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MSOD 614 Assignment 2: Consulting Skills

January 28, 2013

1. Consulting Frameworks: Schein and Block

Edgar Schein describes three basic models for consultation: the “Expertise Model”, “Doctor-Patient Model” and the “Process Consultation Model”. Each rests on a set of assumptions that may or may not be true in any given situation. Schein stresses *“No one of these models will be used all of the time. But at any given moment, the consultant can operate from only one of the them.”* (p. 22). Schein focuses his book on the “Process Consultation Model”, and lists 10 guiding principles that focus on developing the consultant/client relationship: 1. Always try to be helpful, 2. Always stay in touch with the current reality, 3. Access your ignorance, 4. Everything you do is an intervention, 5. It is the client who owns the problem and the solution, 6. Go with the flow, 7 Timing is critical, 8. Be constructively opportunistic with confrontive interventions, 9. Everything is a source of data; errors are inevitable – learn from them, 10. When in doubt, share the problem (pages 6-58, 242-245).

Block also notes three roles consultants choose that he attributes to Schein, but he gives them slightly different name and meaning to them. Block also notes that each role relies on a set of assumptions. Block’s “Expert Role” closely resembles Schein’s “Expertise Model”. Block’s “Pair-of-Hands” role differs slightly from Schein’s “Doctor-Patient Model” in that the consultant is hired on to

complete a specific task, “taking a passive role” where “control rests with the manager”. In Schein’s “Doctor-Patient Model”, the consultant is brought into the organization to find out what is wrong...and then recommend a program of therapy...”, giving more power to the consultant. Block’s “Collaborative Role” more closely resembles Schein’s “Process Consultation Model”. Block writes consultants in this role “don’t solve problems for the manager. They apply their special skills to help managers solve problems themselves.” This closely aligns with Schein’s “the goal of PC is to increase the client system’s *capacity for learning* so that it can in the future fix its own problems.” (p. 19). Block uses the following words “interdependent, bilateral, joint efforts, discussion, negotiation, collaboration, two-way, agreement” whereas Schein uses “own, helped, diagnose, double-loop or generative learning.”

Schein notes the “helping process should always begin in the PC mode”. While Block doesn’t say it as directly, he does list twelve specific steps “to involve the client in the process without unnaturally downplaying your specific expertise”

1. Define the initial problem,
2. Decide whether to proceed with the project,
3. Select the dimensions to be studied,
4. Decide who will be involved with the project,
5. Select the method,
6. Do discovery,
- 7-9. Funneling the data and making sense of it,
10. Provide the results,
11. Make recommendations,
12. Decide on actions.

Block’s twelve steps are a linear process to be done in collaboration with the client. They provide clear, specific steps to help assess any organization. Schein’s principles on the other hand, are non-linear and can be applied at anytime during the entire process. Taken together, these two

frameworks compliment each other. Block does add the importance of “being authentic” which leads to higher trust. It also leads to building a stronger relationship, which relates back to Schein’s ten principals.

2. Applying Block’s Consulting Skills Framework to my 613 Paper

In the past, all of my consulting for the Center for Nonprofit Management has fallen under Block’s “Expertise Model”. They needed a skilled trainer to lead trainings on a specific topics related to capacity building for nonprofit organizations and I fulfilled that role. Interestingly, in my actual workshop with participants, I assume a “Collaborative Role” as a trainer. I ask what they want to learn at the start, I propose a variety of engaging methodologies to engage in the learning material and ask for their suggestions, I clearly state that my role is both a “trainer” and a “facilitator”. In the “facilitator” role, I will work to tap into the existing knowledge and experience of participants and jointly create best practices they can adopt for moving forward.

In the past, when I entered the contracting stage with the Center for Nonprofit Management and other Management Support Organizations like that, they would send me a detailed contract and I would fill it out. In other situations, with small nonprofits I serve, I developed a basic one-page contract for their review. In both cases, I have omitted a few points Peter Block suggests as important components to a contract: the overall problem, details on the product I’ll deliver, support needed from client and feedback from the client after the project finishes. Since reading Block’s book, I updated my contract template and will propose those sections with future clients I serve.

For future consulting assignments with the Center for Nonprofit Management, I'm much more interested in finding opportunities to serve in the "Collaborative Role". Upon reflection, this explains why in the last year I have not pursued opportunities to lead trainings at the Center for Nonprofit Management as much as I used to. The challenge with the Center is that I have engaged with them this role for the last five years. I'm not sure if there are opportunities to serve them in the capacity of a "Collaborative Consultant" in my current capacity their as an Affiliate Consultant with the network. I may inquire about the possibility and note if they exhibit any resistance before any contracting and consulting phase is entered.

3. Personal Reflection

In my own point of view, as I just mentioned, I'm much more interested these days to serve as a "Collaborative Consultant" (especially in service to collaboratives). If I reflect on my own practice, there are times when I exhibit this behavior and times when I wind up taking the role of "Doctor-Patient Model". For example, I'm facilitating an upcoming retreat for a client. In the entry phase, I asked a series of questions to assess their needs, goals, capacities and budget. I then proposed a contract that had goals for the project and the steps I would take to complete the project. This included calling all their board members who will attend the retreat, developing a draft agenda, meeting with their planning committee and finalizing the retreat agenda. My decision to make all of the phone calls puts me more in the "Doctor" role. But I did propose some questions to the retreat planning committee and one of them proposed a question that all agreed

should be incorporated into the phone surveys. I included the question, which puts me more in the “Collaborative” role. Yet, at the end of the day, I made all of the phone calls. A truly “Collaborative” role would have discussed with the planning committee options for a joint-diagnosis of the organization? What could that have looked like? How could everyone in the organization have taken part? On a related note, I proposed a draft agenda based on my conversations with board members and they gave input, mostly “we like” or “we don’t like”. What I didn’t really do was create a space for them to be joint creators in the retreat agenda. Instead of creating the agenda myself, a “Collaborative” role would be to create a process to jointly design the agenda so that they would have greater capacity to do this without me in the future.

As I think about the upcoming Intensive, I want to challenge myself to engage in the “Collaborative” role at all times in order for it to become more intuitive. Every time I’m tempted to give an answer, I want to instead engage in inquiry or dialog. Every time I’m tempted to diagnose on my own, I want to invite others in for a joint diagnosis. Specifically, I want to work on Block’s assertion to be authentic with the client we will serve during the intensive. As we enter the contracting phase with the client, I want to “negotiate wants”, “cope with mixed motivation”, “surface concerns about exposure and loss of control” (ch. 3). In the Discovery and Inquiry phase, I want to intentionally inquire about the problem. I want to use inquiry to get to the “underlying problems” and “name the layers of the problem clearly and simply.”

I also want to keep Schein's 10 principals and Block's 10 steps in mind as I engage with clients and peers in my cohort. Specifically, I want to work on the following from Schein:

- *2. Always stay in touch with the current reality:* knowing the realities of what is going on within me and within the client system require intentional practices of reflection, questioning, inquiry and feeling. It's easy to get in a mindset of assuming I know the reality when in fact I don't. "Always" means everyday, multiple times in a day.
- *3. Access your ignorance:* "I must make an effort to locate within myself what I really do not know and should be asking about." (Schein, pg. 243). I don't do this nearly as much as I need to. I assume I know what I don't know but in fact, I don't actually know what I don't know. Then, there's the huge category of what I definitely don't know that I don't know. Good thing I'm in grad school...
- *9. Everything is a source of data; errors are inevitable – learn from them:* I like this concept that errors are another source of data. And while I don't plan to pursue errors, I look forward to more effectively harvesting them when they occur to learn more about my client and myself.