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School Consultation

SCHOOL CONSULTATION. Consultation services in schools and related settings have received increased support over recent years because of their documented efficiency and efficacy. Psychologists working in schools are recognizing the desirability of such services to address the needs of an increasingly complex population of students. Consultation is defined as an indirect problem-solving and decision-making model that involves the cooperative efforts of a consultant (specialist) and consultees (teachers, parents, caregivers) to clarify primary needs and issues and to develop, implement, and evaluate appropriate strategies for intervention.

Theoretical and Guiding Frameworks

There are three general models of consultation (behavioral, mental health, and organizational development) that vary along a number of dimensions, including theoretical framework, goals, procedures, and empirical support. Behavioral consultation and its variants are most prevalent in school-related practice.

In a traditional sense, behavioral consultation has relied solely on applied behavioral theory as the framework for services (including definition and analysis of problems, development of interventions, and evaluation of outcomes). Behavioral theory continues to provide the primary structural backdrop for this model; however, in recent years researchers have identified the need to expand the conceptual and procedural bases of behavioral consultation to understand, explain, and address complex referral concerns. Currently, many emphasize a broadened framework for consultation practice, incorporating the conceptual advances of ecological systems theory with the empirically validated structured template provided by behavioral models.

In a seminal article, Urie Bronfenbrenner (1977) emphasized the importance of ecological considerations in child development by recognizing that a child is part of a number of interrelated systems, each with reciprocal and bidirectional influence on the others. The “microsystem” and the “mesosystem” are the subsystems that are most readily addressed in consultation. The microsystem is defined as the immediate setting or system within which an individual functions at anyone point in time, such as a classroom, neighborhood, or home setting. Attention at this level addresses problems as they occur in an isolated setting or environment. The mesosystem is concerned with relationships among immediate systems in an individual’s environment, such as interrelations among the home and school settings. Attention at this level allows for the identification and resolution of broader issues as they are manifested across systems and as they are influenced by intersystemic variables.

In traditional consultation approaches, the focus may be a client’s “target problem” as manifested within and across settings. Considering an ecological-behavioral orientation, however, consultation also can allow for the identification and management of systemic or contextual variables that relate to referral issues. For example, variance in opinions, values, or beliefs among parents, teachers, administrators, or other caregivers may affect programs or practices related to a child’s academic or behavioral difficulties and influence the child’s academic or social development. In a strict behavioral orientation, one may focus on the academic or behavioral difficulty inherent in the child. In a broadened “ecobehavioral” model, however, a consultant may focus on

congruence among caregivers and the “match” within and across environments as important contributors to a child’s functioning. An appropriate intervention may therefore address client-focused issues and also seek to increase concordance among home, school, and other systems.

An additional consideration of ecological-behavioral approaches to consultation emphasizes the need to recognize the shared influence of these systems and strive toward systems integration in the identification analysis, and resolution or management of problems. This highlights the importance of home-school-community partnerships and models of consultation that are structured toward comprehensive and coordinated services. Conjoint behavioral consultation, described by Sheridan, Kratochwill, and Bergan (1996), is a model that promotes integrated services across home, school, and community in both theory and practice.

Consultation Procedures

In both behavioral consultation and conjoint behavioral consultation, services are implemented through structured interactions among consultants and consultees. The role of the consultant is to guide the consultation process. An effective consultant structures consultation practices through the use of both process expertise (knowledge of the goals and procedures of behavioral consultation) and content expertise (experience with the presenting problem and appropriate interventions). Specifically, consultants use a structured interview format to guide participants through the identification of issues or concerns that are the target of consultation, the collection of information about presenting difficulties, the development of an appropriate intervention plan, and the evaluation of outcomes in relation to consultation goals. In most cases the consultant in a school setting is a psychologist, counselor, or special educator.

A consultee is an individual responsible for delivering the intervention or program to resolve a presenting issue. The consultee primarily contributes content expertise by sharing relevant information and unique knowledge about the client and presenting problem, by collecting data concerning the problem, and by implementing the plan. Consultees are usually educators, parents, or paraprofessionals. In behavioral consultation, as it was initially described, a single teacher or parent was considered the consultee. The development of conjoint behavioral consultation broadened the scope of the process by including multiple consultees in consultation and by expanding the breadth and scope of consultation interventions.

The client role must also be considered in consultation. In school consultation, the client is typically a stu-

dent or group of students for whom consultation services are provided. Clients are generally responsible for participating in the treatment program with the expectation for positive change, and their level of participation within the consultation process can vary depending on various case characteristics.

As articulated in seminal works by John Bergan and Thomas Kratochwill (Bergan & Kratochwill, 1990; Kratochwill & Bergan, 1990), behavioral consultation is conducted through four problem-solving stages. Together, the consultant and consultees engage in problem identification, problem analysis, treatment (plan) implementation, and treatment (plan) evaluation. These stages are operationalized through the use of three structured interviews. In the Problem Identification Interview (PII) consultants and consultees define a target behavior, identify important environmental conditions that influence the problem, describe the scope and strength of the problem, agree on a goal for behavior change, and establish a procedure for collection of baseline data. The PII is the most important of the stages because the success of future stages hinges on the development of a specific and precise definition of the target behavior. This is often challenging because clients may present with a number of difficulties. It is the consultant’s responsibility to assist the consultee in determining the most important and valid issue to be addressed in consultation.

