CONSULTATION, COLLABORATION, AND TEAMWORK FOR STUDENTS WITH SPECIAL NEEDS, 5/E
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Chapter 2
FOUNDATIONS AND FRAMEWORKS FOR COLLABORATIVE SCHOOL CONSULTATION
Consultation, collaboration, and teamwork probably began around cave fires ages ago. As people learned about the ideas of others in the group and expressed their own opinions, they honed skills of communication and collaboration. As they planned hunting and food-gathering forays, and then began to plant and harvest, they developed strategies for teamwork. They most likely assessed their processes and outcomes to achieve greater success the next time.

Collaborative work groups have sustained and improved the quality of life from early ages to modern times with ever-escalating significance and consequence. Interpersonal skills now are becoming more and more essential for our survival and progress in an increasingly complex, interconnected world. All members of every society must interact effectively and work together cooperatively if the world is to flourish. Educators who are successful in using these sophisticated skills will model for young people the processes they need to survive and prosper in the world they will inherit.

The opening graphic for this chapter again accentuates the three organizational features of the book. The content (triangle) for Chapter 2 features structures (triangle) in the context (square) of learning environments, and interrelationship processes (circle).

FOCUSING QUESTIONS

1. How do educational reform and school improvement issues signal the need for collaborative school consultation?
2. What is the concept of the inclusionary school?
3. What is the significance of No Child Left Behind (NCLB) for collaborative school consultation?
4. Are there theoretical and research bases for collaborative school consultation and what is its history?
5. What structural elements are key components in developing collaborative consultation methods to fit school contexts for serving student needs?
6. What models of consultation, collaboration, and teamwork have evolved in education?
7. How might educators tailor existing models and other structural elements into useful school consultation methods for their school contexts?

KEY TERMS

- American with Disabilities Act (ADA)
- approach
- collaborative school consultation
- IDEA (Public Law 101-476)
- IDEA 1997
- inclusion/full inclusion
- intersubjectivity
- least restrictive environment (LRE)
- mainstreaming
- method
- mode
- model
- No Child Left Behind (NCLB)
- perspective
- prototype
- Public Law 94-142
- regular education initiative (REI)
- Resource/Consulting Teacher Program model (R/CT)
- School Consultation Committee model
- Stephens/systems model system
- triadic model
- Vermont Consulting Teacher Program model

VIGNETTE 2A

The setting is a school administration office where the superintendent, the principal, and the special education director are having an early-morning conference.

Special Education Director: I’ve assigned five people on our special education staff to begin serving as consulting teachers in the schools we targeted at our last meeting.

Principal: I understand the high school is to be one of those schools. I’m all for trying a new approach, but at this point I’m not sure my staff understands how this method of service is going to affect them.

Superintendent: Are you saying we need to spend a little more time at the drawing board and get the kinks out of our plan before tossing it out to the teachers?

Principal: Yes, and I think the parents also will want to know what will be happening.

Special Education Director: I’ve been compiling a file of theoretical background, research studies, program descriptions, even some cartoons and witty sayings, that focus on consultation and collaboration approaches. Let me get copies of the most promising material to you and the principals of the other targeted schools. Perhaps we should plan in-service sessions for teachers and awareness sessions for parents before we proceed.

Superintendent: That sounds good. Draft an outline and we’ll discuss it at next week’s meeting. I’ll get the word out to the other principals to be here.
SCHOOL IMPROVEMENT ISSUES

During the 1970s, 1980s, and 1990s, educators witnessed an explosion of reports, proposals, and legislative mandates calling for educational reform. During the 1970s, the issues focused on accountability, lengthening of school days and years, and increased investments of time, money, and effort in education. Demands for cost containment and growing concerns over labeling of students fueled interest in a merger of general education and special education. The primary impetus for the merger was the mainstreaming movement with the concept of least restrictive environment (LRE) catalyzed by passage of Public Law 94-142 (that is, put forth by the 94th Congress as their 142nd piece of legislation). After that legislation was passed, educators could no longer arbitrarily place individuals with disabilities in a special school or self-contained classroom. A continuum of service options was to be available and the type of service or placement was to be as close to the normal environment as possible, with general education teachers responsible for the success of those students. In order to meet this new responsibility, teachers were to receive help from special education personnel.

During the second wave of reform in the 1980s, the individual school became the unit of decision making. This promoted the development of collegial, participatory environments among students and staff, with particular emphasis on personalizing school environments and designing curriculum for deeper understanding (Michaels, 1988). One component of this second wave was school restructuring. Many states initiated some form of school restructuring; however, few schools truly were restructured. Where restructuring efforts occurred, they tended to be idiosyncratic in that they were carried out by a small group of teachers, creating only marginal changes (Timar, 1989).

A position paper issued by Will (1986), former director of the U.S. Office of Special Education and Rehabilitative Services, stated that too many children were being inappropriately identified and placed in learning disabilities programs. In that paper, Will called for collaboration between special education personnel and general education personnel in providing services within the general classroom. Thus, the Regular Education Initiative (REI), referred to by some educators as the General Education Initiative (GEI), precipitated major changes in the way education is delivered. All students, with the exception of those with severe disabilities, were from that time to be served primarily in a regular education setting. The rationale for the REI was that:

- The changes would serve many students not currently eligible for special education services.
- The stigma of placement in special education programs separate from age peers would be eliminated.
- Early intervention and prevention would be provided before more serious learning deficiencies occur.
- Cooperative school-parent relationships would be enhanced (Will, 1986).

In 1986 P.L. 94-142 was amended by P.L. 99-457, which mandated free appropriate education for preschool children from ages 3–5 with disabilities. An Individualized Family Service Plan (IFSP) was required for each child served, thus extending the concept of the IEP to provide support for child and family (Smith, 1998).
In 1990, early in the third wave of reform, Public Law 94-142 was amended by passage of Public Law 101-476, the Individuals with Disabilities Education Act (IDEA). That legislation’s primary elements were:

- All references to handicapped children were changed to children with disabilities.
- New categories of autism and traumatic brain injury (TBI) were added, to be served with increased collaboration among all special education teachers, classroom teachers, and related services personnel.
- More emphasis was placed on requirements to provide transition services for students 16 years of age and older.

Two distinct groups emerged to advocate for REI—the high incidence group speaking for learning disabilities, behavioral disorders, and mild/moderate mental retardation, and the low-incidence group speaking for students with severe intellectual disabilities. A few in the latter group even spoke out for the elimination of special education altogether (Fuchs and Fuchs, 1994). Both groups shared three goals:

- To merge special and general education into one inclusive system
- To increase dramatically the number of children with disabilities in mainstream classrooms
- To strengthen the academic achievement of students with mild and moderate disabilities, as well as that of underachievers without disabilities.

To achieve these goals, total restructuring of schools would be needed. “Increasingly, special education reform is symbolized by the term ‘inclusive schools’” (Fuchs & Fuchs, 1994, p. 299).

The America 2000 report presented in 1991 by President George H. W. Bush and Secretary of Education Lamar Alexander, and the 1994 federal school reform package known as Goals 2000 signed into law by President Clinton, identified goals to be met in the nation’s schools by the year 2000. The latter report stipulated that home and school partnerships are essential for student success. After these reports were publicized, public pressure to improve schools escalated. Also in 1990 the Americans with Disabilities Act (ADA) was passed, prohibiting discrimination against persons of all ages with disabilities in transportation, public access, local government, and telecommunications. It required schools to make all reasonable accommodations for accessibility of students with disabilities and extended provisions concerning fairness in employment to employers who do not receive federal funds (Smith, 1998).

In 1997, after much study and discussion nationwide, reauthorization and amendments of IDEA, or P.L. 105-17, was approved by Congress and signed into law by President Clinton. This legislation, known as IDEA 1997, contained:

- Provisions for improved parent/professional partnerships
- Requirement for states to provide mediation for parents and schools in resolving differences
- Required training by states for paraeducator training to prepare for their roles
- Required participation by general education teachers on IEP teams when students are or will be placed in a general education classroom
Increased cost-sharing among agencies with reduced financial burdens for special education locally
Accountability of education for students with disabilities by way of participation in state and district-wide assessment programs
Assurance that children with disabilities will not be deprived of educational services as result of dangerous behavior, while enabling educators to more easily remove them from current educational placement if needed
Strengthened disclosure requirements, with families having greater access to their children’s records, and more information available in the IEPs
Revamping of ways in which school districts receive federal funding, with elimination of the child count formula, and gradual reliance on census data with more accountability for poverty

In general the special education community was pleased with components of IDEA 1997. A few concerns remained, not the least of which was the increase, not a much hoped-for decrease, in the paperwork that so erodes the time and morale of special educators.

Inclusionary Schools

The concept of inclusion which has swept the nation in recent years did not suddenly emerge out of a vacuum. It emanated from the long line of special education movements briefly described above, that have grown out of concern for more appropriate education for all students. Inclusive schools include students with special needs in the total school experience, rather than “exclude” them by placing them in special schools or classrooms. The movement toward inclusion in the 1990s was built on this early foundation. In full inclusion, support services come to the student in the general education setting. In partial inclusion students may be served in another instructional setting when appropriate for their individual needs, but receive most of their instruction in the general education setting.

