

Rational-Emotive Consultation in Applied Settings

edited by

**Michael E. Bernard
Raymond DiGiuseppe**

RATIONAL-EMOTIVE CONSULTATION IN APPLIED SETTINGS

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RATIONAL-EMOTIVE CONSULTATION IN APPLIED SETTINGS

Edited by

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Preface

Albert Ellis is primarily known as the founder of an active, directive, and effective form of psychotherapy. Ellis and rational-emotive therapy (RET) are usually not associated with consultation. However, since its inception, the Institute for Rational-Emotive Therapy developed and offered public education workshops to teach people the emotional self-management skills that are at the heart of RET. The Institute was one of the first organizations to offer self-help workshops. Today workshops offering the application of psychological principles to self-management are now part of the standard tools of consultants.

Over the past 25 years there has been a growing increase in the use of RET in consultation. Professionals have been using it at all levels of consultation and in many industries and sectors of public service. RET principles have been used to increase the effectiveness of managers, teachers, and professionals. It has been used to help senior supervisors more efficiently direct organizations. And it has been used as a model for numerous effective stress management programs.

In this volume, we and our contributing authors take the position that almost all consultees when faced with negative events that over a long period of time frustrate them from achieving their goals, experience inappropriately intense emotional reactions such as extreme frustration and anger, panic, or feelings of inadequacy. Such emotional reactions are most often inappropriate because they lead to goal-defeating behavior such as withdrawal or aggression.

The collective experience of contributors of this volume in working with parents, teachers, and managers suggests that consultees have a great deal of difficulty learning how to solve problems differently and make changes in the way in which a family or organization operates because they experience a range of intense emotions which block them from thinking clearly and taking effective

action. We have greatly increased our consultative-effectiveness, including our use of behavioral and organizational consultation methods through the concomitant use of RET as a system of emotional self-management.

Simply stated, unless the consultant engages in emotional problem solving with consultees at all the different levels of consultation, practical problem solving and overall consultation progress will be inhibited.

As RET has become more accepted in the professional community, the consultation applications have increased. However, one of the things lacking until now has been RET consultation literature. This volume attempts to fill that void. We have asked many of the pioneers in RET consultation in applied settings to share their knowledge and expertise. Each chapter in this text focuses on one aspect of RET consultation. Each contributor has written from experience in the application of RET in new areas. It has been our hope that this volume will enable readers to apply RET principles in new ways that they had not considered.

We would like to thank Albert Ellis for his inspiration and perspiration in discussing aspects of this volume with us.

Michael E. Bernard
Raymond DiGiuseppe

*Dedicated to
Jonathon and Alexandra,
Matthew and Daniel*

1 Rational-Emotive Consultation: The Missing Link to Successful Consultation

Michael E. Bernard

Florida Institute for Rational-Emotive Therapy

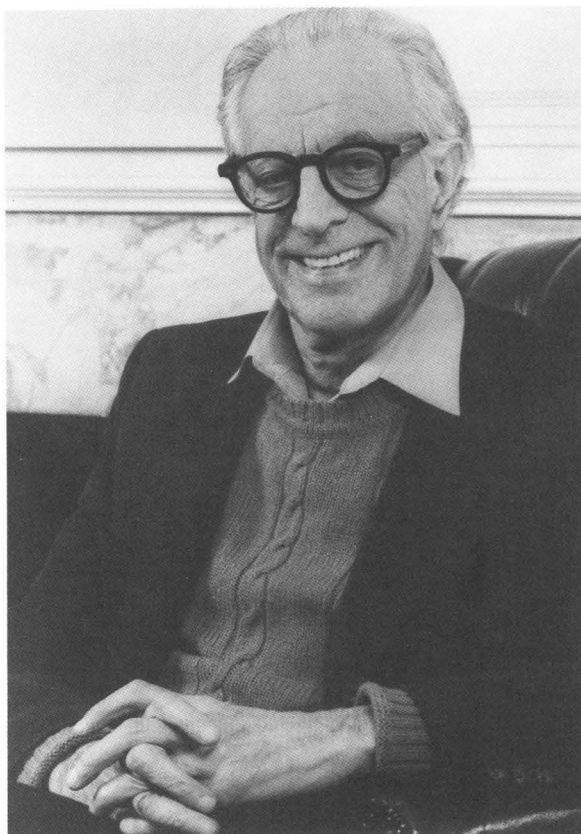
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Sometime in the not so distant future, scholars writing about the development of the theory and practice of consultation will scratch their heads with some perplexity. They will be surprised about a singular sin of omission in the field circa 1990 committed by all but a small group of practitioners sitting out on a lonely isle of consultative practice. The sin of omission they will ponderously note was the failure of consultation models and methods of the late 20th century to consider the dysfunctional and facilitative roles of human emotions as they influence the ability of individuals (consultees) to solve problems and function effectively.

