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Epilogue

Final Comments on School Consultation Research

SUSAN M. SHERIDAN AND WILLIAM P. ERCHUL

“But all endings are also beginnings. You just don’t know it at the time.”

Mitch Albom, 2003, p. 1

Writing an epilogue (i.e., an ending) to a text as forward-thinking as this one is a bit of an oxymoron. Indeed, it has been the intent of the coeditors to encourage authors not only to provide “state of the science” relative to consultation research in key areas, but also to look ahead and carve out important research agendas still facing the field. It was our hope that the ideas presented herein would stimulate and invigorate new research directions and agendas and spur researchers to tackle new and challenging issues to move the field forward. Many themes have been offered in relation to the research discussed in the preceding chapters. Thus, this concluding chapter synthesizes the issues presented across chapters and offers some predictions about the future of school consultation research and its potential to guide practice.

If one thing is certain, it is that the research undertakings required to bolster new understandings in consultation will be neither simple nor straightforward. Virtually all of the authors in the handbook reflected on what is known and concluded that much more needs to be known. In one way or another, each lamented that we are ill-prepared to draw firm conclusions about processes or outcomes of consultation practice. This assessment is predicated on the fact that previous research has largely used imprecise or incomplete tools, improper methods, and limited samples. To make advances, we must improve our understanding of the mechanisms by which consultation works; interactions among relevant variables; and effects on broader, more salient outcomes. Whereas this account of limitations may appear rather daunting, we suggest that it represents exciting directions and opportunities for consultation researchers to expand and energize research efforts for the future. In this chapter, we explore questions that, if addressed, may accelerate the future progress of consultation research.

WHAT IS OUR METRIC?

The first question concerns the tools available to consultation researchers to measure the things that we believe to be important. Indeed, our understanding of what is known about consultation is limited by the measures we have to assess the variables of interest. Several authors addressed the “measurement issue” in this text. Schulte (chapter 3, this volume) devoted an entire chapter to the topic of measurement in consultation. Others discussed the importance of (and challenges surrounding)

the measurement of related variables, including treatment plan implementation (Noell, chapter 15, this volume); culture and context (Ingraham, chapter 13, this volume; Meyers, Truscott, Meyers, Varjas, & Smith Collins, chapter 5, this volume; Sheridan, Clarke, & Burt, chapter 9, this volume); relational communication and social influence within consultation practice (Erchul, Grissom, & Getty, chapter 14, this volume); and cost-effectiveness of consultation practice (Rosenfield, Silva, & Gravois, chapter 10, this volume; Schulte, chapter 3, this volume). Indeed, psychological and educational measurement is a science unto itself with rigorous standards that should be adopted by consultation researchers. Awareness of what needs to be measured is just the start; systematic and directed research is also needed to investigate the unique and important variables in a reliable and valid manner. This will undoubtedly involve the development of measures with concomitant scrutiny of their psychometric properties to be useful in the long term. Exciting research collaborations with psychometric and measurement experts are both indicated and potentially fruitful to consultation scholars.

How Do We Know What We (Need to) Know?

Methods used to understand and interpret the information we collect (i.e., our research designs) present both strengths and challenges. Whereas single-subject designs have proliferated our literature for several decades (see Gresham & Vanderwood, chapter 4, this volume) and yielded important preliminary findings, they are no longer sufficient. Authors across chapters (e.g., Hughes, Loyd, & Buss, chapter 16, this volume; Sheridan et al., chapter 9, this volume; Knotek, Kanuika, & Ellingsen, chapter 7, this volume; Rosenfield et al., chapter 10, this volume) have challenged researchers to go beyond single-case methods and “ramp up” the investigation of outcomes on a much larger scale. Randomized clinical trials are the gold standard for intervention research, and if we are offering consultation as an intervention (cf. Frank & Kratochwill, chapter 2, this volume) with empirical evidence, we need to go well beyond our current small-*n* methods. Although consultation outcome research (in particular, behavioral consultation; see Martens & DiGennaro, chapter 8, this volume; Sheridan et al., chapter 9, this volume) has demonstrated positive and consistent effects on the individual client level, research is in its infancy in terms of demonstrating effects in a large-scale, generalized sense.

An inherent challenge in consultation research concerns the reality of school contexts as the setting for empirical study. Beyond the extensive realities of ecological variables in school settings (e.g., school norms, culture), the fact that children are situated within classrooms where curricula and social climates are controlled by one teacher, whose actions and decisions are influenced by the school within which he or she teaches, presents highly unique experimental challenges. Whether the interest is on child or teacher outcomes, school-based consultation research requires methodological designs that take into account the fact that services are delivered in contextualized, nested settings that are by nature interdependent. This theoretical elegance raises methodological complexities that must be addressed in future consultation research. That is, research studies that attempt to answer questions concerning the effects of consultation must use multilevel, hierarchical designs that consider the realities of the structure of schools within which services are provided.