From its quiet beginning, the inclusionary movement snowballed into a popular position in which special education and regular education would merge into the unified school system envisioned in earlier decades as the remedy for separate, stigmatizing, and very expensive special education. Proponents of an inclusionary school system make the case that all students are unique individuals with special needs requiring differentiated individual attention; therefore, practices used effectively for exceptional students should be considered for use with all students (McLeskey, Henry, & Hodges, 1998; Stainback & Stainback, 1984).

Essential Elements for Success of Inclusion. The term “inclusion” has been erroneously viewed by many professionals as a synonym for the least restrictive environment (LRE) as mandated by federal legislation. However, legislation does not define inclusion or a unified educational system, just as it did not include the term mainstreaming. Instead, inclusion is one of several alternatives within a continuum. Formal definitions that do exist differ based on the interest group fostering the definition.

Mainstreaming placed students with disabilities in general education settings only when they could meet traditional academic expectations with minor adaptations (Beakley, 1997); however, inclusive schools integrate students with special needs into their home
schools with grade peers whether or not they can meet traditional standards. Special services are brought to the students instead of having students removed, or “pulled out,” to go to the special services (Waldron & McLeskey, 1998). “No students, including those with disabilities, are relegated to the fringes of the school by placement in segregated wings, trailers, or special classes (Stainback & Stainback, 1998, p. 34).

To further describe the concept of inclusion, selected definitions from the literature appear below:

- **Inclusion:** The commitment to educate each child to the maximum extent appropriate in the school and classroom he or she would otherwise attend (Rogers, 1993). The current focus for inclusion is on location of instruction and grouping of students. It is arbitrary across states and across districts within a state, and ideally it involves a regular teacher and a special education teacher co-teaching in one classroom (Beakley, 1997).
- **Full (or Total) Inclusion:** The belief that instructional practices and technological supports are presently available to accommodate all students in the schools and classrooms they would otherwise attend if not disabled (Rogers, 1993).
- **Inclusive Schools:** Schools where all members accept their fair share of responsibility for all children, including those with disabilities. Aids and resources are utilized where needed regardless of official classifications of disability (Fuchs & Fuchs, 1994).

**Characteristics of Inclusive Schools.** The National Center on Educational Restructuring and Inclusion (NCERI) conducted a study in 1994 to determine the status of the inclusion movement. Although most students with disabilities continued to be educated in separate settings, inclusion programs were being implemented in many states across the country. NCERI researchers determined that the following six factors are necessary for inclusion to succeed (Lipsky, 1994):

- **Visionary Leadership.** School leaders must have a positive view about the value of education for students with disabilities, and an optimistic view of teachers who can change and schools that can accommodate the needs of students with special needs. An overriding attitude that all children can benefit from inclusion is important.
- **Collaboration.** Successful inclusion presumes that “no one teacher can or ought to be expected to have all the expertise required to meet the educational needs of all students in the classroom” (Lipsky, 1994, p. 5). The processes of consultation, collaboration, and co-teaching are recognized as essential for effective inclusion programs.
- **Refocused Use of Assessment.** Inclusive schools tend to use more authentic assessment measures with a focus on monitoring student progress.
- **Supports for Staff and Students.** Two essential support factors reported in the study are systematic staff development, and flexible planning time for special education personnel and general educators to meet and work together. Families are involved in the planning processes. Other useful supports include assignment of school aides, curriculum adaptation, therapy services integrated into the regular school program, peer supports, computer technology, and other assistive devices.
- **Funding.** Funding formulas in many states need to be changed in order for inclusion to be implemented successfully.
- **Effective Parental Involvement.** Inclusive programs place emphasis on substantive parent involvement through family support services and the development of educational programs that engage parents as co-learners with their children.
The survey also highlighted classroom practices of co-planning and co-teaching. These will be discussed more fully in Chapter 8.

**Effective Inclusionary Schools.** Inclusive schools emphasize learning for all students, with teachers and staff working together to support a learning climate in which all students can succeed. An important criterion for judging the success of inclusion is that the students with disabilities make at least as much progress in the inclusionary setting as they would in an exclusionary setting. Making comparable progress would ensure the placement in the least restrictive environment (Waldron & McLeskey, 1998). Salend and Duhaney (1999) found that students without disabilities did not evidence interference in their academic performance, and had several social benefits for them. Hobbs and Westling (1998) also cite studies which found that children with disabilities fare better in academic skills than students in special classes, and inclusion does not have a detrimental effect on students without disabilities. They purport that the success of inclusion depends on effective collaboration among professionals, and to this end they recommend use of a collaborative problem-solving model.

All educators share responsibility for student achievement and behavior. There must be total commitment from principal to school custodian (Federico, Herrold, & Venn, 1999). Teachers refer to “our kids,” rather than “your kids” and “my kids.” Paraeducators provide continuity and support for students, teachers, and families. They participate actively on the team and help with planning and delivery of appropriate services.

Every inclusive school looks different, but is characterized by a sense of community, high standards, collaboration and cooperation, changing roles and an array of services, partnership with families, flexible learning environments, strategies based on research, new forms of accountability, and continuing professional development (Federico, Herold, & Venn, 1999; Working Forum on Inclusive Schools, 1994). In a qualitative study of inclusive elementary school programs, Wood (1998) found that in the initial stages of inclusion teachers maintained discrete role boundaries through an informal but clear division of labor. However, as the school year progressed, role perceptions became less rigid as the teaming became more cooperative.

**Concerns About Inclusion.** In spite of considerable research that indicates positive results, inclusion has not been perceived positively by all educators. Critics point to situations where teachers receive little to no assistance and sometimes are not even informed about the nature of their students’ disabilities. Some contend that special education teachers have difficulties managing educational programs of their students when they are dispersed among several classrooms.

In some schools several children with severe disabilities are assigned to the same classroom. This does not represent a typical classroom situation because perhaps only one child in 100 will have severe disabilities. This situation can create an extremely frustrating environment for the classroom teacher (Rogers, 1993).

VanTassel-Baska (1998) notes that studies in gifted and talented education within inclusionary settings are limited, but those that exist reveal some troubling trends. Research shows that students with high ability and remarkable talents too often do not receive instruction that is appropriately intensive enough for their needs in the inclusionary classroom. This concept will be addressed in detail in Chapter 9.

Problems develop in inclusionary settings when children with disabilities are “dumped wholesale” into classrooms, with budget cuts and no planning and collaboration. Special educators lament loss of control over the learning environment and fear loss of specialized
services for students with disabilities (Salend & Duhaney, 1999). In addition, a backlash is surfacing among some parents of nondisabled who feel their children’s education is being compromised.

All in all, teachers’ responses to inclusion programs are complex, are shaped by multiple variables, and change over time (Salend & Duhaney, 1999). So while cautious educators may applaud the intent of inclusion and the gains from inclusionary settings for all students, teachers, and families, they will not want to regard inclusion as a panacea. Narrow definitions, myopic practices, and most of all, failure to prepare school personnel in collaborative and co-teaching strategies will short-circuit well-meaning intentions for those with special needs.

No Child Left Behind

The No Child Left Behind Act passed by the U.S. legislature in 2001, and signed by President George W. Bush on January 8, 2002, mandates requirements and adds specificity to the 1965 Elementary and Secondary Education Act noted earlier in the chapter. The goals of this legislation are as lofty, and in all probability as undoable, as President Clinton’s Goals 2000, mandating, among other things, that “All Children Will Enter School Ready to Learn.”

The 35th annual Phi Delta Kappa/Gallup Poll of the public’s attitudes toward the public schools indicates that only 24 percent of respondents said they know a great deal or a fair amount about NCLB and 76 percent said they know very little or nothing at all about it (Rose & Gallup, 2003). In spite of this lack of knowledge, NCLB has unleashed a flurry of gear-ups for testing, test preparation, high-profile reports of schools making or failing to make adequate progress, and calls for more accountability from the schools to succeed or let students be schooled elsewhere.

Metaphors, mostly denigrating, have been put before the public to accentuate flaws in the thinking behind this Act. To mention only one, NCLB has been dubbed a “Trojan horse” (Bracey, 2002 Rose, 2003) that comes bearing promises but carries hidden problems. Elmore (2003), who has labeled NCLB as the single largest nationalization of education policy in the history of the United States, points out the Act’s overinvestment in testing and underinvestment in capacity-building among teachers and schools to provide high-quality instruction to students. He also notes ungrounded theories of improvement, weak knowledge about how to mend failing schools, poor incentives for quality and performance, and policymaking by remote control.

Lewis (2002) reminds educators of students with special needs of what they already know, which is: no new set of laws and mandates can ensure that children served by IDEA will not be left behind. Smith (2003) adds to this prompt the reality that the range of human variation will doom NCLB to fail, compounded by that other reality of the 9/91 factor: between birth and 19th birthday, children spend only 9 percent of their time in school and 91 percent elsewhere. Requiring schools to make up for all differences in children’s nature and the conditions of their nurture is, as Smith puts it, absurd.