Accompanying their observations and learned hypotheses to explain this anomaly, will appear a photograph of the smiling face of the creator of a theory and practice of mental health who was often controversial in presentation (he was known to utter profanity). His theory maintained that human beings, when faced with events and problems, often experience extremely intense emotional reactions that block their ability to achieve goals. These emotional reactions make it very difficult for them to function effectively and to solve problems. The founder of rational-emotive therapy (RET), Albert Ellis, worked in conjunction with a group of consultants who worked in a variety of educational, business, and governmental agencies around the world. These consultants, who despite resistance emanating from many different quarters, employed rational-emotive consultation (REC) methods to resolve the many and varied problems that troubled most of the individuals and organizations they consulted.

This chapter makes the case that effective consultation requires consultants to examine the role of emotions as impediments or facilitators in the consultation process. The case we make in this chapter, which is reinforced and illustrated



throughout this book, is exceptionally simple and straightforward. When individuals (consultees) seek or require the services of an expert (consultant) to help them solve a long-standing, chronic problem, it is likely that they experience strong, negative emotional reactions to such problems. These emotions may be causing, exacerbating, or preventing them from thinking clearly about and solving these problems. No matter the type of consultation intervention decided on or agreed to between the expert and the individual seeking help, unless these emotional entanglements are directly addressed and reduced, the impact and effectiveness of the consultation, both in the short term and long term, will be greatly reduced.

This chapter provides a RET model of consultation consistent with other contemporaneous views. The application of RET methods at different levels of consultation (e.g., client-centered, consultee-centered, systemic centered) is then illustrated. RET's unique contribution to consultation is then presented in a discussion that distinguishes emotional from practical problem solving. Sim-

ilarities between mental health consultation and rational-emotive consultation, two primary forms of consultation that directly address the emotional involvement of the consultee are examined. The rational emotive theory of consultation, which highlights the role of the *belief system* of the consultee, is then presented. The central importance of what we call the “consultative alliance” in maximizing the effectiveness of REC is introduced followed by a discussion of the different RET consultation methods. The chapter concludes with a look at ways in which RET consultation has been evaluated.

RET MODEL OF CONSULTATION

RET’s view of consultation in applied settings is consistent with other current viewpoints (e.g., Bergan & Kratochwill, 1990; Brown, Pryzwansky, & Schulte, 1987; Curtis & Meyers, 1985; Gutkin & Curtis, 1990; Kratochwill, Elliott, & Rotto, 1990; Zins & Ponti, 1990). For example, rational emotive theory of consultation sits comfortably within the following parameters of school-based consultation as defined by Zins and Ponti:

School based consultation is defined as a method of providing preventatively oriented psychological and educational services in which a consultant and consultee(s) form a collaborative partnership in a systems context to engage in a reciprocal and systematic problem-solving process to empower consultee systems, thereby enhancing students’ well-being and performance. (p. 674)

REC conceptualizes consultation as a collaborative problem solving activity between a *consultant*, who is a professionally trained authority in the area of human relations, mental health, or organizational dynamics and a *consultee*, generally another professional, paraprofessional, or parent who has direct responsibility for teaching, managing, supervising or parenting one or more *clients* who may present a variety of learning, adjustment, academic, or work-related problems.

