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Functional Outcome Analysis: Do the Costs Outweigh the Benefits?

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Noell and Gresham (this issue) provide a thoughtful and insightful description of Functional Outcome Analysis (FOA) as an important construct for the evaluation of consultation and prereferral interventions. Their "framework for investigating relationships between interventions, behavior change, costs, benefits, treatment integrity, treatment acceptability, and ecological validity" (p. 38) is novel, and there is a definite need for expanding our considerations of outcome in consultation research and practice. There is obvious scientific and empirical appeal to the conceptual model of FOA. In particular, it has the potential to move consultation research in a new and exciting direction. However, practically speaking, one must wonder if the information gleaned from such a potentially intrusive evaluation system is worth the costs. This article will address the perceived scientific and practical merits of FOA.

SCIENTIFIC MERITS

Clearly FOA is appealing scientifically. There is considerable merit in attempts to quantify issues of time, resource, and energy costs associated with consultation and prereferral interventions. Several writers have described barriers to the practice of consultation and their associated interventions. Until now, however, there has been no comprehensive evaluation technology to capture the complexity of the various components that contribute to the overall utility of interventions. Noell and Gresham can be commended for their careful articulation of important and complex issues in consultation research.

Much of the empirical study of consultation has focused on singular aspects of outcome. Research concerning consultation process has addressed issues such as relational communication and interactional processes (Erchul, 1987; Erchul & Chewning, 1990; Erchul, Hughes, Meyers, Hickman, & Braden, 1992), the use of technical jargon in consultation interviews (Rhoades & Kratochwill, 1992) and the contribution and practice of specific consultation stages (Fuchs & Fuchs,

1989; Tindal, Parker, & Hasbrouck, 1992). Likewise, there has been some attention to consultation outcomes or its effects on students (Fuchs, Fuchs, & Bahr, 1990; Jackson, Cleveland, & Merenda, 1975; Pray, Kramer, & Lindskog, 1986; Sheridan, Kratochwill, & Elliott, 1990). Few research studies have investigated consultation outcomes in terms of effects on teachers (Cleven & Gutkin, 1988), and this author knows of no empirical attempts to study the complex relationships or interactions among various consultation effects. Thus, FOA represents a potentially important contribution to the scientific study of a rapidly expanding service delivery model.

PRACTICAL MERITS

Whereas the scientific appeal of FOA is clearly established, there are serious issues surrounding its practical feasibility. In fact, practically speaking, the implementation of an FOA model for consultation evaluation may exacerbate the central issue it is meant to investigate: consumer costs. Noell and Gresham provide more than a subtle implication that functional outcome analyses are sensitive to issues surrounding limited classroom resources, competing demands on intervention agents, and implicit and explicit costs to consumers. Yet they do not seem to appreciate that requiring teachers to compute and record occurrences and/or time spent on various intervention components daily, and report subjective accounts of treatment cost and benefits weekly, are intrusive in terms of time, effort, and energy. It is likely that we've all heard and become somewhat habituated to comments such as "But there are 28 other children in my class!"; "I can't give up my planning time for that!"; or "I simply don't have the time to fill out another form!" Perhaps it is time to start listening to these real-life experiences of our educational colleagues. Our evaluation practices, as central as they must be to the services we provide, must not impinge unnecessarily upon the practical, day-to-day realities of classrooms.

And what about the costs to consultants? Noell and Gresham do not state explicitly that consultants are responsible for conducting observations of treatment implementations, yet it seems a likely assumption. It is highly unlikely that practitioners will have the resources (time) to observe for an adequate amount of time over several treatment occasions. In the example provided by Noell and Gresham (p. 204), observations were conducted for 10 minutes at the beginning and end of 5 intervention sessions daily over a 5-day period. Thus, it cost their consultant 100 minutes (1.67 hours) each day, or 500 minutes (8.3 hours) a week, to observe a teacher spend 65 minutes implementing a consultation treatment. Is the benefit worth the cost? In fact, what *is* the actual benefit of FOA in individual consultation cases?

What FOA Does Not Do

Through FOA, Noell and Gresham attempt to provide an absolute quantification of the effects of certain interventions for specific problems and outcomes.

Although the model is a conceptually sophisticated heuristic for considering alternative ways to evaluate consultation effects, its linear methodology limits its utility somewhat. There is a likely interaction between teacher characteristics (e.g., skill level, tolerance threshold), severity of problems (e.g., duration, strength), and nature of problems (e.g., internalizing, externalizing) that will effect cost and benefit ratios beyond what is measurable in the FOA context. That is, the costs and benefits of a particular intervention will vary depending on what and how severe the problem is, the individual demonstrating the behavior, where it is demonstrated, and with whom. These child behavioral characteristics interact with teacher characteristics such as his/her experience, threshold for tolerance and skill level, as well as classroom characteristics such as size, student demographics, and physical layout. Although the FOA model attempts to consider objective and subjective characteristics at each of these levels, it suggests that a sum or product of various costs and benefits will provide "the answer." A simple numerical ratio (such as a Objective Efficiency Ratio or Subjective Efficiency Ratio) cannot provide a complete picture of the complex array of person \times setting \times behavior interactions that will inevitably contribute to the overall benefit of consultation services.

CONCLUSIONS

In summary, the Functional Outcome Analysis model presented by Noell and Gresham is appealing in several ways. Central to the model is its ability to examine relationships between interventions, behavior change, costs, benefits, treatment integrity, treatment acceptability, and ecological validity. This author sees as one of its most salient benefits its recognition of inherent change in subjective and objective outcomes related to consultation and intervention stages. Relatedly, it has the potential to illustrate graphically that consultation is in fact a process whose outcomes on both objective and subjective dimensions change over time and are related to variables within the ecological and phenomenological experiences of the beholder. It is exciting to consider that research in consultation may actually begin exploring such variables empirically. Although FOA in its current state appears capable of accomplishing only part of this complex array, it is a critically important step.

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