The NCLB Act contains several more subtle topics beyond the most publicized issues of adequate yearly progress (AYP), high-stakes testing in reading and math only (with science to be added in 2006), inclusion of children with disabilities in all testing, and school improvement requirements. It sets up the public for a plethora of bad reports about schools. It demands that teachers will be judged competent by acquisition of a teaching certificate, and it mandates school reform without the wherewithal to make significant changes.
Collaborative consultants must be vigilant in monitoring effects of NCLB and assertive in demanding that the right things are carried out for the right purposes. Teacher certification programs must include preparation for the collaborative and team roles so important for inclusionary settings. School administrators must make community members and family members integral parts of school improvement efforts. School psychologists and counselors must provide their expertise and reasoned judgment to assessment issues and interpretations. In all these areas and more, educators must work diligently to ensure that NCLB will hold promise, not punishment, for caring educators and their students.

A BRIEF HISTORY OF SCHOOL CONSULTATION

Having noted the strong emphasis on the need for collaborative school consultation brought out in educational reform and the school improvement movements, it is appropriate to examine its history briefly. The advent of special education may date back to the mid-nineteenth century, when state after state (Rhode Island in 1840, then Massachusetts in 1852, followed in time by the others) passed compulsory school attendance laws mandating formal education for every school-age child regardless of disability, giftedness, or other special need. Now the school doors open each morning, bells ring, students congregate, and classes begin. Students in these classes have many special learning and behavior needs. Up to one-third of all school-age children can be described as experiencing difficulty in school by reason of special needs. If the significant learning needs of gifted students are included, this figure increases substantially.

These realities, along with various social issues of the times, have spurred interest in school consultation, collaboration, and teamwork. The result has been an escalating number of conferences, publications, research studies, pilot programs, federal and state grants, training projects, as well as development of several teacher preparation programs, for understanding and applying consultation and collaboration practices in schools.

Collaborative School Consultation before 1970

School consultation probably originated in mental health and management fields (Reynolds & Birch, 1988). Caplan (1970) had developed consultation programs to train staff members for working with troubled adolescents in Israel at the close of World War II. Building upon Caplan's work, mental health services escalated and moved into school settings, where consultation services of school psychologists produced promising results. The role of consultation in school psychology was broadened to encourage collaborative relationships (Gallessich, 1974; Pryzwansky, 1974). Such relationships were nurtured to help teachers, administrators, and parents deal with future problems as well as immediate concerns.

The first direct explication of a consulting teacher service delivery model for students with mild disabilities was by McKenzie, Egner, Knight, Perelman, Schneider, and Garvin in 1970. This group described a program for preparation of consulting teachers at the University of Vermont and a plan for implementing a consulting teacher model in the state (Lilly & Givens-Ogle, 1981).

By the mid-1960s the term school consultation was listed in Psychological Abstracts (Friend, 1988). School counselors began to promote the concept of proactive service, so that
by the early 1970s consultation was being recommended as an integral part of contemporary counseling service. This interest in collaborative relationships on the part of counselors and psychologists reflected a desire to influence individuals, groups, and systems that most profoundly affect students (Brown, Wyne, Blackburn, & Powell, 1979). Examples of consulting in the areas of speech and language therapy, and in hearing-impaired and visually-impaired programs, date from the late 1950s. Emphasis on teacher consultation for learning disabled and behavior-disordered students surfaces in the literature as early as the mid-1960s. At that time consultants for the most part were not special educators, but clinical psychologists and psychiatric social workers.

In 1965, passage of the Elementary and Secondary Education Act (ESEA) authorized funding and made specific provisions for students with disabilities (Talley & Schrag, 1999). Reauthorizations in 1988 and 1994 mandated parent involvement and coordination in programs such as Head Start, encouraging school and community-linked services through the Community Schools Partnership Act. Consultation and collaboration became essential factors in coordinating the array of services provided for students with special needs. (Coordination efforts will be discussed further in Chapter 11.)

The behavioral movement, which was gaining momentum in the late 1960s and early 1970s, fueled interest in alternative models for intervention and the efficient use of time and other resources. This interest sparked development of a text by Tharp and Wetzel (1969) in which they presented a triadic consultation model using behavioral principles in school settings. This triadic model is the basic pattern upon which many subsequent models and methods for consultation were constructed.

By 1970 the special education literature contained references to a method of training consulting teachers to serve students in special education at the elementary level (McKenzie, Egner, Knight, Schneider, Perelman, & Garvin, 1970). The Vermont Consulting Teacher Model, using a consulting teacher to serve students with mental handicaps, was put into place in 1970 (Haight, 1984).

Collaborative School Consultation from 1970 to 1999

As noted earlier, the decade of the 1970s was a very busy time in the field of special education. Intensive special education advocacy, federal policymaking for exceptional students, and technological advancements affected special education practices for handicapped students (Nazzaro, 1977). The Education for All Handicapped Children’s Act (EHA) was passed in 1975 and signed by President Gerald Ford, reauthorized in 1990 as the Individuals with Disabilities Education Act (IDEA), and amended as IDEA 1997. These legislative actions contained national guidelines on service delivery of education for students with disabilities (Talley & Schrag, 1999). One of the many guidelines was prescription of multidisciplinary and multidimensional services to be coordinated for maximizing student learning and development.

By the mid-1970s consultation was regarded as a significant factor in serving students with special needs. Special education became a major catalyst for promoting consultation and collaboration in schools (Friend, 1988).

By the mid-1980s consultation had become one of the most significant educational trends for serving students with special needs. To analyze the trend, a questionnaire was sent by West and Brown (1987) to directors of special education in the fifty states. Thirty-five state directors responded. Twenty-six of the respondents stated that service delivery models
in their states include consultation as an expected role of the special educator. The 26 states reported a total of ten different professional titles for consultation as a job responsibility of special educators. About three-fourths of the respondents acknowledged the need for service delivery models that include consultation. However, only seven stated that specific requirements for competency in consultation were included in their policies.

As interest in school consultation escalated in the 1980s, the National Task Force on Collaborative School Consultation, sponsored by the Teacher Education Division of the Council for Exceptional Children, sent a publication to state departments of education with recommendations for teacher consultation services in a special education services continuum (Heron & Kimball, 1988). Guidelines were presented for: Development of consultative assistance options; definition of a consulting teacher role with pupil-teacher ratio recommended; and requirements for preservice, inservice, and certification preparation programs. The report included a list of education professionals skilled in school consultation and a list of publications featuring school consultation.

By 1990 a new journal focusing on school consultation, Journal of Educational and Psychological Consultation, appeared in the literature. A pre-convention workshop sponsored by the Teacher Education Division (TED) of the Council for Exceptional Children (CEC) on school consultation and collaboration programs and practices was a featured event at the 1990 annual CEC conference in Toronto.

Early leaders in school consultation reconceptualized models to fit more appropriately with inclusionary schools and expanded roles of school personnel. Caplan’s mental health consultation model evolved into mental health collaboration as a better choice of practice for school-based professionals (Caplan, Caplan, & Erchul, 1995). Bergan (1995) similarly described an evolution of the school psychologist’s behavioral consultation focus on assessment, labeling, and placement activities to an expanded role of consultative and collaborative problem solving for students’ needs. The framework for behavioral consultation was reconceptualized to become a case-centered, problem-solving approach that could be teacher-based, parent-based, or conjoint-based (parent-teacher) consultation in which the consultee’s involvement is critical to the success of positive client outcomes (Kratochwill & Pittman, 2002).

In the field of education for gifted students, discussion of consultation practices has been minimal, although it promises to be one of the most viable fields for extensive use of collaborative consultation. Dettmer (1989), Dettmer and Lane (1989), and Idol-Maestas and Celentano (1986) have stressed the need for collaborative consultation practices to assist with learning needs of gifted and talented students. Dyck and Dettmer (1989) suggest methods for facilitating learning programs of twice exceptional, gifted learning-disabled students within a consulting teacher plan.

Collaborative School Consultation After 2000

The general public in the new millennium is becoming more and more aware that teaching is not just a responsibility of professional educators within the school’s walls. Community members and resource personnel beyond school walls are needed as collaborators and team members to help in planning and directing rich, authentic learning experiences for students.

Also gaining prominence is an awareness of the need for collaboration among general and special education teachers that gives students opportunities for learning and practicing skills related to the standards set forth by governing bodies. Teaming across classrooms is
being utilized by many dedicated teachers as an approach that can bring students closer to achieving those standards (Kluth & Straut, 2001).

The early decades of this millennium will be a critical period for professional educators in learning to work together and to enjoy doing it. It will be very important for them to model such behaviors for their students, who will be expected to work collaboratively as adults in their careers and community roles. Family involvement, with strong partnerships between home and school educators, is an essential part of helping students become strong, ethical leaders for the future.

THEORETICAL AND RESEARCH BASES OF COLLABORATIVE SCHOOL CONSULTATION

Is school consultation theory-based as a practice or an atheoretical practice related to a problem-solving knowledge base? Differing points of view exist.

West and Idol (1987) propose that school consultation is theory-based if identified across more than one literature source focusing upon the relationship between consultant and consultee. On the other hand, if identified by problem-solving methods, then it is knowledge-based in the area of problem-solving.

