consultation fits closely with both the social constructionist approaches of Anderson & Burney, (1996), Campbell, (2000) and the framework of reflexive enquiry (Oliver, 2005). Likewise, these will be considered in further depth within core category ‘CREATING NEW DIALOGUES’ within section 4.2.2.

Another dimension to participants conceptual definitions of organisational consultation included the concept of ‘The client’, which was understood as being flexible and ultimately determined by the remit of the initial request and the subsequent negotiation process to develop the consultation contract, discussed in core category ‘CONTRACTING AND JOINING’ in section 4.2.2. This consideration of who the client is in consultation can be located within the literature presented by Fisher (2009); Fuqua & Newman, (2006); Fuqua *et al.*, (2012); Newman, (1993); Newman & Fuqua, (2006); and Newman, *et al.*, (2002). Indeed, Fisher, (2009) argued that the question: ‘who is the client?’ should be replaced with a different ethical question: “*exactly what are my ethical responsibilities to each of the parties in this case?*” (p.5). Additionally, Fuqua *et al.*, (2012) highlight that; “*the complexity of organisational consultation requires a much more detailed analysis of the responsibilities a consultant must consider and address in the process of consulting in an organisation*” (P.115). In turn, they provide a series of questions and issues for the consultant to consider, which ultimately link the importance of defining the client in consultation to ethical practice, which was in turn ‘inextricably’ linked to effective practice.

Indeed, the issues pertaining to ‘responsibility’ within consultation are discussed further within the category, **‘The clear edges Vs the overlaps’**.

Participants also discussed how they understood the applications of organisational consultation. In particular, participants discussed applying consultation to help manage ‘change,’ within organisations including ‘transitions’, as well as helping an organisation to ‘reflect’ and thus be able to consider ‘itself’ in relation to, for example, its original mandate or how it could choose to respond to other changes, which are occurring within the systems surrounding it. Indeed, this understanding of how systemic organisational consultation can be applied shares coherence with the existing literature including; Anderson & Burney, (1996); Campbell, (1996; 2000); Campbell & Huffington, (2008); Campbell, *et al.*, (1991; 1994); (Caplan, 1970); Cooklin, (1999); Haslebro & Nielsen, (2000); Konigswieser & Hillebrand (2005); Oliver (2005) and Wynne *et al.*, (1986) who provide various case studies to illustrate their applications of systemic organisational consultation to similar issues. Furthermore, participants discussed *how* they conceptualised their practice of systemic organisational consultation to create changes within an organisational system. A more expansive discussion of how participants specifically understand how they create changes within organisational systems can be located within core category two of theme two ‘CREATING NEW DIALOGUES’, in section 4.2.2. However here, it can be briefly noted that participants understood change as being based upon a linguistic and dialogical activity, privileging the language and constructions generated by individuals within the organisation, as opposed to focusing on an organisations’ structures. Consequently, the ideas participants expressed about their practice of systemic organisational consultation can be located within a second-order cybernetic, social constructionist epistemological position (Gergen, 1985; Gergen & McNamee, 1991), and are thus more closely aligned with the social constructionist frameworks proposed by Anderson & Burney (1996) and Campbell (2000) as well as the reflexive enquiry approach (Oliver, 2005). It can also be seen that participants drew from other important concepts including, Mikhail Bakhtin’s concept of dialogism (1981), as well as Anderson and Goolishian’s (1988) view of language as a meaning making system in their consultative practice.

The second category **‘The clear edges Vs the overlaps’**, captured how participants understood the conceptual fit between systemic organisational consultation and the other aspects of their core systemic practices, which included psychotherapy, supervision and training. Indeed, the need to clearly define

consultation is well documented in the literature (Caplan, 1970; Gallessich, 1982; Hylander, 2003; Imber-Black, 1986; Jones, 2003; Leadbetter, 2006; Mannino & Shore, 1985; 1986; McDaniel, Wynne & Weber, 1986 and Steinberg & Yule, 1985). In particular, participants highlighted that they understood their practice of consultation to be more closely aligned with their practice of systemic psychotherapy in terms of ‘form’, the ‘systemic orientation’ of the consultant, as well as the way in which ‘change’ within the system was understood to occur, via a second-order narrative-linguistic mechanism (discussed further in section 4.2.3). In this way, participants understood there to be an ‘isomorphism’ between systemic psychotherapy and systemic consultation. These accounts of the similarity between systemic consultation and psychotherapy fit closely with some of the previous theoretical literature, particularly that of Jones (2003); Landau-Standon (1986); Anderson & Goolishian (1986) and Anderson and Burney, (1996). Indeed, Anderson and Goolishian (1986) stated that: *“In our view, the practice of consultation parallels the practice of therapy and differs only in the point of application, that is, who is involved in the direct consultative activity”* (p.285). Likewise, Landau-Standon (1986) described her model of consultation as developing ‘in concert with’ her model of family therapy and that they are ‘operationally inseparable’ and ‘isomorphic’. However, other authors argue that systems theory alone is not adequate enough and that what has been learnt in a clinical setting is not necessarily applicable to an environment of non-intimate social relations (Borwick, 1986; Fisher, 1986; Hirschorn & Gilmore, 1980; Kaslow, 1986 and Merkel & Carpenter, 1987). For example, Borwick (1986) warned against using techniques aimed at individuals, personalities and personal matters arguing that: *“The practicing consultant will find that the techniques presently employed for families cannot be simply lifted from one system and implemented in another”* (p.440). Interestingly, since these original discussions occurred within the literature, more recent theoretical frameworks applying systemic ideas to organisational consultation have moved away from a typically first-order cybernetic strategic-systemic approach (Campbell *et al.*, 1991), towards incorporating more second-order cybernetic principles as well as additional ideas including: constructionist-systemic (Campbell, *et al.*, 1994) systemic-social constructionist (Campbell, 2000), systemic-dialogic (Anderson & Burney, (1996); and systemic-appreciative enquiry, CMM and reflexivity (Oliver, 2005). Furthermore, Haslebro and Nielsen (2000) also openly acknowledge that although they adhere fundamentally to a systemic approach, they are also guided by ideas and frames of reference which include: *“general communication theory, organisational development, organisational culture, the learning organisation,*

group dynamics, process consultation, psychodynamic thinking, psychoanalysis and the psychological working environment” (p.XV).

The dimensions of responsibility and accountability were also understood by participants to be similar between both consultation and psychotherapy. More specifically, although the therapist/consultant was understood to hold an ethical responsibility to the client as well as for what they were saying (Fisher, 2009; Fuqua *et al.*, 2012), it was up to the client to take away what they wanted from the therapy/consultation process, which shares congruence with previous literature including; Caplan, (1970); Imber-Black, (1986); Jones, (2003) and McDaniel *et al.*, (1986). Furthermore, an account of how the issue of responsibility was experienced by the consultant during consultation is provided by Harper & Spellman (1994). In their article, these authors discuss their experiential dilemma of the extent to which they should take on responsibility for consultancy and its outcomes, which they related to being a similar issue within a family therapy context. The understanding of responsibility for what is taken away as sitting with the consultee, is also made explicit within the conceptual frameworks of organisational consultation described by Campbell, (2000); Campbell & Huffington, (2008); Campbell *et al.*, (1991; 1994); Haslebro & Nielsen, (2000). However, given participants’ understanding of their practice as drawing from a second-order cybernetic and social-constructionist framework, Oliver (2005) discusses the idea that responsibility for the social constructionist practitioner exists in the sense that they need to employ a ‘reflexive responsibility’ for the identities, relationships and cultures that they create through language and the ways they communicate. Subsequently, Oliver (2005) also contends that due to this responsibility, *“one must cultivate a consciousness about their behaviour and subsequently use this consciousness to structure effective, reflexive dialogue”* (p.8).

The way in which participants understood how they ‘positioned’ themselves was also used to distinguish consultation from training and supervision in terms of the hierarchy, power and degree of ‘directiveness’ that exists within the relationship between supervisor-supervisee and trainer-trainee but which does not feature within the consultant-consultee relationship. Furthermore, the degree of ‘proximity’ and ‘closeness’ within the relationship was also another difference highlighted by participants, which they related to the idea that within supervision, the relationship has time to build up, whereas in consultation, this is not usually possible. Indeed, the propositions highlighted here, regarding the fit between consultation, supervision, psychotherapy and training are also supported by

the theoretical accounts presented by Brown *et al.*, (2001); Caplan, (1970); Conely & Conely, (1991); Jones (2003) and McDaniel *et al.*, (1986).

2) In the core category: 'THE CONSULTANTS POSITION' two further categories were identified, '**Developing a systemic consultant position**' and '**Internal Vs external**'. These captured how participants understood the development of the qualities pertaining to being a systemic consultant and subsequently, how this overall systemic consultant 'position' is 'experienced' in relation to the presenting issue.

Within the category '**Developing a systemic consultant position**', participants identified key systemic principles and skills pertinent to their practice as an organisational consultant. These included, using curiosity and neutrality to help participants hold multiple perspectives in mind, which in turn, was facilitated by being 'irreverent' to ones hypotheses. Having developed these skills, participants described using them to tolerate the uncertainty and complexity of working with organisations. Furthermore, participants discussed how they developed a second-order cybernetic view that their position has a difference on the system they join with (Boscolo *et al.*, 1987).

Employing the aforementioned principles, participants described joining with consultees in a non-expert way, working 'in' the moment. Indeed, all of these qualities can be seen as core components of the systemic model (Carr, 2006; Dallos & Draper, 2010; Jones, 1993; 2003 and Rivett & Street, 2003) and are consistent with previous literature including the early Milan team's work on curiosity and neutrality (Selvini-Palazzoli *et al.*, 1980), Cecchin's (1987) and Cecchin *et al.*'s, (1992) work on curiosity and irreverence and Anderson and Goolishian's (1992) work on the importance of not knowing. Furthermore, these concepts are also discussed within the theoretical systemic frameworks for organisational consultation described by Campbell (2000); Campbell *et al.*, (1991; 1994); Cooklin, (1999); Haslebro & Nielsen (2000). Caplan (1970) also discusses the personal qualities necessary for consultancy, which he states are similar to those important for therapists: a tolerance for the discomfort caused by working without complete information and an ability to be creative but not to hang on to hypotheses if there is discrepant information (Harper & Spellman, 1994). Harper & Spellman, (1994) also drew important attention to the fact that there is "*little written on trainees' experiences of*

consultancy work, which is a pity since many of the dilemmas faced by trainees in beginning consultancy are analogous to those encountered in beginning family therapy” (p. 385). Likewise, McDowell (1999) also discusses how marital and family training should incorporate systems consultation, since having; “*expertise in working with agency systems enhances a family therapist’s ability to intervene in the multiple organizations that are often involved with families*” (Imber-Black, 1988, as cited in McDowell, 1999, p.156). Lastly, Harper & Spellman (1994) further contend that trainee consultants not only have to grapple with the familiar difficulties of thinking systemically rather than lineally, they are also faced with a relative lack of preparation in generic professional training, and with some accounts of consultancy which are rendered inaccessible by the use of a difficult prose style (e.g. Campbell *et al.*, 1991) or a lack of attention to what trainee consultants need in order to learn.

Having developed a foundation systemic orientation, participants subsequently discussed how they learnt to ‘experience’ this position, which in turn helped them be able to name what they were doing when they were doing it, which was required in order to be effective. Indeed, the importance of a therapists’ ‘experiencing’ has been identified by a number of authors (Bakhtin, 1981; Jones, 1998, 2003; Rober, 2005, 2011; Sanders, 1998 and Shotter, 2005). Through this practice of experiencing and knowing themselves in their systemic position, participants highlighted how they became aware of their own prejudices (Burnham, 1992; Cecchin *et al.*, 1994) and the values, which they bring to their consultant role. In turn, through having developed an awareness of their consultant identity, participants acknowledged that this influenced the type of work they would and wouldn’t undertake. This idea finds support within the theory proposed by Simon (2006), who advocates for a ‘fit’ between a therapist’s approach and their worldview. Furthermore, Harper & Spellman (1994) also discussed the importance of consultants’ experiences during systemic consultation, specifically highlighting the challenges of needing to understand your personal epistemological position as well as that of the model you are working from, whilst trying to cope with complexity, thinking five things at once, including the different agendas and desires of staff members.

Within the category ‘**Internal Vs external**’, participants discussed how they understood whether they, as systemic consultants, were internal or external to the issue identified within the request for consultation. Indeed, Bateson (1972) proposes that one cannot be ‘meta’ (or an outside observer at a ‘higher’ level of abstraction) to a system of which one is a part. Likewise, Burnham & Harris (1985)

also draw the conceptual distinction, based on the principle derived from Russell's Theory of Logical Types, that a member of a system cannot 'observe' the system of which it is a part. This implies that one cannot achieve an overall perspective with which to intervene in a system of which one is an active participant (Cooklin, 1999). This proposition also relates to second-order cybernetic ideas (Howe & Von Foerster, 1974), such that since one's presence and observation help create the very system they are observing, one cannot be independent of what one observes. Consequently, from this viewpoint, participants understood that an internal consultant would be unable to step back sufficiently to see the larger patterns, which are influencing the system (Beer, 1980). Indeed, the issue of how a consultant uses and maintains this inside versus outside 'edge' is discussed in depth in core category three, 'THE PROCESS OF CHANGE' within section 4.2.2. Furthermore, participants also described that there appeared to be a preference, from organisations, for an external consultant who can: hold a 'meta' position in relation to the problem (Jones 2003); be able to clarify boundaries more clearly in order to establish responsibility as being primarily held by the consultees for change; and thus be able to negotiate their leverage and maneuverability (Cooklin, 1999). This also fits with frameworks and approaches of systemic organisational consultation, which have been described by Campbell, (1996); Campbell, (2000); Campbell & Huffington, (2008); Campbell, *et al.*, (1991; 1994); Cooklin, (1999); Haslebro and Nielsen, (2000) as well as Schein's (1969, as cited in Campbell, 2000) model of expert consultation. However, it should also be noted that other previous literature has endorsed the concept of both internal and external positions (Conoley & Conoley, 1991; Fuqua & Kurpius, 1993; Lippitt & Lippitt, 1986) as well as showing support for the efficacy of internal consultants (Mannino & Shore, 1986; Medway & Updyke, 1985; West & Idol, 1987).

3) The third core category pertaining to theme one, 'THE INVITATION', captured participants accounts of how they might receive an invitation to offer consultation, and subsequently, upon receiving a request, how they would draw upon their systemic orientation and skills to begin the process of unpacking and deciphering this invitation. Within this core category, two further categories were identified, '**Understanding the invitation**' and '**Understanding the context**'.

