DOCUMENT RESUME

ED 201 952 CG 015 183

AUTHOR Glynn, Thomas J.
TITLE Consultant Roles in a Federal Health-Related Agency.
PUB DATE Sep 80
NOTE 19p.; Paper presented at the Annual Convention of the American Psychological Association (88th, Montreal, Quebec, Canada, September 1-5, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Change Agents; *Change Strategies; *Consultants; *Consultation Programs; Federal Programs; *Health Services; Individual Characteristics; *Intervention; Public Agencies; *Role Perception; State of the Art Reviews; Technical Assistance

ABSTRACT

Most current theories about consultation may be subsumed under two models. In the purchase model, an organization defines its problem and hires a consultant. In the doctor- patient model, a consultant diagnoses an implied need and suggests remediation. A third approach, process consultation, recognizes the value of the clients' expertise in consultation. Approaches to consultation intervention employed by a con- sultant are: acceptant, catalytic, confrontive, prescriptive, or theoretical. Consultants must have a specific area of knowledge, certain emotional characteristics, and many skills to be successful. In the Division of Research of the National Institute on Drug Abuse, consultants are utilized as: (1) scientific and technical reviewers of grant proposals and contractual proposals; (2) participants on the National Advisory Council on Drug Abuse; (3) members of the Contractual Consultant Services; (4) consultants for the Technical Review/Research Analysis and Utilization System; and (5) consultants for the Division of Research Staff. In accordance with current theories, these consultant roles usually follow the purchase model, using prescriptive intervention with consultants possessing knowledge about a specific area. However, these consultants are task-oriented rather than problem-oriented, and their services are often provided indirectly through contractors rather than directly to the agency. (NRB)

Consultant Roles in a Federal Health-Related Agency

September 1980

Thomas J. Glynn, Ph.D.
National Institute on Drug Abuse*
Division of Research
Psychosocial Branch
5600 Fishers Lane
Rockville, Maryland 20857

Presented at the Annual Meeting of the American Psychological Association, Montreal, September 1980.

* This paper does not necessarily represent the views of the National Institute on Drug Abuse

CONSULTANT ROLES IN A FEDERAL HEALTH-RELATED AGENCY

In the preface to their comprehensive volume on the topic of consultation, Blake and Mouton (1976) suggest that consultation and education are possibly the two most important influences in our society. Further, they state that, of the two, it is consultation which may be of greater importance. It is not the purpose of this paper to examine or question this contention; however, it will be seen that, although the role of consultation in the Federal Agency to be discussed here is important it may not be the all-encompassing process envisioned by Blake and Mouton.

What this paper will examine is the role consultants are able to play in a major division of one Federal health-related Agency, the National Institute on Drug Abuse (NIDA). This Agency, and its specific component being considered here, the Division of Research, are selected not only because of the author's familiarity with their functions but also because they provide a good example of the range of useful and productive roles which consultants are able to play in relation to the health-related research goals of the Federal government.

These consultant roles will be considered in the context of several existing models of consultation and similarities and distinctions between these models and the NIDA consultant roles will be noted. A brief discussion of current consultation models will be followed by a presentation and discussion of the role of the consultant in the NIDA Division of Research.

Current Models of Consultation

Schein (1969) points out that there are few typologies or explicit models of the consultation process. Those that have been specified are typically discussed in the context of a specific consulting situation (e.g. Argyris, 1961) rather than developed from a broader theoretical base (e.g. Blake and Mouton, 1976). Further, many models are discipline specific, that is they have been developed for use in a particular consultation context, for example mental health (Caplan, 1970) or business management (Tilles, 1961).

Nevertheless, a number of commonalities run through these various approaches. These commonalities may be considered as types of models, specific kinds of consultation, and characteristics of the consultant.

Types of Models. From his review of the literature and field experience Schein (1969) concludes that most types of consultation may be subsumed under two models. The first is what he terms the "purchase model" in which a group or organization (1) defines a need or problem, (2) determines that this need or problem cannot be met or solved within the group or organization, and (3) hires a consultant to meet the need or solve the problem.

The commodity "purchased" may be information or a specific service but, in either case, it is assumed that the organization knows in advance what information or service is being sought. The success of the consultation depends on whether the organization has correctly assessed its own need or problem, whether this need or problem has been accurately communicated to the consultant, whether the consultant chosen is appropriate for the task

and whether the consequences of the changes or solutions suggested by the consultant have been thought through in advance by the organization.

The second model identified by Schein is the "doctor-patient model". The problem or need being addressed by this model is broader than that of the purchase model. Here, the consultant is brought in to diagnose an implied but not yet specified problem or need. The consultant is to find out what is wrong with the group or organization and then suggest a plan for remediation.

