

**Introduction to  
Process Consulting Skills**

**Michael Beitler, Ph.D.**

**[www.mikebeitler.com](http://www.mikebeitler.com)**

For many years, I have given Process Consulting workshops for consultants (internal and external). Edgar Schein originally developed Process Consulting for “helpers” of all types. The subtitle of Schein’s (1999) book is *Building the Helping Relationship*.

Everybody at various times serves as a helper. Consultants, teachers, trainers, managers, IT and HR professionals, even police officers find themselves in the role of helper. I have given workshops for all of these groups (and more). All of my workshop attendees can immediately see how to apply Process Consulting in their work.

In this special report, we will take a brief look at how consultants can benefit by learning Process Consulting skills.

© 2005 All Rights Reserved - Michael Beitler

No part of this report may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise without the prior written permission of the copyright holder.

### *Three Consulting Approaches*

Schein (1999) believes there are basically three approaches to helping: the expert model, the doctor-patient model, and the process consultation model.

#### The Expert Model

In the expert model, the client diagnoses the problem and then purchases the expertise of a consultant. This is appropriate in some situations. If a company determines it needs an intranet system to enhance its in-house communications, it should purchase the expertise of an IT consultant (based on its own diagnosis).

But the appropriate use of the expert model is based on several assumptions, including:

1. The client can properly diagnose the problem.
2. The client can properly communicate the relevant facts to the consultant.

### The Doctor-Patient Model

The doctor-patient (or physician) model also has appropriate and inappropriate applications. In this model, the patient/client simply describes symptoms. Then the physician/consultant diagnoses the problem and decides on a solution. This model may be appropriate (in some cases required) when the patient/client has little or no knowledge to contribute to the physician/ consultant's decision.

But the appropriate use of the physician model is also based on certain assumptions, including:

1. The consultant can properly diagnose the problem.
2. The client can properly communicate the relevant facts to the consultant.

### The Process Consultation Model

The third model, developed by Edgar Schein, is Process Consultation. In the Process Consulting model, the consultant immediately involves the client as a partner. The consultant and client collaboratively diagnose the problem, design and implement interventions, and evaluate the success of the interventions.

Schein (1999) lists several guidelines for consultant success with the Process Consulting model:

1. The consultant must communicate that the client "owns" the problem.
2. The consultant and client (e.g., line manager) must work together as equal partners.
3. The client knows what will and will not work in its culture, so client participation and "buy-in" are essential.

The Process Consulting model offers several advantages for the consultant:

1. The consultant does not have to be a content (marketing, production, logistics, finance, etc.) expert to be helpful.
2. The consultant does not have to decide what the client must do. The consultant facilitates the client's decision-making process.
3. The client's valuable input is available throughout the process.

### *The Psychodynamics of Helping*

In any helping relationship, there are several possible reactions by the helper (consultant) and the “helpee” (client). Unfortunately, many of these reactions are highly destructive to the effectiveness of the relationship.

The possible negative reactions of the client include resentment and defensiveness, or relief and dependency. Resentment and defensiveness lead the client to look for opportunities to make the consultant look bad. The client may challenge and resist all of the consultant's input.

The client may also react with relief and dependency. Relief is usually expressed as, "I'm so glad you're here." Then the client drops a stack of file folders in the consultant's lap and runs down the hallway. Dependency is expressed by a client helplessly saying, "I don't have any ideas, you are the expert."

Schein (1999) warns consultants about the "Power Vacuum." The power vacuum is how Schein illustrates the possibility of the consultant getting "sucked in" to taking responsibility for the client's problem.

These destructive client reactions are often exacerbated by the consultant's reactions. Client defensiveness is often met with consultant defensiveness and additional pressure to agree with the "expert." I once heard a consultant condescendingly say, "I don't think you understood my suggestion; let me explain it in a simpler way that you can understand." A consultant reaction like that simply escalates client defensiveness.

Consultants are often guilty of accepting and encouraging client dependency. Comments like, "Don't you worry about it, I'll take care of everything," foster client dependency. Frankly, some consultants enjoy the power and authority that is ascribed to the expert.

One more issue to keep in mind here: transference and counter-transference (please excuse the Freudian terminology). Transference involves the client's perception of the consultant as a parent, school teacher, or some other past negative-authority figure. Counter-transference (the opposite of transference) involves the consultant's perception of the client as a past negative client.

It is important that the consultant remain aware of the current

psychodynamics occurring between him/herself and the client. It is essential that a collaborative and cooperative relationship be established and maintained.

***Write Down "All the Things You Don't Know"***

Perhaps the strangest sounding, but most helpful, of Schein's advice is to write down "all the things you don't know" (1999, p.41). That's right--don't know! As consultants or helpers we are accustomed to writing down everything we do know. But according to Schein, this habit can get the consultant into trouble. The consultant writes down several things he or she knows, and then makes a confident but premature recommendation.