Following a baseline data collection period, the Problem Analysis Interview (PAI) is conducted. The objectives of the PAI can be further delineated into two phases: problem analysis and plan design. The objectives of the analysis phase are to evaluate the baseline data, determine if the target issue warrants intervention, and conduct a thorough functional analysis. A careful analysis of the conditions surrounding a problem leads to the development of an appropriate intervention plan that will elicit behavior-change in the client and be deemed acceptable to the consultee. The third stage of consultation involves implementation of the treatment plan and ongoing data collection by the consultee. Although there is no formal interview conducted at this stage, the consultant is typically involved in monitoring implementation of the plan and providing training to the consultee as necessary. It is important that throughout this stage the consultant maintain close contact with the consultee and monitor any unintended side effects or behavioral contrasts.

Finally, the Treatment Evaluation Interview (TEI) is conducted to evaluate the effectiveness of the intervention by inspecting behavioral data, to discuss strategies regarding the continuation, modification, or termination of the treatment plan, and to discuss procedures for promoting maintenance and generalization of treatment gains.

Goals in Consultation

Primary goals in behavioral consultation models encompass both outcome and process variables. Generally speaking, consultation goals center around engendering change in the client and preventing future problems through the development of consultees' skills and competencies. Whereas the former has been supported repeatedly in consultation research, the effectiveness of consultation as a preventive model is unclear.

Along with the general outcome goals are specific consultation objectives that increase the likelihood that an intervention will result in positive behavior change. Such objectives include obtaining comprehensive and functional data, establishing consistent treatment plans across settings to enhance maintenance and generalization, and providing consultees with skills to engage independently in future problem solving.

Although more difficult to operationalize and measure, it is believed that process goals contribute uniquely to the efficacy of behavioral consultation and therefore also are important to consider. Some important process goals include establishing intersystemic partnerships, increasing commitments to consultation goals, recognizing the need to conceptualize problems as occurring across and not only within systems, promoting shared ownership for problem definition and solution, and increasing the diversity of available expertise and resources.

Consultation Research

Reviews of the empirical literature have supported consultation as an effective model of service delivery. In a review of consultation outcome literature, Sheridan, Welch, and Orme (1996) reported that 76% of the studies reviewed demonstrated at least some positive outcomes. When the outcomes were analyzed by model, behavioral consultation outcomes appeared most favorable. Nearly all (95%) of the studies using behaviorally based models reported positive outcomes. Furthermore, methodological standards were more rigorous in behavioral consultation studies than in those studies using other models. The largest percentage of negative findings was in studies that did not specify a model of consultation. Thus it appears that a clearly articulated model is important for increasing positive outcomes. Along with examining outcomes, some researchers have examined the process of consultation in order to determine which factors in the consultation process lead to positive outcomes. Early research by John Bergan and his colleagues (Anderson, Kratochwill, & Bergan, 1986; Bergan & Tombari, 1975, 1976) demonstrated that among the most important process variables in consultation are accurate problem identification and the use of be-

havioral (rather than medical or psychodynamic) problem interpretations.

Another important process variable identified in the consultation research literature is the manner in which the consultant communicates. Consultees appear to prefer "common sense" language to psychological jargon (Witt, Moe, Gutkin, & Andrews, 1984). Moreover, eliciting input from consultees is beneficial, because teachers are more likely to identify resources and methods for implementing interventions if the consultant asks them, rather than tells them, how they can identify and use resources (Bergan & Neumann, 1980).

Collaboration between the consultant and consultee(s) has historically been assumed to increase the effectiveness of consultation; however, this assumption has been widely contested. William Erchul (1987) found that consultants who are directive in consultation interviews are more effective than consultants who are not directive. Some have interpreted this finding to mean that collaboration is not effective in consultation; however, collaboration and control are not necessarily mutually exclusive. In a paper presented at the annual conference of the American Psychological Association Terry Gutkin (1997) suggested that collaboration and control represent a false dichotomy and that there are at least two dimensions to consider in the consultation process: collaboration/coercion and directive/nondirective. Within this framework, a consultant can be collaborative and directive (as well as any of the other three possible combinations). A collaborative/directive framework implies a relationship in which the consultant and consultee(s) each has a valuable role in the consultation process, but one in which their roles are different. As alluded to earlier, an important role for the consultant is leadership of the consultation interview, eliciting and organizing valuable input from consultees.

An exciting research direction in consultation is the movement by various researchers toward an ecobehavioral, cross-systems model of consultation. Specifically, researchers are beginning to examine the effectiveness of involving consultees from various systems in a child's life. Along these lines, the investigation of team-based consultation guided by a consultant who brings together individuals representing various systems and mobilizes them toward providing integrated and comprehensive services is needed. This type of consultation may be viewed within a developmental consultation framework in which multisystems consultation is used as a format to address long-term issues in the child's life, rather than the more time-limited consultation generally used in schools to bring specific problems to swift resolution.

Future research must continue to increase in methodological rigor. Specifically, consultation researchers should

(1) specify the consultation model and procedures used, (2) increase the use of various forms of experimental designs, (3) use direct, objective, multiple measures, (4) attend to outcomes beyond the client level, and (5) pay greater attention to integrity issues. Finally, process issues in consultation (such as collaboration/control) continue to be an engaging and important research direction. Research in this area must clearly define the constructs under investigation (such as collaboration) and use process analyses that investigate complex interactions between participants.

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