Within the category '**Understanding the invitation**', participants highlighted how they experienced being 'sought out' by, for example, an individual, a team or a whole organisation, which they attributed

to how they were perceived as holding a relatively outsider or external position (as previously discussed); their personal qualities and previous reputation, as well in terms of their systemic role and the accompanying skills they could offer the organisational problem. Indeed, this fits with previous understandings within the literature including for example, Campbell & Huffington, (2008) Campbell, *et al.*, (1991; 1994); Cooklin, (1999); Haslebro and Nielsen, (2000). Furthermore, since the value of systemic interventions is becoming increasingly recognised (Dallos & Draper, 2010; Stratton, 2010; Carr, 2009a; 2009b; 2012; 2013; 2014a; 2014b), the skill-sets accompanying this approach may have also become increasingly recognised by organisations that are struggling with a particular systemic issue.

As part of the process of understanding the invitation, participants highlighted the importance for the consultant to identify the 'Origin of the request' within the organisation, which fits with previous literature including Campbell (2000, 1996); Campbell *et al.*, (1991, 1994) and Campbell & Huffington (2008). Indeed, Campbell & Huffington (2008) specifically highlight the importance for the consultant working within a systemic framework to pay attention to the question of ownership of ideas. Furthermore, Imber-Black (1986) draws attention to how the origin of the request fits within the hierarchical structures of organisations and thus whether: "*the request for consultation is coming from those who intend to be involved or is it a request that the consultant 'fix' some other, often lower in the hierarchy, part of the system?*" (p.361). In turn, participants related this to the idea of there being different 'types of 'agenda' attached to the request. Indeed both Imber-Black (1986) and Campbell (1996) also highlight that an initial crucial question for the consultant regards the timing of the consultation request. And thus the question of 'why now' should be in the forefront of the consultant's mind: which should be followed with early action, in order to address the overt and covert agendas. In turn, the need to clarify the agendas behind the invitation was linked by participants to their sense of having an ethical responsibility to the consultees, as previously discussed. However, Imber-Black (1986) also highlights another important issue, noting that despite the different types of requests that organisations might make, it is important for the consultant not to get caught in the framework of the specific requests. Rather, requests should be seen as merely entry points into the system. Likewise, both Campbell & Huffington (2008) and Haslebro & Nielsen (2000) describe the 'balancing position' or 'ethical dilemma' the consultant faces upon receiving an invitation such that the consultant will want to both join with the organisation whilst being able to observe the organisational process with an open

and curious mind, which should include a 'preliminary phase' where the problem and the connection with the problem are examined.

'Understanding the context' of the invitation was another key finding highlighted by participants, which is unsurprising given that key systemic contention maybe by Gregory Bateson (1972), that everything happens in 'context'. This included the need to develop an understanding of the organisational context within which the request for consultation sits, as well as the organisation of relationships within the organisation and how the request for consultation is perceived. Again, this fits with the previous literature, in particular Haselbro & Nielsen (2000), who acknowledge that: *"a problem is always a problem to someone. Problems do not arise independently, rather they are created in our mind and in our interactions with each other"* (p.5). Therefore, for the consultant, it is crucial to investigate who does and who does not find the problem a problem. Indeed, Imber-Black (1986) suggests that a consultant should seek out as many of the potential participants as possible while communicating clearly that no formal contract has been assumed. This also links to another key systemic idea, which is that it is the problem that defines the system (Anderson *et al.*, 1986). Defining the system is thus a choice to be made and a choice, which may have to be reconsidered during the course of the consultation. It is therefore important for the systemic consultant to consider what characterises all of the relationships involved in the consultation process, which have been defined by the problem. This is because the various understandings of the problem and the possibilities for solving it, are embedded in all of these relations: exactly how, the consultant will not know from the beginning and in order to make any progress, it is important that they explore the relationships (Haselbro & Nielsen, 2000). This mapping of the relationships around the problem allows the problem to become 'wisely defined' (McCaughan & Palmer, 1994) and is suggested to help free the consultant from systemic traps such as mirroring (Harper & Spellman, 1994; Jones, 2003) and thus taking on the role of inadvertent perpetrator of the status quo or worse, contributing to the cynicism regarding the efficacy of change (Imber-Black 1986).

Imber-Black (1986) also highlights how important it is to establish whether an organisation has previously experienced consultation and thus how they perceive the current consultation request. In this way, he discusses how consultation can become part of an organisations larger homeostatic pattern and as such participants are likely to view the consultant with mistrust. In other organisations, the

consultant may be viewed as a type of distraction offered by administration to obviate unrest and avoid genuine change. In these situations, offering low-key affirmation of participants' pessimism imparts a sense of being heard and appreciated and it enables the consultant to enter. Additionally, Campbell & Huffington (2008) highlight the polarity that exists for consultants between the observing/reflecting position and the need to 'put down a marker and act' by providing an explanation or a proposal about how we move on from the current situation. Lastly, Jones (2003) also highlights the need to acknowledge the wider organisational context, within which the consultation is occurring. In this way, within the UK, Jones (2003) states that: *"those working in the National Health Service seem to have spent more than a decade in a state of continuous change and uncertainty. Furthermore the pressure on services, and the greater social recognition of the multiplicity of experiences clustered together as post-traumatic responses, mean that most therapists can at times expect to work with client material that is likely to be personally disturbing"* (p.14).

4.2.2 THEME TWO: FROM MONOLOGUE TO DIALOGUES: CREATING NEW CONTEXTS FOR NEW CONVERSATIONS

The theme '**FROM MONOLOGUE TO DIALOGUES: CREATING NEW CONTEXTS FOR NEW CONVERSATIONS**' presents the key finding of how participants understood the tasks for the consultant to firstly negotiate a contract for the consultation before subsequently creating a context conducive to organisational change, within which the *doing* of consultation occurs. In turn, this was understood to occur within the wider 'context' previously discussed in theme one. Accordingly, three core categories emerged within this theme 1) 'JOINING AND CONTRACTING' 2) 'CREATING NEW DIALOGUES' and 3) 'THE PROCESS OF CHANGE', which will be discussed in turn.

1) The core category 'JOINING AND CONTRACTING' captures how participants worked to construct a clear and purposeful initial consultative contract as part of the wider process of joining with the organisation and consultee group. The process of joining and contracting was also related to the consultant being able to create a safe enough context, which was conducive to organisational change. Accordingly, this core category was organised into two categories: '**Negotiating your position**' and '**Developing a safe enough space**'.

The category '**Negotiating your position**' specifically relates to how participants worked to negotiate the parameters of the consulting contract with the organisation in order to ensure an effective and useful consultation. At a broad level, this appears to parallel the similar processes of 'engagement' and the 'therapeutic relationship' which have been identified as important variables in research within psychotherapy (Wampold, 2001) and within family therapy, specifically, in the form of 'therapeutic alliance' (Blow *et al.*, 2007; 2009; Carr, 2005; Sprenkle & Blow, 2004). Another finding was participants discussion of the importance of negotiating and asking questions of the person who made the initial request, as well as of those who are likely to be involved in the consultation process, in order to establish a transparent dialogue regarding the aims and objectives of the ensuing consultation. This was understood to ensure that everybody's perspective was heard, and thus, that the final contract for consultation was a co-construction, owned by all. Indeed, this fits with much of the literature previously mentioned in terms of the stages of an organisational consultation (Anderson & Burney, 1996; Campbell, 1996, 2000; Campbell & Huffington, 2008; Campbell *et al.*, 1991, 1994; Caplan, 1970; Haslebro & Nielsen 2000; Imber-Black, 1986; Konigswieser & Hillebrand, 2005 and Wynne *et al.*, 1986). These authors highlight that the consultant needs to be able to determine who should be contacted in order for the consultation to be effective. Furthermore, participants involved in the consultation process need to know with whom the consultant will be meeting and for what purposes, in order to avoid the suspicion of secret alliances (Imber-Black 1986).

However, at the level of process that participants described working through at this stage, their accounts share particular coherence with the writings of Anderson & Goolishian (1988) and Anderson & Burney (1996) who take the position of 'collaborative problem definition' such that they do not possess an expert knowledge that allows the diagnosis of the ontological reality of a system or to define the problem. Instead, they place value on using their curiosity about what it is that people are concerned about, who is concerned, and who are the performers that make up the communicating system. In this way, Anderson & Goolishian (1988) and Anderson & Burney (1996) acknowledge that the therapist does not define the problem, nor does the therapist steer the discussion towards a problem definition that is prejudged by the therapist to be a more useful definition. Instead, by engaging in the therapeutic conversation, the therapist becomes a member of the problem system and, as such, becomes as equally and actively responsible for the co-creation of the problem definitions and their remedies as is the client.

However, participants also re-iterated the need to clarify more explicitly with consultees the issue of responsibility and how this fits within the contracting and ongoing consultation process. The previous discussion around responsibility (see section 4.2.1) considers the majority of the relevant literature pertaining to this point. However, Imber-Black (1986) also highlighted the issue of responsibility in terms of the relational dilemma that consultants are faced with upon entry, which places them in a one-up position by virtue of being called in as an expert to solve a problem. If, however, the consultant begins the consultation process by seeking information from participants and negotiating the conditions of the consultation process as well as affirming with participants that they are their own experts, then the consultant seemingly moves to a one down position, who cannot do their job without the help of the participants (*ibid*). This is understood to induce a ‘creatively confusing complementarity vis-à-vis the consultant’. This allows rigid definitions of the consultant to melt, which allows the consultant to enter with some degree of flexibility (*ibid*). Consequently, this links with the previous discussion on responsibility regarding the use of language, and as such, consultants are responsible for the way in which they position themselves, aiming to deconstruct the power hierarchy that they are automatically afforded.

The category ‘**Developing a safe enough space**’, captured another key finding regarding how participants worked to firstly create, and subsequently maintain, a ‘safe enough’ working space for consultees, which was understood to be achieved by ‘Pace’, the ‘Use of play and humour’, and ‘Containment Vs risk’. These findings fit with Jones (2003) who acknowledges that the consultant is responsible for creating a ‘safe space’, which is necessary in order to have creative discussions. Jones (2003) also iterates the benefit of creating a “*permissive climate for ‘wild’ hypothesising, lineal thinking, rudeness, laughter, hunches, ‘gut feelings’, ‘unsystemic heresy’ and so on to be played with*” (p.13). Imber-Black (1986) also draws attention to the importance of the entry process and that the tone set by the consultant upon entry, shapes and affects all that is to follow. In particular, he highlights that the one of the tasks for the consultant is to ensure that the participants experience the consultant as affirming of their individual beliefs and joint efforts. This is communicated by maintaining a stance of openness, curiosity about the system and non-critical interest. Campbell & Huffington (2008) also discuss how consultation is not about the consultant developing clever ideas, but helping the client to find their own meanings, cleverness and creativity and thus, one needs to pay close attention to how the ideas that are expressed are rooted within an organisations experience; because if the pace isn’t right or

the ideas are not linked strongly enough then they will be rejected as being too distant, external or foreign. Consequently, they highlight that the challenge for the consultant is to get close enough to really engage with the way the clients think while retaining sufficient distance to be able to comment on these thoughts and the way they are expressed so that the client notices it too. Kinsella (2008) also discusses how he promotes working in smaller groups, allowing everyone to have their say and to create the opportunity to take regular time outs to take the temperature of the group. These techniques are also understood to constrain the formal meeting patterns, which subsequently encourages risk-taking and informality so that people can share ideas more quickly and easily and thus tackle the complex issues without the anticipated difficulties previously acknowledged (Kinsella, 2008).

Given participants' understanding of their epistemological position being that of a second-order social-constructionist and dialogic persuasion, it is important to also consider the issues discussed by Campbell & Huffington (2008). Indeed, they highlight that within dialogical theory, (Bakhtin, 1981; Gergen, 1994; Shotter, 1993 and Seikkula & Arnkil, 2006 as cited in Campbell & Huffington, 2008) new ideas emerge from dialogue, which depends on the ability of each partner to be influenced by the ideas and the presence of the other. But, in order to help people listen and speak in a dialogical manner, people need to feel safe in the presence of others, which is a challenge given that the members of an organisation are usually speaking in front of others and thus might be vulnerable to misunderstandings, malign interpretations, projections and attack from others in the room. Workplaces are also environments where behaviour is repetitive and thus can become attributed to a person's individual or personal quality, which in turn makes it more difficult for them to get distance from the issue in order to see alternatives (Campbell & Huffington, 2008). Consequently, the need to create and subsequently maintain a safe space, where people can be in dialogue with one another was highlighted as important by participants. Indeed, participants understood change to be achieved through creating this context, which provided the space for different kinds of conversations to occur (as discussed in the following core category 'CREATING NEW DIALOGUES'), and through this kind of conversation, change was understood to occur. Indeed, Anderson & Burney (1996) highlight the aim, expertise and responsibility of a consultant is to create a dialogical space and to facilitate a dialogical process by being in relationships with, thinking about, acting with, and responding to people (Anderson, 1995, as cited in Anderson & Burney, 1996). In summary, participants' understandings appear to be consistent with post modernist and social constructionist ideas of language and narratives (Anderson & Burney, 1996;

Anderson & Goolishian, 1992; Dallos & Draper, 2010; Gergen, 1985; Rivett & Street, 2003 and White & Epston, 1990) in which difficulties are understood to be constructed within language systems (Anderson & Burney, 1996; Anderson & Goolishian, 1988; 1992; Gergen & McNamee, 1991; Gergen, 1985; 1999), and thus the consultants' primary contribution to the process of change is in the construction of a particular style of conversation (Anderson & Burney, 1996; Anderson & Goolishian, 1988; 1992; Gergen & McNamee, 1991; Gergen, 1985; 1999).

2) The core category 'CREATING NEW DIALOGUES' captured another key finding of the study, which related to how participants understood the way in which they would work to introduce changes into organisational systems. This core category was organised into two categories: '**Creating richer connections**' and '**Introducing movement**'.

'**Creating richer connections**' specifically related to participants understanding of how they develop the 'interconnectedness' and resourcefulness of a system, by helping the people who comprise it to generate new meanings and solutions to problems, through the mechanism of having new dialogues. It contains five sub-categories: 'Dominant Vs marginalised discourses', 'Noticing differences', 'Inviting new perspectives', 'Thickening accounts', and 'Increasing awareness of complexity' which collectively pertain to the view already highlighted that participants understand systems linguistically, through post-modern, social constructionist and dialogical frames. In this way, the co-construction of narratives that occur within the consultation space are subsequently used by the consultant as information about the wider system; which is linked to the category '**the consultant *in vivo***', in terms of how the consultant uses themselves to process this information. Subsequently, via using their 'self' experiences, participants described how the dominant and thus marginalised discourses emerge, providing them with opportunities to make explicit, these differences which can be used by the consultant to create new perspectives; thickening previously marginalised views and ultimately increasing consultees awareness of the complexity within their system and thus the number of options they have at their disposal at any one time.