Consultation offers a more efficient and economical form of support service than the traditional one-to-one service delivery system that characterizes traditional counseling and psychotherapy. Consultation as *indirect service delivery* presents a process that involves consultants helping consultees to improve their interpersonal, client management, and problem solving skills and their complete mental health. Through the transmission of knowledge, and the use of professional skills and mental health techniques, the outcomes of consultation are seen as multifold: (a) an improvement in the ability of the consultee to function in the discharge of responsibilities for clients; (b) an improvement in the general skill level and mental health of the consultee; (c) an improvement in the communication skill, decision-making and problem-solving skills as well as the interperson-

al relationships of members of an organization or family in order to bring about an enhancement of overall functioning of the system.

Proponents of REC (e.g., Bernard & Joyce, 1984; Forman, 1990; Joyce, 1990; Vernon, 1990) view the rational emotive model as distinctive from, yet compatible with other current models of consultation (behavioral, process, organizational, advocacy). As discussed in a separate section, REC shares much in common with mental health consultation. In addition, *REC offers a distinctive cognitive technology of emotional self-management that provides a vital adjunct to all forms and levels of consultation.*

As argued throughout this chapter and this book, RET is an important self-help technology by itself or as an adjunct to consultation employed whenever consultees' level of emotional involvement with issues prevents them solving problems and profiting from the skills and knowledge imparted in consultation.

A BRIEF HISTORY OF RET CONSULTATION

Rational training can help people function more effectively at work by actively teaching them certain basic principles of interpersonal relations which promote better self-understanding as well as increase insight into others. It is applicable to all levels of management in business and industry and to individuals working in the area of "people contact," including labor officials, sales representatives, teachers, clergymen, and military officers. Ellis and Blum (1967).

Ellis (personnel communication) traces the beginning of RET consultation to 1957, the year he published *How to live with a neurotic at work and home*. In this book, he (consultant) showed how RET could help someone (consultee) who was living or working with a difficult person (client) to relate with that person more successfully. This is done largely by consultees learning how not to disturb themselves about the other's neurotic behavior.

Ellis' (Ellis, Wolfe, & Moseley, 1966) book *How to raise an emotionally, healthy, happy child*, illustrates how parents could raise children and solve problems by teaching children to behave appropriately, but also by teaching parents to not upset themselves about their child's problems.

In the 1970s, because of his book *Executive leadership*, Ellis (1972) began to receive invitations by businesses and, in particular, banking groups in the United States and overseas (e.g., Kuwait). These groups wanted to learn how RET could be used to increase work effectiveness and boost work efficiency rather than an improvement in the mental or stress levels of employees. Ellis has commented on how business people appreciate the logic of his ABC model in learning how to manage difficult work situations.

The 1980s and 1990s saw the proliferation of RET's ideas and methods appearing into many commercial business training programs. Not only was RET being borrowed by trainers to increase work effectiveness, but it was in the

forefront in the 1980's tidal wave of stress management programs. Due to the antipathy of business to therapy, all too often RET's direct contribution to different programs has failed to be acknowledged. In the 1990s, RET is increasingly being used in employee assistance programs, in training and development, management leadership development and in the training of human resource personnel.

RET has increasingly been applied in the education arena as epitomized in Bernard's (1990) book *Taking the Stress Out of Teaching*. Since the 1970s, RET has appeared in a variety of educational, parenting, teacher training, and human service professional development programs. It is recognized as having something unique to say in the area of enhancing consultee effectiveness.

EMOTIONAL VERSUS PRACTICAL PROBLEM SOLVING

For sometime now, rational-emotive therapy has distinguished between two different types of problems people can experience (e.g., McNerney, 1985; Walen, DiGiuseppe, & Dryden, 1992): practical problems and emotional problems.

Our motivations for using RET in consultation resulted from our frustration over the years in the lack of skilled application and maintenance of the behavioral strategies we have employed with consultees in collaborative problem solving. Our collective experience of over 30 years of working with parents, teachers, and managers suggests that consultees have a great difficulty learning to solve problems differently because they experience a range of intense emotions such as anxiety, depression, and anger. We have greatly enhanced our consultative effectiveness, including the use of behavioral and organizational consultation methods, through the concomitant use of RET as a system of emotional self-management.

