MENTAL HEALTH CONSULTATION AS A MEANS OF IMPROVING PROBLEM-SOLVING ABILITY IN WORK GROUPS
A Pilot Study

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The development of mental health consultation in the past 25 years has been an attempt on the part of professionals to broaden the impact of their psychiatric skills and lower the amount of mental illness in our society. The methodological problems in soundly evaluating mental health consultation have seemed almost overwhelming, yet consultants will not be allowed to continue their efforts indefinitely unless they are able to give a rational demonstration of the value of their work.

CONCEPTUAL FRAMEWORK

Working from the theories of Gerald Caplan, the authors (Deloughery et al., 1971) have developed the following definitions which provide a basis for their mental health consultation activities.

> Consultation is the interaction of two persons, one of whom is a specialist, and the other of whom has asked to help in regard to a current work problem. Responsibility for subsequent action

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> remains with the person who asked for help. One goal is to broaden the person's ability to better handle similar problems in the future. . . . Mental health consultation is the application of the consultation process by a mental health specialist, interacting with some community care-givers, with the end goal of preventing mental illness and promoting mental health, both in the care-giver and in the clients with whom he deals.

The authors feel that it is more effective to do mental health consultation with groups rather than with individuals. Again they quote (Deloughery et al., 1971):

> Consultation in groups is appropriate to the goal of mental health consultation because the consultant can make his specialized skill and knowledge more available to a large number of care-givers, who, in turn, may have an influence upon the population. As well as giving aid to these care-givers as individuals, the mental health consultant has the opportunity to promote better communication patterns within the group. Improved communications and skill in interpersonal relationship contribute to the mental health of the group of consultees as a whole.

In working with the group of consultees, the consultant is attempting to provide the consultee with some assistance in solving a work-related problem. In order to do so, the consultant deals indirectly with a problem within the consultee himself. This "theme interference" has been defined by Caplan as "symbolic inhibition of free perception between consultee and client and a concomitant disorder of objectivity . . . originating in his [the consultee's] personal life or in his involvement with the social system problems of his institution" (Caplan, 1964: 212-213). It is necessary for the consultant to have a theoretical framework which deals with this duality of work and emotionality as it occurs not just in one individual but in a total group. For this, we find most useful the theoretical framework of Bion, who perceived that "work and emotional components of group life are so interrelated that one never occurs without the other and that an understanding of group experience can come

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about only when both are studied in their dynamic and changing relationships to each other" (Stock and Thelen, 1963: 72). The healthiest, most successful work group is one which has a balance between deliberative reality-bound work efforts and the nonpurposive emotional states which are aroused in the process of group activity. In regard to emotionality, we feel that a mental health consultant should strive toward a pairing emotionality culture—that is, one in which the group maintains itself as the members develop intimacy with one another. In regard to work, the consultant should strive toward a high level of skill at problem-solving, in which problems are seen as wholes, presenting cues are related to one another and any situation is related to a theoretical whole (this higher ability to solve problems has been described as an outcome of consultation by a number of authors; Kevin, 1963; Rapoport, 1963).

EVALUATING MENTAL HEALTH CONSULTATION

In seeking a methodology for evaluating the effects of mental health consultation on work group behavior, the authors felt that it would be easier to begin with an evaluation of the work component of group behavior. This does not ignore the emotional culture, for it is likely that no group could achieve a very high work ability without having a somewhat healthy emotional culture. Problem-solving, one basis for work activity, is a cognitive skill. Piaget has described five levels of cognitive ability which mark the development of the human mind. At the first level, the incoming cues are responded to in a trial and error fashion and are not related to one another. There is no awareness of cause and effect. By the time the fifth level is reached, any situation is related to a theoretical whole, problems are seen as wholes, and presenting clues are related to one another (Vanlandingham, 1968). While Piaget has studied children, the authors were struck by the similarity of his descriptive

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TABLE 1

SESSION_____ TEAM_____ DATE _____ SESSION SCORE _____

RATER_____ SCORE _____

I	*II*	*III*	*IV*	*V*
Cues Awareness of individual presenting cues	Awareness of individual presenting cues	Intuitive awareness of a problem Assessment of presenting cues	Recognition of problem	Awareness of whole problem
Relationships Manipulation of cues in trial and error fashion Awareness of relationship not present	No awareness of our relationships	Awareness of relationship of presenting cues, but tied to perceptual factors	Awareness of our relationship	Presenting cues seen as related to one another and the whole
Intervention Lacking	Lacking	Initiation of intuitive intervention	Consistent rationale for intervention	Consistent rationale for intervention
Evaluation Lacking	Lacking	Lacking or vague	Consistent rationale for evaluation	Consistent rationale for evaluation
Theory No awareness of cause and effect	Repetition of memorized responses and learned phrases Rationale for initiative responses absent No awareness of cause and effect	Intuitive awareness of cause and effect	Initial perception of cause and effect of problem and cues but overall cause and effect absent Thinking proceeds from actual to theoretical	Total situation coalesced into theoretical whole Thinking starts from theory

terminology to descriptions of increasingly more sophisticated problem-solving. It was therefore assumed that problem-solving ability could also be described as progressing through five levels and that Piaget's terminology describing use of cues, awareness of relationships, plan of intervention, rationale for evaluation, and utilization of theory could describe movement through these levels. Out of this was developed the attached Problem-Solving Ability Scale (see Table 1). A pilot study was designed to see if this scale could be utilized to evaluate the problem-solving ability of work groups.