Considering the previous literature, participants' aim to capture the multiple dominant and marginalised system narratives, fits with an idea at the heart of the systemic orientation to practice,

which is an interest in patterns of connection (Bateson, 1972). In this way, an individual action, idea or narrative is examined in terms of how it is embedded within a larger pattern of experiences and stories (Shotter, 1993) in order to understand why it has occurred. Indeed, without considering the larger context, explanations can offer limited possibilities for action by fixing part of the system while leaving the whole unattended (Oliver & Lang, 1994, as cited in Oliver, 2005). The focus by participants on system discourses and dialogues also fits closely with the ideas discussed by Anderson & Burney, (1996); Anderson & Goolishian, (1988) and Campbell (2000; 2008) who sit within the position of wanting to facilitate teams to speak and listen to each other in a dialogical manner, rather than imposing their own formulations of team dynamics. Huffington (2008) and Haslebro and Nielsen (2000) also highlight the importance within their approaches of increasing the feedback in the room; stating that in order for a problem to change, the consultant has to increase the total number of possibilities for dialogue and feedback. This, in turn, may make it possible for the problem owner to assume a meta-position to the problem. This account also fits with the post-modernist idea of questioning of what Lyotard (1986, as cited in Rivett & Street, 2003) called the ‘meta-narratives’, which are assumptions that have come to dominate a society or at a more local level, a system. Through doubting these ‘meta-narratives’, postmodernism privileges the unpacking of ‘local’ knowledges, which have historically been rejected or silenced in society (Foucault, 1965, cited in Rivett & Street, 2003), facilitating new multiple perspectives to emerge (Rivett & Street, 2003).

The idea of ‘**Introducing movement**’ was also presented as a finding by participants in terms of how they understood their use of movement in order to instigate new possibilities for new conversations to occur within the organisation, which, in turn is linked to the overall process of organisational change. This category is organised into three sub-categories: the Physical movement of consultees, Time and history of the organisation and ‘Developing others’ reflexivity’.

Indeed, as previously discussed, Kinsella (2008) demonstrated how he used the idea of creating subgroups and thus movement within the systems’ usual patterns of formation in order to help pace the consultation, but also to facilitate the process of having different conversations and connections between different parts of the system that previously were dis-connected. Campbell *et al.*, (1991; 1994) also highlight from their experiences that organisations seem to get stuck because they cannot envisage the consequences of the various changes they might make. Consequently, they propose that systemic

thinking offers a different view of the dynamics of change, highlighting the idea that people, as well as organisations, are in fact constantly undergoing change; therefore, change per se isn't the problem, rather, the problem lies within the meaning that the members of the organisation attribute to the changes that are being made. Indeed, the use of future or hypothetical questions have also been used as a central technique in systemic consultative work by Campbell *et al.*, (1991; 1994) and Penn & Sheinberg, (1986).

The importance of developing consultees' reflexivity was also a concept located within the literature (Campbell, *et al.*, 1991, 1994; Jones 2003 Oliver, 2005). Indeed, Campbell, *et al.*, (1991; 1994) highlighted the 'observer position', which they deemed a key concept in organisational consultation, whereby they specifically aim to move people into the observer position so that they can see their own contribution to problems within the organisation. Subsequently, once in this position, they can make changes that create new feedback loops and reverberate through other parts of the organisation. Indeed this reverberative mechanism of change, based on feedback loops is discussed in further depth within section 4.2.3 as part of core category one of theme three: 'MECHANISM'. Likewise, Oliver's (2005) model of reflexive inquiry is also centered on the concept of reflexivity, which is used to help consultees develop a critical consciousness as previously discussed.

3) The core category 'THE PROCESS OF CHANGE' presents another key finding of this study, which captured how participants use themselves to digest the various types of feedback that arise during the consultation, in order to construct an understanding of the process of consultation. Although this core category is presented last within this theme, the processes discussed here are understood to operate in parallel to the more specific techniques and ideas within the aforementioned core categories. This core category was subsequently organised into three categories: '**The edge**', '**The consultant *In vivo***', and '**Using continuous feedback**'.

'**The edge**' was understood to represent an imagined, boundary or position, which participants subsequently used to help orientate themselves in relation to a particular dimension within the consultation process. In turn, the edge was understood to help the consultant remain effective and to therefore maximize change opportunities. Participants described using the edge in the form of a guide,

which allowed them to step in and out of a context and thus recognise both sides of it and by doing so, providing them with a sense of perspective of where they are currently positioning themselves. Furthermore, by choosing when to do this process overtly, it was understood that this would also act as a model for participants to do the same, helping them to develop the process of reflection, thus being able to see things from multiple perspectives.

To the author's knowledge, there is no published literature to date that specifically identifies this 'edge'. However, James-Perkins (unpublished doctoral thesis) similarly described this 'edge', which emerged when the participants within her study discussed the need to both join/connect with clients whilst still remaining able to 'challenge' or 'provoke' the client, from which a sense of difference could be 'agitated'. Indeed, her account appears to share coherence with that understood within the current study. However, here, the author has identified two bodies of literature, which have potential relevance to the 'edge'. Firstly, the domain of 'public reflection', which has been proposed as a basis for learning and, in particular its potential value for developing a community of inquiry (Oliver, 2005). Indeed *"reflection is the practice of stepping back to ponder the meaning to self and others in ones immediate environment about what has actually transpired"* (Raelin, 2001, p.11). Inquiry and reflection offer extensive possibilities for developing meaning and action. Consequently, an organisational consultant needs to be able to have access to a method that allows for multi-positioning and provides a mechanism for reflexive, situated decision-making. Indeed, the '*domains model*' has been proposed by Lang, Little & Cronen, (1990); Maturana & Valera, (1987, as cited in Oliver, 2005); Oliver, (2005) as a useful frame for hypothesising and guiding action as well as structuring conversation (Oliver & Britain, 2001, as cited in Oliver, 2005). It was originally developed to help professionals separate out complex contexts allowing them to decide which definition of relationships and which kind of conversation they should be emphasising at any one point in time (Oliver, 2005). Oliver (2005) also highlights how the model can be used as a helpful tool where there is confusion within an organisational process and conversational context, inviting the consultant to reflect about which context requires most attention in a given situation. In this way, the concepts and processes considered here appear similar to that of the 'edge' that participants described.

Secondly, the work by Peter Rober on therapists inner dialogues, as previously discussed, proposes that dialogues not only exist between the self and other but also *within* the self of the therapist. Indeed, the 'therapists inner conversation' (Rober, 2002, 2005), which includes a polyphony of inner voices that

represent different “*positions within the landscape of the mind*” (Hermans, 2004 p.176, as cited in Rober *et al.*, 2008a), could also be related to what participants understand by the term ‘the edge’, which is an imagined position that they are continuously engaging with in order to help orientate themselves to a specific issue. Thus, the edge in this way could also be considered as dialogical in nature, analogous to the process highlighted by Hermans (2004b, as cited in Rober *et al.*, 2008) when he clarified that: “*the voices function like interacting characters in a story, each assuming a certain narrative necessity*” (p.19). In this way, the therapists’ multiplicity of inner voices are used to create options or perspectives which can be responded to in terms of making them explicit, and bringing them forth into the external conversations. In this way, it is understood that this would allow the therapist to both, create an edge, maintain an edge and use such edges in order to bring an effective difference to the consultee conversations. Furthermore, utterances offered by the therapist would be simultaneously influenced by his or her own inner dialogue, as well as involving interplay between the external and inner dialogues (Shotter, 2005).

Furthermore, both Imber-Black (1986) and Konigswieser & Hillebrand (2005) highlight the tension for the consultant of being able to both join with, and stay meta to a new system, which seems to speak to a similar issue that participants describe in needing to ‘maintain the edge’. Furthermore, both participants and Imber-Black (1986) link the value of being an outsider at this point, which can help the consultant to stay ‘meta’ to the system.

The ‘**Consultant *in vivo***’ specifically considered how participants understood the consultants’ role in relation to the process of change during consultation. This category was organised into four sub-categories: ‘Working moment to moment’, ‘Holding multiple perspectives’, ‘Making the implicit, explicit’ and ‘Use of models’.

Specifically, participants highlighted how they used their systemic orientation and consultant position (as previously discussed in section 4.2.1), including the specific ideas and skills pertaining to their systemic practice, in order to hold the process of consultation together, ultimately allowing them to work ‘intuitively’, and within the ‘moment’. In turn, this helped participants remain flexible and free to entertain the variety of positions and ideas that arise at any given moment, thus remaining ‘open’ and ‘responsive’ to what ever may come up, which in turn helped to avoid caught up with needing

‘certainty’ to manage the uncertainty of not knowing how a particular conversation might go. In order to guide them, as well as drawing on the ‘edge’ as previously discussed, participants also described the value of using feedback and self-reflexivity, which is discussed in the following category, ‘**Using continuous feedback**’.

The importance of working moment to moment, as opposed to having a previous agenda, as well as holding multiple perspectives in mind, are key systemic principles that have been discussed by a variety of authors (Anderson & Burney, 1996; Campbell, 1996; 2000; Campbell *et al.*, 1991; 1994; Carr, 2006; Dallos & Draper, 2010; Jones, 1993; Oliver, 2005; Rivett & Street, 2003). Indeed, participants descriptions of entertaining multiple perspectives, fits with the idea of being irreverent (Cecchin *et al.*, 1992) to the various invitations to join with a particular view. Indeed, the irreverent therapist seeks never to feel the necessity to obey a particular theory, the rules of a client or the referral system (Cecchin *et al.*, 1992). This is based around the premise that excessive loyalty to a specific idea makes the individual who embraces it irresponsible in relation to the moral consequences inherently involved. In this way, the irreverent therapist is also constantly undermining the patterns and stories which are ultimately constraining the system, promoting uncertainty and thus allowing the client’s system an opportunity to evolve new beliefs and meanings and less restrictive patterns (Cecchin *et al.*, 1992).

The value of irreverence can also be linked with Maturana and Varela’s (1980, as cited in Campbell & Huffington, 2008) notion of a ‘multiverse’ rather than a ‘universe’. Such that, if a system is a collection of many realities, then the reality of an organisation must in some way be created through the language and interaction of many people (Gergen, 1985; Shotter & Gergen, 1989). Consequently; as highlighted by Campbell *et al.*, (1994), this is why consultants using systemic thinking, place great emphasis on team discussions, as it is through group discussions that systemic thinking within organisations emerges. This is because if a group of people can listen carefully and allow themselves to be influenced by others while still contributing their views, new realities belong to no one person but are produced by the group which subsequently emerge to define parts of the organisation in different ways. This is known as creating a ‘team mind’ (Campbell, *et al.*, 1991).

The category, **‘Using continuous feedback’** focused on participants’ accounts of how they used various forms of feedback during consultation in order to construct a ‘live’ understanding of the consultation process, which in turn, they could choose to make explicit and reflect back into the system in the form of a recursive-loop. Indeed, feedback was described as occurring in many types or forms, from ones own embodied responses and inner dialogues, through to overt, verbal feedback and was understood to help participants determine how best to position themselves in order to be most useful. This category was organised into five sub-categories: ‘Self-reflexivity’, ‘Embodied responses’, ‘Inner dialogues’, ‘The relationship’, and ‘The process’

Indeed, Campbell *et al.*, (1991) highlight the importance of feedback within an organisation, stating that: *“the single most important intervention to enable organisations to manage change productively is to increase the awareness of the way feedback is passed throughout the organisation. Feedback is the lifeblood of any system and thus in order for a system to remain viable within its environment, feedback must be passed back and forth both within the organisation and between the organisation and its environment”* (p.12). Likewise, Campbell & Huffington (2008) also highlight that the main difference of the systemic approach to that of others is the intensity of the work done in the moment, relying on ‘using continuous feedback’. Consequently, the consultant is required to be alert at all times and to recognise the emerging patterns and to find ways to make these evident and usable to the client group, allowing them to become the basis for new meanings to be shared (Campbell & Huffington, 2008). Oliver (2005) also identifies how she uses particular pieces of feedback as ‘moments of significance’ describing how she uses these moments to focus attention on to a new way of understanding the process the group is going through.

Indeed, participants descriptions of the their use of self-reflexivity links closely with the important concepts of second-order cybernetics and constructivism, which contend that systemic therapists are now required to account for their own personal biases as part of their observations (Boston, 2000), since these biases will tint the spectacles through which one views a system (Haslebro & Nielsen, 2000). Furthermore, the value of being self-reflexive as a consultant has also been discussed in the literature in reference to the concept of ‘mirroring’ (Harper & Spellman, 1994; Imber-Black, 1986; Jones, 2003 and Reed *et al.*, 1990). Thus, the consultant must be cognisant of the mirror phenomenon

and aim to introduce difference and the unexpected into relationships, instead of responding in ways which ‘mirror’ the difficulties themselves.

Linked to participants discussions about their use of inner dialogues and embodied ‘experiences’, within the realms of therapy literature, the importance of the therapist’s experiences in the session has also been explored by many authors (Andersen, 1995; Flaskas, 2005; Lowe, 2004; Rober, 1999, 2002, 2005a, as cited in Rober, 2011). In particular, the private dialogues therapists have with themselves, during the therapeutic work have been discussed as being the therapist’s tool, that may be drawn on to think and talk about the therapist’s positioning and experiencing in the session, giving access to tacit aspects of the therapist’s self in practice (Rober, 1999, 2002, 2005a, as cited in Rober, 2011). For example, Elkaim contends that the therapist should not try to avoid experiencing, but rather “*use it as the heart of the therapy*” (Elkaim, 1997, p.170, as cited in Rober, 2011). Similarly, Jones (2003) states that, attention should also be directed to the possibility that aspects of the consultant’s ‘self’, or the relationship between consultant and consultee, may be relevant to the consultation process. Furthermore, Cecchin (1987) discussed the specific experiences a therapist might encounter when being non-neutral. These include the boredom that occurs when “*we feel as if we readily know what is happening. Clinical cases become clichés rather than exhilarating metaphors*” (p.3).

Participants also discussed the importance they place on the process of consultation. Indeed, Friedman (1985), as cited in Imber-black (1986) advocated that consultants should attend primarily to the process rather than to content. He asserts that knowledge about the system, for the effective consultant and for the effective leader, is secondary to the ability to function in any context from a differentiated position. However, Borwick 1984 (as cited in Imber-Black, 1986) as well as Weber, McDaniel and Wynne (1986) warn of the dangers of the misunderstandings that can beset consultants who do not gather enough information or data to familiarise themselves with the organisation with which they are consulting to. Furthermore, they argue that the consultant, as in therapy, must be able to speak the clients’ language but avoid becoming regulated by the consultees system. Campbell *et al.*, (1994) also confirm the importance of the focus of the work being on the process and context of the content rather than on the content itself. Which was understood to allow the consultant to hold a perspective whereby they could consider the effects their actions as information or feedback, rather than error, which they can use to understand afresh the meaning that people were placing on the action.