Practical problems are defined as demanding, frustrating, challenging situations, people, or tasks that a consultee faces. Practical problems result from the lack of skills or knowledge required to meet, solve, eliminate, or reduce the frustration or problem.

A common example of a practical problem encountered in parent consultation is the parent of a child diagnosed with an attention deficit disorder (ADD) who lacks the knowledge and skill to manage the child successfully. An example from education is a principal who supervises a teacher with a poorly controlled class who has failed to increase his or her effectiveness after several meetings with the principal. An example from business is the manager who is increasingly expected to participate more fully in and take responsibility for strategic planning and yet fails to do so.

Practical problems require practical solutions that often are the outcome of the consultative problem-solving process. In the scenarios just discussed, the parent could receive constructive advice from a consultant on how best to deal with a

child with attention deficits. These might include training in contingency management, structured learning techniques, or receiving up-to-date information on psychopharmacotherapy. The principal faced with a staff member who fails at classroom discipline would benefit from a consultative process that provides the latest information on classroom management technology, peer support and supervision methods. The manager faced with strategic planning would profit from participating in a training program designed to eliminate barriers to creative thinking and provide instruction in the steps of writing such a plan.

Distinct from practical problems, *emotional problems* consist of the negative disturbed emotions people experience in the face of negative, challenging and demanding experiences, people, situations and problems. People frequently experience *emotional problems about practical problems*. Examples include the teacher who experiences extreme stress about a disruptive class and who also lacks classroom management skills.

Common emotional problems assessed in REC include anxiety, depression, anger and low frustration tolerance. Emotional problems can be quantified along a continuum of intensity and severity. For example, parents with attention deficit disorder children vary in the degree of frustration tolerance and depression they experience regarding their child's learning and behavior. Principals faced with teachers who lack adequate classroom management skills and who fail to respond to guidance, vary greatly in the degree of anger they experience toward the "offending" teacher. Managers faced with strategic planning and preparing future goals, objectives and plans to achieve them, experience emotions varying from mild apprehension to panic.

When individuals, groups, families, or organizations require the services of a consultant to deal with past, present, or potential future problems or issues, it is sometimes because they lack certain practical skills and knowledge. It is usually the case that they have intense emotional involvements. These emotions constitute central problems requiring the consultant's attention.

These same emotional difficulties often impede professional functioning. For example, the increasing requirement for principals to provide performance supervision of teachers can be sabotaged by the principals' emotions (extreme anger, anxiety, low frustration tolerance) toward teachers who fail to achieve satisfactory levels of performance (e.g., Cayer, DiMattia, & Wingrove, 1988).

The goal of REC is the reduction in the intensity, duration, and frequency in the emotional reactions of consultees, which exacerbate the problem and prevent the consultee from solving the problem. The goal of RET consultation is not the removal of all negative emotions. Extreme anger and rage, panic and depression are seen as inappropriate negative emotional states since they most often lead to self-defeating behavior. Irritation, concern, and sadness are adaptive negative emotional states, which motivate individuals to make changes in their own behavior that could cause changes in their outside world.

When used preventatively (e.g., parent education), REC equips consultees

with a range of rational beliefs and emotional problem-solving strategies that will help to inoculate them against the impact of negative events. That is, consultees will not get too upset in the face of bad events.

LEVELS OF RET CONSULTATION

The four-level model of consultation developed by Meyers, Parsons, and Martin (1979) can be used to illustrate the various ways that RET can be employed in consultation and integrated with other forms of consultation.

Level I: RET Direct Client-Centered Consultation

Level I consultation most closely resembles the traditional one-to-one form of mental health service delivery. At this level, the consultant works *directly with the client* (e.g., student, employee) providing psychoeducation or counseling/therapy. However, it differs from the traditional service delivery method because this service is provided in the presence of the consultee (parent, teacher, other).

