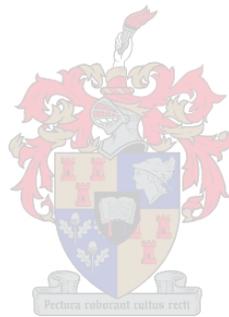


**The shift towards consulting psychology in South Africa:  
Implications for training**

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Supervisor: Prof. A.V. Naidoo

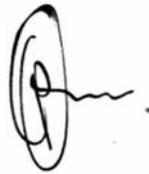


Thesis presented in fulfilment of the requirements for the degree of  
Master of Arts (Psychology), University of Stellenbosch, South Africa

March 2007

## Declaration

I, the undersigned, hereby declare that the work contained in this thesis is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

A handwritten signature in black ink, consisting of a large, stylized capital letter 'P' followed by a horizontal line that ends in a small flourish.

Paul Thomas  
September 2006

## **Abstract**

The recent history of psychology in South Africa has seen a shift amongst clinical/counselling psychologists towards a distinct practice modality. The overarching aim of this study is to explore the shift amongst clinical/counselling psychologists towards the consulting psychology modality, and to investigate the implications of this shift for the training of psychologists in South Africa. The trend towards consulting psychology is investigated through an analysis of the described experiences and perceptions of registered clinical/counselling psychologists working in consulting roles; educators involved in the training of psychologists; and consumers of the services of consulting psychologists. Juxtaposition of the competencies required for success as a consulting psychologist with the competencies acquired in current clinical/counselling training programmes has implications for a potential reconceptualisation of training approaches in the light of this shift. A grounded theory approach is employed to access the perceptions of those most intimately involved in the field without manipulating these through the lens of a pre-defined hypothesis. The perceptions, as accessed via interviews and focus groups, of 9 consulting clinical/counselling psychologists, 10 educators, and 8 consumers form a triangulated depiction of the shift to this practice modality, the competencies it requires, and the efficacy of current clinical/counselling training programmes in equipping psychologists for a consulting role. Analysis of these inputs indicates that clinical/counselling psychologists lack certain competencies vital to

successful consulting. They do, however, possess many of the core-competencies required. Hence, while the training of psychologists may require review in order to meet the changing needs of both providers and consumers of consulting psychology services in South Africa, many of the facets of current clinical/counselling programmes are indispensable.

## Opsomming

Die merkbare klemverskuiwing wat onlangs in Suid-Afrika onder kliniese- en voorligtingsielkundiges in die rigting van 'n praktykmodaliteit na vore begin tree het, het aanleiding tot hierdie studie gegee. Die hoofdoel van die studie is dus om die skuif onder kliniese en voorligting sielkundiges na 'n raadgewende-sielkunde-modaliteit (of konsulerende-sielkunde-modaliteit) te verken, asook om die implikasies van hierdie skuif vir die opleiding van sielkundiges in Suid-Afrika te ondersoek. Die neiging tot konsulerende sielkunde is ondersoek deur 'n analise van die ervarings en persepsies van geregistreerde kliniese en voorligtingsielkundiges wat in 'n konsulerende rol in die praktyk werksaam is, dié van opvoeders wat by die opleiding van sielkundiges betrokke is, en ook dié van die verbruikers van konsulerende sielkundiges se dienste. Die naasmekaarstelling van vaardighede wat vir konsulerende sielkundiges nodig is om suksesvol in die bedryf te wees sowel as dié wat huidig in die opleiding van kliniese- en voorligtingsielkundiges verkry word het in die lig van die klemveskuiwing implikasies vir die herkonseptualisering van opleidingsbenadering en kurrikula. 'n Gegronde-teorie-benadering is gevolg om die persepsies van individue wat ten nouste by die hierdie veld betrokke is, te ondersoek sonder om die persepsies deur die lens van 'n vooropgestelde hipotese te manipuleer. Die persepsies van nege geregistreerde kliniese- en voorligtingsielkundiges, tien opvoeders, en agt verbruikers is gebruik om op grond van die triangulasie wat só verkry is 'n beskrywing van die volgende te

gee: die aard van die praktykmodaliteit, die vaardighede wat dit vereis, en die doeltreffendheid van huidige kliniese- en voorligtingprogramme om sielkundiges toe te rus vir 'n konsulerende rol. Deur 'n analise van hierdie bydraes is tot die slotsom gekom dat, hoewel daar sekere gebreke by die opleiding van kliniese- en voorligtingsielkundiges voorkom, en opleiding in heroorweging geneem sal moet word om tred te hou met die veranderende behoeftes van sowel verskaffers as verbruikers van konsulerende sielkundige dienste in Suid-Afrika, daar tog ook baie aspekte van die huidige opleidingsprogramme wat onontbeerlik bly.

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## **CHAPTER 1: INTRODUCTION**

### **1.1 Context**

There is a shift within clinical/counselling psychology practices in South Africa, away from a full-time dominant individual psychotherapy-based practice, towards a modality involving a wider range of psychological services and potentially larger client groupings. This change in practice modality is here-after referred to as the shift to ‘consulting psychology’.

This shift (the magnitude of which warrants quantitative investigation) could arguably represent the moving of psychology towards a wider usefulness, allowing a greater number and broader spectrum of people to be reached for a reduced *per capita* cost. This may see a reduction in the purported marginalisation of the majority of South Africans, which emanates from an over-reliance on the individual psychotherapy modality (Freeman, 1992; Lazarus, 1998; Seedat, Duncan, & Lazarus, 2001). In addition, this shift could represent a move towards a more socio-culturally relevant practice for the South African context, with the dominant (Westernised) notion of individual psychotherapy receiving criticism for being counter-cultural to the vast majority of South Africans (Hickson & Christie, 1989; Retief, 1989).

Worldwide, the birth of consulting psychology was prompted by “the increased demand for psychology services in many new areas” (Lindsay & Powell, 1994, p.

788) which was described at the time as “the first and most striking feature within the field of adult psychology” (p. 788-789). These authors also describe the range of formal specialities within psychology (which have not changed significantly since then) as “impractical” (p. 789), and describe “limitations on training” (p. 790) as an “internal dilemma for the profession” (p. 788).

The recent emergence of consulting psychology as a distinct practice modality is not unique to South Africa. Jennifer Boyce, past president of the American Psychological Society’s (A.P.A.’s) Society of Consulting Psychology, suggests that “consulting psychology is an emerging field in North America as well. Most psychologists here are unaware of how consulting psychology is distinct from other fields” (J. Boyce, personal communication, June 12, 2005). Boyce (2004) also references the shift from clinical/counselling psychology to consulting psychology in the United States of America: “Most psychologists who enter this field hold Doctoral degrees in clinical or counselling psychology.”

## **1.2 Rationale**

A change in the way psychology is practised, without a corresponding shift in psychologist training, warrants investigation. While it is not appropriate, within this study’s governing paradigm, to hypothesise *a priori* about what the implications of this shift might be, it is safe to say that an investigation into these implications is justified.

The core issue under scrutiny in this study is reflected in the question “do clinical/counselling<sup>1</sup> psychology training programmes in South Africa adequately prepare graduates for the full range of practice modalities they enter?”

Mainstream clinical/counselling psychology training programmes in South Africa are still constructed around a fundamental drive towards producing competent psychotherapists. While modules dealing with community psychology and group process are offered, these represent somewhat of an adjunct to the central aim of imparting one-on-one therapy/assessment/intervention skills. Despite recent moves to include more group and context focused elements into clinical/counselling training, these remain largely “focused on the individual, neglecting the individual’s context” (Nagayama, 2005, p787).

The inefficacy of clinical/counselling training programmes in preparing psychologists for a consulting role is discussed in international literature:

Being an effective psychologist is not enough to be an effective consultant. There is a body of knowledge and skills unique to this particular application of psychology, and just graduating from a Doctoral program in psychology does not [necessarily] prepare one

---

<sup>1</sup> Throughout this thesis, clinical psychology and counselling psychology are referred to collectively as ‘clinical/counselling psychology’. The author acknowledges that these are considered to be two separate and distinct areas of specialisation in South Africa. They are contracted in this thesis for the sake of readability only. Justification is provided in **Chapter 7**.

to provide consultees with the best possible consulting services.

(Robinson-Kurpius, Fuqua, Gibson, Kurpius, & Froehle, cited in Boyce, 2004)

Hence, it is conceivable that the clinical/counselling psychology training offered is not only mismatched with the broader socio-cultural and economic needs of the South African consumer, but also fails to equip graduating clinical/counselling psychologists for the modality within which a number ultimately practise, namely consulting psychology.

### **1.3 Broad Aims**

The overarching aim of this study is to explore the shift amongst clinical/counselling psychologists towards a consulting psychology modality, and to investigate the implications of this shift for training of psychologists in South Africa.

This focus is contextualised by what O'Roark, Lloyd, and Cooper (2004) describe as “an increase of interest among psychologists in consulting psychology without a corresponding growth in education and training programmes focused on that area of practice”.

Through in-depth scrutiny of the described experiences and perceptions of registered clinical/counselling psychologists working in consulting roles;

educators involved in the training of psychologists; and consumers of the services of consulting psychologists, this study aims to construct a triangulated depiction of the nature of this practice modality and the efficacy of current clinical/counselling training programmes in equipping psychologists for a consulting role.

By interrogating the first-hand accounts of those most intimately involved in the field, this investigation seeks to juxtapose the competencies required for success as a consulting psychologist with the competencies acquired in current clinical/counselling training programmes. Through this juxtaposition, the implications of this shift for the training of psychologists will be explored.

Importantly, quantification of the magnitude of the shift from clinical/counselling to consulting psychology is sacrificed in this study, in favour of a rich exploration of the nuances of the shift and its implications. The extent of this shift would probably need to be investigated in a quantitatively orientated study (see **7.2 Recommendation for Future Research**). This limitation in scope is an important defining characteristic of the broad aims of the current study, as are the following limitations:

### **1.3.1 Limitations in Scope**

Importantly, this study does not aim to delve too deeply into the 'fitness-of-purpose' of consulting psychology in a South African context, although this is touched on. It aims, instead, to focus on the 'fitness-for-purpose' of clinical/counselling training programmes as an entry-point into consulting. Furthermore, this study does not stand on the premise that clinical/counselling training should necessarily equip graduates for a consulting role. It does, however, work from a position of acknowledging that clinical/counselling programme graduates do, in fact, enter the consulting modality, and that this shift may need to be addressed on some level. While evaluating the appropriateness of current clinical/counselling training approaches is the chosen focal point of this study, there are alternative means of addressing this issue in practice. One could, for example, sanction clinical/counselling psychologists who practise in a modality for which they are potentially ill-equipped. This study does not aim to explore these alternatives.

A limitation in the scope of this study relates to the 'product' of the investigation. This study does not aim to produce a definitive curriculum guide for appropriate consulting psychologist training. The proposal of such a curriculum forms an important recommendation for future study, but the current study focuses instead on a meta-analysis of current training approaches, and the broader competency needs of psychologists within the consulting modality. By extension, the specific curriculum outcomes of clinical/counselling psychology training programmes are not evaluated as such. Nor are these compared with the specific outcomes for a

conceived consulting psychology programme. The focus remains on broad analysis, avoiding the nuts-and-bolts of 'fundamental outcomes', National Qualifications Framework (NQF) levels, and 'core competencies' that would characterise an educational psychology-based exploration of these programmes. This would, however, constitute a valid recommendation for future research.

A further limitation is that this study does not investigate the shift from industrial/organisational (i/o) psychology to consulting psychology. This shift is seen to be significantly dissimilar to the shift from clinical/counselling, and also forms part of the recommendations for future research.

### **1.3.2 The Need for Exploratory Research in this Area**

The need for exploratory research in this area is constituted by two key factors: Firstly, the shift towards consulting psychology practice by clinical/counselling psychologists is becoming increasingly manifest. Secondly, this shift has potential ethical implications for the discipline of psychology, should it remain un-investigated and unaddressed.

While the magnitude of the shift towards consulting in this country is not established, anecdotal evidence indicates that it is occurring. The electronic directory the Psychological Society of South Africa (<http://www.psych.co.za>) contains details of the services offered by psychologists in South Africa. Within this list, the services on offer by clinical/counselling psychologists now includes

the likes of ‘management consulting’, ‘communication’, ‘life-skills coaching’, ‘transformation’, ‘training and development’, ‘Race, sex, culture’ issues, ‘corporate coaching’, ‘conflict facilitation’, ‘team building’, ‘employee assistance programmes’, ‘organisational consultancy’, ‘mediation’, ‘human resource management consulting’, ‘specialist activities like diversity issues’, ‘executive coaching’, ‘assessment, selection and recruitment’, etc. (Psychological Society of South Africa, 2004). These services fall outside the parameters of traditional clinical and counselling interventions, and hence outside of the intended scope of traditional clinical/counselling training programmes.

Evidence of the shift to consulting psychology abroad is available on the website of the A.P.A.'s Division 13: The Society of Consulting Psychology. The Fall 2004 Update of this division’s newsletter outlines the initiation of a “Shared Interest Group (SIG)” for “Transitioning to Consulting”. This SIG was initiated specifically for those with a clinical/counselling (or i/o) background making the shift, or “transitioning”, to consulting (The Society of Consulting Psychology, 2004). This stems from the fact that “Psychologists who engage in consulting psychology have, historically, been psychologists whose primary training has been in other specialities, such as counselling, clinical, or i/o psychology” (Robinson-Kurpius, Faqua, Gibson, Kurpius, & Froehle, cited in Lowman, 2002, p. 743). The shift from clinical/counselling psychology towards a consulting modality is increasingly referenced in international literature [see Boyce (2004) and O’Roark, Lloyd, & Cooper (2004), amongst others].

A tangible example of this shift is provided by Edward Nottingham, PhD, who posted the following personal introduction on the A.P.A. Division 13 'LISTSERV' electronic mailing list:

After 26 years of independent practice (clinical psychology), I found myself becoming increasingly unhappy with managed care, insurance companies, etc..... Heard of a position as a Leadership Consultant in July 2003 .... In March 2004 completely closed my practice. Now, three years later (and two mergers - something I didn't experience in independent practice), I've moved from leadership consulting to being a "Development & Learning Partner" to, well, who knows what..... As all of you already know, it's amazing what we as psychologists bring to the corporate/consulting/coaching table. (E. Nottingham, personal communication, August 24, 2006)

Locally, private providers of higher education, such as Jopie van Rooyen & Partners SA Pty Ltd and the South African College of Applied Psychology, have developed programmes specifically designed to address the shift amongst practising psychotherapists towards consulting psychology-type roles. The success of these initiatives is indicative of a search amongst local psychologists for training that will eliminate the discrepancy between what current mainstream training provides, and what is expected of consulting psychologists.

Since this shift is occurring, there is an indisputable need to consider the ethical implications of potentially invalid training approaches informing this practice modality. If a registered clinical/consulting psychologist is selling consulting services under the banner of his/her registration as a psychologist, the ethical implications for the discipline of psychology command investigation. This is not unlike a registered research psychologist performing psychotherapy without the necessary modifications in his/her training. If this cross-modality shift becomes (or has become) an established trend, the stance of the Health Professions Council of South Africa may need to extend beyond sanctioning the individual(s) found to be practising outside his/her/their field of expertise, towards a broader review of the underpinnings and implications of this shift. This study aims to explore such underpinnings and implications of the shift from clinical/counselling psychology to consulting psychology.

The need for training and practice guidelines for consulting psychologists was identified as early as 1915, when the A.P.A. set up the Whipple resolution task group to “differentiate professionally qualified psychological experts from commercial consultants without scientific psychological knowledge or expertise who were offering services and opinions for public consumption” (O’Roark et al., 2004). In the 91 years since then, very little has been done in South Africa to compile such guidelines for training and ethical practice.

The call for exploratory research into alternative expressions of psychological skill has also come from within the more established realms of psychological practice. Lindsay and Powell's (1994) work on adult clinical psychology references the "shift in emphasis from introspection and internal monitoring to clinical psychology in an organisational context which places increasing demands on it" (p. 804). They highlight a "need to broaden core expertise" (p. 796) and the "skills and methods that the profession may need to adopt in order to face the 1990's and beyond" (p. 804). They also allude to the need to embrace some of the group and system level interventions characterising consulting psychology by suggesting, "To continue to see individual patients exclusively, however, is not only to perpetuate a discriminatory activity, it is clearly impractical given the prevalence of psychological disorder" (Hawks, cited in Lindsay & Powell, 1994, p. 796).

#### **1.4 Content Analysis**

The introductory chapter contextualises and provides a rationale for the present study, elucidating its broad aims and modus operandi. This chapter also outlines the need for exploratory research in this subject area, and clarifies the research parameters.

## **CHAPTER 2**

This chapter provides a broad review of the consulting psychology modality. Various definitions of consulting psychology are discussed and its distinction

from, and overlap with, other modalities is explored. Supporting literature is presented but, in keeping with the spirit of grounded theory, this is used sparingly in the initial chapters to avoid predefining a focal area which should be gradually defined as the theory emerges from the data analysis. More substantive literature citation is provided in chapters 4 and 5.

### CHAPTER 3

The research paradigm and choice of method are outlined in chapter 3. Grounded theory, the method of choice, is evaluated in terms of its suitability for the subject area under investigation. The sampling strategy is described, and the participants introduced. Data collection and analysis techniques are discussed, as are threats to validity, reliability and credibility. Finally, ethical issues are considered.

### CHAPTER 4

The 'results' section and 'discussion' section of traditional research reports are fully integrated within this thesis, and presented in chapter 4. The participants' input and a discussion thereof are infused, in keeping within the spirit of grounded theory's assertion that early analysis ('discussion') of data should guide subsequent data collection and, hence, influence 'results'. The integrated results and discussion is presented both diagrammatically and in narrative form, with the emergent core-category and its relationship to the various sub-categories outlined. The core category is analogous to a 'diagnosis'.

## CHAPTER 5

This chapter, essentially an extension of the integrated results and discussion section, highlights the shift's implications for training and provides an indication of the participants' recommendations for a 'treatment protocol', based on the diagnosis offered. Here, additional literature sources are introduced in support of the participants' assertions, and these are integrated to provide guidelines for a potential course of action in response to the shift.

## CHAPTER 6

The 'prognosis' is presented in the form of implications of the present study. Opportunities presented by the shift to consulting psychology and threats encased in this shift are discussed.

## CHAPTER 7

The concluding chapter offers limitations of the current study and recommendations for future research. Implications are considered and, finally, a synthesis is presented. The thesis is concluded by contextualising the study in a broader endorsement of self-reflectivity within the discipline of psychology as a whole.

## CHAPTER 2: CONSULTING PSYCHOLOGY

Relatively little has been published in South Africa around the consulting psychology modality. A review of the *South African Journal of Psychology* and the *South African Journal of Industrial Psychology* in the past 10 years (March 1996 – March 2006) revealed a conspicuous scarcity of references to ‘consulting’ psychology. This can be contrasted with a search for the keywords ‘clinical’ and ‘counselling’ which, as expected, revealed abundant literature resources. While this search was purely indicative, and does not necessarily paint a complete picture of the body of literature pertaining to consulting-type concepts, it does underscore the relative lack of local literature sources dealing specifically with consulting psychology as a practice modality.

As a result, this review is distinct from a more traditional ‘literature review’ in the sense that a proportion of the assertions are quoted from personal communication with key role-players in the global consulting psychology movement. While lacking the authority and scholastic rigour of peer-review sources, these interviews do supplement the dearth of traditional literature sources, and contextualise the triangulated overview of the shift towards a consulting psychology modality within South Africa, grounded in the input of the participants of this study. Furthermore, personal communication sources are fortified wherever possible by citation of available local and international primary literature sources.

Since the focal point of this study is specifically the *shift* from clinical/counselling psychology towards consulting psychology, and not the modality of consulting psychology *per se*, this review provides only a cursory glance of this complex, multifaceted practice modality, focussing instead on the nuances of the shift. More in-depth definitive exploration of the consulting psychology modality is provided in Brown, Pryzwansky and Schutte's (1998) *Psychological Consultation* and Tobias's (1990) *Psychological Consultation to Management: A Clinician's Perspective*, amongst others.

## **2.1 Consulting Psychology (Un)defined**

The A.P.A.'s Division Thirteen, also referred to as The Society of Consulting Psychology or *The Catalyst Division*, has embraced the following broad definition of consulting psychology:

The function of applying and extending the special knowledge of a psychologist, through the process of consultation, to problems involving human behaviour in various areas. (A.P.A, cited in Boyce, 2004)

While a formal definitive statement is lacking in South African consulting psychology circles, the following statement from unpublished presentation material by Koortzen (n.d.), course co-ordinator of the University of South

Africa's (UNISA's) Doctoral programme in consulting psychology, provides a useful portrait of the modality:

Psychologically based consultation methods help individuals, groups and organisations become more efficient and effective as well as healthier, more satisfying places to work. Consultation is a helping relationship that assists people, groups or organisations in meeting their mission, goals or objectives. Consultation is typically multi-dimensional, often with multiple concurrent clients and inter-related factors. (Koortzen, n.d.)

For the purposes of this study, the following statement, pieced together from the work of Grieve, Terre Blanche, and van Deventer (2002, pp. 101-102), will be used as a working definition of a psychologist within a consulting modality:

A “knowledge broker”, working “at the interface between people and ideas”, with expertise in “developing rapid and insightful understanding” of individuals, groups and organisations, and “the ability to communicate and employ this insight effectively”.

While it is clear that the consulting psychology practice modality extends beyond provision of individual-level psychotherapeutic services and remediation training at the heart of clinical/counselling practice, it should also be noted that this shift represents the moving of psychological practice in a distinctive new direction,

extending and blurring the boundaries of other previously defined non-therapeutic movements:

### **2.1.1 Beyond Traditional Community Psychology**

In addition to the fact that specialised training and a discrete registration category are lacking in community psychology, there exists a further problem with the narrowly defined parameters that appear to characterise South African community psychology. Thus far, the term has been used almost exclusively to refer to work with impoverished, disempowered, marginalised groups. This is clearly evident in reviewing the South African literature on community psychology, which portrays issues around oppression and empowerment as central to the sub-discipline (Freeman, 1992; Lazarus, 1998; Perkel, 1988; Seedat, Cloete, & Shochet, 1988; Seedat, Duncan, & Lazarus, 2001). While the justification for such a focus is self-evident, and the need for empowerment-based research in the South African context cannot be disputed, it is argued that the notion of a 'community' within psychological thinking should ultimately encompass groups that are not necessarily marginalised, but could nonetheless benefit from the services of an appropriately trained psychologist. The services of a consulting psychologist may include, but are not restricted to, the upliftment of the disenfranchised.

Hence, the South African consulting psychologist may well work on a community level, but her/his work will be distinguishable from that of a typical

South African community psychologist by its inclusion of communities not ordinarily targeted by South African community psychologists.

### **2.1.2 Beyond Traditional Industrial/Organisational Psychology**

An important distinction must be drawn between the approach of the industrial/organisational (i/o) psychologist, and that of the consulting psychologist. This distinction is alluded to by Tobias (1990) when he suggests that consulting psychologists are still “inclined to define the client as the individual more than the organisation...not an either/or loyalty...a matter of focus and priority” (p. 6). This is possible because consulting psychologists “work from the fundamental premise that the organisation will reap rewards because the individual grows. The organisation (which typically pays the bill) benefits *because* the individual is the client” (p. 6).

J. Boyce (personal communication, June 12, 2005) alludes to a possible origin of this difference between i/o psychology and consulting psychology. She suggest that i/o psychology training is “very psychometrically based” with a “very high emphasis on assessment and quantitative analysis” while the underpinnings of consulting psychology are more “relationship based emphasising how interpersonal dynamics affect people and situations.” Lowman (2005, November) also suggests that among the “issues in i/o psychology training” are that few programmes emphasise the “interpersonal side” and the field is “derived from empirical measurement; rather atheoretical” (p. 16).