West and Idol identify ten prominent models of consultation, of which six are founded on clearly distinguishable theory or theories: mental health, behavioral, process, advocacy, and two types of organizational consultation. They designate a seventh as a collaborative consultation model having the essential elements for building theory because it features a set of generic principles for building collaborative relationships between consultants and consultees.

Is there a research base for collaborative school consultation? During the 1980s when interest in collaboration and consultation was escalating, many analyses and discussions of school consultation took place. Heron and Kimball (1988) have identified an emerging research base that includes:

- Theory and models (West & Idol, 1987);
- Methodology (Gresham & Kendell, 1987);
- Training and practice (Friend, 1984; Idol & West, 1987);
- Professional preferences for consultation service (Babcock & Pryzwansky, 1983; Medway & Forman, 1980);
- Guidelines (Salend & Salend, 1984);
- Competencies for consultations (West & Cannon, 1988).

Gresham and Kendell (1987) summarize most consultation research as descriptive, which is useful for identifying key variables in consultation processes and outcomes, but not for determining interactions between variables or directions of influence upon the outcomes of consultation. They stress that consultation research must assess the integrity of consultation plans, since many plans are not being implemented by consultees as designed (Witt & Elliott, 1985). Fuchs, Fuchs, Dulan, Roberts, and Fernstrom (1992) share views stated by Pryzwansky (1986) that many studies on consultation are poorly conceptualized and executed. Conducting the research well requires careful planning, attention to detail, interpersonal skills, flexibility, positive relationships with school personnel, and research skills (Fuchs et al., 1992).
West and Idol (1987) point out that efforts to conduct research in the complex, multi-
dimensional field of school consultation are impeded by lack of psychometrically reliable
and valid instrumentation and controls.

Without question there should be more research to ascertain effects of collabora-
tive consultation and to understand more about the variables related to those effects. Methodological weaknesses to be overcome in pertinent research are omission of control or comparison groups, use of inappropriate control or comparison groups, use of only one consultant, use of only one dependent measure (Bramlett & Murphy, 1998; Med-
way, 1982), lack of objective data, absence of follow-up data, little information about con-
sultants’ training and experience, and possible experimenter bias (Fuchs, et al., 1992; Pryzwansky, 1986).

Gresham and Kendell (1987) found little empirical evidence to show that what people
are calling consultation actually is consultation. They urged researchers to define the re-
search variables more explicitly, control them more carefully, and measure them more ac-
curately. Witt (1990) contended that research on collaboration is a dead end unless it can be
shown that collaboration is related to important student outcomes.

According to findings of Slessor, Fine, and Tracy (1990), much of the research on
school consultation heretofore has examined behaviors specific to particular models. They
propose that further research is needed to examine specific behaviors and attitudes of more
successful consultants compared with those less successful, because it is likely that many
school consultants initiate their own integration of different models. Indeed, that cus-
tomization will be a recommendation given in this book.

One promising area of exploration is the topic of intersubjectivity. Since the 1980s
and the rediscovery and analysis of Lev Vygotsky’s work, this aspect of social learning has
captured the attention of educational psychologists. The intersubjective attitude is one of
negotiation and joint construction of meaning, based on a commitment to build shared mean-
ing by finding common ground and exchanging interpretations (Woolfolk, 2001). Col-
leagues with an intersubjective attitude assert their own positions while respecting those of
others and working together to co-construct useful perspectives. Recall the discussion of
adult differences and variety of styles in teamwork presented in Chapter 1.

**STRUCTURAL ELEMENTS OF COLLABORATIVE SCHOOL CONSULTATION**

Overlapping philosophies of consultation have evolved out of a blending of consultation
knowledge and practices from several fields. This overlap creates a tangle of philosophy and
terminology which could be problematic for educators endeavoring to develop viable school
consultation structure. So it is helpful to sort out the myriad consultation terms, theories, re-
search findings, and practices, and recast them into useful structures.

When addressing issues, it is tempting for educators to slip into “educationese”, (con-
voluted and redundant phrases), “jargon,” (in-house expressions that approximate educa-
tional slang), and “alphabet soup” (acronyms that appear to lay people to be a form of code).
But if collaborative school consultation is to be accepted by teachers and school adminis-
trators, it must be presented in bold, clear language. This requires careful attention to se-
mantics, or the study of meaning and ways meaning is structured in language.
Collaborative consultation is a blend of six elements—system, perspective, approach, prototype, mode, and model, which will synthesize into a method with goodnes of fit for the particular educational situation. (See Figure 2.1.) These six elements are framed as:

- **System**—entity of many parts serving common purpose
- **Perspective**—a particular viewpoint
- **Approach**—preliminary step toward a purpose
- **Prototype**—pattern
- **Mode**—form or manner of doing
- **Model**—an example

Characteristics of the six elements can be illustrated by words and pictures to fit any local context.

For brevity and clarity the six elements are designated by the upper-case form of their first letter—for example, System is marked with S. (When two elements begin with identical letters, some other prominent letter in the word is used.) Thus the six categories are designated as S (system), P (perspective), A (approach), R (prototype), E (mode), and M (model).

**Systems**

The word system (S) denotes a complex unity composed of many diverse parts for a common purpose. The most natural system within which to conduct school consultation and collaboration is, obviously, the school. However, educators are involved not only in the academic or cognitive aspect of student development, but also in physical, emotional, so-
cial, and life-orientation aspects. Educators include not only teachers, but parents, related services and support personnel, other caregivers, and the community in general.

Systems (S) in which educators function to serve special needs of students include: home and family, community, medical and dental professions, mental health, social work, counseling, extracurricular, and advocacy and support groups. Other systems with which consultants and collaborators might be involved from time to time in addressing very specialized needs are therapy, industry, technology, mass communications, cultural enrichment, and special interest areas such as talent development.

**Perspectives**

A **perspective**, (P), is an aspect or object of thought from a particular viewpoint. Consultation perspectives that have evolved in education and related fields include: Purchase; doctor-patient; and process. In some sources these categories are referred to as approaches, and in others they appear as models. Here, however, we differentiate them as perspectives.

**A purchase perspective** is one in which the consumer shops for a needed or wanted item. The consumer, in this case the consultee, “shops for” services that will help that consultee serve the client’s need. For example, the teacher of a developmentally delayed student might ask personnel at the instructional media center for a list of low-vocabulary, high-interest reading material with which to help the student have immediate success in reading. The purchase perspective makes several assumptions (Neel, 1981); (1) That the consultee describes the need precisely; (2) the consultant is in the right “store” to get something for that need; (3) the consultant has enough “inventory” (strategies and resources) to fill the request, and (4) the consultee can assume the costs of time, energy, or modification of classroom procedures.

As a consumer the consultee is free to accept or reject the strategy or resource, using it enthusiastically, putting off trying it, or ignoring it as a “bad buy.” Even if the strategy is effective for that case, the consultee may need to go again to the consultant for similar needs of other clients. Many things have to go right in order for this perspective to work, so the consultee must think through the consequences of the purchase technique (Schein, 1969). Little change can be expected in consultee skill as a result of such consumer-type interaction. Thus the overall costs are high and the benefits are limited to specific situations.

**A doctor-patient perspective** casts the consultant in the role of diagnostician and prescriptor. The consultee knows there is a problem, but is not in a position to correct it. Consultees are responsible for revealing helpful information to the consultant. Again, this perspective makes several assumptions: (1) The consultee describes the problem to the consultant accurately and completely; (2) The consultant can explain the diagnosis clearly and convince the consultee of its worth; (3) the diagnosis is not premature; and (4) the prescribed remedy is not iatrogenic (a term from the medical profession that describes professionals’ actions which turn out to be more debilitating than the illness they were designed to treat). An iatrogenic effect from educational services would create more problems for student, educators, or school context than the initial condition did. For example, an iatrogenic effect created by having consulting teachers take gifted students from their general classrooms to attend gifted program activities could be resentment and antagonism felt toward them by their peers and perhaps even by their classroom teachers.

A classroom teacher might use a doctor-patient perspective by calling on a special education teacher and describing the student’s learning or behavior problem. The consultant’s role would be to observe, review existing data, perhaps talk to other specialists, and make
diagnostic and prescriptive decisions. As in the medical field, there is generally little follow-up activity on the consultant’s part with the doctor-patient perspective, and the consultee does not always follow through with conscientious attention to the consultant’s recommendations.

In a process perspective, the consultant helps the client perceive, understand, and act upon the problem (Neel, 1981; Schein, 1969). Consultative service does not replace the consultee’s direct service to the client. In contrast to the purchase and doctor-patient perspectives, the consultant neither diagnoses nor prescribes a solution. As Neel puts it, the consultee becomes the consultant’s client for that particular problem.