4.2.3 THEME THREE: THE METALOGUE: OUTCOMES OF CONSULTATION

The theme '**THE METALOGUE: OUTCOMES OF CONSULTATION**' related to participants' specific understanding of the impact and value that systemic consultation might have upon and organisation. This also included participants' descriptions of how they understood the mechanism of their consultative practice to lead to organisational change. Consequently, two core categories emerged: 'MECHANISM' and 'VALUES'.

1) The core category 'MECHANISM' specifically referred to participants accounts of how they understood the way in which their method of consulting impacted upon the organisation. This was linked to two main categories, '**Reverberations**' and '**Responsibility**'.

As previously discussed, participants understood their method of organisational consultation as being closely aligned with a second-order cybernetic, social constructionist and dialogical perspective (Anderson & Goolishian, 1988; Anderson & Burney, 1996; Campbell, 2000; Campbell & Huffington, 2008). Consequently, participants understood that through having new dialogues, new meanings and possibilities for the organisation would emerge, and also that such conversations, often lead to solutions created by the participants, which usually produce meaningful and durable results. In this way, Anderson & Burney (1996) highlight that the collaborative process of 'dialoguing' often creates conversations that continue after the initial consultation. Such conversations occur among employees informally throughout the day, over coffee or lunch, and they continue formally during staff and management meetings (Anderson & Burney, 1996). Once introduced to a new way of communicating, organisations often discover that conversation becomes a springboard for advancing innovative ideas and creating solutions (Anderson & Burney, 1996). Consequently, as the organisational members become more responsible for implementation, they naturally rely less on external consultants as catalysts, and thus the organisation becomes empowered to act as its own agent of change (Anderson & Burney, 1996). In this way, the mechanism of organisational change is understood to be reverberative and is also linked to the principle of structural determinism. Indeed, this is an important point in systemic thinking wherein change is seen as being determined by the structure of the system. In this way, outside disturbances may occur but it is the system that decides how it is going to respond to these influences (Maturana & Valera 1980 as cited in Hasselbro and Nielsen, 2000). Consequently, change is

determined from the inside to a greater extent than being controllable from the outside (Haslebro & Nielsen, 2000) and thus the task for the systemic consultant is not about helping management to control change or to change people directly, rather, the purpose of the consultant is to engage in the processes of change and to find new ways of creating new contexts where new ideas can arise; where people want to claim ownership of new ideas and where they have the possibility of incorporating them into existing relationships (Haslebro & Nielsen, 2000).

The ideas of reverberation are also captured by Campbell *et al.*, (1991; 1994) who discuss the organisation as being an *open* system, which interacts with its internal and external environments and thus the feedback to any activity becomes multi-layered and can therefore have consequences in many different parts of the organisation. Likewise, Konigsweiser and Hillebrand (2005) discuss the "resonance phenomenon" (Elkaim, 1992, as cited in Konigsweiser and Hillebrand, 2005), which contends that, just as physical bodies react to certain frequencies, living systems transfer resonance (e.g. stress and moods) to each other, which they linked to the process of consultative work.

Concerning '**Responsibility**', this has been previously discussed in section 4.2.1, whereby participants understood that responsibility for what is taken away from the consultation sits with the consultee, which is also made explicit within the conceptual frameworks of organisational consultation described by Campbell, (2000); Campbell & Huffington, (2008); Campbell *et al.*, (1991; 1994); Haslebro & Nielsen, (2000) and Imber-black (1986). This also fits with how participants understood the mechanism of consultation to work, in a reverberative manner, as previously discussed.

2) The core category '**VALUES**' referred to how participants understood the value of the consultation process for organisational systems in both the immediate and longer term. In particular, participants understood this as helping people to 're-energize', 'feel better' and take time to reflect through which they are able to consider multiple points of view instead of perhaps being more constrained. Furthermore, participants discussed the value of introducing points of reflection within an organisation as being linked with longer-term positive changes, which were understood to impact upon the overall health of an organisation as well as individual's health within the organisation, which in turn, was linked to stress related illnesses.

Indeed, Jones (2003) highlighted that the consequences of consultation usually will be a sense of renewed energy and enthusiasm, and a sense that, however little change may be possible, the work is worth doing. Likewise, Konigswieser & Hillebrand (2005) stated that systemic consulting aims to initiate, guide and support long-term, sustainable processes of learning and renewal with the goal of making systems (organisations) better able to survive, prosper and increase their efficiency.

However, as previously discussed in Chapter One, regarding the support for the impact and value of systemic organisational consultation, there are various case studies, which are discussed by a variety of authors including: Anderson & Burney, (1996); Campbell, (1996; 2000); Campbell & Huffington, (2008); Campbell, *et al.*, (1991; 1994); (Caplan, 1970); Cooklin, (1999); Haslebro & Nielsen, (2000); Konigswieser & Hillebrand (2005); Oliver (2005) and Wynne *et al.*, (1986). However these case studies are typically presented in order for the authors to demonstrate how they are utilising certain principles and putting them into practice, as opposed to demonstrating the efficacy of their approach. However, aside from the case studies detailed in the aforementioned sources, which do show generally positive outcomes, unfortunately there is no identified empirical literature base, pertaining to the outcomes of systemic consultation to healthcare settings (Matheny & Zimmerman, 2001; Billings *et al.*, 2007). Indeed, it was the very lack of substantive outcome data that provided the motivation for Billings *et al.*, (2007) to undertake their study to create a consultation outcome measure, which was designed to capture this important data. Consequently, it is difficult to corroborate participant's accounts in this area. This is perhaps also the reason for this core categories relatively small size in comparison to the others discussed here.

4.2.4 SUMMARY

In summary, the data gathered in this study reflects an exploration of how a sample of systemic family therapists understand the processes and experiences of systemic organisational consultation. Ultimately, the theoretical model, which emerged from the analysis of this data, suggests that the systemic family therapists interviewed, understand the practice of organisational consultation as being an activity, which appears to be very similar to their linguistic, social constructionist practice of systemic family therapy with families. Indeed, like their practice with families, participants defined

how they understood consultation to occur within a context. Within this context, the process of consultation included the need for the consultant to create a safe, consultative space, within which new conversations could be had, in order to introduce differences into the organisational system. Participants also described how they were fundamentally guided by the process of the consultation, which was developed through participants' use of self, the edge and the various types of feedback, which occurred in simultaneous and recursive ways. Finally, the outcomes of the consultation process were considered to take on the form of a metalogue in that they operated via a reverberative mechanism. Consequently, these data share coherence with the accounts of Landau-Standon (1986); Anderson & Goolishian (1986) and Anderson and Burney, (1996) who likened the practice of organisational consultation to systemic family therapy with families.

A number of concepts did not appear through this analysis as strongly as might have otherwise been anticipated. These included ideas around: more structural techniques of introducing changes within a system, how therapists recognise when 'enough' difference has been prompted to allow preparation for ending the consultation, or indeed how a consultations ending was linked back to the initial consultation contract. Furthermore, another area that was anticipated as being more strongly described was how systemic family therapists understand the value and overall impact their consultative work has upon a system. Indeed, whilst individual participants identified these ideas to varying degrees, the concepts conveyed were not as detailed as other aspects of participants understanding of for example, the process of using ones 'self'. Indeed this limited reference by participants to their understanding of the overall impact and value of their consultative work goes some way to account for the overall model and in particular theme three's relatively small size in comparison to themes one and two. However, this relative lack of discussion about the impact of systemic organisational consultation, shares coherence with the wider empirical research regarding the process of how systemic family therapy works when applied to families, as discussed earlier within chapter one.

4.3 CLINICAL AND SERVICE IMPLICATIONS

The results of this study raise a number of important clinical and service implications for systemic family therapists, clinical psychologists as well as other professionals who are interested in systemic

consultation as a means of facilitating organisational learning or change. These include recommendations related to practice, training, and the development of the role of the systemic family therapist working consultatively with organisations or systems other than the family. The recommendations aim to facilitate the understanding of, and effective practice in systemic organisational consultation.

Firstly, the finding that participants understood their form of systemic consultation to share strong coherence with how they might work systemically with families, using a second-order, social constructionist and dialogical perspective is congruent with the work of Anderson & Burney (1996); Campbell, (2000); Bakhtin (1981); and Shotter (2011). Accordingly, in light of these findings, it may be helpful for systemic family therapists who are either currently practicing consultatively or who wish to develop this area of their work, to think about how they might be able to apply their social constructionist and dialogic interactions with clients into their consultation processes with organisations. Likewise, systemic family therapy training courses might benefit from thinking about how they could use the theoretical model constructed here to help their trainees think about how they could think about the link between the application of systemic practices with families and organisations as being systems of a different magnitude. However, this raises an important question for organisations about whether they have given consent to the use of therapeutic skills upon them and their employees, without any substantive evidence that they work.

Another finding that emerged as having particular importance was the consultant's experiencing and use of self in order to understand the process of consultation. In particular, how this experiencing is translated to action and subsequent change would benefit from being explored in more detail. Indeed, a number of authors discuss the use of self of therapist and the 'experiencing' of the process including; Flaskas, (2005) Harper & Spellman, (1994); Jones, (2003); Lerner, 2004 and Rober, 2008, 2011). Indeed, Jones, (2003) noted that: *"If we take seriously the implications of an 'observing-system' position in relation to our work, then we have to acknowledge that, firstly, the therapist's contribution to the bringing forth of meaning – and the silencing or marginalisation of alternative meanings – is crucial, and secondly, that the part of the meaning-making system in therapy that the therapist has most access to is herself"* (p.8). Furthermore, as noted by Rober, (2011), *"it is the bodily nature of the relevant processes and what occurs in the meetings between them that have not, I think, been*

sufficiently emphasized” (p.99). Given the current literature as well as what participants expressed here, the ‘experiencing’ of the consultant appears to be an important aspect of consultative practice, which might benefit from being explored at more depth within clinical training programmes and practice for both systemic family therapists and perhaps even more so, clinical psychologists, given the relative lack of focus on ‘self’ of therapist issues during clinical training. In particular, clinical psychology training emphasises the application of the clinical cycle of assessment, formulation, intervention and evaluation to a clients difficulties. However, this process does not help the therapist explore or account for the part they play in the co-constructual process, since from a second-order cybernetic position, these constructional processes are heavily influenced by the clinician. Consequently, this study therefore re-iterates a proposition made by Rober (2011) who contends that therapists should: “*i) be sensitive to their own experiencing during the session; including their thoughts, intentions, affect, prejudices, physical responses, hypothesis and so on; ii) considers the implicit invitations to join the family members in potentially destructive relational scenarios, and reflect on the possible negative and perpetuating effects of new interactions with the family, and then: iii) explore dialogical opportunities to use his/her experiencing to proceed with the session in new and constructive ways*” (p. 251). It also adds that these processes appear to be crucial to the practice of systemic organisational consultation and warrant further exploration.

Given some of the more recent policy documents pertaining to the practice of applied psychologists highlight the increasing role for clinical psychologists to take on more consultative roles within teams, including newly qualified members of the profession, for example, Working in Teams (BPS, 2001); New Ways of Working (BPS, 2007), Guidelines on activity for Clinical Psychologists (BPS, 2012), given the complexities involved in consultative work, as well as the risks involved in terms of multiple staff welfare and the risk to the consultant, it is proposed here that clinical psychology training programmes might benefit from providing more detailed training about the complexities of providing organisational consultation.

4.4. STRENGTHS AND LIMITATIONS OF THE STUDY

The current study specifically explored systemic family therapists' understandings of organisational consultative practice. From the literature reviewed, there is a clear lack of research pertaining to the application of systemic family therapy to organisational consultation. This includes a lack of conceptual and theoretical research; a lack of research considering the specific factors which are involved in understanding the process of consultation, as well as how the activity of organisational consultation is understood from the consultant's and consultee perspective, as well as with regards to understanding the mechanism through which organisational change is achieved, and thus how effective it is as an approach. Given the significant gaps identified within this area, the current study provides the first (to the authors knowledge) formal exploration of how systemic organisational consultation is understood, from the consultant's perspective. This aimed to provide an increased level of insight in to the processes informing and underpinning systemically informed organisational consultation.

It is acknowledged that the findings from the current study are not taken to be representative of the experiences of all systemic family therapists undertaking organisational consultative work. However, to ensure that an appropriate breadth of participants, participants were recruited from a range of mental health and forensic settings across South Wales and South England, which included the private, public, and third sectors, based within adult and child services. In terms of heterogeneity, participants were more or less equal in terms of gender with females (n=7) and males (n=5). The level of participant experience also ranged from between 4-30 years. Furthermore, participants had also worked across a variety of client groups in both the United Kingdom and abroad. Consequently, it was considered that reasonable attempts had been made to ensure that the participant sample was largely representative of systemic family therapist practitioners and that the examples they were drawing their experiences from were based in 'real life' consultative work. As such, the data analysed is understood to represent a rich sample of experiences from systemic family therapists practicing at the present time. A possible limitation however, might include that a number of the participants trained within the same 'Family Institute' and thus it was possible that their ideas were influenced by a particular style or orientation, for example second-order cybernetic approaches including dialogism (Rober, 2008; Shotter, 2005, 2011). Additionally, it is also acknowledged that since participants were recruited on a voluntary basis, with no exogenous reward, those who expressed an interest in being a part of this piece of research may

have had a greater level of interest in this research area due to personal interest or other agenda unspecified. Furthermore, another potential limitation of the current study relates to the sampling process. As highlighted previously in section 2.7.1 and 2.7.2, due to the conditions stipulated by this project's ethics committee, participants were initially recruited and thus sampled by the author's academic and clinical supervisors, rather than this sampling process being driven purely from the data, as purest constructivist grounded-theory methodology might require. Consequently, rather than participants being purposefully sampled on the basis of their ability to talk to a specific theme emerging from the data, each emerging theme was explored with every participant.

The application of a Constructivist Grounded Theory approach (Charmaz, 2006) and the measures employed to ensure reliability and validity of the data were strengths of the study. This methodology provided an epistemological fit with the area being investigated as highlighted for example by (Hylander, 2003), as well as with the style of the author. Subsequently, this methodology allowed for a full exploration of this subject area, involving a high level of reflexivity and transparency throughout the process of data collection and analysis. To facilitate this, memo-writing and the use of a reflective journal was an important part of this reflexive process; regular supervision was also sought to help this process.

Finally, another strength of the study was the use of a triangulation process that was employed at a number of stages during data analysis, where the emergent analysis was brought back and reviewed with a supervisor as well as with a sample of the participants themselves. In this way, the study conformed to the principles of good quality research as described by Elliott *et al.*, (1999), which was understood to add validity to the findings, since the analysis was grounded in the data at various points of the research process. Indeed, at the focus group, participants acknowledged how well the data fitted their experiences of working as an organisational consultant. Furthermore, the comments and suggestions made by participants at this stage were responded to by the author and are included as appendix III.