Certain (in fact, many) questions within consultation cannot be answered with purely quantitative methods. Across many chapters (e.g., Erchul et al., chapter 14, this volume; Illback & Pennington, chapter 11, this volume; Ingraham, chapter 13, this volume; Knotek et al., chapter 7, this volume; Lopez & Nastasi, chapter 12, this volume; Meyers et al., chapter 5, this volume; Sheridan et al., chapter 9, this volume), the call for mixed methods combining the strengths of empirically rigorous quantitative and qualitative approaches was clear. As questions become increasingly complex and

consultation researchers venture into new and necessary arenas, methods will need to be broadened and expanded. It is our belief that a prudent and scientifically responsible approach is one that uses the most defensible and systematic procedures integrated across quantitative and qualitative paradigms, with an eye toward uncovering important answers to spur additional, deeper investigations.

Who?

A common theme across the chapter contributions, and one that we simply can no longer ignore, concerns the individual characteristics of participants in consultation. A much clearer understanding of participant characteristics is necessary to understand the effects of consultation. The question that needs to be explored — and one that several authors touched on — is, For whom and under which conditions is consultation effective? At a basic level, this requires attention to characteristics of the child, including gender, age, ethnicity, culture, religion, language, presenting concerns, classification status, physical presentation, psychiatric issues, and a host of other within-child features.

Equally important, and possibly less visible in the consultation literature, are discussions of consultee and consultant characteristics that relate to or interact with consultation outcomes. (An exception is the consultee-centered consultation model, which considers characteristics of the consultee directly, with this individual serving as a primary target of research. See Knotek et al., chapter 7, this volume, for a review.) The indirect, triadic nature of consultation service delivery involves a consultant exerting direct influence on the consultee to encourage him or her to alter his or her behavior vis-à-vis a client. The unique and critical role that is assumed by consultees in the consultation relationship requires attention to both demographic factors (such as background experience, training, educational level) and cognitive and affective features such as beliefs, attitudes, and role construct. Understanding issues related to the consultee and personal or interpersonal factors that predict his or her interpretation of target concerns, willingness or readiness to change, ability to deliver alternative intervention plans, or engage in unique roles are important areas for research (see Forman & Zins, chapter 17, this volume).

Sorely little research on characteristics of consultants has made its way into the literature base, yet this seems germane to our understanding of the processes undergirding effective practice. VanDerHeyden and Witt (chapter 6, this volume) specified some features that appear to “make an effective consultant” based on anecdotal experience. Early research by West and Cannon (1988) characterized consultant competencies based on perceptions of interdisciplinary team members. Others have discussed the importance of interpersonal skill on the part of the consultant (e.g., Sheridan & Kratochwill, 2007). However, no research has empirically identified constitutional factors within the consultant that predict effectiveness. Indeed, from an outcomes perspective, the vast majority of research has used graduate student consultants to deliver and evaluate services, which is quite removed from generalizable service delivery in the field. Scale-up research will require the delivery of consultation by professional consultants in naturalistic, authentic field settings; these consultants may vary greatly in terms of training, background, experience, workload, job demands, attitudes, and a host of other critical features. Understanding how these characteristics may affect the consultation experience, and hence outcomes, is an important research direction.

How and How Much?

The question of what explains the outcomes that we find in consultation services is perhaps the most vexing. Heretofore much of the research across models (including behavioral and conjoint

behavioral consultation; mental health and consultee-centered consultation; and instructional and organizational consultation) has addressed questions of which effects one might expect through the delivery of consultation. The mechanisms by which change occurs are not at all understood. Indeed, many variables can serve to *mediate* the relationship between consultation services and outcomes. Various authors touched on this critical issue. In his chapter on treatment implementation and integrity, Noell (chapter 15, this volume) suggested that variations in treatment plan implementation may mediate treatment outcomes and convincingly argued that identifying those variations that produce the strongest relationship is daunting. Consultation may have a direct effect on factors inherent in the consultee system (e.g., practices, skills, beliefs, and attitudes), which may serve to mediate treatment outcomes (see Erchul et al., chapter 14, this volume; Knotek et al., chapter 7, this volume; Sheridan et al., chapter 9, this volume). Likewise, and as implied in the previous section on sample characteristics, several variables within participant, setting, system, and context may *moderate* treatment outcomes, and these need to be better understood to characterize effects with greater specificity. Indirectly, Martens and DiGennaro (chapter 8, this volume) suggested that treatment acceptability and intervention complexity may moderate consultation effects. Likewise, consultee characteristics (e.g., years of experience, cognitions, and personal attributes) were raised by Knotek et al. and Noell as variables that may interact with consultation services to determine outcomes.