These assertions are reiterated in the South African literature, with Wilkinson (2004) suggesting that the majority of i/o psychologists receive training which is underpinned by a preoccupation with a quest for predictability and control.

Martin (2001, pp. 8-9) also suggests that traditionally trained i/o psychologists have fallen into the trap of trying to “comfort managers with promises of relatively easy solutions”, rather than attempting to “capture and perhaps even construct organisational experiences, in all their discomfoting complexity, conflict, ambiguity and flux.” By maintaining a focus on this “complexity, conflict, ambiguity and flux”, consulting psychology reinforces its distinction from traditional i/o psychology.

A further distinguishing characteristic relates to the relative exclusivity of the i/o psychologist’s target population (generally corporate/industrial organisations). This can be juxtaposed against the inclusive nature of the consulting psychologist’s domain. Boyce (2004), herself a registered counselling psychologist working in a consulting modality, reiterates this by suggesting that “consultation can take place in a wide variety of settings including academic institutions, government agencies, not-for-profit agencies, churches, military organizations, and hospitals.” A consulting psychologist’s core goal is orientated more towards maximising human potential, than maximising profit (although the two are certainly not mutually exclusive).

While a successful consulting psychologist will undoubtedly value certain of the competencies displayed by the i/o psychologist, the domain of a consulting psychologist extends beyond the parameters of the i/o setting, and hence requires additional, distinct competencies. Fennig, Mortensen, and Zimmer (2005) suggest that effective consulting psychology interventions should focus on “help(ing) individuals, groups and organizations not only become more efficient and effective but also more healthy.” It is in the region of advancing the ‘health’ of individuals, groups and organisations that clinical/counselling trained consultants can differentiate themselves from traditionally trained i/o psychologists.

A further distinction between the i/o psychologist’s practice modality and that of the consulting psychologist is alluded to by Fazio, a counselling psychologist making the transition to a consulting role, who indicates that an “important part” of his success was his avoidance of an exclusive focus on “making money” (Fazio, 2004).

### **2.1.3 Beyond Traditional Research and Educational Psychology**

While an insightful understanding of the processes of teaching and learning, as well as significant research skills are undeniably indispensable to the consulting psychologist, these do not form the core of the consultant's offering. The

distinguishing characteristic can be attributed to the ability to employ these skills in a different setting – a setting not traditionally utilising these skills – and in a more diverse manner than is traditionally the case for research and educational psychologists. Hence, seeking training towards registration in either of these two categories would not fully prepare one for a consulting psychology role.

This having been said, research skills are amongst the most critical of the competencies required for success in consulting psychology and should form an integral part of the consulting psychologist's armoury. In addition, many traditional 'Masters in Psychological Research' programmes have embraced concepts pertinent to consulting psychology, arguably more so than any other professional training programmes. The "knowledge management" of UNISA's Knowledge2Go Masters programme (Grieve et al., 2002, p. 101) and the change-management focus of University of KwaZulu-Natal's (UKZN's) Research Masters programme are examples.

Importantly, the frequent reference throughout this chapter to the skills 'traditionally' employed by i/o, community, research, educational, and clinical/counselling psychologists is indicative of the researcher's acknowledgment of recent moves within these specialisations towards more inclusive training and broader foci. Exploration of these individual embryonic shifts, however, falls outside the scope of the present study.

#### **2.1.4 Yes, but is it Still Psychology?**

Following the assertion that the consulting psychology practice modality is distinct from traditional clinical/counselling, i/o, community, education and research psychology modalities, one might be justified in asking the question, “Is this still psychology, or a totally unique discipline?”

This question is contextualised by a broader “confusion regarding what constitutes a speciality or subspecialty, a proficiency, or an area of expertise within the discipline of psychology” (Koocher & Keith-Spiegel, cited in Lowman, 2002, p. 742).

One perspective is supplied by O’Roark, Lloyd and Cooper (2004) who, while acknowledging that this represents a “new or changing area of practice”, go on to say that “consulting psychology is such an area in the practice of *psychology*” (emphasis added).

This point is also addressed by Boyce in her article entitled “New Dog, Old Tricks: Defining Consulting Psychology for the New Professional” (Boyce, 2004). Here she draws parallels between traditional expressions of psychological skill, and those characterising consulting psychology. Amongst the examples Boyce provides are descriptions of the similarities between the diodes of team development and group process; programme evaluation and psychological assessment; mergers and couples counselling; needs assessment and diagnosis.

Boyce qualifies these comparisons by referring to the fact that the work of a consulting psychologist is characterised by “an emphasis on bolstering the positive as opposed to remedying the negative” (Boyce, 2004). Further justification for the inclusion of consulting psychology as a legitimate expression of psychological skill is provided by Tobias in “The Thriving Person and the Thriving Organisation: Parallels and Linkages” (2004) in which he suggests that consulting psychology is “rooted in the complexity of human adjustment” (p. 4).

Lowman (2002) also addresses this question by suggesting that “the practice of consulting psychology is guided by the *science* of psychology in evaluating and assessing the effectiveness of consulting psychology interventions and assessment methodologies” (P. 774) and that “the effective consulting psychologist has in-depth knowledge of the major theoretical models in psychology and of their particular methodologies and applications as they apply to individual, group and organizational consulting domains” (p. 774).

Furthermore, the mere existence of The Society of Consulting Psychology as a formal division of the A.P.A. (Division 13) indicates an acceptance of this practice modality as a legitimate expression of psychological skill in that country.

Importantly, consulting psychology does not represent a new discipline or even a particular sub-discipline. It is a distinct practice modality that cuts across, draws on, and extends the reach, effectiveness, and usefulness of the full range of psychology’s sub-disciplines and specialisations.

Locally, however, the answer to the question “is this still psychology?” may depend on whom (or where) you ask. If one refers, for example, to section 2 of the Health Professions Act 1974 (Act no 56 of 1974), “the following acts shall be deemed to be specially pertaining to the profession of psychology” (Department of Health, 1974, p. 2), it is evident that the description of each “act” has some grammatical variation on the phrase “personality adjustment” and/or “psychopathology” (pp. 2-6). While this does not preclude acts *not* aimed directly at personality adjustment or pathology rectification, and hence does not detract from the psychological legitimacy of certain expressions of consulting psychology, this factor does raise questions around the narrow definitions of psychology which inform training in this country. This factor is alluded to by Levant, past president of the Society of Consulting Psychology, in his reference to “non-healthcare service (NHS) providers”, including consulting psychology, as “a marginalized minority within psychology” (Levant, 2005).

Suffice it to say that the modality of consulting psychology is being practised in South Africa by registered psychologists, who gain credibility for their services through their classification as psychologists and their associated registration with the Health Professions Council of South Africa. This factor alone highlights the need to evaluate this practice modality as (at least) a *potentially* legitimate expression of psychological skill, and hence question whether the training of these practitioners equips them to (ethically) sell these services under the banner

of psychology. The issue of ethics within consulting psychology is explored in more detail in chapter 6.

The acceptance of consulting psychology as a legitimate practice modality within the discipline of psychology is becoming increasingly evident in South Africa.

One example of this legitimisation is the recent Consulting Psychology Conference at UNISA (Tshwane/Pretoria, November, 7-9, 2005). This conference included presentations from international experts such as Lowman, whose opening address was entitled “Consulting Psychology: History and Current State of A New Field of Applied Psychology” (2005, November).

## **2.2 What Does a Consulting Psychologist Do?**

On a meta-level, a consulting psychologist applies “the special knowledge of a psychologist” (A.P.A., cited in Boyce, 2004) on the levels of individual, group, and organisation/system functioning. This “three-domain competency model (is) considered central in consulting psychology” (O’Roark et al., 2004).

Amongst the many encountered examples of areas a consulting psychologist may be employed are: advisory work for HIV/Aids behaviour modification campaigns; needs assessment for human development programmes; advisory input for military/correctional services programmes; human-interest policy formation for governing bodies; facilitating negotiations between political parties; prophylactic psycho-education for high-risk groups of teenagers; “Aviation

psychology: Pilot selection and training” (Lowman, 2005, November, p. 11); etc. These services (which involve interventions on individual, group and system levels) cut across the traditional domains of i/o psychology, clinical/counselling psychology, research, and educational psychology (the current mainstream registration categories) and have arguably come to characterise the empty spaces between these domains in the vista of psychological services. They do, however, draw on a range of base skills employed across this spectrum. Furthermore, within these diverse settings, the consulting psychologist “may serve as a clinician, a counsellor, an assessor, a teacher, and an expert in psychological techniques and perspectives” (Tobias, 1990, p. 4).

Evidence of this mid-ground between the traditional domains of psychology is provided by Lowman (2005, November), a proponent of consulting psychology. Lowman describes his domain as “working at the interface of clinical and i/o” (Lowman, 2005, November, p. 2). In elucidation of the differences between i/o and clinical/counselling psychology (an example of this mid-ground) Lowman explains that traditional i/o has been seen as the “antithesis to clinical psychology” having “very little emphasis on the individual level” (P. 17). This can be contrasted with the other end of the continuum, where clinical psychology has “very little concern with or coverage of” (p. 18) the group or system level. Consulting psychology sits between these extremes, and looks to incorporate applicable aspects of both. Lowman refers to the intersection of i/o's “historical disinterest in consulting, individual variables, personality and individual

assessment” and clinical psychology's “strengths in assessment and intervention but disinterest in work and organizational variables” as “consulting psychology's heritage” (Lowman, 2005, November, p. 19).

Hence, the pursuits of consulting psychologists involve the incorporation and amalgamation of certain conceptual elements and competencies from, *inter alia*, community, counselling, clinical, research, educational, social, and i/o psychology under one umbrella concept with more inclusive, divergent boundaries. This inter-modality conceptual collaboration is becoming more pertinent with the boundaries between these specialisations being blurred by the current socio-economic climate in this country. For example, a major corporate concern with an expansive workforce now has a direct (financial) interest in prophylactic psycho-education for HIV prevention. So the priorities of community psychology (reaching out to a disempowered group vulnerable to HIV) and i/o psychology (serving the interests of industry), are merged by common interest. Similarly, as the economic value of a (mentally) healthy workforce gains recognition, so the importance of clinical/counselling psychology in a setting previously dominated by i/o psychology is being increasingly acknowledged. For example, human resource directors are starting to ask psychologists to help them answer the question “what does depression really cost?”, as evidenced in the *New York Times* article “Depression, a Frequent Visitor to Wall St.” (Thomas, 2004, September 12). This kind of question is indicative of the mid-ground between clinical/counselling psychology and i/o

psychology, in the sense that neither a traditionally trained clinical/counselling psychologist, nor a traditionally trained or i/o psychologist would have necessarily received the type of training that equips one to answer such questions. This mid-ground is one of the domains of the consulting psychologist.

In summary, Lowman (2005, November) suggests of this “new field” that it is “not i/o psychology, but builds on it; not clinical psychology, but builds on it; not social psychology, but builds on it” (p. 25).

### **2.3 Training for Consulting Psychologists**

While the provision of a proposed curriculum for consulting psychologist training programmes falls beyond the scope of this research, it is worthwhile to tentatively consider a broad approach to consulting psychology training. Essentially, this section begins to extend the assertion that training for consulting psychologists should go “beyond traditional psychologist training” (Auerbach, cited in Robinson, 2003). More specific recommendations for an appropriate training for the consulting psychology modality are provided through analysis of the inputs of the participants (in **Chapter 5: Appropriate Training**). The snap-shot presented here is intended only to augment the overview of the consulting psychology modality in this chapter.

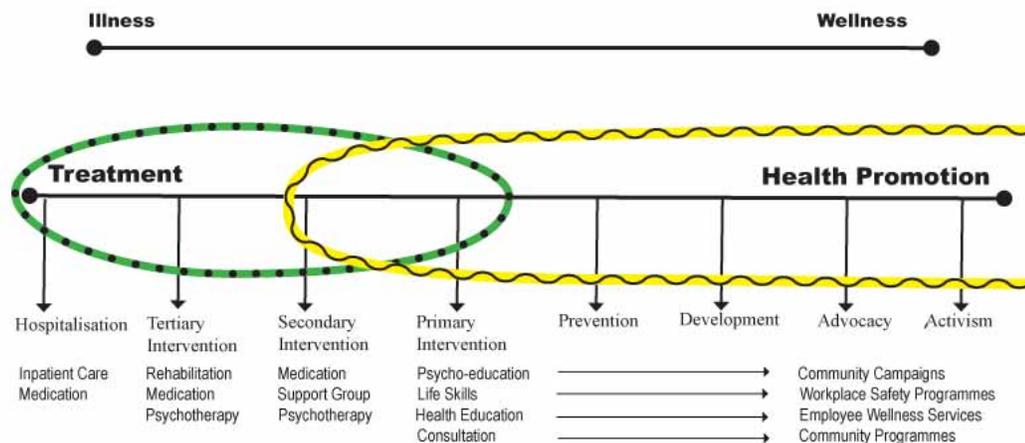
#### **2.3.1 What Should Consulting Psychologist Training Involve? A *Broad Overview***

As suggested in the operational definition, a specialist consulting psychologist may be conceived as a “knowledge broker” with expertise in “developing rapid and insightful understanding” of individuals, groups and organisations, and “the ability to communicate and employ this insight effectively” (Grieve et al., 2002, p. 101–102). Skills around knowledge management and social programme evaluation would be central to the armoury of the consulting psychologist in working “at the interface between people and ideas” (Grieve et al., 2002, p. 102). Training in this area could conceivably include (*inter alia*) topics such as data mining and management, specialist conflict management / resolution, advanced psycho-education, global knowledge ecologies, advanced communication skills, strategic personal management, interpersonal skills training, and systems modelling. (Fuqua & Newman, 2002; Grieve et al., 2002; Shullman, 2002).

While basic competencies around the identification, containment, and referral of psychopathology may be important for the consulting psychologist, it is conceivable that training would incorporate far more ‘positive psychology’ or health psychology, in a move away from the pathology management-based approach that dominates current clinical/counselling training programmes. The outcome sought by the consulting psychologist extends beyond the pursuit of ‘not being ill’, but does not necessarily exclude it. Consulting psychology's distinction from the clinical/counselling modality, and its overlap therewith, is reflected on the additions to the mental health intervention continuum compiled by Naidoo, van Wyk, and Carolissen (2004) found on **Figure 1**. The domain of consulting

psychology (corrugated line) has a distinct, yet incomplete, overlap with the domain of clinical/counselling psychology (dotted line), and incorporates a range of services not included in the clinical/counselling modality.

While a ‘common ground’ or modality overlap exists, the extent of the differences in domain of a clinical/counselling psychologist, compared with that of a consulting psychologist (represented on **Figure 1**), points to the potential need for a paradigmatic shift in training approach, to adequately prepare graduates for the full range of consulting psychology interventions. Trule (cited in Moret, 2004) refers to the domain shift inherent in the move to consulting psychology as the “move beyond the 'assess and remediate' approach of the past decade into a more positive psychology focused on the success and self-actualisation of our clients.”



**Figure 1: Mental health intervention continuum**

### 2.3.2 The Training Quandary

Under the current psychologist education and training system, it is conceivable that a prospective consulting psychologist may spend years undergoing training and internship in, for example, advanced individual psychotherapy, while never intending to practise as a specialist psychotherapist. This training would represent a convoluted 'means to an end', this end being registration as a professional psychologist (sought after as a means of establishing the credibility associated with being a part of a regulated profession). This is particularly concerning in the light of questions regarding the efficacy of current clinical/counselling psychology training in equipping graduates for a consulting role.

Furthermore, a glance (on the part of the researcher) at the Psychology Department notice board at a major South African University revealed an additional element of the current training quandary: One information pamphlet containing Frequently Asked Questions (F.A.Q.s) suggested, in response to the F.A.Q "What career opportunities exist for graduates in psychology?" that graduates may become involved in, *inter alia*, 'market research'; 'public health'; 'human resource management'; 'policy development and analysis'; 'training'; and 'consultation'. Adjacent to this notice the department outlined their 'Professional Training in Clinical, Counselling, and Educational Psychology 2006' (the only course from which graduates are encouraged to register as psychologists). This notice indicates that the course is comprised of training in 'psychological intervention (especially psychotherapy)'; 'psychopathology'; 'community

psychology'; 'neuropsychology'; 'child psychology'; 'psychological assessment'; and 'research methods'. While this evaluation was cursory at best, it provides anecdotal evidence of a quintessential lack of 'overlap' between acknowledged areas for employment of psychology graduates, and the professional training modules which prepare graduates for registration as psychologists.

The lack of formal paths into the consulting psychology modality is highlighted by S. Kinkaid (personal Communication, June 9, 2006). Kinkaid, also a past president of the Society of Consulting Psychology, cites articles such as “Unconventional Ways To Gain Experience In Consulting Psychology” (Flanders, 2006) which are clearly indicative of the need to be creative when attempting to acquire the necessary competencies.

It must be stated from the outset that this investigation does not aim to critique, question or devalue individual psychotherapy, community psychology, i/o psychology, clinical/counselling psychology, or any other expression of psychological skill. On the contrary, it looks to evaluate the applicability of certain aspects of these (specifically clinical/counselling psychology) within a practice modality intended to serve a purpose and population not specifically targeted by any.

This point is echoed in the proposed A.P.A. “Guidelines for Education and Training in Consulting Psychology” (O’Roark et al., 2004). In this document,

O’Roark et al. suggest “nor are these guidelines intended to replace, usurp, or conflict with existing training policies or guidelines that have been developed and approved for other areas of practice in psychology.”

Similarly, the *quality* of the training of clinical/counselling psychologists in South Africa is not under scrutiny, but the applicability (or fitness-for-purpose) of current clinical/counselling training programmes to a consulting role is examined in the light of the shift amongst clinical/counselling psychologists towards consulting roles.

## CHAPTER 3: METHODOLOGY

*“If the research is worth doing then one is likely to be dealing with a problem which is not fully understood, and for which the ideal course of investigation cannot be charted in advance with any certainty.”*

(Easterby-Smith, Thorpe, & Lowe, cited in Wilkinson, 2004, p. 18)

The purpose of this study is to explore the shift amongst clinical/counselling psychologists towards a consulting psychology modality, and investigate how well current clinical/counselling training programmes prepare trainees for this modality. The previous chapter introduced this shift, described the conceptual framework of the study, and highlighted the need for research in this area. This chapter outlines the method chosen for this research, with special reference to the appropriateness of these techniques to the research area under scrutiny.

### **3.1 The Research Paradigm**

The search for an appropriate research method was guided primarily by two factors: Firstly the focal area of this study remains relatively unexplored, indicating the need for an exploratory research paradigm. Secondly, there was a need to capture the complexity of the issue at hand, and avoid reducing it to set of quantifiable constructs that have little meaning outside of the researcher’s own

statistical context. This suggested that a qualitative research paradigm was appropriate.

Babbie and Mouton (2001), Carnine (1997), and Miles and Huberman (1994) advocate the use of exploratory studies when a researcher is attempting to break new ground and/or yield new insights into a research topic. The purpose of this study was ultimately to develop new insights into this practice modality which may, in turn, have implications for practice and training. It would have been possible to hypothesise about the competencies required for success in consulting psychology, and hypothesise about the competencies gained from current clinical/counselling training programmes, and then explore each 'variable' until a statistical correlation was found (Wilkinson, 2004), but who better to provide these constructs than the participants themselves?

At the quintessence of this investigation was an extraction of the central constructs of the subject area, and an exploration the relationship between them, in order to provide a holistic understanding and construct a departure point for subsequent studies. It is in these potential subsequent studies that researchers may wish to establish the statistical significance of the constructs proposed, and quantify the magnitude of their impact. This was not the goal of this study.

Miles and Huberman (1994) indicate that the most appropriate strategy for developing hypotheses is qualitative research. Qualitative research allows the

researcher to explore a topic with unknown variables and theory bases (Creswell, 1994; Newman, 1994). Since there is a relative paucity of published work detailing the shift towards a consulting modality in South Africa, the researcher sought to explore the topic by listening to those involved in and around the 'shift', and construct a picture grounded in their input.

Since the research area was not clear-cut and discussions with participants were likely to result in complex discursive replies, a methodology that capitalised on these complexities, rather than trying to pigeon-hole them into preconceived hypotheses was required (Brannen, 1998). Furthermore, a methodology that thrived on contradiction, rather than seeking to eliminate it, was deemed most appropriate for topic that would illicit a vast array of ideographic information from a diverse group of participants.

In terms of ontology, this study assumed the nominalist position as it explored the reality that was constructed by the participants involved in the research situation (Burrell & Morgen, 1979; Creswell, 1994). The epistemology of anti-positivism was reflected in this approach, as it holds the view that that the social world can only be understood from the perspective of an individual directly involved in the events under scrutiny (Wilkinson, 2004). It was necessary that the researcher interact directly with participants in order to gain some insight into their interpretation of actions, concepts and interactions within the setting that contextualised the study. Hence the approach was essentially idiographic in

nature, based on the notion that the social world can only really be accessed and interpreted by gaining first-hand knowledge of the subjective accounts of the participants (Burrell & Morgan, 1979). The nature of the information sought and the philosophical paradigm that guided the research process justified the adoption of a qualitative methodology.

The qualitative research paradigm is rooted in a philosophical position that is broadly 'interpretivist' in the sense that it is concerned with how individuals experience, create, explain, maintain, and attribute meaning to their social worlds, i.e., how they interpret their experience (Mason, 1996; Neuman, 1994). Allowing participants to report detailed views in a largely unstructured way enabled the researcher to construct a complex, holistic picture of their interpretations, and hence access their social worlds. This clearly represents a threat to the generalisability of the findings but, since this study makes no claims pertaining to generalisability, this threat is not particularly pertinent.

Throughout the investigation, inductive logic prevailed. Concepts, categories and terminology emerged from the participants rather than being identified *a priori* by the researcher (Creswell, 1994). In keeping within the assumptions of an inductive paradigm, literature was used sparingly in the beginning of the research process in order to convey an inductive design. The available local (contextually relevant) literature is only fully explored in **Chapter 4: RESULTS and DISCUSSION**, to compare and contrast findings with existing literature and

theory (Charmaz, 1990). Furthermore, the study did not follow a prescribed order with discrete phases of 'data collection' followed by 'data analysis'. Collection and analysis were merged as the introduction of new data, and its immediate analysis, inevitably had an impact on the types of concepts discussed in later interviews.

However, the decision to employ a qualitative approach is not without its challenges. Miles and Huberman (1994) point out that "the most serious and central difficulty in the use of qualitative data is that methods of analysis are not well formulated...how can we be sure that an 'earthy', 'undeniable', 'serendipitous' finding is not, in fact, *wrong*?" (p. 2). There is potential for much of the complexity and richness of the data to be sacrificed through the application of poorly defined analysis techniques (Wilkinson, 2004). This potential major limitation lurking within the qualitative paradigm was obviated, in part, through the application of a technique with relatively well defined analysis procedures: grounded theory. However, this only served to limit this factor as the techniques of grounded theory have themselves faced controversy, and the use of a predefined technique may stifle the process of allowing the data to speak for itself. Nonetheless, the relative inexperience of the current researcher in the domain of qualitative research justified the adoption of a predefined method, and the internal conflict within the grounded theory method does not detract from its viability as a useful tool for analysing rich qualitative data.

Ultimately, grounded theory's emphasis on process does provide accessible strategies for making data analysis efficient, exciting and productive, without imposing overly formulaic and prescriptive techniques (Charmaz, 2000; Wilkinson, 2004).