4.5 RECOMMENDATIONS FOR FUTURE RESEARCH

This study offers an exploration of the processes involved in systemic organisational consultation, from the perspective of the family therapist, consultant. Following from this study, a number of further recommendations for future research include:

- Whilst the current study goes some way to explore how systemic family therapists understand and experience their practice of organisational consultation, more research is needed to further explore this area, and from a wider sample area.
- More research is generally needed to develop a better understanding of how the consultees of organisational consultation experience this systemic consultation process.
- Outcome research is also needed, ideally employing a mixed methodology of both qualitative and quantitative techniques in order to investigate how systemic family therapists understood what they were trying to do in a specific consultation, in relation to what the overall outcomes or changes that occurred were. This would help to develop our understandings around what are the effective parts of systemic approaches in terms of facilitating organisational changes.
- Further exploration is also needed regarding the general applicability of systemic organisational consultative approaches.
- Given the recognition of there being both structurally focused, first-order approaches to consultation as well as more second-order linguistic approaches, it would be interesting to un-pack which approach is more effective and for which type of organisation. Is it the case that these two should be considered as disparate in the approach or is it more effective to synthesis a mixture of both?

4.6 CONCLUSIONS

Systemic family therapists have been identified as having a valuable skill-set to offer organisations in terms of consultation. Despite this, little research has been identified or conducted on family therapists' understanding of their role as an organisational consultant. Furthermore, there is even less available literature regarding the outcomes and effectiveness of systemically informed organisational

consultation. As such, this study attempted to address this gap in the literature and thus forms an important step in terms of providing further insights into how this valuable role can be understood.

The current study aimed to explore systemic family therapists' understandings of organisational consultation. The research explored the views and experiences of 12 participants by conducting individual semi-structured interviews. The systemic family therapists who participated in this study worked in a variety of mental health and forensic settings across South Wales and South England. The method of Constructivist Grounded Theory was used to analyse participant interview data.

The study provided a detailed account of systemic family therapists' understandings and experiences of organisational consultation in the UK. It is hoped that these findings will help to facilitate the development of systemic interventions used with health-care related organisations and contribute to the evidence-base and wider understanding of systemic consultation to organisations. However, further research is needed to develop these understandings with attention to the experiencing of the consultant, the consultees' perspective and the effectiveness of systemic organisational consultation.

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APPENDICES

Appendix I:

Summary of Systematic Review Process

Summary of Systematic Review Process

Databases Searched:

Cardiff University Full Text Journals, Embase, Ovid MEDLINE ®, PsycINFO, PsycArticles



Search Terms Used:

“system* consultation” OR “ systems theory” OR “family systems theory” OR “family therapy”

AND

“organisation*” OR “organization*” OR “consultation”

Limit applied: 1998-current, English Language only



Number of articles: 1086



Inclusion and Exclusion Criteria

Inclusion criteria:

Studies included if they relate to the research question and were:

- Written in English or International English
- Published since 1998 (post Zimmerman and Matheny’s 2001 study)
- Health-care related

Exclusion Criteria:

- Not relevant to the review question
- Not health-care related
- Duplicate articles
- Papers that were not yet published in a peer-reviewed journal (including dissertations, conference presentations, pre-publications, book chapters and 3rd sector research which has not been peer reviewed).



Manual Review of Titles and Abstracts
Articles excluded on the basis of being:

Not relevant to
the review
question:
1074

Relevant but not
published in
peer-reviewed
journal: 4

Duplicate Papers:
5



Number of relevant articles
retained: 3

Appendix II:

Development of Researcher's Position

Development of Researcher's Position of Change

Start of the research process: (October, 2013)

At the beginning of the research process I am noticing feeling very unsure and overwhelmed about taking on this project. In particular I feel anxious around whether I will be able to understand the world of systemic family therapy enough in the short space of time that I have available. Adding to this anxiety is the sense of struggling to develop clarity around where this project begins and where it's edges should be given that it seems to have overlaps in many different areas and thus a tendency to become very big, which in turn might affect its' relevancy and potency. In an attempt to address these initial concerns, I have conducted a systematic review of the literature around the area of systemic organisational consultation. However, the results of this show no outcome data pertaining to systemic organisational consultation. Reflecting on this, I am aware of the difficulty of trying to capture data around organisational change, especially from what I know about how the systemic model works, which is not well-placed to directly produce outcome data. I am therefore left with an uncertainty around how best to introduce this subject area sufficiently and succinctly enough to orientate the reader to my project. Consequently at this stage I am aware of trying to hold multiple conflicting and new ideas in mind, as well as my anxiety of my relative lack of experience in family therapy. However, I am reassured by meeting with members of staff who express real excitement and interest in this project, further acknowledging that although it maybe a difficult journey, it will have real value to them as well as a lot of other people. My anxieties were further alleviated from re-assurances from staff who believe that the recruitment process should be un-problematic as well as being granted ethical approval for the project.

Middle of data collection: (January, 2014)

At this stage I notice feeling an emerging sense of achievement and satisfaction in that the participant recruitment process seems to be going well and that of those interviewed so far, their insights have been extremely rich and detailed. In turn, I am also aware of feeling a real sense of privilege at being able to gain these insights into this new systemic world. However, this has led to a tension for me of trying to pay both respectful attention to each individuals story and account of this area, whilst also trying to remain somehow distant and objective or meta to what they are saying so that I don't become too attached to one version or truth. Within this position I am actively trying to stick to the data and be

guided by what ‘it’ is saying, instead of following my own personal curiosities. Furthermore, related to this tension is an idea that participants are expressing, which is about dominant Vs marginalised stories which pervade organisational systems. Upon reflection, this led me to question my own practice and to question how do I come to understand what is dominant as opposed to what isn’t when initially everything appears new to me. This was understood as being an isomorphic process in the sense that what I was experiencing was similar in form to what participants were also experiencing whilst providing consultation. Consequently I am aware at this stage of needing to be aware of trying to remain both as open to newness as possible whilst also not privileging and thus co-creating particular dominant narratives. To achieve this I notice the value of being genuinely curious whilst trying to remain neutral to the ideas that are expressed to me. In this sense I am also aware in terms of how my relationship with complexity has shifted from something that used to be experienced as overwhelming due to my need to understand everything in order to be able to understand something, which has changed to a more useful position of the safety in not knowing and accepting that things are far more complex than I can ever understand, which in turn drives my curiosity to explore new avenues. So in a sense I am now positioning myself more alongside the idea that there is neither a true beginning to understand nor an end, rather things are continually, fluidly *in-motion*, linked by a recursive feedback process.

End of data collection/beginning of write-up: (March, 2014)

My anxieties have shifted towards the time pressures of writing up the doctorate, which is impacting on my desire to code the data as richly and as accurately as possible in order to stay as faithful to the participants understandings as I can, whilst at the same time acknowledging the approaching deadline and the need to have the analysis completed. Another awareness is just how much rich data I now have and how I can make sense of this, which has emerged as the tension between trying to both develop a framework which offers an account of organisational consultation, whilst also retaining the necessary flexibility and fluidity and interconnectedness which transcend participants accounts of this area of their practice. Consequently I can currently see many different ways in which the data can be organised, but which one of these best fits and offers the most use is the question I am struggling with. Upon reflection I am also aware of how my initial questions both in terms of their content and the way in which they were ordered may have impacted upon the ways in which participants subsequently organised their own narratives and thus the way in which the subsequent analysis is emerging.

Appendix III:

Extract of Interview Transcriptions

Extract of Interview Transcriptions

Example 1:

Initial coding: line by line coding	Lorna Interview 1
<p>Consulting about clinical cases Internal consultant Vs supervision</p> <p>How to be useful to others? Being available to others</p> <p>Understanding your position</p> <p>Working with complex relationships</p> <p>Understanding complex interactions Increasing insight?</p> <p>Internal vs external consultant</p> <p>The teams position in relation to consultation</p> <p>Timescale of meetings? Consultations position with the organisation Multiple functions of consultation?</p> <p>Introducing space</p> <p>Helping teams work creatively</p>	<p>J: And I was wondering if you could help me understand more about that and whether that has come up for you and what issues that might raise for you in the difference between working as an internal consultation to a team as opposed to working as an external consultant to a different team. Does that make sense?</p> <p>L: yes definitely it does and yes they do have qualitatively different functions I think. So in my previous team I umm I was often kind of consulting with colleagues about cases so in that sense I would be an internal consultant and I guess different to supervision I did have some people who I was supervising in a formal supervisory relationship but I was also I guess available within the team for anyone to consult with in terms of clinical cases they were working with or indeed in terms of any dilemmas that they are finding themselves in terms of rubbing up against other organisations and other systems and other relationships, so in particularly with working with complex cases where there are multiple organisations involved then I might sort of work with colleagues to help to them to understand how those relationships interact with one another and how that impacts on the work that they are doing but I guess that would be more of a 1:1 basis and then if we were looking at more wider we would probably then bring in an external consultant because that would bring in a different position. So when I was externally consulting I would be working with other teams. The one I worked the most with was an early intervention in psychosis team who were really interested in systemic ideas and so I was able to meet with them on a regular basis. So often it was the case of case consultation, not supervision because we didn't have a supervision mandate that would.....nothing that would supersede the practice within their own organisation but I would go in and consult to their cases or offer them consultation about their understanding about what it is that their team does and how they can maneuver within the constraints of how their team was originally set up and the criteria within which they have to operate. So yer,</p>

<p>within boundaries</p> <p>Usefulness of flexibility</p> <p>External as something different</p> <p>Usefulness of the in and outward perspective?</p> <p>Being outside vs inside</p> <p>Asking questions</p> <p>curiosity as a tool for understanding</p> <p>being curious</p> <p>making explicit-increasing richness</p> <p>others understanding of their work</p> <p>Questions as tools?</p> <p>Things that are privileged vs those on the periphery</p> <p>What individuals bring</p> <p>Interaction of it all</p> <p>hierarchy</p> <p>the teams structure</p> <p>teams wants</p> <p>Having supportive structures</p> <p>Making things explicit</p> <p>People within as too close</p> <p>Being transparent</p> <p>Understanding feedback</p>	<p>sometimes it is about understanding the boundaries within which one has to work, but then looking for gateways or routes where people can be more creative or more flexible and free up their own ideas about their practice and I think an external consultant can do that differently because they can ask those questions or be curious about the way in which the system operates and I think whereas I think there is maybe a sense of, when you are already in a system, that it is difficult to have that in and outward looking perspective.</p> <p>J: yer yer, thank you for that, that is really interesting. And that is something that has been said before I suppose about the freedom of being in an external position as opposed to being within the system as you say. Ok, so I was wondering then, when you are doing consultation what is it that you are actually doing? Could you help me understand a bit about what you actually do when you do consultation?</p> <p>L: yer, I guess all the time you are asking the kind of questions that you are asking now, you are being curious about what it is that people understand about what they do. So in that consultative role you may be interested in peoples own ideas about what it is that makes up their practice and so asking some questions that perhaps overlap between... you know questions about the organisational structure, questions about specific models, approaches, practices and techniques that get privileged within that structure and some which are perhaps more on the periphery and some which are completely sidelined. So understanding that and questions about those ideas, but then also asking questions about what individuals bring to that, so individuals own ideas, experiences, sense of themselves, how that kind of rubs up against those other ideas and how relationships are formed as well. So understanding about the nature of teams and structures and whether they have a very hierarchical nature or whether there is a sense of teams at least wanting to be more of a kind of collaborative team, whether there are things like peer supervision in place or whether supervision is always a top down process. Yer, just sort of asking the questions that perhaps the people within teams have taken for granted as part of what it is that we do. So helping people pinpoint what is it that we do and why is it that we do it in that way. And how does what we do and why we do it then how does that inform whatever it is that is the practice of that team, or organisation. And how does that lead to a</p>
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Consequences of a position	particular outcome or particular results. And where does that leave people in terms of future developments as well, what ideas are generated through that process. So I think it is about asking questions, I think it is about maintaining curiosity, I think it is about trying to hold on to a neutral position
Using curiosity to stay neutral	
Position in organisation	J: mmm ok that is interesting and how do you do that, how would you maintain a neutral position?
Understanding the invitation What is the mandate	L: I think it depends potentially to your position in the organisations,...so making sure that you are aware and clear about who has invited you into that position. What is your mandate to do. So if you have a contract with the head of the organisation who is paying for you to go and do some consultative then obviously that impacts on the work you are allowed to do and will direct you in terms of how that is produced at the end of it,. So there is a kind of negotiation that will have to happen between the consultant and whoever invites you into that position as consultant. Also it is holding on to that being aware of your role and the constraints around your role and that kind of self-reflexivity of you know what am I doing here, why am I asking these questions and what is my mandate to do that and how does my relationship with this team and whoever it is that has asked me to come in to this team, how does that impact on what it is that I do. So I guess it is that kind of asking yourself those questions as you are in the process of doing the consultation that help. Because I am not sure, and I guess that is why I said, ooo I think neutrality because I guess that is always debatable isn't as to whether you are in a neutral position but you might like to think that you are but I guess that you are always, there is always a sense of being connected and tied to..
Permissions to do	
Negotiating your role	
Boundaries of your role	
Importance of self reflexivity Self interventions	
How am I positioned Creating an internal dialogue	
Neutrality Vs being connected Experience of 'being' neutral	

Example Two:

Initial coding: line by line coding	Bill Interview 7
<p>Using and knowing your self from experience</p> <p>Creating possibilities</p> <p>Tuning into the atmosphere</p> <p>using your embodied responses</p> <p>Working with your reflections</p> <p>Choosing what to do</p> <p>Listening to the language used</p>	<p>J. Right ok and going back to something that you mentioned earlier which was about how you I think the word you used was translating process informed reflections into more conversational I was wondering how you would do that be cause I guess that seems to like transcend the whole process of consultation and I was wondering how you would go about doing that how you would go about actually using your self and use of self reflexivity to understand the contexts and invitations that you're being invited into and on how you work with that how do you do that? Haha</p> <p>B. haha well that's a very profound question and an important one and I think that you have to be you know you're holding on to all of your experience as a therapist when you encounter any when you move into any context that you're expected to join and create some possibilities for useful conversation and in that sense you're using all of your past experience to inform how are you might join with any particular group of people so just as a good teacher goes into the classroom for the first time and sensors the atmospheric you have to attune as a family therapist to the context so for example if there is one where people arrive late on the study day or they are rather dismissive or you see that there was not much informal conversation going on between people during the coffee break at the beginning or something like that then that then you feel that in your body, you don't just think about that, you feel that, you feel awkward or you feel welcomed or you feel whatever and these and embodied responses are from a systemic point of view, embodied responses are information about what is happening not just in yourself but also this will be imminent in this gathering in some way. So the second question is how you process that and the third question is having processed that to the best of your ability whether you hold on to your words until they seemed to be ready to be voiced see you can't really prescribe that but you can kind of have in my view certain points so it's not all mysterious and one of them would be you really need to pay a great deal of attention to the way words are used by every group. So if people are for example saying things</p>

feedback	<p>like well let's say for the sake of like when somebody says I'm a bit concerned about how open we should be today because you know the managers are not present but they want to join us this afternoon and then I am wondering what sort of feedback they will be given then you know that is a pretty powerful indicator that the consultant really has to pretty clearly start to address matters of confidentiality and disclosure right from the beginning because otherwise the rest of the process will be inhibited so it is really is a good case of whether the consultant is thinking in what way might this become a safe enough context to have any useful conversation and so that guides the the joining with the group and then as in family therapy in general really we are trying wherever possible to put yourself in the place of being responsive to what others say rather than leading too much from the front because if you go in and say it sounds like it's very important that we should talk about confidentiality and we should look at your referral process because your manager is concerned about this, you might well get deadeyes and no response. So the consultant has to both respond to what is coming up in the conversation in an exploratory way often by posing questions and trying to take that response from the other one step further so concepts that you will be familiar with around is a curious disposition a benign orientation towards people and an interest in their different perspectives that people bring and the different values that they hold needs to be entertained and so for example the GianFranco Cecchin was one of my mentors and she used to say first of all the therapist has to try to understand the logic of how things have come to be this way. so if a consultant comes in with that benign orientation to understand the logic so even if it is a group that is in a real mess it is much more likely to engage when in a safe context if you can start to understand all the different views about how things have come to be this way rather than coming to soon when one might be seen as being judgmental naïvely instructive and pushing towards change. so I don't know if those if that you know if that response properly addresses the question but those are some of the ideas that help shape the openness of the consultant to being responsive to what ever is brought by the group members and to try and avoid some of the pitfalls of certainty or being overly prescriptive in the ways of going forwards in a consultation day or two days or whatever it happens to be. not coming in with that prearranged plan for the day</p>
creating a safe enough context	
Responding to others	
Non expert	
Task of the consultant	
Enrichening conversations	
Being curious	
Importance of creating a safe enough context	
Non-expert and interventive	
Useful ideas for the consultant: remaining open and responsive: not certain but prepared	
Non-prescriptive	

Working in the moment	but rather being prepared for the day to as we said earlier any convening issues that need to be addressed and thought about that really you walk into the room like a teacher walks into a classroom or or you know when you're in a group situation you attune yourself to the atmospheric you engage with the whole relational context you can't just go in and carry on doing what you would do if it was a totally different group and that is the knack of being a systemic practitioner I think.
Hearing the local narratives and the uniqueness of each group	J. So could you help me understand how you do that how do you help yourself to get into that mindset or space to walk in as a teacher?
Preparing for the session	B. Yeah well I think it's quite helpful to be a bit nervous and I think it's quite good to have your antenna up and the parallel with being a family therapist would be to have some time before hand to think about if it's a family session to think about the last family session to think about not just your formulations and the kind of cognitive sense but to be thinking about the ambience that was created and the feelings that you have and the as I said earlier the embodied response and so for example if I'm about to see a family that I have seen for several sessions and they're coming again and I feel tired or I feel a bit bored then I really have to think about what that might be telling me about my preparedness for the session so like I said earlier one of the key kind of prejudices of a family therapy orientation is that one's thoughts and feelings and bodied responses one's experiences in relation to any particular family that we're going to see, all of those sensory responses can be seen as partly if not largely related to the experience of being part of that context temporarily because of course you got a figure out whether it has just been a long day and you are tired and it is nothing to do with the family but that lets assume for a minute that you have been through that kind of reflexive process prior to the session is the same in consultation and then with the Swedish group I travel down in the morning on a train for about an hour and when I'm travelling down I'm thinking about not all the time but I'm thinking about the names of the new members of staff trying to recall what was said the last time and if I have taken some notes checking them and then we go in and have coffee there is always coffee on the go and I mean for this group there is the ritual of coffee in the morning it is crucial and so then going it is
How to prepare in order to be in a helpful position	
Levels of feedback	
Paying attention to bodily feedback	
Using all available feedback	
The whole experience	
Preparing for the session	
the groups idiosyncrasies	
local nuances	

Being a human-being towards others	<p>very informal and we chat together and so on and you might make some personal comments if somebody is mentioned about something's happened in the meantime and someone is off on maternity leave and so on and you are not just doing that to be social of course you are sociable because you need to be human being in this job but you are also doing it because you are getting a sense of their readiness their preparedness for the upcoming supervision so it's the same in consultation when you go in, when opening the door into a new agency that you have been invited into as a consultant you are trying to attune yourself to every aspect of that context, the physical imagery the expressions of the other staff as you walk past so on and so forth and you have to kind of be open to noticing these responses in yourself so you have some degree of alertness to be ready for whatever going to come and just as you would be as a therapist that the knack of it is I think that you are meeting with other human beings in their context and so you need to have a certain degree of hospitality, they have a certain degree of hospitality that they offer you and you have to be a guest in their setting so that you know one has to be very delicate about respecting their culture of meeting of inviting of talking together so you pay attention to the language they use just as if you were a family therapist you pay attention to the language that your clients use and the metaphors they use and style of the language and so on and you have to engage in the whole of that. Now it's not as daunting as it might sound initially I think it's really just about having a readiness for a preparedness to meet with others and to be a bit like a beginner going and find things out and be prepared to ask naive questions and be human and you know I think those are the things that does that answer your questions I have gone off on a tangent?</p>
Responding at their level	
Making connections	
Establishing their position	
Use of self	
Tuning in to their world from the start	
Openness to feedback	
Being a guest in their world	
Being respectful	
Attending to their language	
Overlap with therapy	
Being ready for action	<p>J. No I think tangents are really helpful and I think that is great and yes it is very helpful. It is really interesting to hear so thank you for saying that. I suppose although you're saying that it is just about being human and it is just about asking questions but in some ways that is really interesting to hearing you saying that it is just down to that in some ways because I suppose another way of thinking about it could be about sitting with a lot of uncertainty and being very safe in that uncertainty and uncertain position and I was wondering how you do that are the things that you have that support you so that you</p>
Its just being prepared	

Being tuned in; noticing the unspoken	have a fallback position or things that you can draw upon I'm thinking here of tools or techniques or models that you know you've got in the bag and you can use them if you need to to help you sit with that uncertainty.
Tasks for the consultant; noticing the differences	
pacing the consultation	
Safety of the conversation and pacing	
Reading the system	
Moving in and out	
noticing newness	
Responding to newness	
Expanding narratives	
Inviting others to join in	
Noticing others responses	
Hearing and thickening stories	
Acknowledge the process	
exploring differences	
	D. Yeah yeah I mean I think sometimes there, it is difficult to be prescriptive really but I think one of the things that may well be very useful is when you are in conversation let's say with a group of people and you get a sense from the responses that there is something that is not yet said something that people are hesitating over discussing there is something that people feel a little bit wary about and now those can often be times where the consultants or if we cross over to therapy needs to be able to notice so there is something here about being able to notice those uncomfortable moments that can often signal in a silent way or in a non-verbal way that this matter is quite contentious or that it is important but it is a difficult one for us to talk about so the consultant or the therapist has to be always on the lookout for the sense that the conversation is either too safe or the conversation is heading too quickly towards a very risky and unsafe position. so you're dealing all the time with kind of readings of the system out there but also of your own embodied and intellectual responses that you're observing and to whether the maintenance of a kind of a tentativeness towards things that are suggesting a new direction might emerge so if somebody says oh I was thinking about how we're not responding very much to the influx of refugees in our community and it seems that there is only me that is interested in talking about this so I would rather not talk about to here because this too it difficult. So something like that then to let that go would be in my mind is a big error because somebody has made an opening there so the consultant would have to take that provocative statement or semi provocative statement and try somehow to engage with that person's viewpoint and maybe say can you say some more about it and then also watch if somebody else says oh well we are going to discuss that next week and I thought we were going to discuss it then because there are more important things to discuss at the moment. so when you hear those kind of comments, to me as a family therapist I really need to be able to come in to hear more about the first person's comment and to hold the other person by valuing their contribution to the conversation but asking them if we could explore a bit more so I can understand it a bit

Developing an effective style	<p>better. So a lot of the technical side of being a consultant in that situation is to acknowledge the uncertainty and finding permission to explore a bit more and trying to give a message that you are validating each persons position but your job as a consultant is to try to help people explore things. so it does mean that your own style of trying to interrupt and how you join and challenge has to be honed. if you simply just listen to people talking you will get a repetition of the usual hierarchies that exist in the organisation so the consultant has to have an ability to voice each person's point of view but you know is also persuasive really, we want to persuade other conversations and other directions so you have to be active in other words you might sit there and listen but this is a very very important form of listening that allows you then to follow certain tributaries of conversation and they may be just little ones that seem to you to be important and which have statements of new things merging because you will get in consultation the dominant stories you know where everybody agrees with we are under great pressure you know that all these things that we have to do and so on and gets into the complaining modes and if you get stuck in a complaining mode then you might as well not be there. so the consultant has to be mindful of their job which is to try to introduce a new, fresh conversation and fresh opportunities and sometimes you have to say to people you know if I was not here would you be having this conversation anyway so how can we make use of this space and this consultative process so that we can begin to hear the ideas of how to take things forward or something like that.</p>
Developing specific skills	
Persuading new narratives	
Listening actively	
Responding to newness	
Dominant stories vs those that are sidelined	
Holding multiple view points	
Prioritising new perspectives	

Example Three:

Initial coding: line by line coding	Eleanor Interview 11
<p>Pitfalls to avoid</p> <p>Taking expert position is unhelpful</p> <p>Importance of pacing</p> <p>Paying attention to the connectedness</p> <p>Distance from the group</p> <p>Giving them responsibility</p>	<p>J.that sounds a fascinating process and the tension between I guess the need to join with and yet to remain outside of or separate from or different to</p> <p>E.yeah definitely</p> <p>J.and there is something else I think you were talking about which is the pacing of consultation for yourself and others and could you help me understand a bit more about how you do that how do you gauge how do you know how to pace because it has been linked before to creating contexts of safe enough</p> <p>E. well I mean in that sense it's like the rock candy stick metaphor It is a skill that goes through all of the tasks that one has as a psychotherapist because it applies as much to one-to-one psychotherapy as to family therapy as to supervision and consultation and training all of those is about I think what I often see with people who are new to the field is either they want to pour all of their jewels out in front of the clients immediately or because they are coming from outside they suddenly see and the risk is that you say to the family well it is obvious that this is what is going on but you haven't done the pacing and it can actually feel extremely insulting as if they are too stupid to have seen it and the only reason you're seeing it is because your new. So it is that very slow paying attention to the connectedness and being only about half a step ahead of where you are wanting where everybody else in the group is so that you are walking along and I guess the belief that people will more usefully tie the knots for themselves it is much more useful that way than if you give them a completed packaging yer? even if you think you know what is going on which often you don't but even if you do think yer?</p> <p>J.why do you think that is important because it is almost like you're trying to highlight what exists already but not trying to firmalise things ha ha firmalise that's a word I made up haha I guess trying to tighten things up to make them more concrete and by leaving things as you say a</p>

	<p>little bit more open that allows a sense of ownership for them on their part</p>
Assuming resources lie with the clients	<p>E. yes exactly and I think it's one of the departure points between traditional psychoanalysis and systemic ways of working is much more an assumption that the the resources the knowledge sits with the clients, I mean again I'm talking client but it applies to consultation to everything, because if I take that example again I gave you about the consultation with the secret, all of them had vastly more knowledge of the intricacies and complexities over the years and years of working in that group I come in completely from the outside, there is no way I can ever know it. what I'm trying to do is something that first of all is thought-provoking for them they start thinking I haven't connected that with that and maybe they are connected and it makes them feel safe enough to listen to what the others are saying so I think for example here the old timers hasn't meant it very well not to burden the new ones but the new ones were feeling patronised and excluded and worried yeah? so in that context something happened that allowed this to be heard so people shifted their attributions of meaning to each other and because of that they made a decision that's what they were going to do yeah, which was appropriate to their particular thing and it is the ethos, the culture of a particular country or a particular group you're working with, people have very different paces of doing things and so all of those are the professional skills that one is trying to develop each year that you work is how to get better at that really.</p>
Overlaps of systemic working	
Coming in from outside	
Creating connections	
Hearing different perspectives	
Helping people to be heard	
Tailoring your approach	
Privileging the local rather than global narratives	<p>J. And are there particular things that you have become aware of through your practice and years of experience that sort of highlights to you when pace is at the right pace or whether the connectedness is at that level as opposed to this level, a later stage or an early stage what is that you would look for that?</p>
The feeling between you and them	<p>E. Again these are the sort of the art ends of this domain, so they are difficult to describe. I think some of it has to do with the feeling between you and the other people and whether it feels smooth, cooperative, sticky, there is resentment around there is prickliness around, so I would certainly take it as a warning sign if I started feeling fairly certain about what the solution was and irritated because they don't want to hear it I think that would be a big danger sign because then we're making a pattern there that is</p>
Understanding your feedback	
Responding to feedback: creating space to reflect	

When things are going well	<p>probably similar to what they have experienced before and highly unlikely to be useful to them so I would certainly want to step out to have a think at that point and say what is going on with me why am i beginning to feel like this what is this about. I think again when you think when you get the feeling that things are going very well is when people sort of come up with spontaneous things and again I would say this applies in therapy and consultation in organisations work because people will only say oh that connects with that or that makes me want to say so and so you know</p>
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Appendix IV

Results from focus group with participants regarding Constructivist Grounded Theory

TRIANGULATION PROCESS

RATIONALE

Triangulation was used as a tool to facilitate the process of developing a theory that was valid and credible, and grounded in the participants' experiences, rather than the authors. A focus group was deemed to be the most useful method of gathering this feedback, given the resources available.