STUDY DESIGN

It is a basic assumption of this study that it would be possible to assign a group's interaction to one of the five levels, based on an analysis of the process and content of the group interaction. The three hypotheses in this study were:

(1) There will be a significant difference in the problem-solving ability of a group before and after receiving mental health consultation as measured by a higher cognitive level rank score.

(2) There will be a significant progressive increase in the problem-solving ability of a group receiving mental health consultation, as measured by comparing the cognitive level rank score of that group following successive mental health consultations.

(3) There will be no difference in the cognitive level rank score of a group immediately following the last consultation and three months later.

The pilot study sample was composed of five nursing teams from one hospital. The criteria for selection were: (1) that the team leader had previously been oriented to the general process of consultation; (2) that the team leader and her team had received little or no consultation prior to this study; (3) that the team leader worked with reasonable

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consistency with the same team members; (4) that there was a reasonable chance that they would be employed for the full six months of the study. (There was no attempt to match the sample of team leaders on the basis of age, education, or previous work experience, because it was not intended to compare each team with another, but only one team with itself over time.) Each of the nursing teams was to receive one mental health consultation a week for ten weeks, selecting from current work problems the issue upon which to focus for each session.

The data for the study consisted of tape recordings which were made of each team's problem-solving efforts immediately preceding the scheduled consultation and following the consultation. The instructions given the team leader were that during a team conference they were to record their statement of the problem on which they desired consultation, how they were attempting to deal with it, and why they sought help. The post-consultation tapes were to include a statement of the problem-solving efforts regarding the problem at that point in time. The three-month follow-up data were to be a recording of each team handling a current work problem. Many of the recordings were brief and provided limited data. In a number of cases, rather than having the entire team participate, the team leader recorded her perceptions of the team's efforts at that point in time. One concern is that this might not be an evaluation of the problem-solving ability of nursing teams but either: (a) the problem-solving ability of team leaders; or (b) the perceived problem-solving ability of teams as presented by their team leaders. At this point, there is no way to determine how this may have affected the findings of the study.

The cognitive level rank score for each of the recorded sessions was obtained by having two judges independently read a transcript and rank it on the Problem-Solving Ability Rating Scale presented in Table 1. The score might range from 1.1 to 5.5. Out of the five categories on which a

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transcript was rated, a group had to achieve at least 4 ratings in one level in order to receive that rank. If only 3 ratings or less were in a level the next lowest level would be assigned. In only one case did the two judges not assign the same overall score to a given transcript.

FINDINGS

It did not seem possible to do any definite tests for the validity of the research instrument, since other instruments for studying problem-solving ability or the effects of consultation were not available for comparative use. A more detailed discussion of the issue of validity as well as a detailed discussion of the specific data obtained appears in Wiche (1971). The discussion here will present the data in relation to the three hypotheses of the study.

Hypothesis I stated that there would be a significant difference in the problem-solving ability of a group before and after receiving mental health consultation as measured by a higher cognitive level rank score. While the small size of the sample prohibited statistical tests of this hypothesis, had the sample been larger and the change in matched pre- and post-consultation pair scores remained proportionate, the hypothesis would not have been supported. However, given this sample size, the apparent lack of change may have been by chance. It is very possible that the time span of one to three days between pre- and post-consultation data collection was not sufficiently long to allow for internalization of the assistance given in consultation and for that internalization to be reflected in the group's problem-solving ability.

Hypothesis II stated that there would be a significant progressive increase in the problem-solving ability of a group receiving mental health consultation, as measured by comparing the cognitive level rank score of that group following successive mental health consultations. While the progress of the five teams was not a smooth upward curve, there seemed

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to be a definite trend in that direction. A larger sample and a longer time span for the study should yield data with which to statistically test and, hopefully, to substantiate this hypothesis.

Hypothesis III stated that there would be no difference in the cognitive level rank score immediately following the last consultation and three months later. This hypothesis was supported in the case of one team; in the case of the other teams, the follow-up scores were from 1 to 3 levels higher than the last score obtained during the study. It would be nice to think that this reflected increasing internalization of the effects of mental health consultation. Were the study to be repeated and expanded, this hypothesis would be changed to reflect an expectation that the cognitive level rank score of a group would be higher at the time of follow-up. There would be a need for controls to substantiate that this increase was, indeed, the result of having received mental health consultation, and not the result of other intervening variables.

IMPLICATIONS

The authors feel that this very limited pilot study has two major implications. First, mental health consultation seems to improve the problem-solving ability of work groups in one setting (nursing teams in a general hospital). It thus seems reasonable to expand the use of mental health consultation as a means of improving the problem-solving ability of a variety of work groups in many settings. Second, it appears that the Problem-Solving Ability Rating Scale provides an instrument for measuring change in problem-solving ability. It thus seems reasonable to expand studies utilizing this instrument in order to refine its content and application. It is, in fact, a major goal of the authors, in sharing this study, to seek comparative studies of this and other instruments for measuring the effects of mental health consultation in a wide

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range of settings. This should result in the development of a sound methodology for evaluating the effects of mental health consultation and, thus, for determining the social value of effort expended in providing it.

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