Schein (1978) sorts process consultation into two types—a catalyst type in which the consultant does not know a solution but is skilled toward helping the consultee figure out one, and the facilitator type where the consultant contributes ideas toward the solution. In both catalyst and facilitator types of process consultation the consultant helps the consultee clarify the problem and develop solutions. Skills and resources used to solve the immediate problem may be used later for other problems. Assumptions are: (1) The consultee can diagnose the problem; (2) The consultant is able to develop a helping relationship; (3) The consultant can provide new and challenging alternatives for the consultee (who is the consultant’s immediate client) to consider; and (4) Decision-making about the alternatives will remain the responsibility and privilege of the consultee. In the process perspective for consultation, the consultee who needs help with a student or school situation collaborates with a consultant to identify the problem, and explore possible alternatives. They work as a team to develop a plan of action. The consultee then implements the plan.

All three of these perspectives—purchase, doctor-patient, and process—have strengths; therefore, each is likely to be employed at one time or another in schools (Vasa, 1982). One factor influencing the adoption of a particular perspective is the nature of the problem (West, 1985). For example, in a non-crisis situation the consultee may value the collaborative approach. However, all three have limitations as well. In crisis situations the consultee may need a quick solution, even if temporary, for the problem. In such cases the purchase or doctor-patient perspectives would be preferred. Situations that immediately affect the physical and psychological well-being of students and school personnel require immediate attention and cannot wait for process consultation. However, when process consultation is employed regularly, many of the skills and resources that are developed for solving a particular problem can be used again and again in situations involving similar problems. This makes process consultation both time-efficient and cost-effective for schools.

**Approaches**

An approach (A) is primarily a formal or an informal step toward a purpose. Formal consultations occur in preplanned meetings such as staffings, conferences for developing Individual Education Plans (IEPs), arranged interactions between school personnel, and organized staff development activities. They also include scheduled conferences with parents, related services personnel, and community resource personnel.

In contrast, informal consultations often occur “on the run.” These interactions have been called “vertical consultations” because people tend to engage in them while standing on playgrounds, in parking lots, at ball games, even in grocery stores. They are dubbed “one-legged consultations” when they occur in hallways with a leg propped against the wall (Hall & Hord, 1987; McDonald, 1989). Conversations also take place frequently in the teacher workroom. This aspect will be addressed more fully in Chapter 12 as a type of
informal staff development. It is very important to designate informal interactions as consultations because they do require expenditures of time and energy on the part of both consultant(s) and consultee(s). Highlighting them as consultations helps establish the concept of school consultation and enhance efforts toward constructing a suitable framework for the practices of consultation and collaboration. Informal consultations should be encouraged because they can initiate more planful, productive consultation and collaboration. Sometimes they become catalysts for meaningful inservice and staff development activities. In other cases they may initiate team effort that would have been overlooked or neglected in the daily hustle and bustle of school life.

Prototypes

A prototype (R) is a pattern. Consulting prototypes include mental health consultation, behavioral consultation, advocacy consultation, and process consultation.

The mental health prototype has a long history (Conoley & Conoley, 1988). The concept originated in the 1960s with the work of psychiatrist Gerald Caplan. Caplan conceived of consultation as a relationship between two professional people in which responsibility for the client rests on the consultee (Hansen, Himes, & Meier, 1990). Caplan (1970) proposed that consultee difficulties in dealing with a client’s problems usually are caused by any one, or all, of four interfering themes:

- Lack of knowledge about the problem and its conditions
- Lack of skill to address the problem in appropriate ways
- Lack of self-confidence in dealing with the problem
- Lack of professional objectivity in approaching the problem

The consultant not only helps resolve the problem at hand, but enhances the consultee’s ability to handle similar situations in the future. Caplan’s most important intervention goal is to enhance the consultee’s professional objectivity so that the consultee does not identify subjectively with the client, or try to fit the client into a category and assume an inevitable outcome (Conoley & Conoley, 1982). When the mental health prototype is used for consultation, consultee change may very well precede client change. Therefore, assessment of success should focus on consultee attitudes and behaviors more than on client changes (Conoley & Conoley, 1988). School-based mental health consultation is characterized by consultant attention to teacher feelings and the meaning the teacher attaches to the student’s behavior (Slesser, Fine, & Tracy, 1990).

The behavioral consultation prototype is also intended to improve the performance of both consultee and client. Behavioral consultation is characterized by clear, explicit problem-solving procedures (Slesser, Fine, & Tracy, 1990). It is based on social learning theory, so skills and knowledge contribute more to consultee success than unconscious themes such as objectivity or self-confidence (Bergan, 1977). Behavioral consultation probably is more familiar to educators and thus is more easily introduced into the school context than is a mental health consultation prototype. The consultant is required to define the problem, isolate environmental variables that support that problem, and plan interventions to reduce the problem. Bergan (1995) recounts the evolution of a problem-solving model that he based on the theoretical approach of behavioral theory founded in an empirical research tradition. His four-stage model of a consultative problem-solving process was grounded on successful
identification of the problem as the first stage. Problem analysis, implementation, and evaluation followed this stage.

Conoley and Conoley (1988) regard behavioral consultation as the easiest prototype to evaluate, since problem delineation and specific goal-setting occur within the process. Evaluation results can be used to modify plans, and to promote consultation services among other potential consultees. Cipani (1985) notes that behavioral consultation can fail to bring results when it focuses on problematic social behavior, such as aggression or being off-task, when that behavior really emanates from poor or inadequate academic skills.

Organizational consultation features individuals together in small-group formation and small, incremental steps over long periods of time to implement programs and solve problems. The more who are involved, the greater the probability of implementing planned changes (Truesdell and Lopez, 1995).

In advocacy consultation the client is the community, not the established organization (Gallessich, 1974), with the consultant serving the “client” directly as trainer and catalyst, and indirectly as advocate (Raymond, McIntosh, and Moore, 1986). This concept is considered by some to be quite political, with one group trying to overcome another for a greater share of the finite resources. Advocacy consultants stress that power, influence, and politics are the motivating influences behind human behavior (Conoley & Conoley, 1982). They need specific consulting skills for organizing people and publicizing events to serve special needs appropriately, which can include seeking due process for clients.

The human relations prototype, like the advocacy prototype is an organizational type of consultation. It is based on how influences of the work environment have impact on personal growth, and is designed to increase organizational productivity and morale (Gallessich, 1982).

Process consultation is sometimes included as a sixth prototype, along with mental health, behavioral, organizational, advocacy, and human relations consultation. But in this book it was included above as a perspective, and therefore will not be treated as a prototype.

Modes

A mode (E) is a particular form or manner of doing something. Modes for school consultation can be regarded as direct consultation for the delivery of service to clients, or indirect consultation for delivery of service to clients through consultees.

In a direct mode the consultant works directly with a special-needs student. For example, a learning disabilities consulting teacher or a speech pathologist specialist might use a technique with the student, while a parent or classroom teacher consultee observes and assists with the technique. Direct service to students usually is carried out for students subsequent to a referral (Bergan, 1977). The consultant may conduct observations and discuss the learning or behavioral need directly with the student (Bergan, 1977; Heron & Harris, 1987). The consultant becomes an advocate and the student has an opportunity to participate in decisions made pertinent to that need. Another example of direct service is teaching coping skills to students for their use at home or at school (Graubard, Rosenberg, & Miller, 1971; Heron & Harris, 1987).

The indirect service delivery mode calls for “back-stage” involvement among consultants and consultees to serve client needs. The consultant and consultee interact and problem-solve together. In doing so the consultant provides direct service to the consultee, who then provides related direct service to the client. School consultation typically is regarded as indirect service to students through direct work with their teachers or parents (Lilly & Givens-Ogle, 1981); however, variants of service delivery are possible in particular circumstances.
It is in this arena that some of the most significant changes have occurred since the enactment of Public Law 94-142, and, more recently, the inclusionary movement.

Models

Models (M) are patterns, examples for imitation, representations in miniature, descriptions, analogies, or displays. A model is not the real thing, but an approximation of it. It functions as an example through which to study, replicate, approximate, or manipulate intricate things. Models are useful for examining things or ideas when they are too big to construct (such as a model of the solar system) or too small to copy (a DNA molecule). They help explain and illustrate things that cannot be replicated because they are too costly (a supersonic jet plane), too complex (the United Nations system), or too time-intensive (travel to another galaxy). Such qualities make the model a useful structure on which to pattern the complex human processes of school consultation and collaborative teamwork.

Some of the more well-known models adopted or modified for school consultation over the past 25 years are:

- Triadic model
- Stephens/systems model
- Vermont Consulting Teacher Program model
- School Consultation Committee model
- Resource/Consulting Teacher Program model
- Collaborative consultation model

The triadic model, developed by Tharp and Wetzel (1969), and Tharp (1975) is the classic consultation model from which many school consultation models have evolved. It includes three roles—consultant, consultee (or mediator), and client (or target). In this most basic of the existing consultation models, services are not offered directly, but through an intermediary (Tharp, 1975). The service flows from the consultant to the target through the mediator. The consultant role is typically, although not always, performed by an educational specialist such as a learning disabilities teacher or a school psychologist. The consultee is typically, but not always, the classroom teacher. The client or target is usually the student with the learning or behavioral need. An educational need may be a disability or a talent requiring special services in order for the student to approach his or her learning potential. The triadic model requires both consultant and consultee to take ownership of the problem and share accountability for the success or failure of the program that is developed (Idol, Paolucci-Whitcomb, & Nevin, 1995). See Figure 2.2.