### **3.2 The Method of Inquiry: Grounded Theory**

The method employed was one of thematic extraction drawing on the premises of a grounded theory. Grounded theory was chosen because of its focus on generating theory (Creswell, 1998), specifically around the reality negotiated between people, which is in a state of constant flux and evolution. Morse and Richards (cited in Smyth, 2004) suggest that grounded theory is appropriate for answering questions regarding changing experience over time. Since the focus of this study was the experience of people engaged in a shift (over time) to a different practice modality, grounded theory was deemed the most appropriate for accessing this shifting experience.

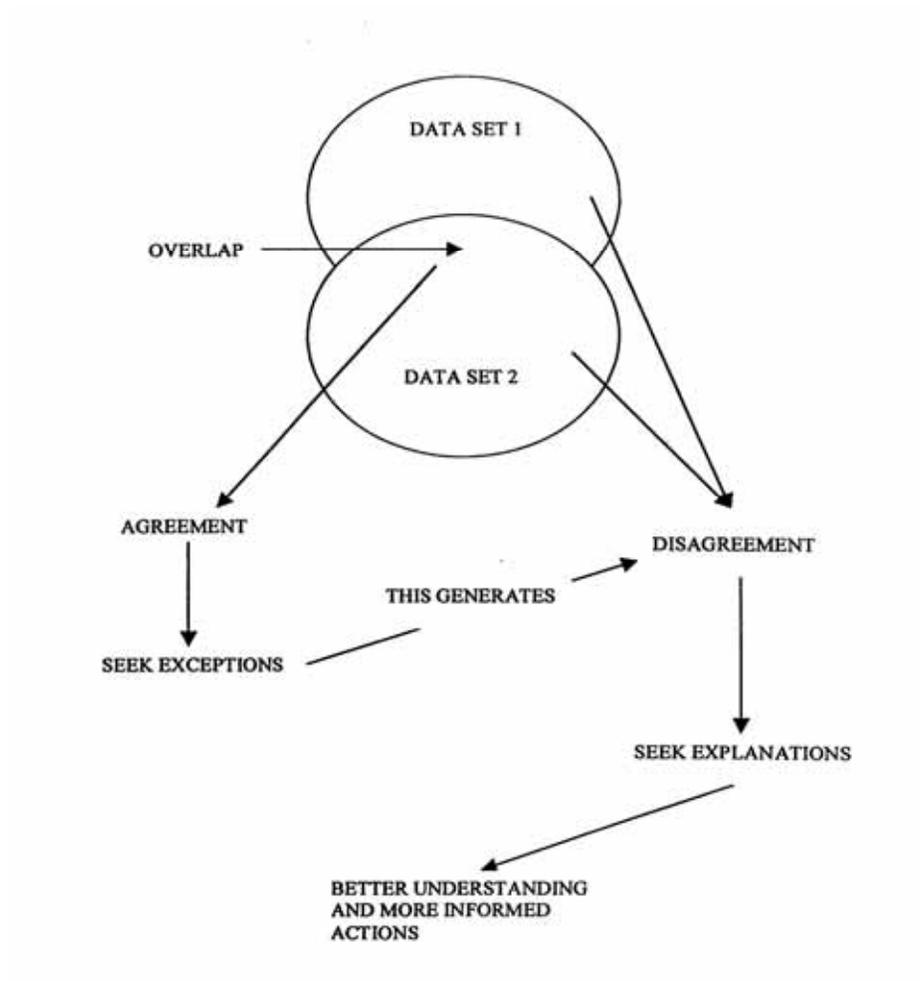
The process whereby a theory is allowed to emerge involves various phases (Lang, 2002; Pandit, 1996). Initially, the researcher expresses an interest in a social process or phenomenon. To pragmatically facilitate a study of this (often loosely defined) area, the researcher must define the parameters of this process or phenomenon specifically enough to focus the study, but generally enough to allow for the emergence of unanticipated factors (Lang, 2002; Pandit, 1996; Strauss & Corbin, 1990).

Following this, data collection is undertaken in a number of ways, such as via interviews, focus groups, observations and a broad review of relevant documents and literature. Early data collection is largely exploratory, but subsequent data collection techniques and literature investigations are guided by the emerging themes (Dey, 1999). The emphasis is on how further data collection will contribute to theory generation and development, rather than emphasising representivity.

Within grounded theory, data analysis essentially involves a process whereby voluminous amounts of data are broken down (de-contextualised), conceptualised to reveal patterns, categories or themes, and put back together in new ways (re-contextualised), resulting in a higher level of analysis expressed through a narrative and/or diagrammatic portrayal. This is done via a process of ordering or coding of data and “constant comparison” (Strauss & Corbin, 1990, p. 273) between data sets (more specifically detailed in **3.5 Data Analysis and Interpretation**). The themes that emerge from this process guide further data collection.

As suggested previously, an advantage of grounded theory over many other methods of inquiry is that it thrives on contradiction and complexity. This is advantageous when dealing with a subject area which is likely to be complex and multi-faceted, involving numerous inter-related, potentially contradictory factors. Contradiction within the data can derail research endeavours that employ more

deductive designs. The manner in which grounded theory capitalises on complexity and contradiction in providing conceptually rich theory is outlined diagrammatically in Dick (2000). An adaptation of Dick's diagram is presented in **Figure 2.**



**Figure 2: The grounded theory process**

With reference to the aforementioned controversy within the grounded theory method, the spirit of this particular grounded theory investigation resembles more closely the approach of Strauss than that of Glaser (Babchuck, 1997, October; Corbin & Strauss, 1990; Glaser, 1992; Strauss & Corbin, 1990) in that the

researcher opted for the slightly more structured, prescripts of the Straussian approach, over the more conceptually inductive Glaserian approach.

The more structured approach advocated by Strauss and Corbin (1990) is designed to overcome pragmatic difficulties within the Glaserian approach, by imposing more replicable rigour into the process and providing more procedural advice for the researcher. Glaser rejected this prescription, suggesting it stifled the process of allowing the data to speak (unencumbered) for itself (Dey, 1999). However, the adoption of a slightly more structured (Straussian) approach, in the light of the relative inexperience of the researcher, was deemed a 'necessary evil'. This having been said, the researcher strived to ensure that methodological prescripts did not unnecessarily stifle or contaminate the process of allowing the theory to emerge from the data. This represents a delicate balance between theoretical sensitivity and methodological rigour.

Striking this balance was made easier by the fact that the investigation drew on the input of a highly educated, self reflective and co-operative group of participants. This allowed for a slightly more unfettered (Glaserian) approach than would ordinarily have been acceptable for an inexperienced researcher. However, the net effect was the adoption of a technique slightly more aligned with the Straussian end of the continuum.

If nothing else, the alignment with a Straussian approach was prompted by pragmatic reasons. Glaser required the identification of the research issue to grow organically from interactions once the researcher had entered the research site, whereas Strauss tolerated a degree of predefinition of the general subject of enquiry (Parker & Roffey, 1997). Practical constraints, including time and financial factors, precluded the application of Glaser's approach in its purest form. (For a more in-depth account of the differences between Glaser's approach and that of Strauss and Corbin, see Babchuck, 1997, October.)

A grounded theory approach was chosen specifically because a widely accepted definition of consulting psychology, as discussed in this context, does not exist. As a result, a method in which theory (and hence definition of unexplored constructs) is “inductively derived from the study of phenomena it represents” (Strauss & Corbin, 1990, p. 23) is appropriate. Working in a poorly defined and under-investigated area of study, it was deemed appropriate to use a method within which “one begins with an area of study and what is relevant to that area is allowed to emerge” (p. 23). The views elicited in these interactions can contribute to a picture of the competencies required by the consulting psychologist in South Africa. From this vantage point, conclusions about the appropriateness of current training can be induced and further investigation (and possibly interventions) can ensue. For this reason, entering this study with a predefined hypothesis was deemed inappropriate, justifying the choice of a grounded theory methodology.

### **3.3 The Participants**

#### **3.3.1 Sampling Strategy**

Qualitative samples generally tend to be purposive rather than random (Kuzel, 1992). More specifically, grounded theory's emphasis on 'theoretical sampling' as opposed to representative subject groups, prompted sampling of participants for the study to be purposive and pragmatic (Strauss & Corbin, 1990).

The goal of sampling within this paradigm is to include those persons, places, concepts and situations that will provide the best opportunity to gather the most relevant data about the phenomenon under investigation (Strauss & Corbin, 1990). However, the pragmatics of time and manageability of the study do call for certain parameters and boundaries within the sampling process. This is done by predetermining, without being too rigid, the broad-level parameters of the phenomenon that will be addressed in the present study. Without these parameters, studies within this paradigm could continue indefinitely. While a diverse sample was chosen, the present study was largely theoretically driven, so the choice of participants was driven by a conceptually defined topic under investigation, not by a concern for representivity (Miles & Huberman, 1994).

While the initial participants were identified by the researcher during preliminary exploration into the practice of consulting psychology in South Africa, later

participants were recruited through a process of snowball sampling. This procedure involves obtaining information from initial participants to identify future participants (Struwig & Stead, cited in Kagee, 2004). Allowing initial participants to contribute to the composition of the sample was deemed by the researcher to reflect the spirit of a grounded theory in that initial participants did not only contribute to the constructs available for discussion, but also to the selection of sources of data.

It must be noted that, as is always the case with purposive sampling, the choice of which potential participants to include (and which to omit) does place the researcher in a position to manipulate the outcome of the investigation, hence posing a threat to the validity of the outcome if assessed from a positivistic stance. This is mitigated in studies of this nature, where no claim of generalisability is made, and the outcome is explicitly framed as the views of the participants selected. Furthermore, the researcher's subjective role in studies of this nature is acknowledged and even used to the betterment of the investigative process. It does not detract from the trustworthiness of the findings, as is the case with more positivistic approaches.

### **3.3.2 The Participant Groups**

Participants (n=27) were drawn from the Western Cape, KwaZulu-Natal, Gauteng and Boland regions of South Africa. The age range was 33 to 63 years of age at time of interview. Interviews took place between September 2004 and June 2006

– a time frame of 21 months – usually at the places of work of the participants.  
All follow-up interviews took place during June of 2006.

As a whole, the sample represents a highly educated participant grouping, with 12 participants holding Doctoral-level qualifications; 8 holding Masters-level qualifications; 6 holding Honours-level qualifications and 1 holding a Diploma-level qualification. This highly educated sample is contextually appropriate in light of the professional nature of the context, and was advantageous in terms of facilitating highly co-operative, reflective, intellectual debate around the issues at hand.

The sample included only one participant from a sector of society disenfranchised under Apartheid (3.7% of the sample). While this, sadly, is not far from reflecting the demographics of the discipline of psychology in South Africa, it remains problematic that a study concerned with a practice modality deemed more relevant to the South African context did not include more participants with a first-hand understanding of more indigenous psychologies. This having been said, grounded theory studies make no claims regarding representivity of sample or generalisability of results. Hence, this critique represents only a recommendation for future research. (Further recommendations are dealt with in **7.2 Recommendation for Further Research**).

Potential participants were initially approached via e-mail. Their willingness to participate was assessed following an explanation of time and effort involved in participation; assurance of confidentiality (where appropriate); the voluntary nature of participation; and the retention of the right to terminate participation, etc. (see **3.7 Ethical Considerations**). Only one of the potential participants approached declined the invitation to participate, based on personal time constraints. Participants were not remunerated for their participation.

Participants were drawn from three distinct groupings, in order to arrive at a holistic, triangulated cross-section of the consulting psychology modality. While the majority of grounded theory studies involve far smaller sample sizes, the fact that the total sample was comprised of three distinct cohorts (and a richness and depth of information was required to holistically represent each) necessitated a larger total sample size. While this larger total proved time consuming for the researcher, Lang (2002) implies that where there is a relative inexperience on the part of the researcher in using this type of method, there is justification for leaning towards too much data, rather than attempting to construct a theory based on too little.

### **3.3.2.1 Participant Group ONE: The Psychologists**

The first participant group consists of practising psychologists, and was limited to those currently registered as either clinical or counselling psychologists with the Health Professions Council of South Africa. While it is acknowledged that

educational, i/o, and research psychologists do make the shift to consulting, the scope of this investigation was limited to the shift from clinical/counselling only.

All participants in this cohort received professional training at a South African university via the clinical psychology or counselling psychology Masters programme. More specifically, all psychologists within this group divide their working week between consulting work and psychotherapy. These dual-modality practices were targeted as representing an ideal opportunity for juxtaposition of the two practice modalities, and a valid comparison of the competencies required for each.

Nine psychologists participated. Most participants in this group were able to indicate an approximate percentage ratio of time spent on consulting work to time spent on psychotherapeutic interventions, although some found this difficult to quantify. Reported percentage ratios ranged from 10%:90% (therapy : consulting) to 93%:7% (therapy : consulting). These ratios, along with their registration categories are outlined in **Table 1**.

As was the case in all three participant groups, anonymity and confidentiality were protected through the assigning of reference codes. These can be found in **Table 1**.

**Table 1: Demographic details for the psychologists participant group**

<i>Ref Code</i>	<i>Registration Category</i>	<i>Reported proportion of therapy to consulting in dual-modality practice</i>
psych1	Counselling	Engages in psychotherapy “ <i>seldom</i> ”
psych2	Clinical	93% : 7% (Therapy % : Consulting %)
psych3	Counselling	70% : 30% (Therapy % : Consulting %)
psych4	Clinical	20 % : 80% (Therapy % : Consulting %)
psych5	Clinical and Counselling	“ <i>variable</i> ”
psych6	Clinical	10% : 90% (Therapy % : Consulting %)
psych7	Counselling	80% : 20% (Therapy % : Consulting %)
psych8	Counselling	75% : 25% (Therapy % : Consulting %)
psych9	Counselling	50% : 50% (Therapy % : Consulting %)

### **3.3.2.2 Participant Group TWO: The Educators**

The second group of participants is comprised of educators involved in the training of psychologists in South Africa. Educators from a broad range of educational settings were targeted, in order to capture a holistic sense of psychologist training in South Africa. This group includes course co-ordinators from UNISA’s *Knowledge2Go* programme, an M.A. programme in “Applied Social Research Consultation for the Information Era” (Grieve et al., 2002) offered in the Department of Psychology; an Associate Professor from UNISA’s

department of Industrial / Organisational Psychology; and the co-ordinator of a Doctoral program in consulting psychology offered through a collaboration between these two departments.

In addition, a partner from the psychological consulting firm of Jopie van Rooyen & Partners SA (Pty) Ltd. was interviewed regarding their efforts to bridge the gap between the needs of consumers and the competencies of psychologists. Included in the educators participant grouping is a retired professor of psychology, formally from the University of the Western Cape (UWC), with experience in the training of clinical/counselling psychologists spanning four decades, as well as a professor with significant experience in facilitating psychological internships at both University of Stellenbosch (SUN) and the former University of Pretoria (UP).

A well-respected proponent of the critical psychology movement from the University of KwaZulu-Natal (UKZN) provided valuable insights, from a critical psychology standpoint, into the training of psychologists in South Africa. As the co-ordinator of UKZN's research Masters programme, he has had to grapple with the changing landscape of psychologist training in this country. Also included was the deputy head of the Psychology Department at the Pietermaritzburg campus of UKZN, a front-runner in the fight for a more relevant training for South African psychologists. Having done a portion of his post-

graduate training overseas, he is imminently qualified to comment on the differences in focus between universities abroad and those in South Africa, and includes consulting psychology as one of his listed areas of specialisation. All 10 educators in this group hold a Doctoral level qualification in psychology.

**Table 2** provides a summary of the interview details for the participant educators, as well as a reference code assigned to each. While participants in this cohort acknowledged in writing that they could be identified through the descriptions provided in this thesis (see **Appendix B: Letter of Consent – Educator**), reference codes were used in an attempt to obviate the ethical implications of overtly providing participant names in the final report.

**Table 2: Demographic details for the educators participant group**

<i>Reference Code</i>	<i>Institution</i>	<i>Date of Personal Communication</i>	<i>Interview type</i>
edu1	UNISA	September 2, 2004	Individual
edu2	UNISA	November 17, 2004	Individual
eduFG	UNISA	November 18, 2004	Focus Group
edu3	Jopie van Rooyen & Partners SA	November 18, 2004	Individual
edu4	Ex - UWC	June 3, 2005	Individual
edu5	Ex – SUN and UP	June 3, 2005	Individual

<i>Reference Code</i>	<i>Institution</i>	<i>Date of Personal Communication</i>	<i>Interview type</i>
		June 14, 2006	Follow-up
edu6	UKZN	June 30, 2005	Individual
edu7	UKZN	June 2, 2006	Individual

### 3.3.2.3 Participant Group THREE: The Consumers

The third participant group is comprised of consumers of consulting psychological services. Care was taken to include a broad range of consumers, including those whose needs extend beyond the traditional offerings of clinical/counselling psychologists and i/o psychologists, as well as those who represent sectors that have not traditionally employed the services of clinical/counselling psychologists (but are finding them increasingly useful). As a result, this grouping includes members of community forums and non-governmental organisations (NGOs); life-skills educators; communication and training practitioners; development specialists; contributors to policy-forming bodies, as well as financial and managing directors. Eight consumers contributed, and relevant demographics are outlined in **Table 3**.

**Table 3: Demographic details for the consumers participant group**

<i>Reference Code</i>	<i>Employment Sector</i>	<i>Description</i>
cons1	Private Company	Managing Director of a Pty Ltd in the Education, Training and Development Practices sector.
cons2	Financial Services	A business adviser with an international firm of financial services providers.
	Development	A specialist in learning skills development and

<i>Reference Code</i>	<i>Employment Sector</i>	<i>Description</i>
consFG		training, operating in private practice.
	Entrepreneur	Entrepreneur focussing on community engagement issues (NGOs).
	Creative industries	A specialist in creative communication and education.
	Communication	An independent consultant offering communication and training services.
cons3	Retail	Financial Director for a South Africa-based international franchisor.
cons4	Life-skills Education	A life-skills specialist in the Further Education and Training band.

### **3.4 Data Collection**

The nature of the data collection method should be consistent with the strategy of the research project (Saunders, Lewis, & Thornhill, 2003). The data collection techniques most often associated with a qualitative methodology are interviews, observations, documents and visual images (Creswell, 1994). Since observation of psychologists at work is problematic, the technique that appeared to hold the most promise (in an area where little relevant documentation or visual imagery exists) was interviews. This is arguably the most direct way to access a participant's views, and hence paint an ideographic picture of the issue under scrutiny. Hence, data was attained primarily via individual and focus group interviews, but included (to a lesser degree) the analysis of relevant documentation such as course outlines, materials distributed by consultants, etc.

#### **3.4.1 The Primary Research Instrument:**

The research instrument of choice was the in-depth interview (including focus group interviews). However, there are as many different types of interview as there are research instruments (Dick, 2000). In keeping with the stated objective of allowing rich (in-depth) data to emerge, without forcing it through the lens of preconceived hypotheses, it was clear that the choice of interview technique would have been limited to the range of less-structured interviews. However, this decision presented a pertinent dilemma. If one were to follow the recommendations of Glaser in their purest form, the interview-type of choice would be totally unstructured interviews, to allow the data to emerge untainted by the researcher's guiding questions. However, the practical application of this admirable ideal can prove problematic. For example, in the present study, participants were primarily professional persons. Professionals, notably psychologists, generally sell their expertise in blocks of time, and hence subscribe to the adage that 'time is money'. This being the case, it was important that the interviews were conducted in a time-efficient manner. If an interviewer was to sit down in front of a busy professional and suggest that s/he simply speak, so that the researcher can catch an untainted glimpse of his/her worldview, it could conceivably take several hours before any useable (pertinent to the research issue) information emerges.

In this case, neither the participants nor the researcher had such extensive time available. As a result, a practically applicable position on the continuum of

structured – unstructured interviews needed to be selected, rather than the Glaserian ‘ideal’ of the unstructured extreme.

Hence, the in-depth interviews were as unstructured as pragmatic constraints would allow, and certainly tended more towards a collegial discursive forum than a question-and-answer session. There was no pre-determined list of questions, but the researcher predefined the parameters of the topic under discussion to include issues pertaining largely to the shift from clinical/counselling to consulting psychology, and its implications for training. These parameters were broadly outlined for the participants on embarking on the interview process (and even more broadly in the e-mails eliciting their participation), but this was not done in a standardised manner because descriptions of these parameters and foci needed to be flexible enough to allow for incorporation of unforeseen pertinent themes, which emerged from earlier interviews. This shifting of focus and lack of standardisation may be interpreted as a weakness of the study, when reviewed in the light of more positivistic methodological precepts. However, within the grounded theory paradigm, data collection and data analysis occur concurrently (in parallel) rather than consecutively (Holmberg & Wahlberg, 2000; Lang, 2002). Data gained from the initial interviews directly affect the content of subsequent interviews, with concepts gleaned from these interviews being introduced into the pool of concepts available for discussion (Glaser & Strauss, 1967). This results in a “flexible and dialectical process of determining data collection in the light of the emerging analysis.” (Dey, 1999, p. 5)

In all instances the researcher avoided over-manipulating the course of the discussions. Essentially, participants were encouraged to discuss anything that came to mind, providing it was generally relevant to the topic at hand. Where interviews did become overtly tangential, care was taken by the researcher to use data gained from previous interviews, rather than his own precepts, to re-focus the discussion. This prevented the researcher from imposing his own preconceptions onto the process, and was consistent with the premise of grounded theory concerning early data analysis shaping subsequent data collection.

Within each interview, any direct question posed by the researcher was an individually adapted follow-up question interrogating the comments of, and nuances raised by the interviewee or a previous participant. This was done to maximise efforts at tapping into the participants' own perceptions, without forcing them through a theoretical funnel of preconceived hypothesis-derived questions. While this is not an exact science, and requires a level of receptiveness and theoretical sensitivity on the part of the researcher, it is deemed to be the most conducive method of accessing the participants' perceptions in their purest form (Corbin & Strauss, 1990; Glaser & Strauss, 1967). Maintaining a degree of focus and a respect for the integrity of the process was facilitated by the professional standing of the participants, and their well formulated understanding of the topic at hand. For example, where a judgement call was required to determine whether an emergent topic was relevant enough for continued

exploration, the participants could be asked for their views on, and justifications for the relevance of the topics under discussion.

Following the signing of a letter of consent (see **Appendices A, B, and C**), interviews were tape recorded for the purposes of coding analysis prescribed by Corbin and Strauss (1990). These were transcribed personally by the researcher in order to retain the subtleties of laughter, hesitation, ironic tone, and silences. Following Dick (2000) and Lang (2002), in the case of interviews that could not be recorded or recordings that failed, field notes were employed. Interviews generally last about 45 minutes to an hour, with focus group interviews taking slightly longer.

### **3.5 Data Analysis and Interpretation**

Early attempts at making the data comprehensible involved a process of ‘open-coding’ (Corbin & Strauss, 1990). Open coding involves an analytic process designed to categorise and name phenomena through systematic and interrogative examination of the data (Strauss & Corbin, 1990). The data are categorised into distinct parts, carefully examined, compared for similarities and differences, and questions are asked about the phenomena reflected in the data. Open coding was carried out after each interview or focus group and, in parallel with this, a comparative analysis was made. Codes were, wherever possible, formulated in words used by the participants in order to maintain the semantics of the data.

Importantly, within open coding, the emphasis is on categories that are “analytic and sensitising rather than representational” (Dey, 1999, p. 8). This implies that diversity and contradiction within the data are as significant as commonality of themes. These similarities and differences are essentially highlighted through a process of making comparisons and asking questions. This is described by Strauss and Corbin (1990) at the “constant comparative method of analysis” (p. 62).