PROCEDURE

All participants who attended an individual interview were invited to attend a focus group. Invitations were offered on three occasions but it was difficult to agree upon a convenient time. Given the limited time available within which to gather this data, eventually it was decided that participants who worked in the same department with the clinical supervisor were approached to participate in the focus group (n=3). Invitations were also made to everybody else via e-mail. Of those invited participants, three were able to attend. The focus group was scheduled for one hour. At the start of the focus group participants were informed of the rationale and procedure and given an opportunity to ask any clarifying questions. The researcher then presented a brief overview of the analysis to date, and participants were given diagrammatic summaries of the preliminary grounded theory. Rather than talk the participants through the entire theory, participants were invited to engage in more of a dialogue with the researcher as well as with each other with the aim of commenting on ideas that 'fit' or didn't 'fit' with their experiences, as well as any thoughts they had on concepts/experiences that were absent in the analysis. The conversation was then recorded using audio equipment. It was hoped that this structure would provide the participants with enough 'space' for their own thoughts to develop, as well as the chance to check these questions out more directly with the researcher. This approach was felt to be congruent with systemic ideas of exploring 'different perspectives' and working in 'reflective teams' (Selvini-Palazzoli *et al.*, 1980).

At the end of the focus group the researcher reflected with participants on some the main themes that were fed back regarding the initial analysis. Participants were thanked for their time and contribution to this stage of analysis. The audio recording was listened to by the researcher and the following stages were completed:

- key comments/observations were noted;
- each identified concept was ‘taken back’ and where possible located within the data, so as to check whether it was a shared phenomenon or held by one participant only;
- prominent concepts/comments that were also identified within the original data were integrated into the complete analysis.

RESULTS

General Feedback:

Participants commented on how well they felt the analysis had captured both the richness and detail of this area of their practice, whilst simultaneously locating that within the consultations wider context. One participant commented on how well the researcher had drawn these conceptual punctuations, which they found useful and could imagine themselves working at these various stages. The language used to describe the themes and core categories etc was also described as resonating positively with participants. Another point of feedback was how well the researcher had managed to capture both the detail and structure of this area, whilst simultaneously acknowledging the inherent fluidity, which pervades it. Indeed this was described as one of their own tensions which surfaces when they work in this area. It was also acknowledged how this account fits very closely with their own epistemology of social constructionism and a more linguistic account of working with organisations as opposed to a more structuralist first-order position and in this way, the account produced here sits as being meta to those structural activities.

Points to Take Forward:

The above information allowed for the researcher to identify parts of the analysis in which their own bias had influenced the construction of the data. This also allowed for the terminology used to be clarified and developing theory validated. The following changes were made to the initial analysis following the stages outlined above:

- Ensure that within the analysis, the interconnectedness between the various sub-components are highlighted and drawn out as much as possible.
- Draw out ideas more explicitly on the developing of a consultants position
- Highlight that although it has been punctuated in this way, in vivo, many of the various sub-categories will be ongoing simultaneously

Appendix V

The Development of Interview Questions

Interview Schedule-1

An exploration of organisational consultative practice as understood by systemic family therapists

Tasks for facilitator:

1. Introduce self and project
2. Check if there were any outstanding questions from the information sheet and consent form.
3. Check that the consent form has been completed, and make sure that the participant has agreed to the interview being recorded.
4. Remind participants that everything discussed should remain confidential, and that client confidentiality should be maintained throughout the discussion. Also remind participants of the limits to confidentiality when discussing professional issues.
5. Intervene to keep the discussion focused on the broad topic, but do not seek to control the content of the discussion.
6. Keep the overall interview length to between one and one and a half hours.

Prologue:

I am interested in understanding more about consultative practice, particularly the processes that are involved in it and how it is understood from the consultants' perspective and how they understand what it is they think they do.

Questions for the facilitator to ask

Stem questions are in bold, and prompts are in italics.

- 1) **Tell me a bit about the context(s) in which you work, including the client groups and services you work with.**
 - who do you routinely offer consultation to?
 - how long have you been providing this role?
 - how did you come to start providing this?
- 2) **Tell me about what you understand organisational consultation to be?**
 - how would you describe your approach to consultation?
 - **how do you understand this area of the work that you do?**
 - what do you think the clients you consult to think you are doing?
 - what do you think they take from what you do?

- 3) **What do you think it is that you do when you provide consultation?**
- what is it that you are trying to do?
 - what is it that you hope to achieve?
 - what informs what you do?
 - who has been most influential in your practice?
- 4) **How is organisational consultation different to supervision?**
- how do you personally manage the issue of responsibility?
 - how do you think that fits with the wider systems understanding?
 - how do you manage any concerns you have about the practices that are disclosed to you?
- 5) **How do you understand feedback from your consultations?**
- do you have any predetermined aims or objectives
 - how can you tell if its working?
- 6) **How has your understanding of consultation developed throughout your experiences of working systemically?**
- what did it used to be like?
 - who have you been influenced by?
 - what key authors/ideas have influenced your understanding of consultation?
 - how do you see this developing in the future?
- 7) **Is there anything I haven't asked you that you'd like me to ask?**
- what else do you think I should ask in the next interviews?

Interview schedule changes 1 (following participants no. 1,2,3 & 4)

***For purpose of clarity amendments have been highlighted in dark, bold text.**

An exploration of organisational consultative practice as understood by systemic family therapists

Tasks for facilitator:

1. Introduce self and project
2. Check if there were any outstanding questions from the information sheet and consent form.
3. Check that the consent form has been completed, and make sure that the participant has agreed to the interview being recorded.
4. Remind participants that everything discussed should remain confidential, and that client confidentiality should be maintained throughout the discussion. Also remind participants of the limits to confidentiality when discussing professional issues.
5. Intervene to keep the discussion focused on the broad topic, but do not seek to control the content of the discussion.
6. Keep the overall interview length to between one and one and a half hours.

Prologue:

I am interested in understanding more about consultative practice, particularly the processes that are involved in it and how it is understood from the consultants' perspective and how they understand what it is they think they do.

Questions for the facilitator to ask

Stem questions are in bold, and prompts are in italics.

- 1) **Tell me a bit about the context(s) in which you work, including the client groups and services you work with.**
 - who do you routinely offer consultation to?
 - how long have you been providing this role?
 - how did you come to start providing this?

ADDITIONAL CONSIDERATIONS:

➤ **No need to go into too much detail here, just enough to contextualise work/setting.**

- 2) **Tell me about what you understand organisational consultation to be?**
 - how would you describe your approach to consultation?

- how do you understand this area of work that you do?
- what do you think the clients you consult to think you are doing?
- what do you think they take from what you do?

ADDITIONAL QUESTIONS:

- **‘can you help me to understand what you mean by ... (‘the meta position’, ‘context’, ‘in and out’ ‘structures’ ‘neutrality’)?’.**

ADDITIONAL CONSIDERATIONS:

- **explore/open out/question the language that participants offer more.**
- **notice similarities of themes or ideas that have emerged in previous interviews and explore ideas of difference.**

3) **What do you think it is that you do when you provide consultation?**

- what is it that you are trying to do?
- what is it that you hope to achieve?
- what informs what you do?
- who has been most influential in your practice?

ADDITIONAL QUESTIONS:

- **are there particular tools, techniques or models that you use?**
- **how do you know where to start?**
- **people have mentioned having to be both in and outside of the system or context at the same time, could you help me understand how you do that some more?**

ADDITIONAL CONSIDERATIONS:

- **self reflexivity, use of self**
- **creation of more space and newness increase in complexity and connectedness**
- **sense of teams being in-motion and not stable/static**

- **having a light bulb moment ('ahh that's what I am seeing here.....that is what I need to do)**

4) How is organisational consultation different to supervision?

- how do you personally manage the issue of responsibility?
- how do you think that fits with the wider systems understanding?
- how do you manage any concerns you have about the practices that are disclosed to you?

ADDITIONAL QUESTIONS:

- **what do you use or draw upon to help yourself to understand and then negotiate the consultation contract?**

5) How do you understand the feedback that you get from your consultations?

- do you have any predetermined aims or objectives
- **how can you tell if its working?**

ADDITIONAL QUESTIONS:

- **how do you come to understand what would be most useful and how do you know when you are being most useful?**

6) How has your understanding of consultation developed throughout your experiences of working systemically?

- what did it used to be like?
- who have you been influenced by?
- what key authors/ideas have influenced your understanding of consultation?
- how do you see this developing?

7) Is there anything I haven't asked you that you think we should talk about to help me understand this area better?

- is there anything else that you think I should ask in the next interviews?

Interview schedule 3 after 2nd changes (following participants no. 5,6,7,8 & 9)

***For purpose of clarity amendments have been highlighted in dark, bold text.**

An exploration of organisational consultative practice as understood by systemic family therapists

Tasks for facilitator:

1. Introduce self and project
2. Check if there were any outstanding questions from the information sheet and consent form.
3. Check that the consent form has been completed, and make sure that the participant has agreed to the interview being recorded.
4. Remind participants that everything discussed should remain confidential, and that client confidentiality should be maintained throughout the discussion. Also remind participants of the limits to confidentiality when discussing professional issues.
5. Intervene to keep the discussion focused on the broad topic, but do not seek to control the content of the discussion.
6. Keep the overall interview length to between one and one and a half hours.

Prologue:

I am interested in understanding more about consultative practice, particularly the processes that are involved in it and how it is understood from the consultants' perspective and how they understand what it is they think they do.

Questions for the facilitator to ask

Stem questions are in bold, and prompts are in italics.

- 1) Tell me a bit about the context(s) in which you work, including the client groups and services you work with.
 - who do you routinely offer consultation to?
 - how long have you been providing this role?
 - how did you come to start providing this?

ADDITIONAL CONSIDERATIONS:

➤ No need to go into too much detail here, just enough to contextualise work/setting.

- 2) Tell me about what you understand organisational consultation to be?
 - how would you describe your approach to consultation?

- how do you understand this area of work that you do?
- what do you think the clients you consult to think you are doing?
- what do you think they take from what you do?

ADDITIONAL QUESTIONS:

- 'can you help me to understand what you mean by ... ('the meta position', 'context', 'in and out' 'structures' 'neutrality')'.
- **'can you help me understand what you think it is that defines the role of the consultant?'**
- **offer back key themes from previous interviews for further exploration: e.g. ' some participants have described the tensions between their own personal values and how this fits with the invitation and consultation process. Is this something that resonates with your experiences? If so in what way? How has it been different?'**
- **how do you think the wider organisation understands the role of consultancy?**

ADDITIONAL CONSIDERATIONS:

- explore/open out/question the language that participants offer more.
- notice similarities of themes or ideas that have emerged in previous interviews and explore ideas of difference.
- **notice my embodied responses throughout the interview and what that might be telling me about; link to isomorphism as a process.**

3) What do you think it is that you do when you provide consultation?

- what is it that you are trying to do?
- what is it that you hope to achieve?
- what informs what you do?
- who has been most influential in your practice?

ADDITIONAL QUESTIONS:

- are there particular tools, techniques or models that you use?
- how do you know where to start?
- people have mentioned having to be both in and outside of the system or context at the same time, could you help me understand how you do that some more?
- **how do you understand and gauge the process of pacing the consultation?**

ADDITIONAL CONSIDERATIONS:

- self reflexivity, use of self
- creation of more space and newness increase in complexity and connectedness
- sense of teams being in-motion and not stable/static
- having a light bulb moment ('ahh that's what I am seeing here.....that is what I need to do)
- **explore what is meant by the edge? How is that understood and how is it used in practice?**

4) How is organisational consultation different to supervision?

- how do you personally manage the issue of responsibility?
- how do you think that fits with the wider systems understanding?
- how do you manage any concerns you have about the practices that are disclosed to you?

ADDITIONAL QUESTIONS:

- what do you use or draw upon to help yourself to understand and then negotiate the consultation contract?
- **how do you understand the areas of responsibility, accountability and ethics in relation to providing organisational consultation?**
- **how do you understand the differences between consultancy, training and supervision?**

5) How do you understand the feedback that you get from your consultations?

- do you have any predetermined aims or objectives
- how can you tell if its working?

ADDITIONAL QUESTIONS:

- how do you come to understand what would be most useful and how do you know when you are being most useful?

6) How has your understanding of consultation developed throughout your experiences of working systemically?

- what did it used to be like?
- who have you been influenced by?
- what key authors/ideas have influenced your understanding of consultation?
- how do you see this developing?

7) Is there anything I haven't asked you that you think we should talk about to help me understand this area better?

- is there anything else that you think I should ask in the next interviews?

ADDITIONAL QUESTION:

- **'what has felt particularly prominent for you in what we have discussed?'**
- **'what do you think has been 'untold' in this interview that needs consideration?'**

Appendix VI

Cardiff University School of Psychology Ethics Committee Approval

From: psychethics [psychethics@Cardiff.ac.uk]
Sent: 19 September 2013 17:17
To: Jack Jarman (Cardiff and Vale UHB - Psychology Training)
Cc: Andrew Vidgen (Cardiff and Vale UHB - Psychology Training)
Subject: Ethics Feedback - EC.13.08.13.3501R

Dear Jack,

The Chair of the Ethics Committee has considered your revised postgraduate project proposal: An exploration of Systematic Family Therapist's understanding of what they do when they offer consultation (EC.13.08.13.3501R).

The project has been approved. Please note that the Chair recommended that you say that you will keep the anonymised transcripts indefinitely (rather than the 5 years currently stated).

If any further changes are made to the above project then you must notify the Ethics Committee.

Best wishes,

Natalie

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Appendix VII

Participant Information Sheet (Version Two)



NHS
WALES
GIG
CYMRU

School of Psychology
Ysgol Seicoleg

South Wales Doctoral Programme in Clinical Psychology
De Cymru Rhaglen Doethuriaeth mewn Seicoleg Glinigol



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Participant Information Sheet

Version2 (17/10/13)

‘An exploration of Systemic Family Therapists’ understanding of organisational consultative practice’

I would like to invite you to take part in a research study, which is being carried out by myself Jack Jarman (Trainee Clinical Psychologist), under the supervision of Dr Andrew Vidgen (Consultant Clinical Psychologist and Principle Lead, South Wales Doctoral Programme in Clinical Psychology) and Billy Hardy (Senior Lecturer and Systemic Family Therapist, The Family Institute, University of Glamorgan). The results of the research will be written up as a dissertation and submitted as part of my examinations towards a Doctorate in Clinical Psychology. The final report will also be shared with the family institute at the University of Glamorgan and it is hoped that it will also be published in a relevant journal.

Before you decide whether to take part it is important for you to understand why the research is being done, and what it would involve for you. Please take time to read the following information carefully. Please feel free to ask any questions if there is anything that is unclear or if you would like more information.

What is the purpose of this study?

Consultation to staff teams, agencies and organisations is a routine part of the work the Systemic Family Therapists provide and serves an important aspect of their work. However to date, there is limited research about how Systemic Family Therapists understand what it is they do when they

provide this form of consultation. The aim of this research project is to try to find out about how Systemic Family Therapists understand this aspect of their work. It is hoped that this study will generate a theory that can contribute to the development of a shared understanding of the consultation process as delivered by Systemic Family Therapists. This has implications for the development of models, future research agendas, training and practice.

Why have I been invited to take part in this study?

You have been invited to take part in this research because of your expertise as a Systemic Family Therapist who has provided consultation to staff teams, agencies and organisations for at least four years.