Pioneered by Virginia Waters (see chapter 2), RET at Level I involves inviting the client's significant other (e.g., parent, teacher) to become an observer-participant in the one-to-one counseling/therapy session. The consultation at this level involves the consultee learning how the client's emotional problems can be understood by RET theory, how the client's irrational beliefs can be assessed, and how to use disputing to correct faulty inferences and irrational beliefs. The consultee learns to understand, diagnose, and treat problems of children in general by observing the consultant conducting RET with a particular client.

A second benefit of being an observer-participant is that the consultee may overcome their own emotional problems toward the client by observing the manner in which the consultant interacts with the client. The consultant models unconditional positive regard, nonblaming, nonawfulizing, and an objective distance from the problem and teaches the client to be more rational. In this way the consultee learns to be more accepting of clients and their problem.

Also, during the counseling/consultation session, the consultee can be used to help the consultant dispute the client's faulty conceptions of reality. The following case illustration demonstrates the process. This mother, participating as an observer-participant learned from the consultant to dispute her child's irrational beliefs.

Case Illustration

Gary, age 10, was referred by his mother for a variety of concerns including noncompliance at home, but, more importantly, for repeated difficulties at school. Gary, a bright, precocious boy consistently arrived at the nurse's office at

school with a variety of physical complaints including a twisted ankle, headaches, and nausea. All of his ills required his mother to leave work to pick him up. Gary was described as having few friends because of his tendency to brag and initiate fights.

When interviewed alone Gary was presented as an overactive, anxious boy with well-developed verbal skills. Assessment of his school-related problems resulted in defensiveness and denial. However, a discussion about his mother elicited openness and initially anger. In particular, Gary was angry about how his mother treated him at home. She frequently argued with him. He believed that she did not offer him enough attention. Gary's mother was invited in at the end of the session. Gary's concerns were shared and discussed. She agreed to get less upset with Gary. Gary agreed to try to get along better and to behave more compliantly. He agreed to do what was fair and reasonable.

The second session, 1 week later revealed some improvement in their relationship. Gary spoke about his recent visit to the nurse's office at school because of his illness. Assessment by the counselor, of concerns surrounding friends and school which may have precipitated his visit revealed little. On this day, Gary's mother had become extremely upset because the school called for her to get Gary early when she was in an important meeting. While she tried to get Gary to stay at school until the end of the day, Gary refused. An assessment of Gary's emotions revealed surface anger and low frustration tolerance ("She should help me when I need it. I can't stand having to wait for her."). A careful assessment of emotions also revealed anxiety and depression about his mother's unwillingness to pick him up immediately from school. He experienced the irrational beliefs "My mother doesn't love me. If she did, she would always come and pick me up. She wouldn't still be at home when I come home from school. She wouldn't have started to work again."

At this point of the session, the RET counselor disputed Gary's conclusions that his mother didn't love him. In addition, he was asked if it was okay to invite his mother into the session to discuss the problem and he agreed.

The counselor explained to Gary's mother the reason Gary was experiencing certain physical symptoms at school as well as why he frequently experienced feelings of anger and ("consequences"). It was explained to Gary's mother that he was not only upset because she was working, ("activating events"), but also because of the way he thought about and interpreted her behavior. "She doesn't love me" ("beliefs"). Gary's mother was shown that to understand Gary's behavior, it was necessary for her to become aware of his feelings. Also she needed to discover the way he interpreted situations and other's behaviors toward him.

The counselor then asked Gary's mother an important question. "What do you think Gary is thinking about when he gets so upset with you at school and home?" When clearly she didn't know, Gary repeated his belief that she didn't love him. His mother helped to dispute Gary's inference. "Is it true that when you get angry with Gary for being difficult at home you don't love him?" "Is the

reason you took a job and are not home for him when he gets home from school because you do not love him?" Gary's mother told Gary in a warm, caring voice that she always loved him, but that now that he was old enough she needed to work again. She said she thought he understood this. Gary seemed ready to accept this explanation and became visibly relaxed. Equally important, Gary's mother understood for the first time not only the role of Gary's beliefs in causing his emotional unrest, but how she could use disputing to changing Gary's beliefs to reduce his emotional upset. This interchange led to a dramatic breakthrough in the relationship between Gary and his mother which maintained itself into the future.