The success of this model depends, first, on the receptivity of the group or organization to a diagnosis. They may truly not recognize that a problem exists, they may recognize a problem but be unwilling to admit so to an "outsider", or there may not be a problem at all, in which case they may direct anger at what they consider to be the unnecessary intrusion of a consultant. The second basis for the success of this model lies in the willingness of the organization to accept and implement the remedial plan suggested by the consultant. If the consultant does all the diagnosis and the organization remains passive, it reduces the likelihood that his or her suggestions will be adhered to.

Finally, Schein himself suggests an approach (Schein, 1965, 1969; Schein and Bennis, 1965), process consultation, which addresses some of the difficulties noted in these two models. Schein defines this approach as

> ... A set of activities on the part of the consultant which help the client to perceive, understand, and act upon the process of events which occur in the client's environment (Schein, 1969, p.9)

Essentially, Schein's approach recognizes that the client also has an

expertise, i.e. intimate knowledge of the organization or group, and that this knowledge should be utilized to make optimum use of the consultation. Schein also acknowledges the psychological importance of involving the client in the consultation, asserting that this involvement increases the likelihood of the ultimate adoption of the suggestions which will be made.

Kinds of Consultation. Among the issues Blake and Mouton (1976) deal with in developing their theory of consultation are the kinds of intervention which a consultant may employ. They identify five kinds: (1) Acceptant: The consultant helps the client be as open and honest as possible by creating an atmosphere in which the client will feel free to express his or her personal thoughts about the situation at hand without fear of adverse judgment or rejection. This will enable the client to be more objective about the situation and perhaps reach solutions which would not have been possible iff the atmosphere had been less open; (2) Catalytic: In this approach the consultant helps the client collect data and information which will enable the client to reach a greater awareness of the problem and develop means of dealing with it; (3) Confrontation: The consultant challenges the client to present and examine, as objectively as possible, the assumptions on which current actions are based. It is hoped that this will reveal to the client the possible subjective and value-laden assumptions which may be affecting decision-making in the group or organization; (4) Prescription: The consultant analyzes the situation, tells the client what to do to fill the need or solve the problem and/or does it for him; and (5) Theories/Principles: The consultant offers theories and principles

applicable to the client's problem and then helps the client see how these theories can be used to solve the problem. Ideally, the client will learn these theories/principles so well that they will be able to use them to deal with similar future situations without outside help.

Blake and Mouton point out, of course, that any consultation situation will not necessarily be limited to use of only one of these kinds of intervention. The confrontation approach may, for example, be most appropriate at the beginning of an intervention after which the catalytic approach may become most useful.

Consultant characteristics. Hampton et al. (1973) note that the consultant goes by many names depending upon the situation in which he or she is active, for example "change agent", "practitioner", "interventionist", or "facilitator". The person who is to fill these roles must have a broad array of characteristics if they are to be successful. Hampton et al. suggest a basic list of these characteristics. First, the consultant must have a specific area of knowledge. He or she must be able to bring new insights to the group or organization which would not have been possible without this knowledge. Second, the consultant must be a person with certain emotional characteristics. The interests, attitudes, values, beliefs and assumptions of the consultant should be knowledge-based but flexible enough to deal with human behavior as it is and as it ought to be. Finally, the consultant must possess a number of skills, usually developed and honed through experience. He or she must, for example, be able to translate theoretical knowledge into practical use in specific situations and know how to give suggestions in such a way that they will be helpful rather than destructive.

With this background in mind, the role of the consultant in the NIDA Division of Research will now be discussed.

Consultant Roles in the Division of Research, National Institute on Drug Abuse

As may be seen in Figure 1, the Division of Research (DR) is one of the four major divisions of NIDA. The primary goals of the DR are to develop research grant and contract programs to meet national needs and provide current research findings to relevant professional fields as well as the general public. In meeting these goals, consultants are utilized in the following ways:

a) Scientific and Technical Review of Grant Proposals. The NIDA peer review system for grant applications is based upon two sequential levels of review, referred to as the "dual review system." The first level of review is performed by review groups which are established, in general, along disciplinary lines and consist of experts in relevant research or technical fields. These groups are formally chartered and are referred to as Review Committees, Study Sections or Initial Review Groups (IRGs). The Committees consist of 12 to 26 members each and have as their primary function the review and evaluation for scientific and technical merit of research, demonstration, and training grant applications. The second level of review

of grant applications performed by the National Advisory Council on Drug Abuse (see below).

Responsibilities. A scientific review group is composed primarily or exclusively of non-Federal scientists and experts in the fields of research, treatment, prevention, and training who are selected by the Institute for their competence in the particular scientific or programmatic areas for which that group has review responsibilities.