Do I have to take part in this study?

No, participation is voluntary. This sheet is intended to give you the information required to make an informed choice as to whether you would like to participate. If you decide to participate you will be asked to sign a consent form to show that you understand what the study is about and have agreed to take part. If you would like to withdraw from the study your data will be deleted. You have the right to withdraw your data without explanation, however you can only withdraw your data up until the point at which it is transcribed and therefore anonymised.

If I choose to participate, what does the study involve?

There are potentially two parts to this research. The first involves a face-to-face semi-structured interview, which will be facilitated by the lead researcher, Jack Jarman (Trainee Clinical Psychologist) focusing on your understanding of the consultation process. This will involve asking you questions like; what it is you think you do when you provide consultation? How does this work as a process? How it might differ from supervision and how has your understanding of consultation changed through your practice? The interview will not focus on individual case details and participants will be discouraged from discussing individual cases prior to interview. It is anticipated that each interview will last up to 90 minutes and will be arranged at a time and location convenient to you. Interviews will be recorded using a dictaphone and the data will be transcribed to make it anonymous and then it will be analysed using Constructivist Grounded Theory (Charmaz, 2000).

The second part of the study is an optional focus group where it is hoped that as many participants as possible will choose to meet face to face with the lead researcher. The aim of the focus group will be to elicit participant feedback on the preliminary analysis of the interview data, as a means of validating (triangulating) the themes, categories and sub-categories, which have emerged from the raw, anonymised data. It is suggested that employing a focus group in this way can ensure quality to a study in providing credibility checks (Willig, 2008), so that the researcher's analysis accurately reflects the participants' experiences. Again it is anticipated that this will last up to 90 minutes and will take place during the working day. Arrangements will be made for these to take place at a time and place convenient to you. The focus group discussion will also be recorded on a Dictaphone so that the researcher can transcribe the information in order to analyse it.

Will my participation in this study be kept anonymous and confidential?

This study has been reviewed and granted ethical approval by Cardiff University School of Psychology. All raw individual interview data will be transcribed to make it anonymous and then the original recordings destroyed at the end of the study. The anonymous transcripts will be kept indefinitely as the researcher intends to publish the results in a relevant journal. Likewise, the focus group discussion will be recorded and transcribed and anonymised then the original recordings destroyed at the end of the study. The anonymous transcripts will also be kept indefinitely.

However if you choose to attend the focus group, as this will involve a face-to-face group discussion, what you choose to discuss in that space would not be anonymous at that time. However all attendees will be reminded of mutual respect and confidentiality at the outset of this discussion. All participant responses will not be identifiable in the final report. The final report will be shared with the family institute at the University of Glamorgan and it is hoped that it will also be published in a relevant journal.

Are there any benefits to taking part in a study?

I hope that you will welcome the opportunity to talk about your experiences, and in light of the limited available literature on the process of consultation, it is hoped that the information provided will shape future research development. The final report will be shared with the Family Institute and it is hoped that it will also be published.

Are there any disadvantages to taking part in the study?

This study is a psychological study and there are no known risks involved in taking part. However, if at any point during the interview or focus group you feel that you would like to withdraw from the study you will be free to do so.

What will happen with the results of this study?

The results will be written up as part of my Doctorate in Clinical Psychology at Cardiff University. The final report will also be shared with the family institute at the University of Glamorgan and it is hoped that it will also be published in a relevant journal. You will be invited to attend this presentation at the family institute. You will also be given the option of receiving a copy of the written report upon its completion. If you decide not to take part in the study but would like to see a summary of the results please inform the researcher and a copy will be given to you.

What if I have a problem with the way the research is being conducted?

If you have any concerns or questions throughout the whole process you are welcome to talk to researcher or associated supervisors named below. You are also able to log a complaint with the university by contacting the Secretary to the Ethics Committee Ethics at Cardiff School of Psychology
By email: psychethics@cardiff.ac.uk

Or by letter:

Secretary to the Ethics Committee Ethics
School of Psychology
Cardiff University
Tower Building
70 Park place
Cardiff
CF10 3AT

Who has reviewed the study?

This study has been given full ethical approval by Cardiff University Psychology Ethics Board.

Appendix VIII

Participant Invitation Email

Dear XXXX

My name is Jack Jarman and I am writing with regards to a research project that I am conducting: 'An exploration of Systemic Family Therapists' understanding of organisational consultative practice.' Billy Hardy is also involved in this project and has passed on your details to me suggesting that you might be interested in participating. I am therefore writing with some more information about the project and to ask, if you are still happy to participate, for a possible time and place for us to meet to conduct the interview. Please find attached a more detailed explanation of what will be involved.

I am happy to meet at a time and place convenient to you. However if it would be of help then I have the use of rooms at two locations: The Family Therapy Institute at the University of Glamorgan and Clinical Psychology Training at Cardiff University Tower Building. Please let me know whatever is best for you.

If you have any queries about any part of this project please don't hesitate to ask. I am already very grateful for your time and thank you for considering to take part in this piece of research.

I look forward to hearing from you.

Kind Regards,

Jack

Trainee Clinical Psychologist

Appendix IX

Participant Consent Form



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Participant Consent form

“An exploration of Systemic Family Therapists’ understanding of organisational consultative practice”

Researcher: Jack Jarman

South Wales Doctorate Programme of Clinical Psychology

School of Psychology

Cardiff University

Tower Building

70 Park place

Cardiff

CF10 3AT

- I confirm that I have received, read and understood the Participant Information Sheet Version 2 dated 17/10/13 and have had the opportunity to consider the information provided and to ask questions, which have been answered adequately. ☐
- I understand that participation in this study is entirely voluntary. I have the right to withdraw my data without explanation however I understand that I can only withdraw up until the point at which my data has been transcribed. ☐
- I give permission for the interview to be recorded. The interview will be transcribed and anonymised. All recordings will be destroyed once they have been transcribed. However the anonymised transcribed data will be kept indefinitely. ☐

- I understand that the focus group is an optional part of the study and that it would involve meeting face to face with other participants to facilitate the process of triangulating the preliminary findings from the raw anonymised data from individual interviews. ☐
- I understand that the information I provide will be shared anonymously with the research supervisors, used in the focus group and may be used in subsequent publications. ☐
- I understand that the anonymised focus group transcriptions will also be retained indefinitely. ☐
- If you wish to be provided with additional information and feedback on the results of the study, please tick this box. ☐

If you have ticked the above box please provide details of where you would like the summary sent (i.e email or address). Contact Details: _____

- I agree to take part in the study. ☐

I, _____ (NAME) consent to participate in this study conducted by Jack Jarman Trainee Clinical Psychologist, under the supervision of Dr Andrew Vidgen, Consultant Clinical Psychologist, Dr Billy Hardy, Systemic Family Therapist.

Signed (Participant:

Name

Date

Signed (Researcher):.....

Name

Date:

Appendix X

Participant Details Form



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Personal Details Form

These questions just give me some background context about you:

Name.....

Professional background.....

Current place of
work.....

Number of years since qualification (as Systemic Therapist).....

Gender: Male/Female (please circle)

Age: (please circle) 18-30 31-45 46-60 61+

Thank you very much

Appendix XI

Participant Debrief Form

Appendix XII

Extracts From Reflective Journal

Extracts from Reflective Journal

November, 2013: Me and The Methodology

One of the reasons for embarking on this project was to help me to learn a new way of thinking. I am thus immediately aware when conducting my initial interviews and the subsequent coding of these of the tension that sits within me as I read and understand more about social constructionism and family therapy. In particular I am aware of my position and the way in which I used to relate to complexity, which was to ask questions in order to establish some sense of certainty and clarity or truths. However this approach in this context is not valid, useful or appropriate. Therefore one of my initial points of reflection is to become more aware of how I am positioning myself and the questions that I am asking, the agenda of which is not to narrow down and create certainty, but rather to open out and to simply hear that version or story, to allow the data to emerge from the ground up rather than be contaminated by my own processes of trying to create a true understanding of how this area should be understood. And yet I sit with that awareness alongside the demands of the thesis, which is to create something robust enough to be considered 'valid'. So I am left with the question of can I allow myself to trust in this process from the beginning. Can I abandon what I used to know to allow myself to learn what I don't know?

February, 2014: Sitting together with uncertainty

Having undertaken half of my interviews now I am aware of a change in my relationship with uncertainty, which seems to initially express itself through an increased sense of inner calmness, rather than a previous level of anxiety. In some ways I see this as being linked to what I have heard other participants talk about which are the ideas of being curious in order to sit more comfortably in the face of complexity. And it is interesting how that idea has to become almost an embodied position, rather than at a tokenistic expression of: I am going to be curious in that situation. It is much more a sense of an orientation to another, which upholds the notion of there being no right or wrong, but rather multiple truths which are all equally valid and valuable. And consequently I feel that my position has changed such that I no longer believe that my task is to uncover a real truth, but rather to explore everything that is on offer, which gives me permission not to know and the tool of curiosity to explore this unknown, accepting alongside this the notion that things are probably always more complex than one can ever understand.

March, 2014: Saturation

Reflections around saturation and sufficiency; I have now interviewed 13 people and I think I have now reached the point where I am not hearing anything that is new and that everything that is being discussed, I have already heard, or at least I can relate it to something similar. I think this is what they call reaching saturation. I will discuss this in clinical supervision.

April, 2014: Analysing of results

I have noticed that through the process of coding I am privileging the accounts of some participants over others as well as some of the themes that are emerging over others. I have become curious as to why this is the case and I wonder whether the accounts I am privileging capture a bias of mine in that they fit with a hypothesis I am holding but not yet aware of? If so I need to pay more attention to other alternative or marginalised accounts of what may also be spoken about as I do not want to miss these voices. I am also aware of how this process sits in tension with the timescale of the research process and also the fact that I have to produce an account. Consequently how do I know when enough is good enough?

May, 2014: The ‘both/and’ position

Throughout this process I have noticed significant movement in my position, particularly in relationship to how I sit with truth and complexity. I now notice that I draw much more on the ‘paramodern’, or ‘both/and’ position of Larner (2004). This draws me right back to the original theory of Bateson (1979), and in this way the beginning and end are one and the same, which makes more sense. I also wonder if this is similar to what George Kelly talked about in his Personal Construct Psychotherapy when he talked about the fact that we are ‘in motion’ we do not start at some point, rather we are born and are already constructing in motion which has immediate feedback. However, with this change in my position I have noticed that this takes the ‘heat’ out of my need to take the right position or find the answer, and instead to be free to observe the movement, and the context, and the ways in which everything is interconnected.

Appendix XIII

Examples of Memo Writing

Example of Memo-Writing

EXTRACT

Interview Date 14th February 2014

Interview Number: 7 (Bill)

Themes/ideas generated from interview:

- How do we define the consultation? The ambiguity, which seems to surround this contrasted with the importance and value of being able to clearly define it both in terms of for ourselves but also for the organisation or for consultees.
- Understanding the process of the request for consultation and the need to be able to define this clearly and establish its history.
- The systemic position as something which is constant but can be applied to many different types of work.
- Levels of freedom as something, which is different within different types of work.
- Understanding how you are being positioned by other people or by the initial request to consult.
- The value of having prior experiences to draw from.
- Working with change
- The impact of change
- Being constantly aware of own position and how this can shift in relation to what is being introduced
- Making things explicit as a technique of bringing own internal dilemmas into the open
- Responsibility and the importance of giving it back to them and not owning it yourself
- Outcomes of consultation
- Overlaps with family work
- Creating space for the unheard voices and hearing others positions
- Inviting opportunities for differences to emerge
- The contract for consultation
- Agendas- implicit vs explicit/ covert vs overt agendas
- Other peoples views of the consultant position
- Consultants own position towards the invitation

- Evolving remits
- Mechanism of change: reverberations into the wider system
- Being accountable for the work you do
- Creating a safe enough space
- Tuning into the environment
- Working at multiple levels simultaneously
- Creating movement
- External Vs internal position of the consultant
- Using your embodied responses
- Providing feedback
- Being curious
- Working moment to moment
- Hearing the local narratives and the uniqueness of each group
- Preparing for the consultation
- Pacing of the consultation
- Thickening narratives
- Developing an effective style
- Dominant views vs marginalised ones
- Using and creating movement
- Responding to feedback
- Importance of use of self and self-reflexivity
- Using play
- Consultant's own values and having congruence with the work you are undertaking

Other information or observations:

During this interview I was struck by the sense of clarity that was offered around the impact that the consultants' own values and beliefs might have on whether they would ultimately accept the invitation to offer consultation or not. This was the first time that this idea had been raised. Whilst this idea was being expressed I was aware of feeling an increased sense of connectedness between the interviewee

and myself, as this is also an area that resonates with my motivations for pursuing this career. I then became aware of the immediate tension or dilemma that I was faced with, which was one of allowing this idea to develop from the data and not from my own impositions. Nor did I want to privilege it as being any more true than anything else that had been spoken about by him or by other participants. In essence I did not want to marry this hypothesis. The point to take forward being that I need to continue to be aware of my position in relation to the ideas that are being expressed, which in fact was another one of the ideas that was mentioned in relation to consultative work.

Information to pursue in further interviews:

- The consultants own values and how they interact and impact on the process of consultation.
- Ideas about local Vs more global narratives
- The importance of understanding the invitation in relation to overt and covert organisational agendas
- The consultants responsibility for own practice Vs being responsible for the outcomes of consultation as a whole
- Noticing of own emotions in relation to the participant

Appendix XIV

Participant Invitation Letter to Focus Group



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Date: 04/03/14

Version 1 – 01/03/14

INVITATION TO FOCUS GROUP

Dear Participant,

I am writing to update you on my progress with the research study that you recently participated in, which explored how family therapists' understand the area of organisational consultative practice. I am pleased to tell you that all of the interviews have now been completed and analysed. Everyone's contribution was very valuable and has provided interesting insights into this complex area.

You may remember at the interview I informed you that I would contact you with an invitation to take part in an optional focus group with the other participants who also took part in the study. The purpose of this group is to feedback the main themes that have emerged during the interviews and discuss how these findings fit with your experiences and understanding of organisational consultation. This is to ensure my interpretation accurately captures your insights and that I have not missed anything important out of the analysis. I should also reiterate that anything you said during our individual interviews will be anonymised and therefore any quotes used during the focus group will not identify anybody.

The focus group will be held on Friday 11th April at 3-5pm at the Family Institute, University of Glamorgan, Glyntaff Campus.

Please could you reply to me as soon as possible, indicating whether you would like to attend the focus group and if you are available on the suggested time and date. Again please do not hesitate to contact me if you have any queries about this group: XXXXXX.com or XXXXX

I look forward to hearing from you.

With kind regards

Jack Jarman
Trainee Clinical Psychologist