This idea of Schein's has saved me on many occasions. As a consultant, I frequently feel time pressure from the client. They are paying by the hour (or day) so they are understandably concerned about time and, ultimately, fees.

Time pressure on the client leads to time pressure on the consultant. The consultant is subtly (and often not so subtly) pressured for quick solutions to

problems. It is not uncommon for a client to offer a few sketchy details, and then ask expectantly, "What do you think?" The consultant now runs the risk of making a big mistake: a premature, ill-prepared recommendation.

By writing down all the things I *don't* know, I can slow down the process.

Both parties benefit from my "don't know list":

1. I, the consultant, can clearly see that I don't have enough information to make a recommendation.
2. The client clearly sees that the consultant is asking legitimate questions about the situation. Frequently, the client realizes that he or she has not even considered these questions.

By writing down all the things we don't know, we take the focus off time and place it on building a collaborative working relationship.

### *Active Inquiry*

An essential part of Schein's Process Consulting practice model is the use of

Active Inquiry. A guiding assumption in Active Inquiry is that an insecure client will not reveal essential facts about the organization's situation. Without these essential facts, the consultant is placed in a position of guessing. The consultant is then forced to rely on the dubious practice of projecting his or her prior experiences into the client's current situation.

Schein describes three levels of Active Inquiry: pure inquiry, exploratory/diagnostic inquiry, and “confrontive” inquiry. It is important for the consultant to use the appropriate level at particular points in the process. The type of data being sought should determine the level of inquiry.

### Pure Inquiry

Pure inquiry, the first level, is designed to stimulate full disclosure. The consultant is simply attempting to get the story in as factual a manner as possible. At this level, "who" and "when" questions are appropriate; "why" questions are not.

### Exploratory/Diagnostic Inquiry

Exploratory/diagnostic inquiry, the second level, is appropriate after the whole "factual" story is recorded. The consultant now redirects the client's focus with questions such as:

"How did you feel about that?"

"Why do you suppose he/she did that?"

"What are you going to do next?"

Exploratory/diagnostic inquiry gets the client to explore at a deeper level. At this level, feelings, hypotheses, cause and effect relationships, and forecasted actions can be discussed. This level reveals organizational and client member expectations, perceptions, and values.

### Confrontive Inquiry

“Confrontive” (not “confrontational”) inquiry, the third level, must not occur before pure inquiry or exploratory/ diagnostic inquiry. At this level, the consultant

interjects his/her ideas about the situation. The goal here is to move the client members from unproductive thinking to creative and critical thinking about the current situation.

### *Face Work*

In building an effective relationship with the client, Schein (1999) recommends the use of "face work" (pp.109-116). The concept of "saving face" originated in Asian societies, but is applicable in interventions throughout the world.

Frequently, a client feels "one down" when a consultant is hired. The client may feel that the hiring of the consultant indicates his or her inability to deal with the problem. This sense of inadequacy (feeling "one down") on the part of the client must be quickly overcome in order to establish a collaborative working relationship.

At the beginning of an engagement, a client with "exposed face" will have

difficulty being open and honest with the consultant. Fear of humiliation will motivate defensive behavior.

In this situation, the consultant must "grant face" to the client. This can be done three ways:

1. By assuring the client that his or her input is essential to the success of any intervention.
2. By assuring the client that it's common for organizations to have such problems.
3. By sharing successes of similar organizations with similar problems.

As long as the client feels one down, the consultant cannot do his or her work effectively. Frequently, clients do not reveal the real problem at first because of embarrassment. It is difficult for client members to discuss their supposed or perceived failures with a complete stranger. Consultants must earn their clients' trust.



### *The Goal of Process Consulting*

The goal of Process Consulting is to build an open and honest relationship, in which both facts and feelings can be shared. The client has essential information about the organization and the "problem."

An essential aspect of Process Consulting is status equilibration. The advantages of building a relationship of equal partners include:

1. Diagnostic insights make sense to both the consultant and the client because they are speaking the same language.
2. Solutions, in the form of interventions, are realistic for the organization's culture.
3. Evaluations of the outcomes are based on objectives that were jointly determined by the consultant and the client.

### ***Conclusion***

Process consulting skills are essential for consultants (internal or independent) who must facilitate change for their client organizations. For more information on consulting skills and other topics for consultant success, visit my website <http://www.mikebeitler.com>. Please feel free to contact me anytime at [mike@mikebeitler.com](mailto:mike@mikebeitler.com).

### **References**

Beitler, M.A. (2003). *Strategic organizational change*. Greensboro, NC: Practitioner Press International.

Schein, E.H. (1999). *Process consultation revisited: Building the helping relationship*. Reading, MA: Addison-Wesley.