When studying the triadic model, or any other consultation model, it is important to recall the discussion in Chapter 1 about school consultation roles. Roles are interchangeable among individuals, depending upon the school context and the educational need. For example, on occasion, a learning disabilities consulting teacher might be a consultee who seeks information and expertise from a general classroom teacher consultant. At another time a student might be the consultant for a resource room teacher as consultee, and parents as the clients, or targets for intervention that is intended to help their child. Tharp gives the following example:

Ms. Jones, the second-grade teacher, may serve as mediator between Brown, the psychologist, and John, the problem child. At the same time, she may be the target of her principal’s training program and the consultant to her aide-mediator in the service of Susie’s reading problem.
The triadic model, then, describes relative position in the chain of social influence (Tharp, 1975, p. 128).

Tharp identifies several advantages of the triadic model (Tharp, 1975), including the clarity it provides in delineating social roles and responsibilities, and the availability of evaluation data from two sources—mediator behavior and target behavior. However, it may not be the most effective model for every school context and each content area with the process skills and resources that are available. Advantages and disadvantages of using a triadic model of school consultation are included in Application 2.1, p. 60.

The Stephens/systems model constructed by Stephens (1977) is an extension of his directive teaching approach (Heron & Harris, 1982). It includes five phases:

- Assessment, observation, data collection
- Specification of objectives, problem-identification
- Planning, finding ways of resolving the problem
- Implementation of the plan, measurement of progress
- Evaluation, data analysis.

Baseline data are collected on target behaviors. Then interventions are planned, and additional data are collected in order to compare intervention effects. If the plan of treatment is not effective, further assessment
is conducted (Figure 2.3). The consultant helps the consultee devise criterion-referenced assessments or coding devices (Heron & Harris, 1987). This helps consultees become an integral part of the program and acquire skills to use after the consultant leaves. If interventions for one behavior or learning need are effective, then other target behaviors can be selected for modification, beginning with the first step in the model. Other advantages of using the systems model, as well as possible concerns to be considered, are included in Application 2.1, page 61.

The resource/consulting teacher program model (R/CT) was implemented at the University of Illinois and replicated in both rural and large urban areas (Idol, Paolucci-Whitcomb, & Nevin, 1986). It is based on the triadic model, with numerous opportunities for interaction among teachers, students, and parents. The resource/consulting teacher offers direct service to students through tutorials or small-group instruction and indirect service to students through consultation with classroom teachers for a portion of the school day. Students who are not staffed into special education programs can be served along with exceptional students mainstreamed into general classrooms. Parents are sometimes included in the consultation. (Figure 2.4.)

In the R/CT model, emphasis is placed on training students in the curricula used within each mainstreamed student’s general classroom (Idol-Maestas, 1983). Close cooperation and collaboration between the R/CT and the classroom teacher are required so that teacher expectations and reinforcement are the same for both resource room and regular class setting.
Advantages and disadvantages of the R/CT model are included in Application 2.1, page 61.

The School Consultation Committee model (McGlothlin, 1981) provides an alternative approach for school consultation in the form of a School Consultation Committee model. The committee typically includes a special education teacher, a primary classroom teacher, an upper-grade classroom teacher, the building principal, and persons involved in ancillary and consultant roles. After a one-day training session conducted by an outside consultant, the committee meets as frequently as needed in order to screen referrals, assess problems and develop plans, and evaluate the results of those plans. The consultant remains available to help the committee as needed (McGlothlin, 1981). See Figure 2.5.

The School Consultation Committee is a familiar approach for school personnel who have had experience on preassessment, student improvement, or prereferral teams. It is a meeting of the minds, where responsibilities are shared in a group effort to produce desired outcomes. Such an approach addresses learning and behavior problems in the general classroom before considering special education eligibility. Advantages and disadvantages of this model are given in Application 2.1, page 62.

The Vermont Consulting Teacher Program Model is a collaborative effort of local school districts, state department of education, and university personnel for providing consultative services statewide to teachers who have children with disabilities in their classrooms (Heron & Harris, 1987). This early model, another adaptation of the triadic model, includes four phases after student referral:

- Entry level data-collection and diagnosis
- Specification of instructional objectives
- Development and implementation of a plan
- Evaluation and follow-through

There are three forms of instruction within the model: (1) university coursework for teachers, (2) specialized workshops as an alternative to the coursework format, and (3) consultation through working partnerships between consulting teacher and classroom teacher (Knight, Meyers, Paolucci-Whitcomb, Hasazi, & Nevin, 1981). Through the coursework teachers learn principles of measurement, behavior analysis, and instructional design. These principles then are applied to the teaching and learning processes in the classroom. A key feature is that the consulting teacher must individualize the program to meet the specific needs of the classroom teacher (Heron & Harris, 1987). Parent involvement is an integral component of the model.

The collaborative consultation model is derived from Tharp and Wetzel (1969) and Tharp (1975) and includes three components—(C)consultant, M(mediator), and (T)target
(Idol, Paolucci-Whitcomb, & Nevin, 1995). It conceptualizes the consultant and consultee as equal partners with diverse expertise—identifying problems, planning intervention strategies, and implementing recommendations with mutual responsibility (Idol, Paolucci-Whitcomb, & Nevin, 1986; Raymond, McIntosh, & Moore, 1986). The communication is not hierarchical or one-way. Rather, there is a sense of parity that blends the skills and knowledge of both consultant and consultee, with disagreements viewed as opportunities for constructive extraction of the most useful information (Idol, Paolucci-Whitcomb, & Nevin, 1995). In addition, there is the expectation that both consultant and consultee will work directly with the student. In research to investigate teacher responses to consultative services, Schulte, Osborne, and Kaufman (1993) found that teachers indicate collaborative consultation services are viewed as an acceptable alternative to resource rooms by most, and a quite desirable alternative by some. However, scheduling and teacher time can impose limits on success.

Pryzwansky (1974) suggested the basic structure of the collaborative approach by emphasizing the need for mutual consent on the part of both consultant and consultee, mutual commitment to the objectives, and shared responsibility for implementation and evaluation of the plan. The consultant, mediator, and target have reciprocally reinforcing effects on one another, which encourages more collaborative consultation at a later date (Idol-Maestas, 1983). Each collaborator, as part of the team, contributes a clearly defined portion of the effort so that all comes together to create a complete plan or solution.

Collaborative consultation can be blended with other approaches for particular contexts. One teacher in a small school with as many as six different lesson preparations who is coaching a different sport each season finds a combination of the collaborative and triadic models very time efficient. It can be conducted informally, utilizes both consultant and consultee knowledge efficiently, and has the aspect of confidentiality that is so important in a small, rural school (Figures 2.6 and 2.7).

Idol, Nevin, and Paolucci-Whitcomb (1995) describe several features that demonstrate the effectiveness of collaborative consultation:

- Learners with special needs can be served better when teachers generate and merge strategies and ideas through collaboration.
- Educators can acquire the skills to collaborate effectively.

**FIGURE 2.6 Interpretation of Triadic School Consultation**
Collaborative solutions are more successful than those developed individually.

Positive changes occur in school systems in the form of more team teaching, enhanced skills and attitudes of collaborators, and improvements of learning and social skills among learners with special needs. (See Application 2.1, page 62 for more aspects concerning this model.)

Variations of collaborative consultation include, but are not limited to, the following:

1. The Adaptive Learning Environments Model (ALEM). This is one of the earliest of the more recent variations. The goal of ALEM is to eliminate the need for pull-out programs by providing classroom alternatives that address learning needs of all students. Extensive collaboration among parents, teachers, administrators and other professionals is critical for the success of ALEM.

2. Class-Within-A-Class (CWC). This is an innovative delivery model that strives to reduce dependence on pull-out programs by serving learning disabled students full-time in general classes. Special education teachers go into the classrooms during instruction to collaborate and consult with the teacher and provide additional support to students with learning disabilities in the class.

3. Success-for-All (SFA). It is a comprehensive program aimed at preschool and primary levels. Its main purpose is to prevent failure by assuring reading success during the early school years. Individual tutoring, cross-age grouping, and extensive collaboration are important features of this program.

4. Mainstream Training Project (MTP). This uses inservice training for preparing classroom teachers at the secondary level to serve students who have learning difficulties. When classroom teachers have been trained in using effective teaching methods for students with learning and behavior problems, special education consultants work closely with them to monitor student progress and assist in implementation of newly-learned teaching techniques.

5. Schoolwide Enrichment Model (SEM). It is designed to provide more challenging learning experiences for gifted and talented students in the regular classroom. Classroom
teachers are supported by consultation services from facilitators for gifted programs. Teachers and facilitators collaborate in providing gifted and talented students with curriculum options and alternatives such as flexible pacing, enrichment, personalized instruction, and challenging group experiences.

6. Resource Consultation Model. The concept was developed originally by Curtis, Curtis, and Graden (1988) and adapted for education of gifted students. With this model consultation becomes a problem-solving process shared by all school personnel in which the primary goal is to use limited and expensive resources more effectively and efficiently to better serve students (Kirschenbaum, Armstrong, & Landrum, 1999). In this model, consultation can occur at one of three levels—collaboration on a less formal and less structured basis; assistance from gifted education personnel (which turns out to be used 85 percent of the time); or team intervention if several school personnel will be affected, such as on a matter involving acceleration.