The process of open coding essentially keeps the researcher engaged in directly studying the data; allowing theory to be built inductively and deterring the researcher from imposing extant theories or her/his own beliefs on the data. Following Charmaz (1990), coding became more focused, refined and in-depth, once open codes from initial interviews were established. This focused open coding is more selective, directed and conceptual than initial open coding, but should not be seen as a distinct phase of coding, as new open codes emerged throughout the coding of interviews.

After open coding, a process of axial coding ensued. This requires that the researcher examine each open code in detail, expanding, exploring and examining the relationship between codes (Strauss & Corbin, 1990). This results in the development of core-codes, and sees a refinement of the relationship between categories and subcategories of open codes. Axial coding ultimately results in a

detailed definition and refinement of the categories discovered in the open coding stage.

At this point, the reconstruction of the data broken up during the open coding phase starts to reveal new meanings within the data, allowing previously unrecognised and/or unpredicted nuances to emerge. This is the counter-argument to Glaser's criticism of Strauss that splintering the data results in lost meaning (Reissman, cited in Wilkinson, 2004). The reconstruction of the data, in the light of emerging themes, can add to the richness of the data, providing these new meanings are true to the gestalt of the original data, and not imposed thereon by the researcher or the process of investigation. Once again, the regular review of the transcripts by the researcher (to ensure that the decontextualised codes retained the spirit of the original data), and the ratification of analysis by original participants through follow-up interviews, validated the theory as 'grounded' in the data.

The formation of open codes into core codes involves the inclusion of conditions that gave rise to the category, its context, the social interactions through which it emerged and the consequences thereof (Charmaz, 2000). At this stage, a 'conditional matrix' (Strauss & Corbin, 1990) is used to denote this complex web of inter-related conditions, actions/interactions and consequences. As these inter-category relationships are recognised, they are arranged into hierarchical form,

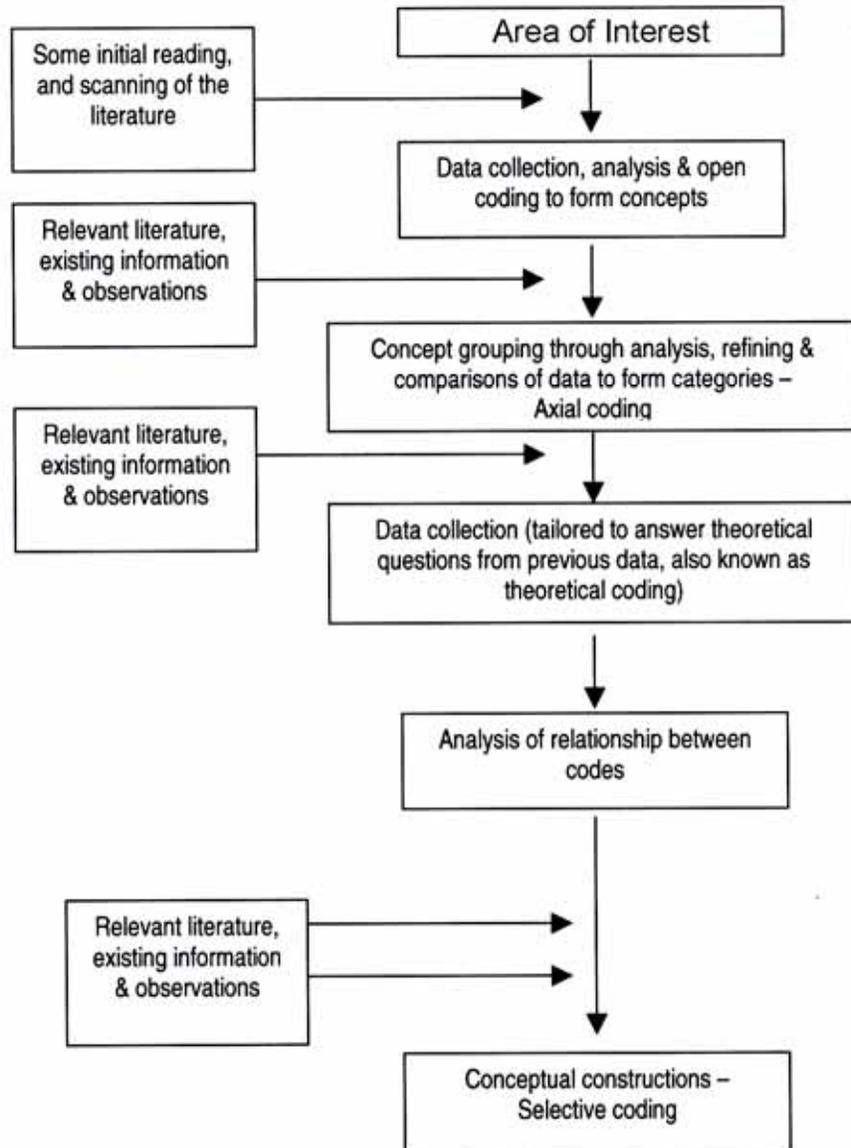
distinguishing core codes from sub-codes. This reflects the paradigm model proposed by Strauss and Corbin (1990).

Following axial coding, 'selective coding' (Corbin & Strauss, 1990) is used in the integration of codes and categories. This is done through extension of the "process of constant comparison" (Strauss & Corbin, 1990, p. 273) between codes, categories, and interview protocols (Holmberg & Wahlberg, 2000). This final step involves the tying together of the core category and sub-categories to form a coherent narrative portrayal of the shift towards the consulting psychology practice modality, and its implications for training. The core category essentially represents the central phenomenon of analysis and is comprised of the various sub-categories and their relationships to each other. From an inverse perspective, the sub-categories can be viewed as conditions, actions/ interactions or consequences of the core-category (Corbin & Strauss, 1990). Either way, the core-category is an abstraction of the phenomenon at the essence of the emerging theory.

**Figure 3** (adapted from Wilkinson, 2004, p. 35) provides a diagrammatic summary of the data analysis and interpretation process, as prescribed by Strauss and Corbin (1990), and clearly reflects the inductive nature of analysis and interpretation within the grounded theory methodology. Notably, as reflected in **Figure 3**, literature is only consulted to a significant degree once the iterative data

collection and analysis process have commenced. This reflects how literature is treated somewhat differently within grounded theory studies.

The induction of theory from the data, and the inclusion of literature only as an enriching and ratifying source is the norm within grounded theory. Within more traditional approaches, a review of the available literature forms an integral part of the formative stages of the investigation, as it guides the formation of the hypothesis to be tested. Since the grounded theory researcher does not know in advance what areas will become relevant, this is not feasible when using this methodology.



**Figure 3:** Analysis and interpretation process within grounded theory

Glaser (1978) and Strauss and Corbin (1990) recommend that users of this method become generally familiar with the broad area of study prior to commencing, but suspend specific literature investigations until after the data has

indicated which themes are most relevant. Following this order allows the data to speak for itself, and avoids the contaminating affects of preconceived ideas (Dey, 1999).

This prescription is obviously not absolute, as any researcher engaging in serious research will have a preconceived frame of reference, this being the motivating force behind embarking on the process. However, following the order prescribed by Glaser and Strauss does help to minimise the effects of these preconceptions, despite the fact that the researcher's frame of reference may have set the parameters of the investigation. A skilled researcher would have the ability to shift these parameters in the light of emerging theories. However, this shifting of parameters can be stifled by pragmatic constraints. Grounded theory, as with many methods within the qualitative paradigm, is not an exact science, and the researcher's input is inextricably tied up in the final product.

Once a theory, grounded in the data, has been allowed to emerge, the relevant literature – where available – can be studied and related back to these themes. In other words, a review of the available literature still plays a significant role in grounded theory research, but the literature is not given a position of privilege over the data (Dick, 2000). “Tying the emergent theory to existing literature” as prescribed by Eisenhardt (cited in Pandit, 1996, p. 10), “enhances the internal validity, generalisability, and theoretical level of the theory building from case study research ...because the findings often rest on a very limited number of

cases.” As a result, both interviews and the review of available literature were concluded when a “saturation” point (Dey, 1999, p. 38) was reached. This was the point at which further interviews and literature review did not appear to make a substantial contribution (Holmberg & Wahlberg, 2000; Strauss & Corbin, 1990).

### **3.6 Threats to Validity, Reliability and Credibility**

The concepts of reliability and validity are integral to any review of a research process. However, these concepts, themselves social constructions, require a measure of re-evaluation when applied to qualitative research. Kvale (1995) argues against the “common psychometric concepts of validity” (p. 19), which are borne out of adherence to a model of objective and measurable reality and singular truth. He advocates instead for the application of the validity concept in qualitative studies to reflect factors such as validity as craftsmanship; validity in communication; and validity as action. While a full exploration of these notions falls outside the scope of this thesis, it is worthwhile to remain mindful of these alternative representations of reliability and validity when evaluating the present study.

Nonetheless, the notions of reliability and validity, as pertaining to base credibility and trustworthiness, remain pertinent regardless of nuances within the formulation of these concepts. Hence, threats to reliability, validity and credibility are discussed below.

### **3.6.1 Impact of the Researcher**

Despite attempts to delimit the impact of the researcher on the theory emerging from the participants' input, it would be blind-sighted to ignore the fact that the researcher ultimately remains a co-constructor of the theory, through her/his intimate involvement in the choice of research topic; process of enquiry; choice of participants; and reformulation of the data into a coherent theory.

This does not imply that the researcher should abandon attempts to limit his/her impact, but rather that s/he should acknowledge the inevitability of this impact. Acknowledging this impact, and accounting for its confounding influence in attempting to present a theory grounded purely in the participants' input, contributes towards limiting the confounding nature of this impact, by elevating the status of the researcher to that of co-constructor.

However, the process of acknowledging and elucidating *all* aspects of this researcher influence remains an arguably impossible process, and one which can never be absolute. Acknowledging the central role of the researcher in the process of theory generation compels him/her to engage with his/her own pre-conceptions, affinities and investment in the research.

#### **3.6.1.1 The Researcher – Paradigm Fit**

In assessing which research paradigm is best suited to the research topic at hand, it is also necessary to establish whether there is a 'fit' between the proposed methodology and the researcher's own worldview (Wilkinson, 2004). In this case, this assessment was combined with the exploration and exposition of my own preconceptions of the research topic.

While a qualitative methodology provided a substantive 'fit' with my preference for rich, complex, conceptual data over positivistic, statistical representations, these often place the researcher in the role of primary data collection agent, necessitating the identification of my personal values, assumptions and biases at the outset of the study (Miller, cited in Cresswell, 1994). If my personal experience is made explicit, and its impact accounted for, the contribution of this personal experience can be positive (adding to the richness of the findings) rather than detrimental (acting as a confounding variable) (Locke, Spirduso, & Silverman, 1987).

My perceptions of the overlap between counselling, consulting and education have been shaped by personal experience. As a professional counsellor for six years, and an independent consultant to a range of organisations, I have experience across both counselling and consulting modalities. This should be tempered by the fact that I (unlike the participant psychologists) am not a registered clinical/counselling psychologist, and have never undergone training via the clinical/counselling Masters programme at a South African university.

Hence, my experience of the shift discussed in this study is limited to a parallel modality overlap.

I have also worked for several years within a higher education context. While this, once again, should be tempered by the fact that my experience is not specific to higher education for psychologists, a well grounded understanding of the nuances of higher education (vocational competencies versus theoretical rigour; education versus training; the debates around experiential learning; etc.) has provided some insight into the perceptions of those involved in professional higher education for psychologists.

While in educational management positions, I have made use of psychological consultants to enhance services offered in my places of employment. Hence, I also have experience as a consumer of the services of consulting psychologists.

While the commonality between my personal vocational history and that of the participants is not absolute, my experience would undoubtedly have translated into me bringing some preconceptions into the research process, along with the aforementioned increased insight and sensitivity.

My perception of training for psychologists, practice in a counselling and consulting modality, and consumption of psychological consulting services centres around a belief that training and practice cannot be broken down into a

definitive list of core competencies, and consumers often cannot define absolutely the competencies they require a consulting psychologist to display. The complexity of these factors further justifies a qualitative methodology (and mirrors the assertion that a researcher's own biases, preconceived notions and perceptions can, similarly, never be defined absolutely).

### **3.6.1.2 The role of 'Researcher Effects'**

The role of the researcher as primary data collection instrument and primary interpreter of the data, coupled with the acknowledgement that 'researcher effects' are an integrated (and even celebrated) factor in studies of this nature, necessitates an explication of the researcher's own background, preconceptions and biases. Certain techniques can also be employed to maximise trustworthiness through exposition of desirable researcher effects and limitation of less desirable (confounding) researcher effects, which are not identifiable in advance. These techniques prevent the researchers 'voice' from dominating the discourses, and aid the researcher in his/her striving for self-reflectivity.

On a basic methodological level, the choice of grounded theory over certain other available analysis techniques does contribute towards delineating confounding researcher effects. This inbuilt control mechanism exists by virtue of grounded theory's commitment to inductive theory building, preventing overt domination of the outcome by the researcher's pre-conception of a hypothesis. The coding techniques recommended by Strauss and Corbin (1990) are designed to limit the

imposition of extant theories on the data. However, the effect of a technique is limited to the deftness with which it is applied, so additional techniques were employed.

In order to remain receptive to emerging themes, and avoid leading the interview based on predispositions, the researcher engaged in 'bracketing' (Lang, 2002; Smyth, 2004). This discipline, which was continued throughout the research process, involves extensive writing on the part of the researcher, expressing preconceptions, assumptions, intuitive reactions, inferences, and the like. By expressing these separately (bracketed) from the data, the researcher was able to separate, as much as possible, his personal thoughts from the input of the participants. While this process does not, by any means, ensure absolute neutrality, it does assist with retaining the 'purity' of the participants' input.

Authenticity and trustworthiness was also enhanced by minimising opportunities for the researcher, in his interpretation and presentation of the data, to paraphrase participants' statements according to his own preconceptions or biases. This was done through the processes of retaining the participants' own words wherever possible, and bracketing where paraphrasing was required. In using the participants' words as much as possible, much of the semantics of the data is retained, and the participants are literally given a 'voice'. This was further enhanced by the naming of the core-category and most sub-category titles in the

participants' words. This allows the reader of the final report some leeway to interpret these statements without the confounding effect of paraphrasing.

This method of controlling undesirable researcher effects is clearly not absolute, as the researcher still retains the choice of which phrases to include (those which he deems important) and which to discard. Furthermore, the way in which the phrases are pieced together intrinsically involves a process of partial paraphrasing, once again allowing for an element of researcher interpretation to confound the participants' input.

Hence, a further mechanism was employed to optimise trustworthiness.

Following the final compilation of the report, the basic diagrammatic structure outlining the core category and its relationships with the subcategories (on **Figures 4, 5, 6, 7 and 8**) was presented to a sample of the participants for comment. These schematic representations of the final report (as prescribed by Dey, 1999) contained the participants' own words, as formulated into categories and sub-categories. Hence the final integration and presentation of the participants' inputs was subject to ratification by a convenience sample of the participants. Any input gained from these follow-up interviews was integrated back into the final thesis, making this as close a representation as possible of the participants' views. This helped in validating the researcher's interpretations of the data and, by extension, the 'findings' or 'results' of the study.

While these follow-up interviews go some way towards validating the emerging theory, they were only conducted with a sample of the participants (in this case 6 of the 27, or 22.2%). Hence the ratification is not absolute.

Further factors, specific to this study, delimited the researcher's impact on the data collection phase. One such feature was that the participants were all highly educated individuals, generally operating in environments where self-reflectivity is valued. This ensured that the researcher's ability to 'lead' interviews was limited. In addition, the lack of social-strata related power differential between researcher and participants (unlike many studies: see Kruger, 2003; Kruger, 2004; Smyth, 2004 for example) also contributed to an interview situation in which participants had both the ability and the 'power' of social standing to actively and knowingly co-construct the interview protocol, rather than being led by the researcher. Within this research paradigm, an interview situation in which the participant takes the lead as much as possible is most desirable.

However, while the interview situation held some desirable characteristics, there also existed some confounding factors. Most weighty amongst these was the relative inexperience of the researcher. While techniques such as bracketing and retaining the semantics of the data go some way towards counteracting the impact of researcher-inexperience, the subtle skills of an experienced researcher cannot be replaced by any technique or socio-educational level of participant. While the researcher in this case was not a total novice, it must be stated that his relative

inexperience in conducting qualitative investigations of this nature must stand as a threat to the validity and reliability of the results.

### **3.7 Ethical Considerations.**

Morse and Richards (cited in Smyth, 2004) identify a number of ethical principles regarding participants' rights. Amongst these are the right to confidentiality and anonymity; the right to ask questions of the researcher and refuse to answer questions; and the right to withdraw from the study at any time.

While the aforementioned lack of power-differential between researcher and participants, as well as the fact that the participants were highly educated individuals, reduced the likelihood of any violation of the participants' rights, the letters of consent (see **Appendices A, B and C**) ensured that these ethical specifications were made explicit.

In addition to the issues dealt with through the signing of letters of consent prior to all interviews, participants were informed in setting up the appointments about the amount of time and level of participation required; the nature of the information that would be requested; the intended use of the information; and who would have access to it. This was consistent with Morse and Richards' (cited in Smyth, 2004) reference to these additional rights. In most cases, the delineation of this information was a prerequisite for the granting of permission by the participants (i.e., prospective participants actually asked these questions before

agreeing to participate). However, care was taken in explaining the 'purpose' of the study to avoid tainting the nature of the participants' inputs through a 'leading' introduction to the topic under scrutiny.

There was no language barrier between the researcher and participants. All participants were comfortable with both the written and spoken form of the English language, which was the medium of communication throughout the process.

In turning to the results and discussion sections which follow this, certain important distinguishing characteristics should be noted. As indicated previously, collection and analysis of data in grounded theory is done through an iterative process whereby analysis of initial data guides future data collection (Dey, 1999; Lang, 2000). By extension, 'discussion' of initial 'results' unequivocally affects the direction the study takes, and hence the final results. With results being somewhat dependant upon the discussion process, it follows that the presentation of the results of a grounded theory exploration in isolation from a discussion thereof seems contrary to the spirit of the methodology. For the purposes of this study, the traditional 'results' and 'discussion' sections are fully integrated in the next chapter.

Throughout the remainder of this report, the reference (psych) is, for the sake of readability, used to denote the views or words of a participant in the psychologist

group. Similarly, the reference (edu) represents the views or words of a participant educator of psychologists and the reference (cons) denotes the views or words of a participant consumer of consulting psychology services. In all cases, the number following the prefix delineates the specific participant source, whose details can be found in **Table 1** (participant psychologists' demographics), **Table 2** (participant educators' demographics), and **Table 3** (participant consumers' demographics) respectively. The prefix 'FG' in place of a number indicates that the source was a participant focus group.

## CHAPTER 4: RESULTS AND DISCUSSION

The 'results' section and 'discussion' section of traditional research reports are fully integrated within this chapter. The participants' input and a discussion thereof are infused, in line with grounded theory's assertion that early analysis ('discussion') of data should guide subsequent data collection and, hence, influence 'results'.

The integrated results and discussion, based on a content analysis of the interviews and focus groups, are presented both diagrammatically and in narrative form, with the emergent core-category and its relationship to the various sub-categories outlined.

### 4.1 The Competency “gap” (edu1) Exists – *The symptoms*'.

There was general concurrence among participant psychologists, educators and consumers, regarding the existence of the “gap” (edu1) between competencies required for success in a consulting psychology modality and those gained from current clinical/counselling training programmes. This resonates with the sentiments of Robinson-Kurpius, Fuqua, Gibson, Kurpius, and Froehle who suggest that “being an effective psychologist is not enough to be an effective consultant” (cited in Boyce, 2004).

Participant psychologists indicated that *“There exists a significant mismatch between what the context is asking and what psychologist training is offering”* (psych9), and that *“Nothing that I did on my training has prepared me for what I do now”* (psych6). While the validity of the (extreme) assertion that *“nothing”* (psych6) from the existing clinical/counselling training holds value for the consulting psychologist was questioned by other participating psychologists, these statements indicate that clinical/counselling psychologists moving into the consulting modality can experience some frustration in attempting to address their skills deficits. Other participant psychologists acknowledged the gap less directly, suggesting that when entering consulting psychology settings from a clinical/counselling background, you *“need to fake it before you make it”* (psych2). However, some remained fairly vehement in their expression of a perceived failure of mainstream clinical/counselling training programmes to equip graduates with the skills required for success in consulting psychology: *“The failure to provide trainee psychologists with the necessary skills to run a successful multi-faceted practice is nothing short of unethical”* (psych7).

Educators confirmed the psychologists’ reports of the existence of the gap, indicating that *“A total revamp of psychologist training is long overdue”* (edu3). This was reiterated by edu7 who suggested that psychology training programmes in South Africa need to be *“rebuilt from the ground up”* in order to meet the changing needs of the South African context. Edu3 further referenced the existence of the gap in her description of a significant *“search”* amongst

psychologists to “*bridge the gap*” by eliminating the discrepancies between the skills received at university and the skills the market requires. Edu3 also indicated that the bridging of the gap is “*vital*” to psychologists in today's market.

Consumers implied the existence of the gap between skills possessed and skills required, suggesting that “*the thing with shrinks (sic) is that you can see they flippin’ good with people, but they don’t always turn it into something the accounts people are happy to pay for at the end of the day*” (cons2).

Concurrence among participating psychologists, educators and consumers regarding the discrepancy between competencies required for successful consulting and skills acquired in current clinical/counselling training, provides (in terms of extended-metaphoric overview) the ‘presenting symptom’ for this study.

However, this 'symptom' is not, in itself, a complete diagnosis because the lack of competencies amongst consulting psychologists from clinical/counselling backgrounds is not absolute. Participants also described some competencies, collectively labelled “*the interpersonal stuff*” (eduFG), acquired in clinical/counselling programmes as “*indispensable*” (psych1) for success in a consulting modality.

What remains is to evaluate this “*gap*” (edu1), acknowledging the skills and competencies deemed “*transferable*” (Moret, 2004) from clinical/counselling

training, in order to arrive at a holistic insight into the issue at hand. This fuller investigation comprises the 'diagnosis' (section 4.2), which will be followed by a 'treatment protocol' (Chapter 5). Finally, a 'prognosis' will be discussed (Chapter 6).

#### 4.2 The Core Category - *'The diagnosis'*.

A diagnostician is often required to balance and integrate an array of complex, sometimes contradictory, inputs ('symptoms') in order to arrive at a diagnosis reflecting the gestalt of symptoms. In terms of the interplay between the medical-model metaphor and the grounded theory process employed in this study, the diagnosis is analogous to the 'core category'.

The core category represents the culmination of the research process and is constructed through the integration of the multitude of inputs (data, literature, analyses) under scrutiny. The core category often takes the form of a hypothesis question or statement, which is usually the final product of a grounded theory exploration (unlike in many conventional methodologies, where the hypothesis precedes the exploration).

The core category is presented here, and the remainder of this thesis is dedicated to elucidating, through narrative portrayal and diagrammatic representation, the factors, categories, inter-category relationships and contextual circumstances comprising and arising from this core category.