Grant review committees usually meet three times yearly. Each meeting generally requires three or four days of intensive review of proposals. Six to eight weeks before the meeting date, the Executive Secretary, who is a health scientist administrator, assigns specific applications to each member who prepares detailed, written critiques prior to the meeting and leads the discussion of these applications at the meeting. In addition, every member is expected to read and be prepared to contribute to the discussion of all other applications to be reviewed at the meeting. Members also participate in project site visits when these are deemed necessary for an adequate review of a specific application and to survey, as scientific leaders, the status of research in their field. Members generally serve terms not to exceed four years.

Member Selection. The primary requirement for serving on a review committee is competence in a basic scientific or clinical discipline, or research speciality, or in a specialty field within the broad health services delivery category. Qualifications to serve on research review committees include the quality of research accomplished, publications in refereed scientific

journals, and other significant scientific activities, achievements, and honors. Usually a doctoral degree or its equivalent is required.

Selection criteria for service on other committees include, but are not limited to, research and scientific activities, drug abuse knowledge, experience in health service delivery, program management, training, treatment, and evaluation. Service also requires mature judgment, balanced perspective, objectivity, ability to work effectively in a group context, commitment to complete work assignments, and assurance that the confidentiality of proposals and discussions will be protected.

In addition to the individual characteristics outlined above, such factors as geographic distribution and adequate representation of ethnic minority and female scientists and health professionals must be considered. Further, no two members from the same institution in the same city may be appointed to the same committee. For standing committees (IRGs) an interval of one year must occur before reappointment to an ADAMHA or NIH committee, and no member may be appointed to serve simultaneously on two chartered committees of the Department of Health and Human Services.

Recommendations for membership originate with NIDA Executive Secretaries who draw on personal knowledge of the scientific and professional disciplines required and of scientists who are making significant research contributions, academic credentials of investigators, lists of female and ethnic minority scientists, scientific publications, recommendations from NIDA staff and current and former committee members and self-nomination.

b) National Advisory Council on Drug Abuse. As noted above, the second level of review of grant applications is performed by the National Advisory

Council on Drug Abuse. This group is comprised of both scientists and non-scientists and has broader responsibilities than the IRG's. The mix of members brings to bear on the grant review and award process their knowledge in each of the relevant programmatic areas and familiarity with NIDA policies and procedures. In addition to making final recommendations on grant applications, the Council offers advice and makes recommendations on policy matters of significance to the mission and goals of the Institute.

Recommendations for Council membership originates in the Office of the Director (see figure 1). Suggestions are sought from the other staff and sources outlined above.

c. Scientific and Technical Review of Contract Proposals. NIDA's contract review system is based upon a single level of review by a minimum of five individuals for each contract project. The peer review group for each contract project is selected along disciplinary lines and consists of experts in relevant research and health service delivery fields. Peer review committees require a minimum of four non-Federal members.

Contract committees are not chartered committees, but are convened individually to conduct a particular review. Each committee's primary function is the review and evaluation for scientific and/or technical merit of proposals received in response to a specific request.

Responsibilities. Contract review committees are convened on an ad hoc basis to review proposals received in response to specific announcements published in the Commerce Business Daily. Members may be invited to

serve on more than one committee, but there is no specific term of service. Each meeting generally requires one or two days of intensive discussion of the proposals which have been reviewed prior to the meeting. The Review Manager is responsible for insuring that the members have completed the reviews prior to the meeting, and that they are prepared to contribute to the discussion of each proposal at the meeting. Members may be asked to participate in a project site visit when it is deemed necessary for an adequate review of a specific proposal. The need for site visits is, however, an exception rather than a rule.

Member Selection. Selection of members for contract review committees follows the same procedure as that for grant review committee members.

One other consultant role in the area of contracts involves what is known as "Concept Review". Since DR staff make specific recommendations concerning research and services which are to be purchased by contract, it has been found to be helpful to have an independent, outside review of these recommendations. Concept Review Committee Members are selected in the same way as grant and contract reviewers and gather once a year to subject the contract concepts recommended by DR staff for the next fiscal year to review.

d) Contractual Consultant Services. A broad range of services are performed by consultants through the contract mechanism. These services are those for which the DR does not have either the time, personnel, equipment or expertise to carry out on its own. Examples of such services are the production of a series of volumes of research summaries for public dissemination or the cultivation of marijuana for research purposes. Consultants are chosen on a competitive basis to perform these services (see previous section for an explanation of this process).

e) Technical Review/Research Analysis and Utilization System (RAUS) Consultants. Two mechanisms exist which enable the DR to bring in consultants to conduct special research reviews of specific topics. The first of these mechanisms, the Technical Review, involves inviting from one to twelve experts to NIDA for a one or two day intensive analysis of a particular research topic. These Technical Review Meetings are DR staff-initiated and the topics are chosen either because there is an immediate need for information in this area or because it is a topic which requires an updated research review. Participants are chosen by DR staff on the basis of their expertise in the particular topic. Examples of Technical Reviews conducted in the past year are a review of the most recent data concerning adolescent inhalant abuse and a review of methodological considerations in drug policy research, focusing on the example of the effects of marijuana decriminalization. The proceedings of these reviews are often published in the NIDA Research Monograph Series.