Level II: RET Indirect Client-Centered Consultation

At Level II, the RET consultant works collaboratively with a consultee to resolve a problem the consultee is having with a specific client. RET assumes that in most situations, consultees, be they parents, teachers, or managers, will experience personal reactions toward a student or employee that prevents them from thinking through and effectively dealing with the problem.

In providing indirect service to a client, the RET focus is on the consultee's emotional reactions and irrational attitudes toward the client, rather than on providing practical solutions to the problem itself. The goals of Level II consultation are: (a) to reduce the emotional involvement of the consultee in order to improve problem solving skills; (b) where the consultee cannot solve the problem (e.g., modify student's misbehavior), he or she will feel less upset and stressed; (c) for the consultee to acquire a set of rational, emotional management strategies as well as rational attitudes (e.g., long-term hedonism, nonapproval seeking, self-acceptance), which are then taught to the client.

At Level II, the RET consultant is careful to assess the range of emotional reactions the consultee has about the presenting practical problem including guilt, anxiety, self-downing, low frustration tolerance and anger. Once dysfunctional emotions are detected, the RET consultant, conscious of the need for a consultative alliance (see below), employs a variety of RET methods to change the consultee's interpretations and evaluations, which according to RET theory, cause the emotional upset.

Level III: RET Consultee-Centered Consultation

At Level III, consultation has as its primary focus the overall mental health of the consultee as well as the consultee's repertoire of practical, problem-solving, interpersonal and other skills in order for the consultee to effectively function in their particular role (e.g., Bernard, 1989a; DiMatia, 1987, 1989, 1991). It is assumed that targeting and enhancing consultee mental health and functioning will ultimately result in an improvement in the welfare and well-being of clients.

As discussed below, Level III consultation can be employed with individuals or groups and can be oriented towards prevention or remediation.

When employed as prevention, rational-emotive consultation is designed to teach one or more consultees the emotional self management skills necessary for them to better handle problematic situations they encounter (Bernard, 1989b; Forman, 1990; Forman & Forman, 1980). For example, when REC is integrated within a parent education program, it attempts to teach parents how to better manage their anxiety, guilt, anger, and low frustration so that they are better prepared to deal with the multifaceted activities involved in parenting (Hauck, 1967; Joyce, 1990).

As a problem-solving intervention REC is employed with one or more individuals who are experiencing wide ranging difficulties in managing and coping with the demands of their role. Rather than having difficulty with a particular client, the consultee is seen as lacking a range of skills which are preventing them from successfully discharging their responsibilities. The consultee at this level will frequently experience a large amount of stress concerning their failure to come to grips with aspects of their role and responsibilities.

A recent example of how REC can be employed to improve the overall functioning of a consultee can be seen in the example of the young, inexperienced fifth-grade teacher who was not discharging her teaching responsibilities due to her inability to manage the variety of discipline problems. The RET consultant assessed that not only was the teacher lacking in classroom management skills, but also that her lack of effective strategies were a function of her emotional reactions to the task of discipline and her ambivalence concerning her position of friend to her students versus authority figure. The fact that her reputation was being questioned by parents, colleagues, principal and students alike added increased emotional stress.

Over six sessions of work, the RET consultant helped the teacher to recognize the ways in which her emotions such as anxiety as well her attended need for approval were preventing her from becoming firmer in her management of discipline in her classroom. RET's emotional management skills were also successfully employed by the teacher to not only become less approval-seeking and more assertive with her class, but also to manage her overall level of job stress.

When working with individual consultees at Level III, the RET consultant assesses the range of emotional and practical problems and designs interventions to increase practical and emotional management skills. Emotional management is seen as distinctive to RET.

What has been popularly known as in-service training or professional training courses is seen as synonymous with the goals of Level III consultation. Groups of employees, parents, or teachers who attend courses designed to upgrade their client management and other professional skills can be considered recipients of Level III consultation. Typical workshops which incorporate RET include stress management, burnout, conflict resolution, communication and assertiveness,