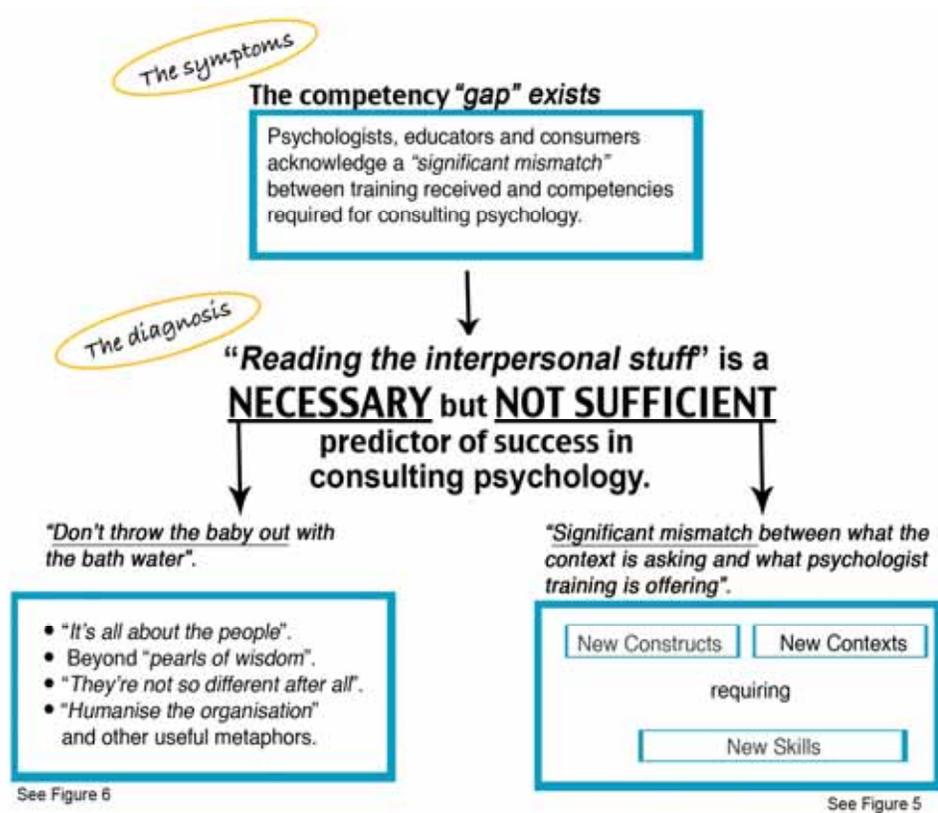
The core category is:

***“Reading the interpersonal stuff” (eduFG) is a necessary but not sufficient predictor of success in consulting psychology.***

This hypothesis statement, which colloquially asserts that clinical/counselling training has much to offer the consulting psychologist but it does not provide the full complement of competencies required, has backing in the international literature. Desai (cited in Fazio and Reyes, 2004, section 2, ¶3) suggests that “Having a clinical background, many of the skills that I learned in grad school transfer very well to the consulting world...and served as a building block on which I could develop other consulting skills”. Importantly, the need to ‘build on’ existing skills indicates that clinical/counselling psychology training does leave graduates with some skills deficits if they chose to transition into consulting.

Personal communication with key role players in this practice modality also provided backing for this core category. The importance or necessity of clinical/counselling training is confirmed by J. Boyce (personal communication, June 12, 2005) who refers to the “necessity of in-depth clinical training”. The deficits, on the other hand, in current clinical/counselling training are referenced by J. Kestenbaum (who made the shift himself) as “*weak spots*” (personal communication, June 9, 2006).

This core category and its relationship to the two primary sub-categories are represented diagrammatically on **Figure 4** (and expanded on **Figures 7** and **8**). These two primary sub-categories comprising the core category are named, in the participants' own words, the “*significant mismatch*” (psych9) and “*don't throw the baby out*” (psych2).



**Figure 4: The core-category, and its relationship with the primary sub- categories**

**Figure 4** highlights how the sub-category “*don't throw the baby out*” relates to the necessary element in the core-category statement, and the sub-category “*significant mismatch*” relates to the not sufficient element. These two main

subcategories comprising the core category are described in narrative form in **4.2.1** and **4.2.2**, and diagrammatically in **Figure 5** and **Figure 6**.

#### **4.2.1 “Significant mismatch” (psych9)**

This sub-category, named for the “*significant mismatch between what the context is asking and what psychologist training is offering*” (psych9), outlines how the new contexts (**4.2.1.1**) in which consulting psychologists operate, and the new constructs they encounter (**4.2.1.2**) within these contexts, implicate the requisition of a new skill set (**4.2.1.3**).

##### **4.2.1.1 New Contexts**

In *The Handbook of Clinical Adult Psychology*, Lindsay and Powell (1994) refer to “the changing context to the work of clinical psychology” (p. 791) and suggest that “the full effects of this restructuring are not yet clear, and are unlikely to be so in the immediate future” (p. 791). One expression of this “changing context” relates to the focus of this study.

Consulting psychologists often operate in a context where “*measurement*” (psych1) is required to “*establish credibility*” (consFG). This becomes even more convoluted because the nature of the work they do can involve “*immeasurable constructs*” (psych3), as is often the case within the discipline of psychology.

In a similar vein, consumers call for evidence of “*hard skills*” (cons2; cons3). While ‘hard skills’ are undeniably required for success in a traditional clinical/counselling context too, the consulting context sees the communication (providing evidence) of these as crucial to establishing the “*credibility*” (consFG) mentioned. Unlike the consulting context, these ‘hard skills’ are more often assumed within a therapy setting. Lent (cited in Gravenkemper, 2001) alludes to this new contextual requirement by suggesting psychologists moving into the consulting context should “link your consulting work to desired business outcomes.”

Moving from a primarily psychotherapy-based practice modality to a consulting modality context sees a move towards increased group and system/organisation level work (psych9). Current training for clinical/counselling psychologists does cover group process, but this is often presented in the form of a modular appendage to the quintessential one-on-one skills, with many of these non-individual-centred skills handled in a “*one or two day workshop*” format (edu7). In addition, the context in which consulting psychologists work often involves group or system level work in which the practitioner is called upon to “*reach a diverse range of people in a single intervention, setting or presentation*”(psych6).

This need to acquire the skill of reaching a diverse range of people in a single intervention brings to the fore the issue of “multicultural knowledge and skills” (Brown, Pryzwansky, & Schutte, 1998, p. 163). These authors identify

multicultural knowledge and skills as one of the “basic skills” a consultant must have to be “effective” (p. 173). It almost goes without saying that the skill of being able to work across cultural divides, and in diversity-rich settings is an indispensable competency for the South African consulting psychologist.

On a meta-level, the new contexts the South African consulting psychologist works in, if s/he is to reach a significant proportion of the South African population, are often contexts in which the Western notion of individualism may be unsuitable (edu7). While the inappropriateness of Western individualist underpinnings is not specific to the consulting psychology arena (it applies equally to psychotherapy in a South African context), the inappropriateness of this application outside of the one-on-one psychotherapy context is often highlighted because it involves more group and system level interventions, and hence directly engages more “*collectives*” (edu6).

The consulting psychology context is different from the psychotherapy context in the sense that services need to be actively “*sold*” (psych7; cons4), rather than being elicited by a client or pre-arranged through referral. Furthermore, certain participant psychologists referred to the “*indulgence*” (psych3) of working within a “*therapeutic space*” (psych3) in the psychotherapy context. This operational 'space' is less pre-defined outside of the therapy context, because expectations are more diverse. Hence it requires more active negotiation.

It is also suggested that the new contexts within which consulting psychologists find themselves are created upon complex financial underpinnings. This is quite distinct from a practice modality in which hours are ordinarily “*sold in single blocks at medical aid rates*” (psych7).

A new context often comes complete with a discrete semantic set. This new “*vocabulary*” (cons4) is one of the constructs that will need to be embraced by a clinical/counselling psychologist making the shift into consulting psychology contexts.

#### **4.2.1.2 New Constructs**

Amongst the new constructs a consulting psychologist must grapple with is a “*basic grounding in the vocabulary*” (cons4) of the new context in which s/he finds her/himself. Edu3 also advocates the “*learning of a new language*” for psychologists, suggesting that psychological work outside of the therapeutic setting requires a distinct semantic set. This would also assist the consultant in establishing “*a degree of credibility for the discipline*” (consFG). The importance of this new ‘vocabulary’ is highlighted when psychologists moving into a consulting role are called upon to communicate “*immeasurable constructs*” (psych3), an example being the consumer who wants to know from the consultant what depression really costs.

The need to embrace the new constructs of the consulting context is echoed in the afore-quoted “*the thing with shrinks (sic) is that you can see they flippin’ good with people, but they don’t always turn it into something that the accounts people are happy to pay for at the end of the day*” (cons2).

Constructs such as “strategic knowledge management” (Grieve et al., 2002, p. 101) also lurk within the “toolbox” (Fisher, 2005) of the consulting psychologist, as would constructs such as an “*emotional health audit for a larger organism*” (psych2). Similarly, constructs that reflect the “*measurement*” (psych1) and “*quantification*” (psych5; edu1) of the impact and effectiveness of an intervention become important in establishing the aforementioned “*credibility*” (consFG).

Edu1 also referred to “*salutogenesis*” and “*humanistic psychology*” as concepts that psychologists moving into a consulting role would need to come to terms with, and indicated that embracing these concepts is a challenge for most psychologists making the shift to the consulting context, regardless of the modality from which they enter. (Hence, there are constructs within the consulting psychology modality that are not adequately covered in any professional psychologist training programme, be it i/o, clinical/counselling, research or educational.)

Edu7 indicated that a construct important to success in a consulting context is the notion that an individual is “*more than the sum of thoughts and feelings*” and that the individual is who he/she is because of his/her position in a social structure. This also speaks to a move away from the Westernised, individual-centred underpinnings of current training, towards a more Africanised, collective approach.

Along similar lines “*the psychology of a group*” (psych3) is a construct often foreign to graduates from clinical/counselling programmes. Trule (cited in Moret, 2004) suggests “we need to affirm the value of understanding the psychology of whole systems in not only enhancing the individual and the system but in avoiding harm that is likely to result when the psychology of systems is ignored.”

Edu6 referenced constructs around “*working with poverty*” as being foreign to traditionally trained clinical/counselling psychologists who are called upon to work in more “*inclusive*” (edu6), consulting-type contexts, and cited “*working across differences*” (edu6) as a skill they would need to acquire and embrace. This issue, arguably more pertinent in South Africa than in many other countries, is explored further in Maw’s “The Consultation Relationship: Reflections on a Psychological Partnership” in which she suggests:

The work – in our context – involves not only information sharing but also often crossing divides of race, class, culture, language and

knowledge. The power dynamics created through these kinds of differences are probably present everywhere, but are very prominent in our work in South Africa where difference has been institutionalised through Apartheid. (Maw, 2002, p. 57)

Other new constructs encountered when making the shift to a consulting context include the “*modelling*” (psych6; eduFG) of complex processes, social structures and organisations; “*out-of-the-box thinking*” (eduFG); and “*entrepreneurialism*” (edu5). Psychologists may also encounter, for the first time when moving in a consulting role, the concept of “*tendering*” (psych4; edu6) for work, as opposed to referrals and medical aid pay-outs.

Furthermore, psychologists engaged in the shift to consulting work must embrace the “*differences in relationship dynamic*” (psych4). McLean (cited in Robinson, 2003) explains that “most therapists function from a hierarchical position, with clients who exhibit mental health symptoms.” She contrasts this with the consulting psychologists' “collaborative position, as facilitators of change.”

While the constructs contained in systems theory are amongst the elements of current clinical/counselling training that are deemed applicable to a consulting context (see 4.2.2), edu7 indicates that clinical/counselling training psychologists may need to come to terms with constructs within systems theory beyond their application to family systems, indicating that a “*mind shift from pathology*

*systems to health systems*” (edu7) is fundamental in making the shift to a consulting psychology context.

Another seemingly familiar construct, which takes on new meaning when the context changes, is that of ethical practice. Participants reported having to “*grope around for a new code-of-conduct*” (psych3). While ethical practice issues are obviously tantamount in clinical/counselling practices, Lowman (2002) points out that “existing literature on ethics and professional practice issues relates more to the practice of clinical and counselling psychology rather than to the many complicated issues in consulting psychology” (p.785). Therefore, consulting psychologists “need to be trained in how such matters apply to, and are affected by, the practice of consulting psychology” (P. 785). It is the view of the researcher that the current ethical guidelines for clinical/counselling psychologists may also be considered ‘necessary but not sufficient’ as a code-of-conduct for psychologists practising in the consulting modality.

Hence, an important consideration when exploring the new constructs that psychologists must grapple with in this shift is the notion described by Lowman (2005, November) as “The same construct means different things when aggregated to different levels (individual, group, organisational)”. By extension, even familiar constructs may become difficult to work with when applied on the levels less commonly encountered in clinical/counselling practice.

A further example of a familiar construct that takes on new meaning when applied in a different setting or on a different level (in the three interactive domains of individual, group and organisation) is that of assessment. Assessment is seen as fundamental regardless of the practice modality (Lowman, 2002), and hence could form part of section 4.2.2 “*Don't throw the baby out*”. However, the application of assessment constructs on a group and organisational level can make these seem foreign to a practitioner trained only in individual assessment (hence, its inclusion in the “*Significant mismatch*” section). This difficulty in adjusting one’s approach to assessment was alluded to by participants referencing using tests “*in different ways*” (psych9) and “*creatively*” (psych4). Working with the construct of assessment in a different context requires a new approach and new skills.

#### **4.2.1.3 Requiring New Skills**

While many of the ‘new’ skills required by clinical/counselling psychologists moving into a consulting role can be extrapolated from the discussions outlining the new contexts (4.2.1.1) and new constructs (4.2.1.2) they work with(in), some require further discussion.

The ability to “*manage conflict*” (consFG) was mentioned by consumers, as was “*cutting edge*” (cons4) communication skills. While these are arguably skills that

a clinical/counselling psychologist may possess, the nature of the context can make the required conflict management and communication skills seem foreign and inapplicable, with significant adaptation being required.

“Advanced” (Grieve et al., 2002, p. 101) communication skill appears to be a thread running through the ‘new skills’ sub-section. Included here is the skill of communicating the aforementioned “*immeasurable constructs*” (psych3).

Consumers indicated that consulting psychologists need to display “*real technical expertise*” (cons3) or “*hard psychological skills*” (cons3) in order to develop “*a degree of credibility*” (consFG) for the discipline. While these skills would not be foreign to the (well trained, experienced) clinical/counselling psychologist, communicating these to the client takes on a different meaning outside of the traditional clinical/counselling context.

Under the broad topic of communication-related skills, participant psychologists indicated that they required further training in “*practical facilitation skills, primarily on a group and organisational level*” (psych1). This was reiterated by participant educators who suggested that psychologists making the shift to consulting need to be able to display communication skills across a “*variety of contexts*” (eduFG). This may include skills such as “*facilitating focus groups*” (edu6).

It is also important, when evaluating the new requisite skills in the shift to consulting psychology, to remain mindful of the need to “*design new instruments because it is an embryonic discipline*” (edu1). This factor is discussed under the broad heading of new skills because the development and subsequent use of these new instruments are both skills required of the consulting psychologist at this point in the practice modality’s history. These new instruments will need to be grounded in a clear understanding of the constructs pertinent to consulting psychology and the contexts consulting psychologists work in. In a similar vein, the skill of developing new “*consulting models*” (edu1) is key to those making the shift into this budding modality.

The consulting psychologist would need to whet the skill of “*brokering change*” (edu6) by acting as a “catalyst” (Tobias, 1990, p. 6). Mastering this skill involves embracing the consulting relationship through becoming “acutely aware of the difference between being expert and being helpful” (Tobias, 1990, p. 6). This skill is equally relevant in the clinical/counselling context, but resisting the temptation to be “expert” is reportedly more challenging in the consulting context.

A skill that the clinical/counselling psychologist will recognise the importance of, but need to adapt in application to a consulting context, is that of negotiating the “*rules of engagement*” (consFG). These 'rules of engagement', which are also very important when establishing a psychotherapeutic relationship, are often very

different in a consulting context than in a psychotherapeutic context. Here a “*grounding*” (cons4) in the relevant vocabulary, and training towards working without the “*indulgence of the therapeutic space*” (psych3) would prove useful. The importance of learning the skill of negotiating the rules of engagement is also highlighted by Kurpius (cited in Brown, Pryzwansky, & Schutte, 1998).

As referenced earlier, psychologists indicated deficits in the skill of self-promotion and marketing of services in an environment where services need to be actively “*sold*” (cons4; psych7), rather than being elicited by a client or arranged through referral (as is ordinarily the case in therapy). In addition to referencing entrepreneurial skill as a key competency for *all* trainee psychologists, edu5 confirmed the necessity of some level of skills training in the area of “*personal marketing*”. This is reflected in the international literature, with Lowman (2005, November) suggesting that clinical psychology grew out of a “transition from a seller's to a buyer's market” (p. 18). The birth of consulting psychology sees a reversion to a seller's market. The need for training around “sales acumen” is also raised by J. Kestenbaum (personal communication, June 8, 2006), and by Lent (cited in Gravenkemper, 2001).

While edu3 advocates mastering “*a new language*” as a skill required for success as a consulting psychologist, edu7 expands this notion to include embracing a language that does not inherently reflect an individualist focus.

A further skill mentioned by educators of psychologists was the ability to “*integrate material from diverse sources*” (eduFG). This is echoed in the literature by Horst (cited in Kinkaid, 2003) who suggests that “synthesizing information” is a key skill for consulting psychologists. EduFG also refer to “*policy formation*” as a requisite skill for the consulting psychologist.

Amongst the skills alluded to previously are the ability to make insights and inputs attainable to a diverse group of clients within a single intervention/presentation/session (psych6); the ability to provide an “*emotional health audit for a larger organism*” (psych2); skills around the “*modelling*” (psych6; eduFG) of processes, social structures and organisations; and the ability to evaluate and in some cases quantify the impact of an intervention (psych1; psych5; edu1). The ability to quantify the impact of an intervention is identified by Brown, Pryzwansky and Schutte (1998) as belonging to the “minimum set of competencies needed to be effective in consultation” (p. 163).

Another important skill mentioned by participants was basic (internal) financial-management skills for running an economically viable practice (psych7; edu5). This competency is reportedly lacking among full-time psychotherapy practitioners (psych7; edu5), and becomes more important (and complex) when incorporating consulting interventions because additional skills, such as managing tendering processes, are required for consulting and dual-modality practices. The need for training around the skills required to build a successful

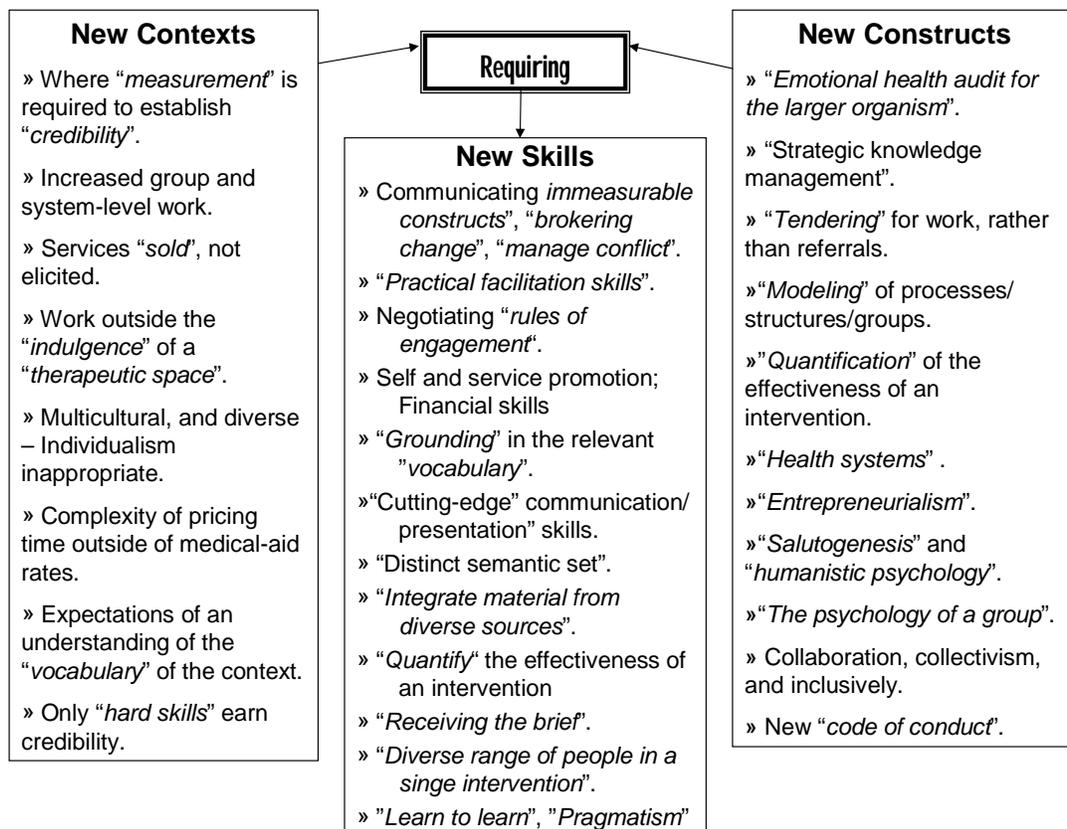
consulting practice is raised by J. Kestenbaum, (personal communication, June 8, 2006) who suggests that “practice building in conjunction with professional skills development” is a core competency that needs addressing when making this shift.

Consumers indicated that psychologists from a clinical/counselling background lacked skill in “*receiving the brief*” (consFG). In a traditional clinical/counselling situation it is usually accepted that the ‘brief’ will unfold during the intervention process. In consulting interventions the *actual* brief unfolds during the process too (referencing the skill of ‘helping the client know what s/he really needs’), but consulting interventions are almost always initiated with a fixed brief, that being the client’s perception of what the ‘problem’ is. Psychologists moving into a consulting role would need to acquire the skill of being (or at least appearing) more receptive to the preconceived, imposed ‘brief’. This is referenced by Fisher (2005) as “clarifying the purpose”.

The new contexts and new constructs also demand a shift away from a pathology-based paradigm, towards a more ‘positive’ approach to working with people. Participants, who broached this topic, disputed the notion that the best way to understand ‘normal’ human behaviour is to study pathology. This would indicate that a training programme based primarily on a pathology-management approach would not suitably equip graduates with the skills to operate in settings where pathology is not necessarily the central focus

Regarding the issue of whether it is necessary to have experience in psychotherapy in order to provide an effective prophylactic campaign against psychopathology, most therapists suggested that while the therapy experience would prove “*useful*” (psych7; psych8) in providing insights into the disorder, it is by no means vital. More importantly, it was suggested that even a highly skilled therapist, having experienced much therapeutic ‘success’, may not necessarily have the competencies to provide effective prophylactic psycho-education. The competencies required for each are reportedly not interchangeable. However, the value of therapy experience alluded to here is significant, and discussed fully in section 4.2.2: “*Don't throw the baby out*”.

By way of synthesis, the sub-category “**Significant mismatch**” is represented diagrammatically in **Figure 5**. This outlines some of the new skills a clinical/counselling psychologist may need to acquire in order to navigate the new contexts in which consulting psychologists operate, and apply the new constructs required for success in a consulting psychology modality.



**FIGURE 5: Diagrammatic summary of the subcategory *Significant mismatch***

It is important, when discussing lists of competencies, to remain mindful of the point made by eduFG that “*the ultimate practise of consulting psychology is unpredictable and constantly changing*”, so no list of prescribed skills for the consulting psychologist could ever be exhaustive, and no list is ever valid for very long. Psychologists and educators of psychologists (arguably across all practice modalities, but certainly in consulting psychology) should place significant emphasis on a “*multiplicity of skills*” (eduFG); the development of meta-skills, such as “*learning to learn*” (eduFG); and “*the ability to work*

*creatively in unstructured settings*” (eduFG). This assertion is echoed in the international literature by Awad (cited in Flanders, 2006) who gives the following advice to what he calls “emerging professionals”: “Stay open to learning!” Another meta-skill discussed was that of acting as a “*change agent*” in a broad variety of contexts (edu7).