7. Instructional consultation is a merger of collaborative consultation processes and instructional psychology knowledge (Rosenfield, 1995): When instruction is diagnosed, and any instructional components detrimental to the learner are identified and corrected, the learner will improve. Assumptions about learning difficulties must be reexamined and trust must be established between teacher and school psychologist. Implementation of interventions takes place in the classroom, as intervention and assessment are more closely woven together.

8. In the Special Education Consultant Teacher model (Goldberg, 1995), linking relationships are established among the consulting teacher, other professionals, parents, and teachers. These linking relationships allow for delivery of direct and indirect services, with the consulting teacher affecting a spectrum of educational services. Certain conditions must be in place within the system if the model is to be effective, including mutual expertise, access to collaborative interactions, fluency with a shared professional vocabulary, time control, and administrator support.

DEVELOPMENT AND APPLICATION OF STRUCTURES FOR COLLABORATIVE SCHOOL CONSULTATION

Any plan for collaborative school consultation should take into account the school’s needs by including facets from all the components that have been introduced:

S. System (school systems, other social systems)
P. Perspective (purchase, doctor-patient, process)
A. Approach (formal, informal)
R. pRototype (mental health, behavioral, advocacy, human relations)
E. modE (direct, indirect)
M. Model (triadic, Stephens/systems, Resource/Consulting Teacher Program, School Consultation Committee, Vermont Consulting Teacher Program, collaborative consultation and variant models).
The most relevant factors of these six key components can be synthesized into an appropriate method for serving special needs of the client as they occur. Once again, refer to Figure 2.1. Note that the Method area in the middle draws from each of the six descriptive elements to synthesize components into a viable method for formulating collaborative consultations.

Educators will recognize the need for having all six elements—systems, perspectives, approaches, prototypes, modes, and models—understood and available for potential combination into appropriate methods for serving special needs of students within every school context. Locally-developed methods for addressing special learning needs are the most effective practices that educators can employ.

APPLICATION 2.1
BUILDING STRUCTURES FOR COLLABORATIVE CONSULTATION

A helpful activity for thinking about complex functions is the thought problem. Thought problems, as practiced by eminent scientists such as Einstein, take place in the mind, not in the laboratory or classroom. The idea is to manipulate variables and concepts mentally, “seeing” them from all angles and deferring judgment until all conceivable avenues have been explored. A thought problem is an opportunity to reflect upon something intently before presenting it for discussion and critique by others. Much of the time this type of activity precedes engagement in complex processes such as collaborative consultation.

The following activity is a thought problem with several parts, one for each of the models described earlier. This exercise encourages you to be very “Einsteinian” as you reflect on school consultation, and manipulate and embellish your images of the models.

First, study again the brief descriptions of the models. Then select one from the following and arrange its components mentally to create a graphic way of illustrating a consultation method that could be useful in your school context. Einstein used trains, clocks, kites, rushing streams, even swirling tea leaves to ponder interesting phenomena and conceptualize his ideas. You may find it helpful to use computer graphics, illustrations, building blocks, toy people, or other special effects as you manipulate the elements of your ideas. Here are examples for starters:

TRIADIC TYPES OF MODELS

1. How might you show the interactions intended for the triadic model? One enterprising consultant drew a bow, with arrow poised for flight toward a target. The bow represents the consultant, the arrow is consultee, and the bull’s-eye is the problem or need. Another created a restaurant scene, with the consultant as behind-the-scenes cook, the consultee as the cook-and-server, and the client as the diner. A third person devised the graphic in Figure 2.2. How would you visualize an interactive graphic for a triadic type of consultation or one of the variations on the triadic model? Note the following:

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Possible Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>A way to get started with consultee</td>
<td>Little/no carry-over to other situations and problems</td>
</tr>
<tr>
<td>Quick and direct</td>
<td>Needed again for same or similar situations</td>
</tr>
<tr>
<td>Informal and simple, keeps problems in perspective</td>
<td>Only one other point of view expressed</td>
</tr>
<tr>
<td>Objectivity on the part of the consultant</td>
<td></td>
</tr>
</tbody>
</table>

60 PART I CONTEXTS FOR WORKING TOGETHER IN SCHOOLS
Advantages Possible Concerns
Student anonymity if needed Expert consultation skills needed
Appropriate in crisis situations by consultant
Time-efficient May not have necessary data available
May be all that is needed Little or no follow-up
Can lead to more intensive Tendency to blame lack of progress
consultation/collaboration on consultant

STEPHENS/SYSTEMS TYPES OF MODELS
2. For the Stephens/systems model, one illustrator organized the steps into a spiral model beginning with assessment of needs and concluding with reevaluation. Another viewed the model as a baseball field, with pitcher’s mound as where the action (assessment) begins, then the batter’s box, first, second, third bases, and home plate serving as the model’s steps. Another developed the steps into a BINGO! on the Bingo card. (See Figure 2.3.)

Advantages Possible Concerns
Each step in concrete terms Extensive paperwork
Follows familiar IEP development system Assumes spirit of cooperation exists
Collaborative Time-consuming
Changes easily made Might become process-for-process sake
Formative and developmental Assumes training in data-keeping
Strong record-keeping and observation
Avoide the “expert” role Multiple steps overwhelming
Has an evaluation component to busy teachers
Much accountability Delayed results
Provides whole picture of need, plan, and results

RESOURCE/CONSULTING TEACHING TYPES OF MODELS
3. Now try depicting the process of interaction provided by the Resource/Consulting Teacher Program. (See Figure 2.4.)

Advantages Possible Concerns
Provides direct and indirect service Energy-draining
Parent involvement Time often not available
“In-House” approach to problems Scheduling difficult
Opportunity for student involvement High caseloads for consulting teacher
Compatible with non-categorical/ Indirect service not weighted as heavily
interrelated methods as direct
Ownership by many roles Training needed in effective interaction
in problem-solving for consultant
More closely approximates Delayed, or no, reinforcement
classroom setting of consultant
Spreads the responsibility around Administrator support and cooperation
Ownership by many roles essential in problem-solving
Ownership by many roles for consultant
Ownership by many roles

Opportunity to belong as a
teacher/consultant
Opportunity for regular contact between
consultant/consultee
4. You might want to develop a more linear design for the School Consultation Committee model. One possibility is a mobile design (see Figure 2.5), and another could be a computer-type flow chart tailored to illustrate local school procedures.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Possible Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator involved</td>
<td>Only one day of training for special assignment</td>
</tr>
<tr>
<td>Multiple sources of input</td>
<td>Time-consuming</td>
</tr>
<tr>
<td>Skill gains from other teachers</td>
<td>Possible resentment toward specialized</td>
</tr>
<tr>
<td>familiar to those using preassessment/</td>
<td>expertise</td>
</tr>
<tr>
<td>building team</td>
<td></td>
</tr>
<tr>
<td>Time provided for professional interaction</td>
<td>Potential for too much power from some</td>
</tr>
<tr>
<td>Many points of view</td>
<td>committee members</td>
</tr>
<tr>
<td>Good for major problem-solving</td>
<td>Solution might be postponed</td>
</tr>
<tr>
<td>Focuses on situations of the school context</td>
<td>Confidentiality harder to ensure</td>
</tr>
<tr>
<td>Involves a number of general</td>
<td></td>
</tr>
<tr>
<td>education staff</td>
<td></td>
</tr>
<tr>
<td>Can minimize problems before they get</td>
<td></td>
</tr>
<tr>
<td>too serious</td>
<td></td>
</tr>
</tbody>
</table>

5. Note the development of the triadic school consultation model (see Figure 2.6) into a collaborative consultation model (see Figure 2.7). How might that look to you in your educational context?

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Possible Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fits current reform movements</td>
<td>Little or no training in collaboration</td>
</tr>
<tr>
<td>Professional growth for all through</td>
<td>Lack of time to interact</td>
</tr>
<tr>
<td>shared expertise</td>
<td>Working with adults not preference</td>
</tr>
<tr>
<td>Many ideas generated</td>
<td>of some educators</td>
</tr>
<tr>
<td>Maximizes opportunity for constructive</td>
<td>Requires solid administrator support</td>
</tr>
<tr>
<td>use of individual differences among adults</td>
<td></td>
</tr>
<tr>
<td>Allows administrator to assume</td>
<td></td>
</tr>
<tr>
<td>facilitative role</td>
<td></td>
</tr>
<tr>
<td>Parent satisfaction</td>
<td></td>
</tr>
</tbody>
</table>

APPLICATION 2.2
FORMULATING AN OUTLINE FOR A MODEL

After creating your own graphics in Application 2.1, explain their main parts in words. Then reread the advantages and concerns section for your model that accompanied the illustration of it in this book, testing your graphics to see if they maximize important benefits and minimize potential shortcomings of each.
APPLICATION 2.3
SELECTING AN APPROPRIATE MODEL FOR SPECIFIC SITUATIONS

Nine practice situations for school consultation, collaboration, and/or teamwork are presented below. There are no right or wrong methods for addressing the needs presented by these situations. But each should be addressed by targeting several issues:

1. Is this a situation in which consultation and collaboration will be beneficial for the client? (If the answer is yes, proceed to next points.)
2. Who best fits the consultant, consultee, and client roles in each?
3. How might interaction among the roles be structured? What should happen first? Who will do what? When would the interaction most likely conclude? (Do not dwell on the specific consultation process at this time. That is addressed in Chapter 5.)
4. Determine the structural elements that will be included in the method you develop for addressing each of the situations:
   4.1 In what contextual system (school, home, medical, etc.) will the consultation be conducted?
   4.2 Will the most helpful perspective be a purchase, a doctor-patient, or a process relationship?
   4.3 Should the approach be formal or informal?
   4.4 Is the most descriptive prototype the mental health, behavioral, process, advocacy, or human relations pattern?
   4.5 Will the consultation be provided in a direct or an indirect service delivery mode?
   4.6 Which model seems to serve the need and fit with the other five consultation components best?
5. What may be major obstacles in carrying out collaborative school consultation and teamwork? Major benefits? Remember that positive ripple effects may occur that contribute significantly to instances beyond this situation.

POINTS TO CONSIDER WHEN ADDRESSING THE SITUATIONS
A. One person may decide that the best way to address the need is with the triadic model and a purchase perspective, using indirect service from the consultant to the client, in an informal, mental health prototype of interaction within the school system.
B. Another person may address a client’s need appropriately by choosing the School Consultation Committee model similar to preassessment teams or school building teams, with a process perspective, in a formal and direct way, using the behavioral prototype in the school system.
C. Yet another individual or group may approach a particular problem through a collaborative consultation model, with a process perspective, using direct service to the client from both consultant and consultee, in a formal way that approximates an advocacy prototype, in a system of a community work setting.
D. To carry out the Application 2.3 task, recall that the methods of consultation should include facets of each of the six structural elements that will best meet the student’s special needs.

SITUATIONS FOR THE APPLICATION ACTIVITY
1. Clarisse is a new 10-year old student placed in the TMR program. The teacher quickly learned that she prefers to observe rather than participate, and will not join in group activities. In her previous school, according to parents, she had been allowed to lie on the floor most of the
64  PART I  CONTEXTS FOR WORKING TOGETHER IN SCHOOLS
day so she would not have tantrums over participation. Her new teacher and para want Clarisse
to demonstrate her capabilities, but do not want her to get off to a bad start in the new school and
do not want parents to feel negative toward the new teachers. The teacher knows this is a crucial
time for Clarisse and wonders what to do.

2. The speech pathologist has been asked by the gifted program facilitator to consult with
her regarding a highly gifted child who has minor speech problems, but is being pressured by
parents and kindergarten teacher to “stop the baby talk.” The child is becoming very nervous and
at times withdraws from conversation and play. How can the speech pathologist structure con-
sultation and collaboration?

3. A school psychologist is conferring with a teacher about a high school student she has just
evaluated. The student is often a behavior problem, and the psychologist is discussing methods
for setting up behavior limits with appropriate contingencies and rewards. The teacher makes
numerous references to the principal as a person who likes teachers to be self-sufficient and not
“make waves.” How should the school psychologist handle this?

4. A fifth-grade student with learning disabilities (LD) is not having success in social stud-
ies. The student has a serious reading problem, but is a good listener and stays on task. The LD
resource teacher suspects that the classroom teacher is not willing to modify materials and ex-
pectations for the child. The teacher has not discussed this situation with the LD teacher, but the
student has. Parent-teacher conferences are next week. What should happen here, and who will
make it happen?

5. Parents of a student with learning disabilities have asked the special education consult-
ing teacher to approach the student’s classroom teacher about what they think is excessive and
difficult homework. The parents say it is disrupting their home life and frustrating the student.
How can this situation be addressed?

6. A high school learning disabilities consultant is visiting with a principal at the principal’s
request. The principal expresses concern about the quality of teaching of two faculty members
and asks the consultant to observe them and then provide feedback. How should the consultant
handle this situation?

7. A local pediatrician contacts the director of special education and asks her to meet with
local doctors to discuss characteristics and needs of children with disabilities. How should this
opportunity be structured for maximum benefit to all?

8. Schoolwide achievement tests will be administered soon. Under IDEA regulations, spe-
cial education students are to be included in these assessments or documentation must be made
as to reasons for excluding them. The consulting teacher is conferring with the classroom
teacher of several mainstreamed students with learning disabilities about their readiness for
these tests. The demands of NCLB loom in the minds of both teachers.

9. An energetic new teacher is full of ideas, which often are initiated with little planning or
step-by-step instruction for students. She allows the students to be self-directed and to move
from one activity to another as their interests direct them. A slow-learning student is floundering
in this unstructured setting. The special education director has been alerted to the situation
by the school principal, who had been approached by the student’s mother with her concerns.
There is no other classroom at the student’s grade level in this school to which the student might
be transferred, and now that several weeks of school have gone by, it probably is too late to con-
sider such a step. What might be done?
TIPS FOR STRUCTURING COLLABORATIVE SCHOOL CONSULTATION

1. Be knowledgeable about the history and outcomes of school improvement and reform movements.
2. Keep up to date on educational issues and concerns.
4. Be on the alert for new methods or revisions of existing methods through which consultation and collaboration can occur in your school context.
5. Create specific ways that teachers can get your help.
6. Read current research on school consultation and collaboration, and highlight references to these processes in other professional material you read.
7. Visit programs where models different from those in your school(s) are being used.
8. Find sessions at professional conferences that feature different models and methods, and attend them to broaden your knowledge about educational systems.

CHAPTER REVIEW

1. School reform movements which highlight the need for consultation and collaboration include the regular education initiative, school improvement movements, inclusion, restructuring and reform efforts.

2. Many professional educators and parents have contended that students with disabilities should not be excluded from their neighborhood school programs and student peer groups. This movement, called inclusion, is another effort to define and operationalize the concept of least restrictive environment. It is tied to broader school reform movements that have evolved over the last three decades.

3. The No Child Left Behind legislation passed in 2001 stipulates that schools will demonstrate adequate yearly progress by its students. The public is unsure about the meaning and purpose of this legislation, while special education teachers are wary of its impact on students with special needs.

4. School consultation evolved from practices in the mental health and medical services fields. The earliest uses of school consultation were in areas of speech and language therapy, and services for visually-impaired and hearing-impaired students. Differing points of view are held about the existence of a theoretical base of school consultation. Some researchers consider school consultation theory-based if the relationship between consultant and consultee can be identified across more than one literature source. Research in school consultation and collaboration has been conducted to assess situational variables, outcome variables, and organizational change. There is a need for more reliable and valid instrumentation, more specific definition of variables, and more careful control of variables during the research.

5. Structural elements to develop effective methods of school consultation can be categorized as: Systems (institutions and contexts); Perspectives (purchase, doctor-patient, problem-solving); Approaches (formal, informal); Prototypes (mental health, behavioral, advocacy, human relations); Modes (direct, indirect); and Models (see 6 below).

6. Several collaborative consultation models are: Triadic model, Stephens/systems model, Resource/Consulting Teacher program model, School Consultation Committee model, Vermont Consulting Teacher program model, and the collaborative consultation model. Variants of the collaboration consultation model include the Adaptive Learning Environments Model (ALEM), Class-Within-A-Class (CWC), Success-For-All (SFA), Mainstream Training Project (MTP), School-wide Enrichment Model (SEM), and Resource Consultation Model.
7. Educators should introduce into their school context a structure combining consultation, collaboration, and co-teaching that is tailored in a fashion using the system, perspective, approach, prototype, mode, and model that suit the specific setting.

TO DO AND THINK ABOUT

1. Using material in this chapter and Chapter 1, a dictionary, interviews, recollections from teaching experiences, discussion with colleagues or classmates, and any other pertinent references, formulate a description and philosophy about collaborative school consultation which builds upon the one you developed in Chapter 1 and which reflects your viewpoint at this time.

2. Pinpoint several changes that have occurred in special education during the past twenty years, and suggest implications for school consultation methods.

3. Locate articles focusing on consultation, collaboration and teamwork, summarize the highlights, and prepare a “fact sheet” or information bulletin for other school staff, including administrators.

4. Have the complete articles from which you shared information in number 3 available for any who might ask to read the entire work.

5. Brainstorm with a group to list current issues and major problems in education. After generating as many ideas as possible, mark those that seem most amenable to solutions afforded by consultation, collaboration, and teamwork. You might want to asterisk those that in the past have “belonged” to special education, and discuss what part general education plays in dealing with those issues now.

6. Visit schools where consultation and collaboration play an integral role in serving students’ special needs. Using the information related to Figure 2.1, analyze the consultation systems, perspectives, approaches, prototypes, modes, and models that seem to be in use in those schools. Then summarize the results into brief, innovative descriptions of the methods that seem to have evolved from the synthesis of these components.

FOR FURTHER READING


*Journal of Educational and Psychological Consultation.* All issues. and in particular Volume 1, Number 4, 1990, and Volume 3, Number 2, 1993.