The second mechanism, the Research Analysis and Utilization System, is designed to conduct broad reviews of particular topic areas and make specific use of previously unpublished NIDA-funded research. Topics are chosen by DR staff and consultants selected on the basis of their familiarity with the literature in the area to be reviewed. After their selection, consultants are sent a package of unpublished literature which they are asked to integrate with the published literature. The completed literature reviews are presented at a meeting held at NIDA and published by NIDA. Examples of recent RAUS review topics are Drug Abuse and The American Adolescent and Benzodiazepine Research.

f) DR Staff Consultants. Finally, a significant portion of the tasks carried out by DR staff are consultative in nature. For example, staff serves as consultants to researchers seeking grant support. They perform administrative functions (e.g. information on format etc.) as well as give technical advice (e.g. methodological suggestions, areas of acute need). They also respond to public and Congressional inquiries with regard to research related information.

NIDA Consultant Roles in the Context of Current Consultation Models

As may be seen from the above the roles of consultants in NIDA's Division of Research, although diverse, follow a similar pattern. They are carried out, in almost all cases, under Schein's "purchase model"; the kind of consultation, using Blake and Mouton's terminology, is almost always "prescriptive" (although in a somewhat different sense than they intended, see below); and, finally, the key characteristic of these consultants is that they possess knowledge about a specific area or topic.

The key distinction, however, between the DR's use of consultants and the models and types of consultation described earlier is that these consultants are not being asked to solve a problem or fulfill a need that the organization is unable to meet. Rather, a significant portion of the work carried out by DR consultants is done because the scientific community and the public feel that the organization itself should not be

the one to carry out these tasks. For example, while NIDA staff have the scientific capability to weigh the merits of grant and contract proposals, the need for a review process which is as objective as possible has created the peer review system and resulting "purchase" of outside consultants' knowledge and expertise (cf. Armstrong, 1980, for a current analysis of the peer review system).

A second distinction concerns whether the consultant provides a direct or indirect service. A direct consultation, considered the norm in most models, is one in which the consultant provides his or her expertise directly to the organization (e.g. peer and concept reviewers, Technical or RAUS Review participants). An indirect consultation is one in which the consultant provides expertise to the agency through a second party, such as a grantee or contractor. The reason this device is used by the DR is, again, an attempt to maintain a strict objectivity in its mission. For example, in the preparation of a volume of abstracts of the major published work on a particular topic, the DR may require the contractor involved in the production aspects of this volume to employ one or more consultants to select the publications for this volume. DR staff could certainly do this, but to avoid even the appearance of biased selection procedures and in the interest of producing the best possible volume, consultant expertise is "purchased" by the contractor and reports are made directly to the contractor, thus keeping the relationship of these consultants and NIDA an indirect one.

While other Institutes and agencies, and even other divisions of NIDA, certainly make use of consultants in other ways, the review above

should provide a reasonable example of the way in which the use of consultants in Federal scientific agencies coincide with and differ from currently accepted models and types of consultation.

References

Argyris, C. Explorations in consultant-client relationships. Human Organization, 1961, 20, 121-133.

Armstrong, B. Peer review: New rules for changing times. APA Monitor, 1980, 2, (9-10), 8-9, 51.

Blake, R.R. and Mouton, J.S. Consultation. Reading, Massachusetts: Addison-Wesley Publishing Company, 1976.

Caplan, G. The Theory and Practice of Mental Health Consultation. New York: Basic Books, 1970.

Hampton, D.R., Summer, C.E. and Webber, R.A. Organizational Behavior and the Practice of Management. Glenview, Illinois: Scott, Foresman and Company, 1973.

Schein, E.H. Organizational Psychology. Englewood Cliffs, New Jersey: Prentice-Hall, 1965.

Schein, E.H. Process Consultation: Its Role in Organizational Development. Reading, Massachusetts: Addison-Wesley Publishing Company, 1969.

Schein, E.H. and Bennis, W.G. Personal and Organizational Change through Group Methods: The Laboratory Approach. New York: Wiley, 1965.

Tilles, S. Understanding the consultant's role. Harvard Business Review, 1961, 39, 87-99.

FIGURE 1

NATIONAL INSTITUTE ON DRUG ABUSE