In summary, participants concurred that, in the light of the new contexts, constructs, and skills requirements awaiting the clinical/counselling psychologist upon making the shift to a consulting psychology modality, current training for clinical/counselling psychologists is not a sufficient predictor of success in consulting psychology. However, participants also suggested that elements of the training received in clinical/counselling programmes are not only valuable for the consulting psychologist, but could be considered necessary or “*indispensable*” (psych1) for success in this modality. This element of the core category is discussed in the next section.

#### **4.2.2 “*Don’t throw the baby out*” (psych2).**

Interestingly, certain participating psychologists battled to distinguish between purely therapeutic roles and purely consulting roles, suggesting that there can be sufficient overlap to make the boundaries blurred (psych5). While it is easy to distinguish between a 45 minute, one-on-one therapy session and a consulting intervention with a human policy formation committee, there is much in between that straddles this divide. For example, the process of guiding a change

management process following a corporate down-sizing will involve a combination of certain (individual and group) therapeutic processes and certain processes drawing on a totally distinct set of competencies. This may indicate that a *degree* of therapeutic expertise is valuable to the consulting psychologist.

This is reflected in the words of one participant psychologist who expressed this notion as “*Don’t throw the baby out with the bath water*” (Psych2), from which this section gains its title. In essence, this section explores what Moret (2004) refers to as “transferable skills” from clinical/counselling psychology to consulting psychology.

The four subcategories comprising this section are, in the words of the participants, **Beyond “*pearls of wisdom*” (psych2); “*It’s all about the people*” (cons3); “*Humanise the organisation*” (psych3) and Other Useful Metaphors;** and “*They’re not so different after all*” (psych8).

#### **4.2.2.1 Beyond “*pearls of wisdom*” (psych2)**

Central to effectiveness in both a therapeutic and a consulting environment is a “*process orientation*” (psych1; psych2; psych7; cons3; Tobias, 1990, p. 6). It is in this sphere that clinical/counselling psychologists, being generally more process orientated, can distinguish themselves from traditional i/o psychologists, human resource practitioners, ‘executive-coaches’, etc.. Clinical/counselling-trained psychologists, by-and-large, avoid “*sweeping into an environment to drop pearls*

*of wisdom*” (psych2). Process orientation is described as “*indispensable*” (psych1), regardless of the practice modality, and is seen as a key competency that any and all psychological training should impart.

Gordick (cited in Kincaid, 2003) refers to these 'pearls of wisdom' as “commodities”, suggesting “firms have often used these methods prior to working with a psychologist, and found their needs remain unmet.” It is in avoiding the commoditisation of their services that consulting psychologists can distinguish themselves from those selling “coaching” and “training and development initiatives” (Moret, cited in Kincaid, 2003).

Tobias (2004) provides outspoken support for consulting psychology remaining above and beyond the “*pearls of wisdom*” (psych2) approach by prescribing an ongoing commitment to the consulting modality “divesting itself of canned clichés, banal prostheses, and institutional lies” (p. 8). In his support for a process orientation, Tobias goes on to ask “How could it be otherwise when it takes as long as it does for just one person to grow and face the world?”(p. 8). Similarly, in *Psychological Consulting to Management: A Clinician's Perspective*, Tobias (1990) explores the 'process orientation' commonality between clinical/counselling and consulting psychology. He suggests that consulting is “a process, just as psychotherapy is a process” (p. xii), and should “emphasise perspectives rather than techniques” (p. xii). Essentially, Tobias is suggesting that

consulting psychology is similar to psychotherapy in that it is “not amenable to programmatic quick fixes” (2004, p. 3).

This theme is echoed by Peterson (2003, January) in his presentation at the Society of Consulting Psychology Conference. He quotes Jung, who suggests that one should “learn your techniques well, but prepare to give them up when you touch a human soul.”

#### **4.2.2.2 “It’s all about the people” (cons3)**

A participant offered; “*After fifty years of effectiveness-of-therapy research, there is only one thing that 365 schools of therapy agree on: it’s the quality of the relationship.*” (psych3). This ‘quality of relationship’ emphasis is also regarded as indispensable across all practice modalities. Training that emphasises the quality of psychologist-client relationship will go a long way towards equipping a consulting psychologist, just as it equips a clinical/counselling psychologist. This was re-iterated by a participant consultant who, having indicated that the clinical/counselling psychologist he had worked with lacked certain competencies, qualified his comment by saying “*...but I’d use her again, because she knew how to get to people, and in my business it’s all about the people.*”

(cons3)

This was echoed by eduFG who identified “*reading the interpersonal stuff*” as a key factor in preparing psychologists for a consulting psychology modality, and it

finds support from Brown, Pryzwansky and Schutte (1998) who list the skills required to “establish good interpersonal relationships” (p. 166) as key to success as a consulting psychologist.

Even those participating psychologists who consult predominantly in corporate settings speculated that the training they received in their clinical/counselling programmes [*“the interpersonal stuff”* (eduFG)] is more valuable than the training they would have received in an i/o programme. The human-focus of training in clinical/counselling psychology departments is deemed more valuable than the profit-focused approach that appears to characterise traditional i/o psychology. This sentiment was echoed by a consumer who suggested *“You can always pick up the business side of things later, but the ability to interact with people in an authentic way is indispensable in this field.”* (cons1)

The theme *“it’s all about the people”* (cons3) is reflected in the international literature, with Boyce (2004) referring to the overlap between clinical/counselling psychology and consulting psychology by suggesting that:

It pulls from expertise that is already in place. The domain of the psychologist is human behaviour. Consulting psychology embraces the skill set of the clinician and transports it into a results-driven, project orientated context at a spirited pace.

This is re-iterated by Fazio (2004), co-author of “Breaking into Consulting: Practical Considerations for Emerging Professionals and Students”. He suggests that “the art of creating and deepening” relationships would “prove to be essential” in making his own transition to consulting.

Participant consumers implicitly acknowledged the importance of ‘the people’ in statements like the afore-quoted “*the thing with shrinks (sic) is that you can see they flippin’ good with people*” (cons2). The sentiment “*it’s all about the people*” (cons3) was re-enforced by a participant who suggested that “*Counselling training forces you to see people in settings, not just structures and systems*” (psych1). By understanding that there are actual people who make up structures and systems [learning to “*humanise the organisation*” (psych3) – see **4.2.2.3**], one can work effectively on multiple levels.

Tobias (2004) also provides support for this theme by suggesting that “in order to speak with authority about the idea of a thriving organisation, one must first be able to speak with clarity about the thriving person” (p. 5). This implies that working psychologically, regardless of the level (individual, group, or system) draws on a universal core relating to the psychology of “*the people*” (cons3).

This theme gains further support from Fazio, who made the shift to consulting with a counselling psychology qualification. He suggests that “My formal

education was helpful...what really seems to have paid off was the genuine relationships” (Fazio & Reyes, 2004).

#### **4.2.2.3 “Humanise the organisation” (psych3) and Other Useful**

##### **Metaphors**

Participant psychologists suggested that it is often “*useful*” (psych3) to work with psychotherapeutic metaphors outside of the therapy situation, describing this as “*staying in the therapeutic paradigm*” (psych3). Examples proffered included dealing with “*stuckness*” (psych3) and “*resistance*” (psych2) within a system, which is reportedly “*very similar*” (psych2) to resistance from a therapy client. It is also suggested that “*working psychoanalytically on an organisational level*” (psych5) can be fruitful. This assertion is supported by seminal consulting psychology practitioners such as Harry Levinson, who reportedly “believes you should have psychoanalytical training to do consulting” (K. Somerville, personal communication, June 9, 2006). Tobias (1990) suggests that “humanising the workplace is one of the great challenges” (p. xiii).

Local literature also highlights the usefulness of traditionally ‘psychotherapeutic’ metaphors in consulting psychology, with Maw (2002) indicating that “a psychodynamic understanding of the consulting relationship was in fact extremely valuable for my consultee and for my own understanding” (p.58).

Dr. R. Wu, who trained as a clinical psychologist but now specialises in providing psychological consulting services to family businesses, is a world leader in the move to humanise the organisation. Wu (cited in Boyce, 2005) places “Deep Personal Transformation” (DPT) at the core of the development of a strong organisation. Indicative of his belief in the power of humanising the organisation, Wu employs metaphors such as “love each other more” (cited in Boyce, 2005) in his consulting work. Tobias (2004) uses the metaphor of “fear” (p. 7) in a similar way.

Interestingly, Wu’s support for the broader notion of ‘don’t throw the baby out with the bath water’ is evidenced in his response to a question put to him by Boyce: “...what is the take away message you would like SCP (Society of Consulting Psychology) members to leave with about you and your practice?” (Boyce, 2005). Wu responds: “Someone who has combined clinical therapeutic approaches and legitimized the appropriate expression of emotion in the business setting” (cited in Boyce, 2005).

The metaphor referenced most by participant psychologists was that of systems theory. It was suggested that, in training programmes where general systems theory forms part of the curriculum, this is seen as an “*extremely helpful*” (psych4) metaphor for consulting psychologists. This is not unprecedented, with Lowman dedicating an entire chapter in his *Handbook of Organizational Consulting Psychology* to “The Role of Systems Theory in Consulting

Psychology” (Faqua & Newman, in Lowman, 2002). It is important to reiterate, however, the point made by edu7 regarding the difficulties experienced by some clinical/counselling psychologists in applying systems theory beyond its application to family systems.

When evaluating 'useful metaphors' from clinical/counselling practice in a consulting setting, it is worthwhile to be mindful of the assertion of Tobias (2004):

To my mind the idea of the thriving person is more than just a metaphor through which to comprehend organisational culture; it is a microcosm of the dilemmas, the tensions, the risks, and the opportunities inherent in “rearing” a culture, since, to state the obvious, the culture inheres in its people. (p. 6)

#### **4.2.2.4 “They’re not so different after all” (psych8)**

This category is named for the input of a participant psychologist who described her transition from a primarily psychotherapy-based practice to dual modality (therapy and consulting) practice as “*an interesting learning curve, but a lot of fun*” and quipped that “*they’re not so different after all!*” (psych8).

Boyce (2004) provides support for this notion by describing the move from a clinical/counselling practice to consulting as “less a departure than a stimulating

detour”. The commonality between the modalities was referenced across all the three participant groupings, with psychologists, educators and consumers suggesting that (for example) the ability to “*help people understand what they need*” (psych4) is elemental across both modalities. This is confirmed by Gordick (cited in Kinkaid, 2003) who implies that, when consulting, “sometimes listening to what they are not telling me is important” (p. 4). This is reminiscent of a classic clinical/counselling practice nuance.

An additional competency highlighting clinical/counselling and consulting psychology’s fundamental overlap is the ability to read a situation with “*insight*” (psych5) and “*intuition*” (psych8), and react accordingly, rather than enter a situation with “*a theory-impinging approach*” (cons3). This allusion to the importance and commonality of insight within and across both practice modalities is supported by K. Somerville (personal communication, June 9, 2006) who, having trained as a clinical/counselling psychologist, suggests that “the insights you learn in consulting are pretty much the same as those you learn becoming a psychologist.”

Variations on the theme of “*listening*” (psych5; psych8; psych9; cons4; edu4) were mentioned by participants as a universal skill across both practice modalities. This also found strong support from Monarch (cited in Fazio and Reyes, 2004) who suggests that “If you are in the field of counselling or clinical psychology you can certainly offer expertise on active listening”. Similarly, the

issue of “*trust*” (psych6; cons4; Maw, 2002, p. 64) occupies a quintessential position in both clinical/counselling and consulting interventions.

Key to a consulting psychologist’s armoury is the ability to balance an appreciation of the importance of the mandate s/he is given, with the importance of genuine empathy and humanism. This was described by one corporate consumer as follows: “*You need to appreciate the business objectives, but it’s not your role to be overly business focused*” (cons3). This consumer indicated that an i/o psychologist he had employed previously had focused too much on the “*bottom line*” and not enough on the people. “*That’s my job,*” he quipped, “*and I can do it better than she can. What I need from you is to look out for the people, because I understand their importance to my bottom line, but I don’t always know how to recognise their needs*” (cons3). This notion of the consulting psychologist offering people-skills not possessed by the consumer was echoed by consumers outside of corporate settings too, and represents another clear commonality between the modalities in question: A key predictor of success in both clinical/counselling and consulting psychology practice is a genuine affinity for “*the people*” (cons3).

The theme “*They’re not so different after all*” (psych8) is also referenced in Fazio and Reyes (2004), who cite many examples of competencies and attitudes that are common to both. Amongst these are “*listening and self confidence*” and “*it’s so important to know who you are and where you want to be in relation to*

consulting.” Desai (cited in Fazio and Reyes, 2004) states categorically that “once I realized that my years of education and clinical work were applicable to consulting, my confidence soared”, and “having a clinical background, many of the interviewing and diagnostic skills I had learned in grad school transfer very well into the consulting world.”

By way of précis, the four themes contributing to the sub-category “*Don't throw the baby out*” are presented diagrammatically in **Figure 6**.



**FIGURE 6: Diagrammatic summary of the sub-category “Don’t throw the baby out”**

Drawing the ideas of the previous two sections together, participants concurred that some form of additional training for clinical/counselling psychologists is an important precursor for success in consulting psychology, but qualified this through the sentiments reflected in the metaphor “Don’t throw the baby out with the bath water” (psych2). This indicates retention of some of the valuable modules offered in current clinical/counselling training programmes. This is echoed by J. Boyce of A.P.A.’s Division 13 who, while acknowledging the

*“constraints of traditional training”* refers to the *“necessity”* of some form of clinical/counselling training (personal communication, June 12, 2005).

Thus, in terms of the shift’s implications for training, it is indicated that while the training of psychologists may require review in order to meet the changing needs of both providers and consumers of consulting psychology services in South Africa, many of the facets of current clinical/counselling programmes are indispensable.

The implications for training are interrogated further in **Chapter 5**, which outlines what might underpin a training programme that embraces this delicate balance between the prescribed addition of new outcomes, and retention of valuable outcomes from existing programmes.

## CHAPTER 5: APPROPRIATE TRAINING: How to “*bridge the gap*” (edu3)

– *The 'treatment protocol'* -

While it is beyond the scope of this study to provide formal curriculum recommendations for training programmes informing the consulting psychology modality, it would be remiss to exclude some of the general recommendations proffered by the participants regarding “*the way forward*” (edu5). These are presented in this chapter.

In terms of the extended medical model metaphor running through this report, this chapter represents the ‘treatment protocol’. Where a diagnosis contains apparently contradictory elements, a combination treatment is often indicated. In this case, the ‘treatment’ consists of a three-pronged approach. Section **5.2 “Overcoming the constraints of traditional training”** relates to the ‘symptoms’ referred to in **4.2.1 “Significant mismatch”**, while **5.3 Retaining the “indispensable”** relates to the proviso in **4.2.2 “Don’t throw the baby out”**. The final ‘prong’, **5.4 A “new training paradigm”**, outlines a proposed new approach that incorporates a greater emphasis on meta-skills and more practica-based approach than that reflected in current clinical/counselling programmes.

However, before considering recommendations for potential future training approaches, it is pertinent to briefly review (in light of the points raised by the participants) the currently available alternative training options and evaluate their

efficacy in bridging the “*gap*” (edu1). This provides a departure point for exploring “*the way forward*” (edu5).

### **5.1 Evaluating Current Training Options**

Edu7 indicates that the “*narrow focus*” characterising programmes in South African universities is resulting in these institutions being “*left behind*” in their attempts to provide appropriate training for psychologists. However, certain moves towards more diverse, inclusive training are evident within South Africa (some outside of the traditional university context).

Edu1, a qualified i/o psychologist feeling “*restrained*” by the narrow parameters characterising i/o psychology, pursued further training and a second registration as a counselling psychologist. As the co-ordinator of UNISA’s doctoral programme in consulting psychology, he now offers an “*opportunity to bridge*” (edu1) for senior psychologists from clinical, counselling, i/o, and educational backgrounds engaged in the shift towards consulting psychology. Apart from providing this diverse intake with the respective competencies they lack, the Doctoral programme also serves to “*formalise this informal group*” (edu1) who, in most cases, have structured their practices by “*borrowing from other disciplines*” (edu1). Depending on background, many of the neophyte consulting psychologists lack competencies on one or more of the three levels important to the consulting psychologist; individual, group and organisational (edu1). “*Almost all*” require additional input regarding positive psychology domains such as

“*salutogenesis*” and “*humanistic psychology*” (edu1). Edu1 expressed concern about the “*schizophrenia*” in psychology, brought about by “*the differentiation we are sitting with between the fields of psychology (which) is bad for the discipline and splits it.*” Pointing out how i/o psychology and clinical/counselling psychology do not even share a common faculty (Commerce vs. Humanities) in South African universities, he advocates a degree of integration required for successful consulting psychology training. In expressing ethical concerns regarding graduates from narrowly defined training paradigms entering a multi-disciplinary arena (requiring a range of competencies not provided by any single training programme), edu1 applauds the “*symbolically significant*” collaboration between the i/o and psychology departments at UNISA.

While the offerings of UNISA’s Doctoral programme may provide a valid and useful bridging opportunity for registered psychologists, it does not offer a solution for those seeking more direct paths towards careers as consulting psychologists. Using this training route, future consulting psychologists will first have to qualify and register within a different category, as the Doctoral programme limits its intake to senior psychologists.

In response to the critique that this programme bridges a gap that should never have been created, edu1’s views on introducing the concept of consulting psychology as early as undergraduate level are captured in the statement “*that would be great!*”. This response is echoed by edu7, who indicated that

introducing essentially foreign constructs at post-graduate level is problematic because indoctrination into an “*individualistic*” paradigm during undergraduate training makes post-graduate students “*resistant*” to this new paradigm (edu7).

A further critique of UNISA's Doctoral training for consulting psychologists is that the interdepartmental collaboration is comprised of “*two-thirds i/o psychology and one-third psychology*” (edu1). It is the view of the researcher, supported by Boyce (2004), that this ratio requires flattening in order to capture the true spirit of a consulting psychology, aimed at maximising human potential rather than profit, and embracing the full spectrum of South Africans in need of psychological services.

An opportunity for consulting psychology training at a less advanced (pre-registration) level is the *Knowledge2go* programme offered at UNISA. This coursework Masters degree programme is subtitled ‘*Applied Social Research Consultation for the Information Era*’ (Grieve et al., 2002), and offers graduates an opportunity to register as research psychologists on completion of an internship. While this option currently serves as a valid alternative to a clinical/counselling Masters programmes for those wishing to specialise in consulting psychology, it retains a strong research orientation and hence lacks sufficient focus on “*reading the interpersonal stuff*” (eduFG) to be labelled a dedicated course in consulting psychology. However, as indicated earlier, an Associate Professor from UNISA’s department of Industrial/Organisational

Psychology (edu2) suggests that research skills are amongst the most critical of the competencies required for success in consulting psychology.

An insufficient focus on the “*interpersonal stuff*” (eduFG) within research psychology training programmes mirrors the criticism levelled at i/o training programmes, further advocating the search for an alternative to this avenue of training for neophyte consulting psychologists. Consulting psychologists undeniably require significant training around “*the interpersonal stuff*” in order to retain the humanistic relationship orientation so central to their effectiveness (eduFG).

EduFG, co-ordinators of the *Knowledge2go* programme provided valuable insights into the training (and lack thereof) for consulting psychologists in this country. They suggested (supported by Lowman, 2002) that no body of knowledge is sufficient for psychologists in today’s market. Instead, imparting skills around constantly expanding and adapting knowledge, and “*learning to learn*” (eduFG) are central to the consulting psychologist’s training. They, too, were in favour of introducing basic consulting-type concepts at undergraduate level, and UNISA appears to be making some progressive steps towards broadening the vista of options available to psychology undergraduates.

Ultimately, while the *Knowledge2go* programme represents a move in the general direction of appropriate training for consulting psychologists, its inception was

prompted more by “*the death of the research psychologist*” (eduFG) and the resultant need to “revamp” (Grieve et al., 2002, p. 101) the research psychology course, than a specific attempt at training consulting psychologists. As a result, it is not directly informed by the specific needs of the consulting psychologist.

An alternative training option for those wanting to enter the field of consulting psychology is provided by Jopie van Rooyen & Partners SA Pty Ltd. This institute offers a range of short modular courses. These are practical, skills-based courses of the type used by many psychologists for the accumulation of continuing professional development (CPD) points. Edu3, of Jopie van Rooyen & Partners, suggests that it is vital that psychotherapists “*bridge the gap*” (edu3) between the skills they received at university and the skills “*required by the market*” (edu3).

While the training offered by Jopie van Rooyen and Partners appears to provide valid opportunities to bridge this gap, it does represent something of an after-the-fact amendment of a failure of mainstream professional training to prepare psychologists for a consulting modality (indicated by the very existence of the 'gap'). A similar option involving 'bridging the gap' is the training offered by the South African College of Applied Psychology, who offer a specific module for “psychologists transitioning into the field of consulting” (South African College of Applied Psychology, n.d.).

Like UNISA's Doctoral programme and the training offered by Jopie van Rooyen and Partners, it is a viable option for clinical/counselling psychologists making the shift to consulting, but it does not provide the direct route that would serve to concretise consulting psychology as a valid, professional expression of psychological skill.

Neophyte consulting psychologists could (and do) also use current i/o or educational psychology programmes to equip themselves for consulting psychology careers. While it is safe to say that these, too, would represent indirect and inadequate paths to consulting psychology competence, a fuller evaluation of their efficacy in preparing consulting psychologists falls outside the scope of this study.

Interestingly, the relative lack of direct training routes into the consulting psychology modality is not a uniquely South African problem. Edu1 indicated that UNISA's Doctoral programme is one of only two such programmes in the world to date. This assertion is re-enforced by J. Boyce (personal communication, June 12, 2005) who suggests that "Only recently a specific Doctoral programme for Consulting Psychology was created at Alliant University (in the United States of America). To my knowledge it is the only one in the nation." This would suggest that the many psychologists worldwide who are engaged in the 'shift' are bridging the 'gap' through a variety of alternative, informal means.

In summary, the current alternatives to clinical/counselling training, as an entry point into consulting psychology, have limitations. They do, however, appear to hold some promise. Having considered these 'alternative' options it is necessary, in order to arrive at a holistic overview informing the treatment protocol, to account for both the reported deficits in current clinical/counselling training programmes (see **5.2 Overcoming “the constraints of traditional training”**), and the reported strengths (see **5.3 Retaining the “indispensable”**) in these programmes.

It is important to reiterate, at this point, that the next sections do not delineate a new proposed curriculum for the training of consulting psychologists, but rather provide a broad review of the over-arching approach towards psychologist training, as pertinent to this new modality.

### **5.2 Overcoming “the constraints of traditional training” (Boyce, 2005)**

Broadly, training would need to incorporate skills that “*the accounts people are be happy to pay for at the end of the day*” (cons2), as outlined in **4.2.1.3**

**Requiring New Skills.** This would essentially involve equipping trainees with an understanding of (and experience in) the relevant contexts, and a thorough grounding in the new germane constructs and pertinent “*new language*” (edu3) applicable to consulting psychology. While it is inconceivable to provide graduates with a thorough grounding in the language of each context they may potentially work in, the fostering of an attitude of “*learning to learn*” (eduFG)

and an emphasis on the importance of familiarity with relevant semantics would start to equip potential consulting psychologists for this role.

Reconceptualising training to better prepare consulting psychologists should commence with identifying what J. Kestenbaum (personal communication, June 9, 2006) refers to as the “weak spots for many psychologists.” Kestenbaum, who moved from “doing over 20 hours a week of clinical work” to doing “none” in favour of consulting work, implicates these “weak spots” as the key stumbling block to successful transition from clinical/counselling to consulting work.