Related to the issue of “how” is the question of “how much?” As indicated in various chapters throughout the handbook, the cost-effectiveness of consultation has yet to be determined but will be an increasingly important issue to service settings and funding agencies alike. Schulte (chapter 3, this volume) described a need to refine techniques to assess process integrity and determine the necessary or sufficient aspects of consultation practice that determine outcomes. Similarly, Rosenfield et al. (chapter 10, this volume) indicated a need to understand the unique and combined contributions of components of the instructional consultation team model that predict consultation effects. Martens and DiGennaro (chapter 8, this volume) questioned the effects of dosage, and this issue concerns both intervention dosage (the density of a treatment plan) and consultation dosage (the extensiveness of the process features).

What Else Is There?

As has been repeated across several chapters in reviews of consultation research and meta-analyses, the systematic and empirical investigation of consultation has focused largely on effects of services at the client level, within a behavioral consultation paradigm. Several authors addressed the need to understand the influence of consultation at diverse and sometimes broader levels, including those that relate to each ecological level (i.e., child, consultee, immediate setting, and system).

Consultation researchers generally have done an adequate job assessing the effects of consultation at the individual child level. Outcomes related to academic performance and behavioral functioning are common in consultation intervention studies. It is critical to understand effects of services at the individual level; however, it is now recognized as insufficient to assess only immediate outcomes without concern for the long-term implications for child development, learning, and functioning. As we intervene to alter a child’s behaviors, careful attention to effects that are both proximal and distal to the target is necessary, including effects that permeate time and setting.

The sheer structure of consultation practice (i.e., one in which the intervention is delivered through an intermediary — the consultee) implicates the need to pay much closer attention to the effects of services on the individual with whom the consultant has most direct contact. Rosenfield et al. (chapter 10, this volume) discussed three types of teacher outcomes that have been studied

in relation to instructional consultation teams: consultee (in this case, teacher) satisfaction, implementation of new instructional strategies, and development of problem-solving skills. At times, change in the consultee may be the overall goal and primary outcome of consultation. At other times, consultee variables may in fact moderate the relationship between consultation services and client outcomes but have rarely been the subject of systematic or empirical study.

The effects of consultation at the environmental (setting) and systemic levels are also worthy of investigation. With the exception of organizational consultation, surprisingly little research has attempted to identify empirically the effects of consultation on the instructional or affective environments within which children live. Illback and Pennington (chapter 11, this volume) provided a series of questions that address the implementation, maintenance, and study of organizational development consultation within educational organizations, which both support and advance research questions asked at the individual and consultee levels.

Where Does Consultation Fit?

Decades ago, the paradox of school psychology was offered as a paradigm for the field (Conoley & Gutkin, 1986; Gutkin & Conoley, 1990), and more recently Sheridan and Gutkin (2000) argued that school psychology is primarily an indirect profession. Thus, consultation is inherent in many of the services that define the profession. Furthermore, advances in research and policy have altered the manner in which mental health and educational prevention and intervention services are delivered by psychologists. Large-scale (e.g., schoolwide) models including positive behavior support (PBS) and three-tier (universal, targeted, intensive) prevention programs are prominent and create roles for psychologists that require indirect influence on children through individual mediators and reformed systems. Illback and Pennington (chapter 11, this volume) described research on PBS as an organizational development consultation intervention. They have rightly concluded that much more research is needed on specific consultation elements in the delivery of schoolwide reform efforts such as PBS and not simply attention to content elements of the models. Response-to-intervention (RTI) approaches to assessment and academic intervention are becoming increasingly common, and these methods place emphasis on the development and implementation of effective interventions by teachers or other providers. Although the process by which interventions are chosen, delivered, and evaluated in RTI models is largely consultative in nature, specific consultation processes and their relationship to outcomes are not at all understood (see Martens & DiGennaro, chapter 8, this volume). Similar issues are apparent with three-tier prevention models (see Hughes et al., chapter 16, this volume), in which data-based decision making and access to interventions are based on a client's response to an intervention, with little empirical research on the effectiveness of consultative decision making and how treatment plan modifications affect outcomes. School consultation researchers have unprecedented opportunities to advance understandings of processes inherent in PBS and RTI and to make important contributions to the consultation knowledge base.

CONCLUDING COMMENTS

We started this chapter by indicating that endings are also beginnings. Thus, we consider this ending chapter a beginning for renewed enthusiasm and energy for consultation research. We trust this chapter maps out important directions for establishing a meta-agenda for future empirical work. It is our hope that this roadmap provides direction for researchers toward areas of critical need, exciting opportunities, and extensive impact. To realize this opportunity, it will be essential

that researchers view the challenges and needs in a systematic and rigorous manner. In the words of the late John Belushi (n.d.) "Nothing is over until we decide it is." Indeed, school consultation research is far from over.

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