Furthermore, the provision of a solid ethical orientation may deter consulting psychologists from practising in areas outside of their field of expertise, and assist them in identifying their own competency deficits or “weak spots” (J. Kestenbaum, personal communication, June 9, 2006).

On a meta-level, overcoming “the constraints of traditional training” (Boyce, 2005) may require a paradigmatic shift on the part of current educators of psychologists. By way of example, edu7 points to a “*protectionism*” amongst educators around the constructs and contexts with which they feel most “*comfortable and familiar*” (edu7). These do not necessarily reflect the changing needs and expectations of graduates from current training programmes, nor embrace the needs of all potential consumers of psychological services. This shift towards a distinct, perhaps uncomfortable, approach and venturing into

unfamiliar territory could form part of satisfying what edu7 refers to as the need to “*transform*” training programmes “*from the bottom up*”.

Without reverting to a repetition of the 'new skills' outlined in **4.2.1.3 Requiring New Skills**, arguably the best précis of the types of skills characterising a training approach that will overcome the constraints of traditional training is provided by eduFG and Grieve et al. (2002, pp. 101-102). They suggest including, *inter alia*, “strategic knowledge management”; “the ability to work creatively in unstructured settings”; “policy formation”; “entrepreneurialism”; “modelling of complex situations”; “out-of-the-box-thinking skills”; and “advanced communication for a variety of settings.” These would, however, need to be tempered with a good measure of “*the interpersonal stuff*” (eduFG).

A further move towards overcoming the constraints of traditional training is alluded to by Tobias (2004). He reports a failure in current training programmes to “sufficiently embed cultural theories within a sound framework that incorporates the complexities of human adjustment and adaptation” (p. 5). An increased focus on contextual (cultural) factors in a proposed consulting psychology training programme may help to overcome this limitation. This is particularly important in the South African context.

The allusion to a fundamentally different training approach is expanded in **5.4 A “new training paradigm”**. However, before interrogating this new approach, it is

pertinent to consider a brief overview of the types of elements from current clinical/counselling programmes that reportedly warrant retention.

### **5.3 Retaining the “*indispensable*” (psych1)**

Key to guiding retention of valuable elements of current clinical/counselling training programmes would be an uncompromising regard for the importance of a “*process orientation*” (psych1; psych2; psych7; cons3; Tobias, 1990, p. 6) and the resultant retention of this focus in training. This involves, by extension, the persistent avoidance of commoditisation of services as a useful guiding heuristic towards the retention of this indispensable quintessence of current clinical/counselling training.

This element of current training is described in the section **Beyond “*pearls of wisdom*”**, which is one of four broad categories of elements that require retention. The others are “*It’s all about the people*” referencing a retention of focus on the human element in any application of psychological skill; “***Humanise the organisation***” and **Other Useful Metaphors**, alluding to the value of the psychotherapeutic paradigm outside of the therapy situation; and “**They’re not so different after all**”, which suggests that working therapeutically and working in a consulting modality share sufficient core competencies to justify a degree of commonality in training.

International literature references various traditional elements of clinical/counselling training that warrant retention in potential consulting psychology training programmes. Examples are Tobias's "adjustment psychology" (2004, p. 7) and Levinson's psychoanalytic approach, to mention but a few.

In summary, an appreciation for the importance of "*the interpersonal stuff*" (eduFG), contextualised by acknowledgement of the need for specific "*technical expertise*" (cons3), could be a guiding heuristic in determining the degree of retention of modules from current clinical/counselling programmes, without reverting to an acceptance of inappropriate training through omission of elements vital to consulting psychology. However, conceptualising appropriate training for consulting psychology may extend beyond a simple process of deciding what to retain and what to introduce.

#### **5.4 A "new training paradigm" (edu6)**

Edu6 discussed the importance of a "*new training paradigm*" in which the mental health of the individual is not given a position of priority over "*broader issues*" and "*collectives*" (edu6). Training within this paradigm would embrace issues such as "*sense making*" and "*participation*" (edu6), while still respecting the importance of the individual within these broader collectives. Training would extend its central focus beyond after-the-fact amendment of individual mental

health problems, making it a more “*attainable*” (edu7) psychology for the South African context.

Furthermore, this training approach would reflect a paradigmatic shift towards increased emphasis on meta-skills such as “*learning to learn*” (eduFG). This may be tied to a more exploratory, experiential approach than is currently employed in clinical/counselling training. While current clinical/counselling training does make use of a significant 'internship' period, J. Boyce, who herself trained in counselling psychology, suggests that “with mental health settings there is less of an onboarding period” (personal communication, June 12, 2005).

Lowman (2005, November) also refers to the need for more of an “apprenticeship model” (p. 6) in the training of consulting psychologists. This is reiterated by K. Summerville, an active member of the A.P.A.'s Society of Consulting psychology, who refers to consulting psychology as “very much of an apprenticeship profession” (personal communication, June 8, 2006) and by J. Kestenbaum, who highlights “mentorship” as a key component of consulting psychology training (personal communication, June 9, 2006).

Participating psychologists, educators, and consumers concurred that a successful consulting psychologist needs to carry him/herself with an air of maturity and experience-gained wisdom, suggesting that a new graduate would require a significant “*growth period*” (psych7) before successfully entering the consulting

frame. This would indicate the need for a significant internship period in any envisaged training programme for consultants.

The “psychological maturity” (Lowman, 2002, p. 780) factor is also alluded to by Gravenkemper (2001) who prescribes “get your ticket punched first – obtain good experienced based knowledge.” Under this banner, Lowman (2002) also prescribes “self-awareness”, “self-management” and “professional maturity” (p. 780).

The importance of experience-gained wisdom is echoed (locally) by Feitelberg, the director of the South African College of Applied Psychology (S.A.C.A.P.). This institution prioritises “experiential learning” (Feitelberg, n.d.) as quintessential to appropriate training for consulting psychologists.

This notion is reiterated on the website of the A.P.A.'s Division 13. In their Frequently Asked Questions (FAQ) section, one FAQ is “Where do consulting psychologists get their training?” (The Society of Consulting Psychology, n.d.). The answer provided does give reference to the need for formal, focused training modules, but also emphasises experiential learning through “practicum in consultation” and “supervised training and internship” (The Society of Consulting Psychology, n.d.). The article entitled “Breaking into Consulting: Practical Considerations for Emerging Professionals and Students” (Fazio & Reyes, 2004) also highlights “practica”, “informal training” and “volunteer work” as useful

tools. This may imply that there are elements of the training for consulting psychologists that can only be gained outside of the formal education and training sector, or through prescribed “experiential learning programmes” (Feitelberg, n.d; Flanders, 2006).

It is the view of the researcher, and many of the participants, that there is a limit to what any formal training programme can give to trainees, regardless of their chosen practice modality. There are elements of the overall offering of a successful psychologist that need to be “*earned, rather than learned*” (psych2). This is undoubtedly the case in many professions but, importantly, it is not a valid justification for inappropriate/deficient formal training programmes. A practical focus can never justify the omission of theoretical rigour in a professional training programme. It is essential to avoid reversion of training to an approach based exclusively on experience, maturity and wisdom. Hence, appropriate training for consulting psychologists should maintain the delicate balance between theoretical rigour and experience-gained wisdom.

Tobias (2004) points to a “lack of theoretical consistency” (p. 3), Brown et al. (1998) to a “lack of true theories” (p. 9), and edu1 to a “*need for consulting models*” within the consulting psychology modality. This theoretical paucity may have resulted in the trend of 'defaulting' to the experience-gained wisdom training route, but certainly does not represent the best way of concretising consulting psychology as legitimate expression of psychological skill. Cooper (cited in

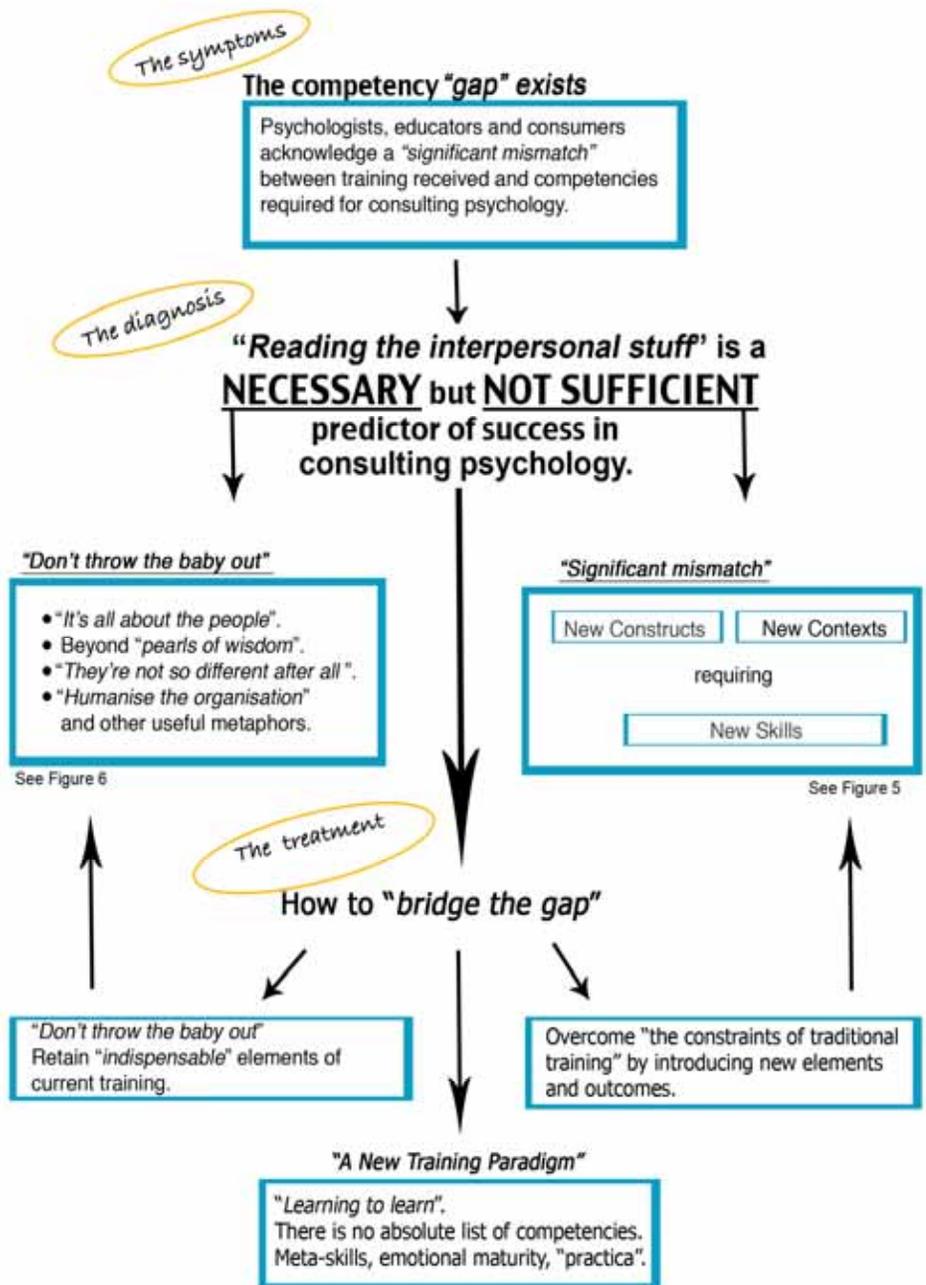
Gravenkemper, 2001) also asserts that a “priority” for consulting psychologists is to “identify and pursue appropriate training [and] education”, implying that experience and maturity are not sufficient predictors of success as a consulting psychologist.

In summary, this new training paradigm supports an adoption of a strongly outcomes-based underpinning to any proposed training programme for consulting psychologists. The foundations of outcomes based education are the pillars of skills, knowledge, attitudes and values. This new approach would see the historical domination of the skills and knowledge pillars (in traditional education approaches) counteracted by an increased emphasis on attitudes and values. Since no training programme will ever equip a graduate with all the skills and knowledge necessary for all types of consulting, an equal emphasis on attitudes, including meta-skills such as “*learning to learn*” (eduFG), and values, incorporating ethics, would likely provide the most effective training for consulting psychologists.

Finally, while the temptation exists to draw on international sources to inform the shift towards a more appropriate training, edu7 reiterates the very real need to germinate the seeds of a “*home-grown*” consulting psychology modality. This is pertinent in light of the fact that edu7, himself, reports having to seek appropriate consulting psychology training “*overseas*”.

**Figure 7** provides a diagrammatic depiction of the relationship of the ‘treatment protocol’ discussed in this chapter, to the core-category and the various sub-categories. This provides a précis of the shift’s ‘implications for training’.

It is worthwhile, having presented the ‘treatment protocol’ proposed by the participants, to proffer a ‘prognosis’ through which a potential future history of consulting psychology can be discussed. This prognosis, also grounded in the participants’ perceptions, is presented in **Chapter 6** and completes the holistic overview of the shift to consulting psychology and its implications for training.



**Figure 7:** Extended diagrammatic depiction, incorporating the shift's implications for training

## **CHAPTER 6: TOWARDS A FUTURE HISTORY OF CONSULTING PSYCHOLOGY** - *The 'prognosis'* -

As an ideal type, Lowman suggests that the “consulting psychologist of the future can differentiate normal and abnormal psychology; understands the powerful roles of groups; can work on any level because (he or she) understands all of them; can contextualise; can conduct individual assessments in organisational contexts” (2005, November, p. 26).

The future of consulting psychology as a practice modality in South Africa should be reviewed realistically in the light of the (worldwide) lack of appropriate formal training providing these skills (Hellkamp, Zins, Ferguson, & Hodge, cited in O'Roark et al., 2004; Lowman, 2002), and the resultant “*borrowing*” (edu1; Tobias, 1990, p. 1) from other modalities.

The future of consulting psychology can essentially be reviewed across two broad categories. These are the 'opportunities' (6.1) and the 'threats' (6.2) facing the modality and the training that informs it.

### **6.1 Opportunities**

The opportunity to conceptualise appropriate training for consulting psychologists is significantly fortified by the fact that elements of current clinical/counselling training programmes go beyond appropriate, towards “*indispensable*” (psych1). These elements, which essentially revolve around “*the*

*interpersonal stuff*” (eduFG), provide a solid foundation upon which appropriate training programmes can be built.

The retention of elements of existing (already full) training programmes does bring to the fore the warning of edu4 concerning “*overloading*” training. This threat to the future of consulting psychology is mentioned in section **6.2 Threats**. However, it is the potential solution to this problem that can be considered an ‘opportunity’, hence its inclusion in this section. Edu7 refers to a potential solution to the “*overloading*” (edu4) quandary. He proposes a system of “*majors and minors*” (edu7) wherein (for example) 60% of training covers the “*interpersonal stuff*” (eduFG) as a “*major*” and the remaining 40% takes the form of a “*minor*” in which the trainee can select from an extremely broad range of possible electives. For example, a consulting psychology student with a specific interest in the human (interpersonal) element of policy formation for developing countries could spend 60% of his/her time studying “*the interpersonal stuff*” (eduFG) or Lowman's (2005, November, p. 10) “generic psychology”, and 40% of his/her time coming to grips with the psychological constructs pertinent to policy formation in developmental contexts. This 'majors' versus 'minors' split characterises the approach to consulting psychology training abroad (edu7), and its effectiveness in preparing graduates for a consulting career is reflected in the international literature. Fazio suggests his move into consulting was aided by the fact that “I studied Counselling Psychology with a subspecialty in consulting. I

took courses in group dynamics, leadership and consulting” (Fazio & Reyes, 2004).

The 'majors versus minors' approach, which found strong support in follow-up interviews (edu5; cons1), provides a good fit with the current move towards unit standards-based education and training in South Africa. Within this N.Q.F.-contextualised education model, there could conceivably be unit standards dealing with consulting psychology, and these could take their rightful place in the vista of outcomes deemed relevant to the practice of psychology in this country. Furthermore, one (or more) of these unit standards could be underpinned by “experiential learning” (Feitelberg, n.d.).

Additional opportunities for the conceptualisation of an appropriate training for consulting psychologists in South Africa are aligned with the general growth and prosperity of the critical psychology movement within this country. This represents an enhanced self-reflectiveness within the discipline as a whole, which can only serve to strengthen any argument in favour of a critical review of current training protocols (edu6).

Another opportunity is reflected in existing moves towards “revamp(ing)” (Grieve et al., 2002, p. 101) current training programmes. It was evident in interviews with participant psychologists that more recent graduates feel better equipped to handle the shift towards the consulting role. This trend, requiring

ratification in future studies, may be attributed to recent embryonic moves by training institutions to diversify clinical/counselling training. However, it could also be explained by the fact that they have not yet spent numerous years in a very specific, focused modality (individual psychotherapy). Psychotherapists who have spent several years honing one specific skill set may find it more difficult to adapt to a context with different demands. This explanation is supported by McLean (cited in Robinson, 2003) who contends that the shift towards consulting-type modalities may involve “some unlearning of the styles and goals of therapy.” In addition, the relative flexibility of more recent graduates should be weighed against the quintessential “*growth period*” (psych7) and “psychological maturity” (Lowman, 2002, p. 880) factor discussed previously.

Opportunities facing the consulting psychology modality in South Africa specifically are discussed by Lowman (2005, November). He suggests that South Africa is “a country ripe for consulting psychology expertise (p. 27) and that there is a “powerful opportunity to apply psychology’s values...to address social problems of the day” (p. 27). This view is echoed by Boyce (2006) who suggests consulting psychologists are “aptly positioned” to provide expertise in contexts characterised by paying “the price of ignoring diversity”, citing “post-Apartheid South Africa” as an example.

The potential value of the consulting psychologist in the South African context is rooted in his/her ability to “constantly look for answers in the restatement and

redefinition of problems” (Tobias, 1990, p. 6). The persistence of issues which could conceivably have been resolved within the first decade post-democratisation argues strongly for a “restatement” and “redefinition” of these problems.

## **6.2 Threats**

A primary threat to the legitimisation of consulting psychology as a practice modality is the lack of “theoretical consistency” (Tobias, 2004, p. 3), “true theories” (Brown et al., 1998, p. 9), and “*consulting models*” (edu1). This factor may underlie the lack of formal training in consulting psychology, but this can be seen as a 'chicken or egg' scenario. If legitimate professional training was provided, the amount of consistent, scientific, scholarly research in the area would undoubtedly increase, providing a more substantial and consistent theoretical base for future training programmes. It appears, at this point, that consulting psychology in South Africa may be approaching a crossroads in its history. The provision of research opportunities may be the deciding factor in the future legitimisation of the modality.

Related to the lack of theoretical consistency in consulting psychology is the fact that the definition and scope of the modality remain poorly conceptualised. This factor is at the heart of debates around whether it is a specialisation, a sub-discipline or a practice modality and whether it does, in fact, need to be regulated separately from other specialisations/sub-disciplines/practice modalities. While

this thesis presents consulting psychology as a practice modality, cutting across all psychology's sub-disciplines and specialisations, some debate does exist around this issue. This is a further threat to the legitimacy of consulting psychology as a valid expression of psychological skill.

Both edu4 and edu5 concurred that not enough is being done in current training to provide the types of skills required for success in a consulting role, suggesting that "*changing times*" (edu4) necessitate a change in training approaches.

However, as mentioned previously, they cautioned against the approach of simply "*overloading*" (edu4) current training by adding an additional set of outcomes to an "*already overloaded*" (edu4) clinical/counselling training programme. This appears to provide advocacy for a distinct, specialised training programme for neophyte consultants, but both educators echoed the caution against "*throw(ing) the baby out with the bath water*" (psych2).

Hence, there appears to be a threat to the conceptualisation of appropriate consulting psychology training associated with the sheer volume of competencies required. This factor, added to the "maturity" (Lowman, 2002, p. 880) and "*growth period*" (psych7) factors discussed in 5.4 "*A new training paradigm*", provides some backing for the current approach of training only senior psychologists for this modality, as employed in UNISA's Doctoral programme. This approach assumes that certain core competencies are in place, avoiding the 'overloading' threat to a specialised consulting psychology programme.

The 'overloading' threat also suggests that some form of specialisation within the consulting psychology practice modality is mandatory. This is supported by Cooper (cited in Gravenkemper, 2001) who argues "it's a huge field and developing knowledge and consulting acumen requires some levels of specialisation".

With regard to governance of consulting psychology, edu5 raised concerns around setting up a distinct registration category for consulting psychologists, in a context where psychology is "*already over-regulated.*" He did, however, concede that the ethical spin-offs of leaving the consulting field entirely unregulated (as is currently the case) are undesirable. A comment from an anonymous participant at *The International Theoretical Psychology Conference in Durban, South Africa* (June 30, 2005) offered that, currently, the only regulation within the field of consulting is that "*If you are no good – nobody will hire you again.*" However, the danger in this self-regulation is linked to that fact that the lay-person (psychologically-speaking) hiring the consultant is often misinformed about what he/she/the organisation actually needs, and may have limited insight into the actual impact or outcome of the consultant's intervention. As a result, some regulation (perhaps tied to registration), and the resultant adoption of a code of ethical practice, could prevent (to a degree) unscrupulous consultants from 'selling' substandard services to uninformed consumers.

Support for some form of regulation is provided by Amberg (cited in Kinkaid, 2003) who suggests that “individuals who are often untrained in psychology find their way into 'consulting' or 'coaching' roles that are sometimes beyond their scope” and “companies buy the 'cheapest' professional service, without sufficient regard for the qualifications of the provider.” Weinland (cited in Kinkaid, 2003) echoes this notion, stating that:

I find myself spending 25% of my time 'selling' potential customers how my services are different from what they may have received in the past. It seems natural to have to do this, as credentialing for 'consulting' work does not exist (i.e., anyone can be a 'consultant' or call themselves an 'executive coach'), and the definition of our field [consulting psychology] is not uniformly defined and agreed upon.

While some participants (for example psych7; edu6) questioned the value of professional registration in a consulting environment (and hence questioned the value of a distinct registration category for consulting psychologists), most agreed that there is a need for some form of regulation, such as the adoption of a professional code of conduct and a mechanism for accountability. Certainly, if current registered clinical/counselling psychologists are using registration with a professional body as a means for gaining credibility for consulting interventions, then some response to the proliferation of the consulting psychology modality is required from psychology's governing structures. Participants indicated that

professional registration does provide a degree of credibility, with, Psych1 suggesting that, in a consulting context, his “*credibility*” rose “*ten-fold*” when his client discovered he was a registered psychologist.

A threat to the consulting psychology modality, in the light of potentially incomplete training and a lack of proper regulation, is posed by the absence of formal ethical guidelines. This threat is elucidated by Amberg (cited in Kinkaid, 2003): “Integrity in ethical applications is critical. Knowing one’s limits is crucial. Repeatedly, almost daily, the consultant must ask ‘is this in the best interest of the client over my own?’” Since the shift from clinical/counselling psychology is becoming increasingly manifest, if appropriate training routes remain scarce and difficult to access, and the field of consulting remains unregulated, unethical behaviour is almost inevitable because consultants will be hard-pressed to avoid practising in areas where a need exists, but that lie beyond their area of expertise. Inadequately trained consulting psychologists may even find it difficult to recognise that they are practising beyond the scope of their expertise, just as an inadequately trained psychotherapist would probably be oblivious to the potential negative spin-offs of poorly conducted psychotherapy interventions.

Ethical issues within the consulting psychology modality are exacerbated by the fact that “Often, those who call upon psychologists for consultation cannot differentiate among the specialists. Therefore, the prospective consultant must

herself delimit the nature of the problem and her competence to help resolve it” (Lowman, 2002, p. 318). Insufficient training intensifies this problem because “unfortunately, too often, some with a limited range of skills are ready to apply them to every problem. That tendency recalls the old saw that if one gives a child a hammer, everything gets hammered” (p. 318). This provides clear backing for the threat posed by an unaddressed shift from clinical/counselling programmes which are 'not sufficient' (core category) for success in consulting psychology. [Ethical issues within the consulting Psychology modality are explored more fully in Robinson's (2003) “Spotlight on Consulting Issues: Ethical Issues”, and investigated within the South African context in Smith, van Vuuren and Visser’s (2002) “Client-consultant ethical relationship considerations within management consulting”.]

Edu6 alluded to a further threat to the future of consulting psychology. He suggested that many students entering professional psychology training programmes are unaware of the vista of career options available to graduates. He indicated that most psychology students remain indoctrinated by the predominant “*hierarchy*” (edu6) within the discipline in South Africa, which sees clinical psychology as the pinnacle of psychological practice, followed by counselling, educational and the “*others*” (edu6). Alternative expressions of psychological expertise, which are arguably more pertinent and useful in the South African context, do not appear on these students' radars. This was confirmed by edu7.

A further threat to the future of the consulting psychology modality involves the motivation behind the shift. When alluding to their motivation for making the shift from psychotherapy-practice towards consulting psychology, it is interesting that no participant psychologist indicated that s/he was motivated by a move towards a more socio-economically and/or culturally relevant psychology for the South African context. In fact, the topic of the socio-cultural relevance and economic accessibility of individual psychotherapy for the average South African did not surface in any conversation with participating psychologists. This, fortunately, can be strongly contrasted with the drive amongst many participant educators for a shift towards greater relevance, who indicate that failure to make this shift is resulting in psychology in South Africa being “*left behind*” (edu7).

Most participating psychologists indicated that they made the shift for one or both of the following reasons: Financial limitations of a full-time therapy practice versus the financial allure of lucrative consulting contracts; and/or escaping the varying degrees of “*emotional burnout*” (psych7) which appear “*almost unavoidable*” (psych5) in a full-time therapy practice (although, interestingly, some experienced consulting as *more* emotionally demanding).

The former ‘fiscal’ motivation, wherein psychologists make the shift to rise above financial constraints, is deemed by edu5 as “*one of the biggest threats*” to the legitimacy of consulting psychology. This implies that consulting psychology is nothing more than a default for psychotherapists struggling with limited

financial resources. However, it must be said that the escapist motives for making the shift were not consistent across all participant psychologists. Some alluded, instead, to the “*excitement*” (psych6) of working in environments with a different “*pace*” (psych2) and “*vibe*” (psych2), or the chance to “*exercise a different muscle*” (psych3). So the threat represented by escapist motives is not absolute. None-the-less, motives grounded in attempts at greater relevance and accessibility of psychological services in South Africa would be more encouraging for the discipline of psychology as a whole.

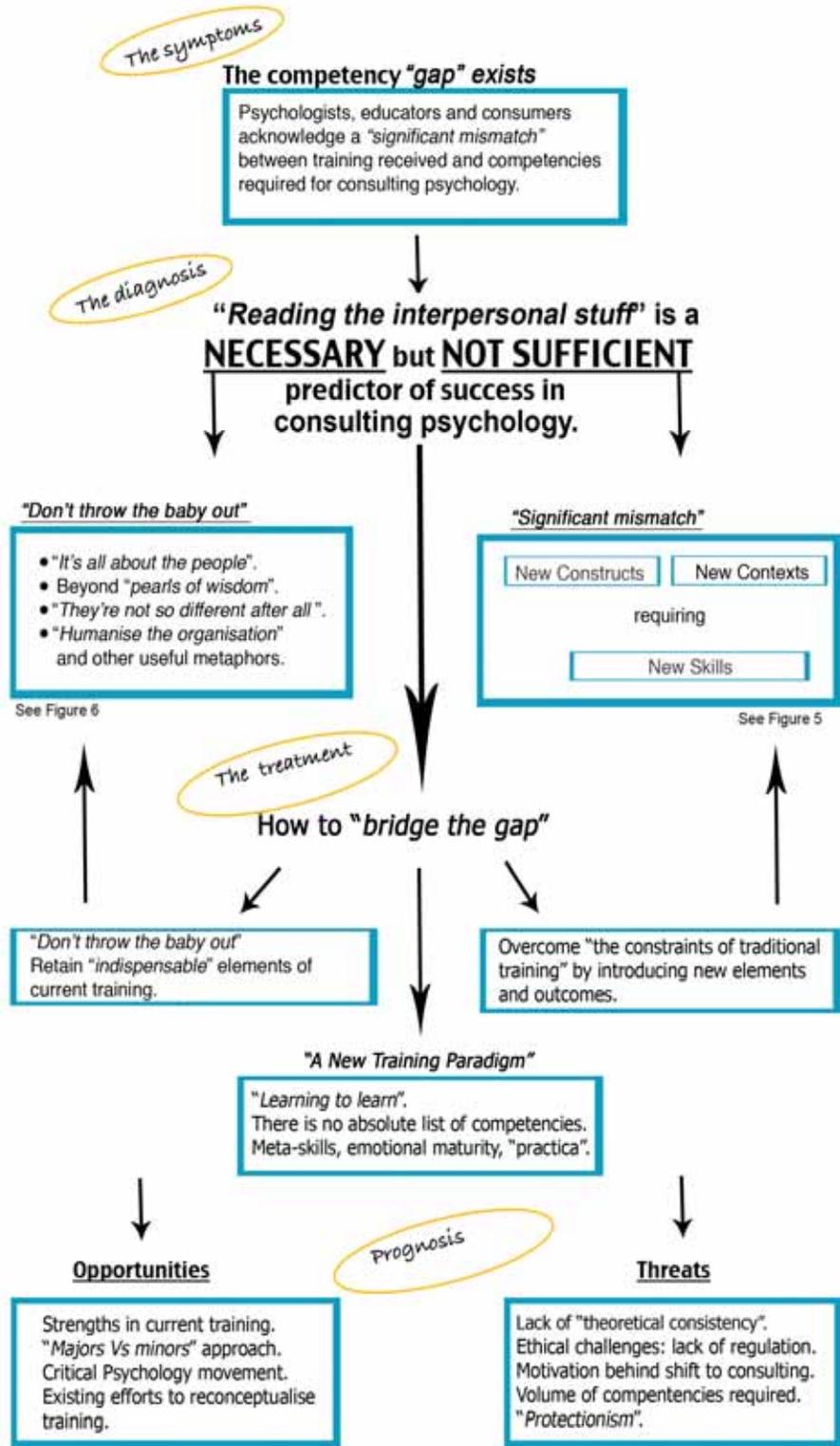
A further threat referenced by both edu6 and edu7 involves the aforementioned “*protectionism*” (edu7) evident amongst more established educators. These educators, who have in many cases been teaching psychology for decades, tend to be quite vehement in their endorsement of the expressions of psychological skill with which they are comfortable and familiar. This purported failure to embrace the “*shifting landscape*”

(edu2) serves to stifle integration of alternative (perhaps more relevant) approaches into training at established South African education and training institutes.

The threats and opportunities facing the consulting psychology practice modality are incorporated, in summary, into the final diagrammatic depiction of the shift to

consulting psychology, grounded in the input of the participants in this study.

This is presented in **Figure 8**.



**Figure 8: Final diagrammatic précis of the participants' perceptions of the shift to consulting psychology**

## CHAPTER 7: CONCLUDING PERSPECTIVES

While findings indicate that the dominant training paradigm in South Africa may require review in order to meet the changing needs of both providers and recipients of psychological services, it is evident that many elements of current training are invaluable, and retention thereof is prescribed. Further reconceptualisation and the cultivation of a self-reflective approach to the training of psychologists are indicated.

### 7.1 Limitations of the Present Study

Qualitative investigations intrinsically educe questions around representivity and generalisability. Since grounded theory research should not make claims relating to representivity of a sample, the results cannot be generalised to a population.

It must be explicitly stated that, just because the participants in this study expressed the reported views relating to the value of clinical/counselling training in a consulting modality, not all practitioners within psychology-related industries would inevitably share the view that “*Reading the interpersonal stuff*” (eduFG) is a necessary but not sufficient predictor of success in a consulting modality. This is evidenced even within the sample, by the fact that much contradiction was encountered between the views of participants. Grounded theory is a method that thrives on contradiction, precisely because it does not claim to arrive at any one unitary, universal truth. The core concept itself represents an attempt at an all-encompassing mid-ground between those who suggested their training was

useful, and those who indicated it lacked key elements. Follow up interviews indicated that a significant proportion of participants concurred with the core concept but, nonetheless, it cannot safely be generalised beyond the sample and the contexts they operate in.

The inclusion of this factor under the heading **Limitations of the Present Study** as opposed to under “Weaknesses” of the study (as in Lang, 2002, p. 146) is significant. It is the view of the researcher that the inability to generalise from a grounded theory study represents a *limitation*, but not a *weakness*, as grounded theory does not make claims regarding generalisability.

While this study is a first step in investigating the shift towards consulting psychology and its implications for training, the choice of a grounded theory approach implies acknowledgement that the 'results' are never absolute: they remain fluid. This may be perceived by some as a weakness, but – as with the previous limitation - it is a limitation that is accepted and acknowledged prior to embarking on the study. The study makes no claims other than to have provided a reflective dialectic which may lend itself to further investigation. This further investigation may seek to be empirical, quantifiable, generalisable and statistically significant. This study did not seek these outcomes.

Limitations more specific to this particular application of the grounded theory method include the fact that the researcher was inexperienced as an interviewer

and analyser of qualitative data. While many steps were taken to minimise the impact of this inexperience (see **3.6.1.2 The role of ‘Researcher Effects’**), previous researchers (for example Lang, 2002) have cautioned against the use of grounded theory by inexperienced researchers. This limitation could have been contained through the use of computer programmes for analysis, but that would have introduced different limitations. Ultimately, the researcher saw full engagement in the process as a means of attaining the aforementioned experience, but this remains a limitation of the present study.

Relating to this limitation is the issue of confidentiality. Since absolute anonymity and confidentiality were guaranteed by the researcher (for two of the participant groups), and the researcher remained committed to the justification for and importance of this, the option of having the analyses verified by a neutral outsider was nullified. The verification of the analysis by a neutral outsider would likely have enhanced the validity of the study. However, simply withholding the names of participants would not have sufficed in this case, as reading of the transcripts by an expert in the field may have lead to an association being made between the transcript and a colleague of this professional. It was important to the researcher (and the research) that the participant psychologists (for example) felt free to speak frankly and openly about their own skills deficits and potential disillusionment with their training, unencumbered by fear of professional persecution.

A further limitation of the present study is that the modality of consulting psychology was discussed throughout as if it is a homogenous, unified entity. This is not the case. Consulting psychology is a complex and multi-faceted modality which (like most areas of practice within psychology) has internal tensions and contradiction. These are too numerous to discuss, falling beyond the scope of this study, but an example is the role of theoretical orientation within consulting psychology. This is discussed by Brown, Pryzwansky and Schutte (1998) as follows:

Consultants will, for the most part, use interventions that are tied to their theoretical orientation, that is, behavioural consultants will use behavioural contracts and cost-response interventions, and consultants following a Social Learning Model will use modelling strategies in conjunction with cognitively orientated interventions. (p. 171)

Included in **7.2 Recommendations for Future Research** is a suggestion to explore the nuances of consulting psychology more fully.

Furthermore, within this study, clinical psychology and counselling psychology were treated as single entity. The researcher acknowledges that there may be paradigmatic differences between these registration categories, particularly when one considers the domination of pathology management approaches (stronger in clinical than in counselling). However, the collapsing of many elements of

clinical training and counselling training into a single programme at many South African universities prompted the combination of these for the purposes of this study. This may be viewed as a limitation of the present study but is not unprecedented, with the professional board governing psychology considering a formal “*collapsing*” (edu6) of these (and other) categories to overcome the often contrived differences when applied in practice.

## **7.2 Recommendations for Future Research**

Most importantly, a quantification of the magnitude of the shift amongst clinical/counselling psychologists towards a consulting modality is indicated. Should the magnitude of this shift not be as significant as the researcher assumed when embarking on this exploration (based on anecdotal evidence), this will have implications for the choice of action to remedy the “*gap*” (edu1) between clinical/counselling training outcomes and consulting demands. If a large proportion of clinical/counselling psychologists end up in a consulting modality, this would suggest that a reconceptualisation of clinical/counselling training may be needed. If the proportion of clinical/counselling graduates in the consulting arena is smaller, the move towards a distinct training programme is more justified. However, whichever course of action is chosen, the caution against “*throw(ing) the baby out with the bath water*” (psych2) should be heeded as strongly as the need to address the “*significant mismatch between what the context is asking and what psychologist training is offering*” (psych9). Further

research into the appropriate course of action should follow studies investigating the magnitude of the shift.

More in-depth studies into the motivation behind the move from clinical/counselling to consulting modalities are also prescribed. In the current study, the motivation towards finding a more relevant and accessible modality for the majority of South Africans was notably (and disturbingly) absent amongst those involved in the shift. If the predominant motivation is escapist (be it escape from financial pressures, emotional over-demand, or any other undesirable factor), studies into the foundations of these escape-worthy factors should be conducted. This was alluded to by edu7, who suggested that psychology needs to shift its internal focus away from a reactionary approach, towards the root of problems.

Future studies would need to address the question “what would a suitable curriculum for consulting psychology be comprised of?” These should follow more in-depth investigation into the complexities of this multi-faceted practice modality. While the present study provides a glimpse into the 'gaps' in clinical/counselling training as preparation for consulting, it did not attempt to provide curriculum recommendations, nor did it systematically review the curriculum of current clinical/counselling programmes. It is important to remain mindful of the fact that clinical/counselling training is not intended to prepare graduates for consulting, so simply pointing out the 'gaps' in current

clinical/counselling curricula does not begin to provide a useful solution. It does, however, provide justification for further research into the current state of affairs in South African psychologist training.

The need for further research into the specific competencies required for the consulting psychologist is highlighted by Lowman (2002), who suggests that “there have not really been effective, systematic efforts to define and articulate specific competencies for consulting psychologists” (p. 742). Lowman ties this to the lack of “formal training programmes specifically designed to prepare consulting psychologists” (p. 742).

Future studies should also address the current moves within industrial/organisation (i/o) psychology programmes to embrace more of “*the interpersonal stuff*” (eduFG). A participant consumer, who deals regularly with i/o psychologists, indicated that the move towards “*spiritualisation*” (consFG) has impacted on the focus of training for i/o psychologists. This is reiterated in Wilkinson (2004). It may be that more recent approaches to i/o training are providing some solutions to the dearth of appropriate training for consulting psychologists.

It would also be pertinent to investigate the movement of educational, research and i/o psychologists to a consulting modality. This study was limited to the shift amongst clinical/counselling psychologists, but the experiences of those involved

in the shift from other specialisations and sub-disciplines may provide further insight into appropriate training.

### **7.3 Implications of the Present Study**

It is hoped that this analysis might serve a heuristic purpose for those involved in the compilation and formulation of professional training programmes in South Africa, as well as for the governing bodies mandated with providing valid registration categories and ethical codes for professional psychologists.

The call for psychology's governance structures to act in avoidance of the ethical threat posed by an unaddressed shift to a new practice modality is reflected by psych7: *“Top leadership in psychology is such a mess – just look at CPD points – that the lack of proper leadership will result in ill-defined roles and people acting unethically outside of their competencies.”* Ideally, the questions raised in studies such as this will initiate a process of monitoring, delineating and addressing the shift to consulting psychology, and hence understanding and containing the ethical implications thereof.

In addition to potentially eliciting a reaction from the discipline's governing bodies, it is hoped that the individuals entering or 'transitioning' into consulting psychology might reflect on the discourses presented in this study, as they pertain to their own practices and their personal sense of efficacy within their new contexts. This is in keeping with the notion described by Richter (2002) as “In

transforming our practice and in attempting to transform people's lives, we similarly transform ourselves" (p. vii).

Furthermore, it is anticipated that this study might germinate collegial debate around the shift to consulting psychology and that the resultant interaction between the relevant stakeholders may enhance collaboration amongst practitioners, educators and consumers, and contribute towards unification and integration of the practice of, and training towards, consulting psychology in South Africa. This enhanced collaboration may well, in turn, provide the reflective dialectic required for further action research into the nature of the shift towards a consulting psychology modality, the modality itself, and the training that informs these.

On a broader level, it is envisaged that the prescribed review of psychologist training, to incorporate alternative expressions of psychological skill, may impinge on the way in which more relevant (perhaps indigenous) expressions of psychological skill are construed. The need for this is outlined by Nagayama (2005) as "the integration of culture and community contexts into clinical psychology is necessary for it to remain relevant in an increasingly diverse 21<sup>st</sup> Century" (p. 787).

#### **7.4 Synthesis**

While the medical model has, in itself, been criticised for being inappropriately Westernised, and does not provide a congruent fit with a constructionist paradigm, it does provide a useful analogy for synthesising this study<sup>2</sup>:

In terms of the medical model extended metaphor, the presenting symptom (as reported by clinical/counselling psychologists working as consulting psychologists; educators of psychologists; and consumers of consulting psychological services) is that a gap exists between the competencies gained in current clinical/counselling training programmes and the competencies required for success in a consulting modality. While clinical/counselling training makes no claim to prepare graduates for a consulting modality, the shift amongst graduates towards this modality, without first gaining appropriate training, is indicative of a 'problem' or symptom within the discipline of psychology.

The diagnosis, as provided by the participants, is that the skills gained from clinical/counselling training are necessary, but not sufficient, for success in a consulting modality. The difficulty in dealing with a complex diagnosis (one containing seemingly contradictory elements) is that a combination treatment is required.

The treatment prescribed involves retaining certain elements of current training, and introducing new elements equipping graduates with skills, attitudes and

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<sup>2</sup> The medical-model metaphor is used only as a structuring linguistic tool throughout this thesis. No conclusions about content resemblance should be drawn.

values to navigate new contexts dominated by new constructs. In addition, a new approach to training, or paradigmatic shift, is indicated.

Finally, a prognosis, consisting of 'opportunities' and 'threats', provides insight into the elements of this treatment approach which could lead to the concretisation or demise of the consulting psychology modality, depending on how the shift and its implications are managed within the broader discipline of psychology.

### **7.5 Final Recommendations**

The self-reflectivity prescribed for addressing the shift towards consulting should not be seen as specific to, or limited to, this particular modality. On the contrary, these types of self-reflective reviews should be applied constantly and across the board, incorporating challenges relating to the discipline of psychology as a whole. It is hoped that the discourses presented in studies such as this will counteract the trend discussed by Kaye (2005) as follows:

At the 27<sup>th</sup> International congress of Psychology held in Stockholm, Donald Polkinghorne, a scion of Anglo-American psychology, dramatically asserted that in the 25 years since he had first attended the congress, the discipline of psychology had shown no change. As with most such generalisations, his assertion contained both kernels of truth and untruth. On the one hand, within the bounds of its governing

paradigm, the discipline has made great strides and contributed knowledge of many aspects of human behaviour. On the other hand, there are many aspects of human experience and its socio-cultural positioning central to human behaviour that have been considered outside the bounds of the discipline's governing paradigm. From this perspective, psychology has been imprisoned in and by a discourse crafted yesteryear. (p. 179)

Perhaps the reflections proffered by the participants of this study will contribute towards the emancipation of psychology from this ostensible historical conceptual encapsulation. At the very least, it is hoped that these deliberations might rouse the continued moving of psychology towards a wider usefulness, in a country where the demand for relevant psychological services is becoming increasingly evident.

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**Letter of Consent - Psychologist**

Dear

**Letter of Consent**

The interview you are about to participate in forms part of a Masters research project entitled CONSULTING PSYCHOLOGY IN SOUTH AFRICA – MOVING PSYCHOLOGY TOWARDS A WIDER USEFULNESS: *THE IMPLICATIONS FOR TRAINING*. The research has been approved by the Department of Psychology at University of Stellenbosch and is being conducted under the supervision of Prof. Tony Naidoo.

The project focuses on the nature of psychological practice in this country, and the training that informs it. You are asked to be as candid and honest as possible during this interview, as this study – being based on the grounded theory methodology – has no hypotheses to be proved or disproved (so there are *really* no right or wrong answers!). In order to facilitate a truly frank discussion, you are guaranteed total confidentiality and anonymity, with the discourses attained in this interview being treated as the views of an anonymous registered psychologist.

In return for your generous gift of time, the researcher will endeavour to disseminate all findings back to you, as well as any other information which may be useful in the development of your own practice as a consulting psychologist.

Your signature below indicates your explicit consent for participation in this process. You do, however, retain the full right to terminate your involvement at any stage. In addition, your signature is indicative of your consent for this interview to be audio-recorded. Should this be problematic for you, please indicate this to the interviewer so that a mutually agreeable alternative can be negotiated. You also retain the right to have your audio-tape returned to you or deleted.

Your time and willingness to share your insights are genuinely appreciated!

\_\_\_\_\_  
Paul Thomas  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

**Letter of Consent - Educator**

Dear

**Letter of Consent**

The interview you are about to participate in forms part of a Masters research project entitled CONSULTING PSYCHOLOGY IN SOUTH AFRICA – MOVING PSYCHOLOGY TOWARDS A WIDER USEFULNESS: *THE IMPLICATIONS FOR TRAINING*. The research has been approved by the Department of Psychology at University of Stellenbosch and is being conducted under the supervision of Prof. Tony Naidoo.

The project focuses on the nature of psychological practice in this country, and the training that informs it. You are asked to be as candid and honest as possible during this interview, as this study – being based on the grounded theory methodology – has no hypotheses to be proved or disproved (so there are *really* no right or wrong answers!). As an identified leader in this paradigmatic shift, the researcher would like to associate your views with your name and position as an educator, and report your input as such. If you would prefer to remain anonymous, please indicate this to the interviewer.

In return for your generous gift of time, the researcher will endeavour to disseminate all findings back to you, as well as any other information which may be useful in the development of your own practice as a psychologist and educator.

Your signature below indicates your explicit consent for participation in this process. You do, however, retain the full right to terminate your involvement at any stage. In addition, your signature is indicative of your consent for this interview to be audio-recorded. Should this be problematic for you, please indicate this to the interviewer so that a mutually agreeable alternative can be negotiated. You also retain the right to have your audio-tape returned to you or deleted.

Your time and willingness to share your insights are genuinely appreciated!

\_\_\_\_\_  
Paul Thomas  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant

## Letter of Consent - Consumer

Dear

### Letter of Consent

The interview you are about to participate in forms part of a Masters research project entitled CONSULTING PSYCHOLOGY IN SOUTH AFRICA – MOVING PSYCHOLOGY TOWARDS A WIDER USEFULNESS: *THE IMPLICATIONS FOR TRAINING*. The research has been approved by the Department of Psychology at University of Stellenbosch and is being conducted under the supervision of Prof. Tony Naidoo.

The project focuses on the nature of psychological practice in this country, and the training that informs it. You are asked to be as candid and honest as possible during this interview, as this study – being based on the grounded theory methodology – has no hypotheses to be proved or disproved (so there are *really* no right or wrong answers!). In order to facilitate a truly frank discussion you are guaranteed total confidentiality and anonymity, with the discourses attained in this interview being treated as the views of an anonymous consumer of psychological services.

Your signature below indicates your explicit consent for participation in this process. You do, however, retain the full right to terminate your involvement at any stage. In addition, your signature is indicative of your consent for this interview to be audio-recorded. Should this be problematic for you, please indicate this to the interviewer so that a mutually agreeable alternative can be negotiated. You also retain the right to have your audio-tape returned to you or deleted.

Your time and willingness to share your insights are genuinely appreciated!

\_\_\_\_\_  
Paul Thomas  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant