

# 10

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## Supervising Consultation

*“No one can whistle a symphony.”*

—H. E. Luccock

**J**ust as a symphony is produced by collaboration among musicians, successful education results from collaboration among educators, parents, and students. As Murphy, DeEsch, and Strein (1998) eloquently expressed, “current realities make it abundantly clear that it is no longer possible for school personnel to function effectively in isolation” (p. 85). When they provide expert consultation, school psychologists can serve as valuable members of these educational teams.

### Vignette 10.1

Supervising school psychologist **Courtney** decided that she would like to help her supervisees move from focusing on assessing for special education eligibility to focusing on consultation prior to referral. She met with the director of special education and said, “It takes a psychologist between 12 and 20 hours to complete a thorough psychological evaluation, write the report, and meet to interpret the findings. If you like, we can continue to do that. Or, we could schedule our time at the school to coincide with the day that the student development team meets to discuss any student of concern. We could then provide consultation regarding those students—reviewing the file, meeting with the teacher, meeting with the parents, possibly observing and meeting with the students, and developing an initial consultation report with possible interventions. That would take about 5 hours. Then we could use the

remaining 7 to 15 hours to work directly with the teachers, parents, or (with permission) the student. If after interventions are implemented we still need to do a formal assessment, nothing has been lost, since these activities provide the foundation.” The director agreed to the change, and the results were extraordinarily successful. School personnel were so pleased with what they described as “real help” that many principals asked for additional psychologist time in their annual budget.

The *Blueprint for Training and Practice III* (Ysseldyke et al., 2006) reflects the increasing importance of consultation as a foundational skill for efficient, effective practice. During the 2002 Conference on the Future of School Psychology (Meyers, 2002), it was suggested that consultation may become the single most important activity that school psychologists engage in during the 21st century! A study indicated that during the 1999–2000 school year, 40% of school psychologists had participated in over 50 consultation cases (Curtis, Hunley, & Grier, 2002).

With the anticipated expansion of prevention-oriented practices that depend on indirect service delivery, it is likely that school psychologists will increasingly offer consultation regarding both academic and mental health issues as well as help address systems level concerns. Hence, acquiring sound supervision skills to assist school psychologists in their efforts to be effective consultants is of critical importance. This chapter provides a general definition of school-based consultation, links current practice to its historical roots, offers suggestions for best practices in supervision, and discusses challenges in the effective provision of supervision of indirect services. This chapter emphasizes the supervision of consultation that focuses on the functioning of individual or targeted groups of students, or child-centered and consultee-centered consultation. Chapter 5 focuses on providing organizational consultation to prevent learning and adjustment problems through systems change at the school, district, family, and community levels.

## BASIC CONSIDERATIONS

Historically rooted in the mental health consultation model (Caplan, 1970; Caplan & Caplan, 1993), the behavioral consultation model (Bergan, 1977; Bergan & Kratochwill, 1990), and organizational consultation (Schein, 1999), contemporary school-based consultation has evolved into an eclectic, ecological, problem solving approach that is guided by data-driven decision making (Kratochwill, Elliott, & Callan-Stoiber, 2002). Although numerous definitions have been advanced, the following reflects the overarching features of school-based consultation regardless of underlying theoretical model:

Consultation is a collaborative problem solving process in which two or more persons (consultant and consultee) engage in efforts to benefit one or more other persons (client) for whom they bear some level of responsibility, within a context of reciprocal interactions. (Curtis & Meyers, 1989, p. 36)

Consultation involves the development and execution of collaborative problem solving strategies and can occur with administrators, parents, or teachers. Importantly, consultation requires the enlistment and cooperation of others in the actual intervention design and implementation. It is a collaborative process during which school psychologists design and apply interventions regarding individuals, targeted groups of students,

or systems. Services provided to the client (e.g., student) are typically indirect, while services provided to the consultee (e.g., the teacher) are direct. The intent of consultation is to provide an experience that is ultimately beneficial to both.

### Vignette 10.2

As a supervisor, **Estelle** emphasized the dual nature of consultation with her supervisees. She helped them understand that when they participated in a consultation process for designing, delivering, and assessing the success of an intervention to address a student's unruly, "out-of-seat" behavior, they were striving not only to improve the student's self-regulatory skills, but also to enhance the teacher's behavior management skills.

Although distinct models of consultation have been developed, the seminal work of Gutkin and Curtis (1982) suggested defining characteristics found across all models. Briefly, the commonalities are that:

- Consultation is an indirect approach to service delivery
- The consultee and consultant share a coordinate status and the relationship is nonhierarchical
- The consultee is actively involved in the consultation process at all times
- Consultees have the right to reject the advice and suggestions of the consultant
- The relationship is voluntary
- Confidentiality is maintained
- The focus is on professional problems in the work setting
- The goals of consultation are to enhance the skills of the consultee and to assist the student

Traditional, triadic consultation relationships involve one consultant, one teacher, and one student. In this model, the teacher and school psychologist share responsibility for the success of the targeted client (the student). However, consultation in school-based practice is becoming increasingly collaborative (D. Brown, Pryzwansky, & Schulte, 2006; Dougherty, 2005; Erchul & Martens, 2002). The triadic relationship has expanded to include other educators in instructional consultation and parents in conjoint behavioral consultation. Furthermore, in traditional consultation, the consultant never meets or sees the client. However, to foster data gathering, school psychologists are increasingly engaging in direct contact with students, particularly by observing them in class.

A number of variables have led to these changes in practice. The intent of the Individuals With Disabilities Education Improvement Act of 2004 (IDEA 2004) is to help students with disabilities succeed in the regular education classroom. Consultation services are an invaluable means of providing the support necessary for doing so. IDEA 2004 mandates that evidence-based interventions be attempted *prior* to referral for special education assessment. Accomplishing this charge requires sound consultation skills on the part of school psychologists. Additionally, IDEA 2004 encourages a response to intervention approach to the diagnosis of learning disability in lieu of the traditional discrepancy model. This represents a paradigmatic change that is dependent on effective provision of indirect services. As stated by Albers and Kratochwill (2006),

multitiered intervention models are being advocated as a method of providing early intervention services along a continuum in which a student's needs determine the level of services provided. These factors indicate the necessity of having a service delivery model that allows for the provision of services in an efficient, yet cost-effective manner. The provision of services through consultation has the potential to meet these requirements. (p. 971)

The demand for expert consultation has been further expanded by the challenges faced by teachers, who are overwhelmed by attempting to meet the needs of students who are extremely diverse in terms of skills, disabilities, language, and culture. Many general education teachers have minimal training in individualizing instruction to meet the needs of special education students, gifted students, and English language learners, yet they have these students in their classes. Thus problems encountered in a typical classroom are increasingly likely to be diverse and complex.

In summary, evolving practices in education necessitate that new trainees enter the field with well-developed consultation skills and that seasoned professionals constantly refine and develop their own consultation skills. Supervision and ongoing professional development are pivotal in providing effective delivery of indirect services.

## CONSULTATION MODELS

The model of consultation that is used mediates the supervision process, because different supervisory techniques and practices appear to be better suited to different models of consultation. Therefore, we will briefly address the major models of consultation and then relate specific strategies useful in the supervision of these indirect services. Consultation models are founded upon distinct theoretical bases and vary according to their structures and the role of the consultant (Dougherty, 2005). As Scholten (2003) indicated, the models

can generally be divided into those that differ in terms of the type of problem *focus* (mental health, behavioral or organizational development), *the level of intervention* (individual child, classroom, or system) and the *approach* taken by the consultant (expert or collaborative). (p. 88)

The adoption of a particular consultation model is dependent on one's theoretical orientation, past experiences, and training. Theories, whether explicit or implicit, provide the structure from which one builds hypotheses, infers causes of behavior, and chooses interventions. It is helpful to consider the various consultation models and examine how tenets of each are reflected in everyday practice. Several of the most widely taught and used consultation models are briefly described below.

### Behavioral Consultation

Behavioral consultation is scientifically based, data driven, and well suited for an educational climate that highly values accountability and research-based principles. Additionally, readily available technology has increased educators' ability to accurately monitor and compile data and thereby optimally assess intervention effectiveness. Dougherty (2005) stated that "the major contribution of behavioral consultation has been

its emphasis on approaching consultation in a systematic way” and that, with its “emphasis on specifics, [behavioral consultation] has contributed to more effective methods in setting the goals of consultation, gathering data on the perceived problem, and most importantly, in evaluating the effects of consultation” (p. 243).

Behavioral consultation encourages the consultee to be the change agent and is indirect, nonhierarchical, and triadic. It exclusively addresses the concrete, discrete, and observable behaviors of the client. Strongly rooted in applied behavioral analysis, behavioral consultation considers overt behavior to be more important than unconscious themes (Bergan, 1977; Bergan & Kratochwill, 1990). The behavioral consultation model considers the unconscious processes of the consultee to be of little consequence. Because behavioral consultation emphasizes observable behaviors and data collection, the development and examination of interpersonal variables in dyads are not prominent. The emphasis of the consultation interview is analytic, with little focus on the consultee’s recollections (Noell & Witt, 1998).

Bergan’s (1977) foundational four-stage sequential problem solving model included (a) problem identification, (b) problem analysis, (c) plan implementation, and (d) problem evaluation. Although variations have emerged, these steps are the core of the behavioral consultation model. The consultant defines the targeted problem, isolates those variables that affect the problem, and devises a plan to manipulate the environment in such a way that continuation of the undesired behavior is not supported (Conoley & Conoley, 1988). It is essential that the consultant sequentially implement all four consultation stages.

Repeatedly, studies examining the effectiveness of behavioral consultation have demonstrated that it results in the use of critical problem solving strategies and that student functioning improves in the majority of cases (MacLeod, Jones, Somers, & Havey, 2001; Sheridan, Welch, & Orme, 1996). However, this success depends on consistent, accurate delivery of agreed-upon interventions. No treatment can be successful without the full cooperation and active participation of the consultee. Treatment integrity, which refers to the “degree to which a consultation plan is implemented as intended” (Gresham, 1989, p. 37), is largely dependent on the consultee’s acceptance of and investment in the chosen interventions. Therefore, positive outcomes are dependent on the skills of the consultant, the quality of the consultation, and the treatment integrity with which the interventions are implemented. Although behavioral consultation emphasizes technical adequacy, the impact of interpersonal relationships must also be considered as a critical factor because they so profoundly affect the consultation process.

Supervisees’ knowledge of operant conditioning, learning theory, and applied behavioral analysis provides the foundation for effective behavioral consultation. Supervision of behavioral consultation involves helping the supervisee operationally define desired behaviors, design intervention plans with appropriate schedules and reinforcers, apply functional behavioral analysis techniques, and examine data and modify practices with technical adequacy and treatment fidelity.

## **Mental Health Consultation**

Gerald Caplan (1970) implemented mental health consultation 50 years ago when he was confronted with the unmanageable task of providing mental health services to thousands of displaced, immigrant children in postwar Israel. Quickly recognizing that traditional models of service delivery were insufficient, he developed and refined an alternative model reflecting the newly emerging prevention movement. Mental health consultation is founded in psychodynamic theory and hypothesizes that many student

issues that the teacher perceives as problematic may largely reflect displacement and/or projection on the part of the teacher. The consultant's task is to avoid direct discussion of the teacher's unresolved conflicts yet simultaneously correct misperceptions about the client's problems. Because school psychologists are not typically trained from a psychoanalytic perspective, the original model has evolved to reflect more contemporary training. Four types of mental health consultation have been developed, differing in both foci and goals:

- Client-centered case consultation seeks to help a specific client. A school psychologist employs this type of consultation when consulting with a teacher regarding one student's functioning.
- Consultee-centered case consultation focuses on the development of generalized skills in the consultee. A school psychologist employs this type of consultation when working with a teacher to help her or him improve classroom management skills, or when providing an in-service program to a group of educators regarding nonviolent crisis intervention.
- Program-centered administrative consultation seeks to improve programs. An example of this type of consultation is when a school psychologist helps administrators evaluate and improve a program for students with attention deficit disorder.
- Consultee-centered administrative consultation seeks to develop consultees' skills in dealing with organization-based problems.

### Vignette 10.3

**Constance** worked as a school psychologist in a district that mandated grades of 1 on a 4-point scale for any student achieving below-grade-level benchmarks. This meant that, no matter how hard they worked and what progress they made, all students identified as eligible for special education services received grades of 1. Recognizing that such a mandate would have severely detrimental effects on students' internal locus of control, sense of self-efficacy, and motivation, Constance determined that the policy needed modification. She therefore worked with teachers and administrators to develop effective yet fair grading policies for special education students.

Supervision of mental health consultation focuses on an awareness of relational issues, strict maintenance of objectivity, and the utilization of an indirect, therapeutic approach. Techniques that enhance supervision of mental health consultation include the use of process notes, examination of parallel process issues (which assumes that supervisees unconsciously replicate client issues during supervision), examination of transference and countertransference, and the use of reflection. The use of taping with Interpersonal Process Recall (IRP; see Chapter 9) may also be helpful.

Meyers and Nastasi (1999) adapted Caplan's (1964) mental health consultation model to create a preventative consultation framework to use in schools. They identified *primary prevention* as taking steps to prevent the entire population from developing a learning or social problem, *risk reduction* as taking steps to reduce the likelihood of learning or adjustment problems in an at-risk population, *early intervention* as taking steps to prevent an identified problem from worsening, and *treatment* as applying prevention strategies to reduce the duration and impact of identified disorders, including their effects on others. As Meyers, Meyers,

and Grogg (2004) indicated, these strategies readily provide a framework for consultation by school psychologists in response to individual needs as well as in group settings.

## **Instructional Consultation**

Instructional consultation (IC; Rosenfield, 1987) is a collaborative process that focuses on academic and behavioral concerns from an ecological perspective and is a modification of consultee-centered consultation (Rosenfield, 2002). It emphasizes a problem solving approach driven by data-based decision making. Designed to be used schoolwide, IC employs a team that serves as a centralized problem solving unit, models interactive professionalism, and operates as a consultant panel for each of its own members and for teachers in the building (Rosenfield & Gravois, 1996). It has been found to effectively promote the professional growth of consultees away from a pathology-driven medical model (Knotek, Rosenfield, Gravois, & Babinski, 2003) and to reduce referrals for special education services, thereby reducing the disproportionate number of minority students referred to and placed in special education programs (Gravois & Rosenfield, 2006).

As described on the IC Web site (University of Maryland at College Park, Laboratory for Instructional Consultation Teams, n.d.),

the mission of Instructional Consultation as a model of team functioning is to link people and resources at all levels whereby general, special education, and pupil service personnel share the responsibility for the education of ALL students through the improved quality of service. (§ 1)

The overarching goal of this approach is to enhance, improve, and increase student and school staff performance. The objective is to develop a systematic support network in each school that includes a trained IC team composed of administrators, general and special educators, and pupil services personnel (Rosenfield, 1995b). This team serves to enhance teachers' skills in best practices of instructional assessment and delivery, develop a schoolwide collaborative problem solving model, use data for classroom and school decisions, focus problem solving on matching instructional methods to students' needs, foster a learning community, and change instructional practices rather than attempting to change the student (Rosenfield, 1995a).

Individual team members serve as case managers who work with classroom teachers in a systematic, data-based, collaborative problem solving process. The case manager and the teacher follow the problem solving stages of:

- Problem identification and analysis
- Collection of specific student data
- Intervention design
- Intervention implementation
- Intervention evaluation
- Follow-up and closure

Supervision is a major component of the IC model (Cramer & Rosenfield, 2003). Techniques of supervision applicable to this model include process notes, the use of reflection, taping, process recall and analysis, problem analysis, monitoring of behavioral intervention plans, mutual examination of data obtained by the teacher and/or supervisee, and exploration of treatment effectiveness.

## Conjoint Behavioral Consultation

The steps and processes used in conjoint behavioral consultation (CBC) are similar to those used in behavioral consultation and IC, but CBC emphasizes the importance of including parents and parent figures as full members of the consultation team (Sheridan, Kratochwill, & Bergen, 1996). CBC has been found to be highly effective at increasing academic success and to have long-standing effects (Rhoades & Kratochwill, 1998; Weiner, Sheridan, & Jenson, 1998).

CBC emphasizes that, as consultants develop collaborative relationships with parents, they must explicitly address common barriers to home-school partnerships. These barriers include time constraints due to child care and work schedules, transportation challenges, cultural differences, language barriers, expectations that educators will be unresponsive to needs and desires, previous negative experiences with schools, perceptions that education is solely the province of schools, feelings of inadequacy, limited knowledge regarding or access to resources, and limited resources in terms of time and finances (Christenson, 2004; S. O. Ortiz & Flanagan, 2002).

Again, appropriate supervision techniques are varied. They include reflection, audiotapes, videotapes, process recall and analysis, problem analysis, monitoring of intervention success, exploration of treatment effectiveness, and mutual examination of data obtained by the teacher, parent, and supervisee.

## APPLICATIONS TO SUPERVISION

Although school psychologists report that they are interested in providing consultation, they also report that they do not feel adequately trained to do so (Costenbader, Swartz, & Petrix, 1992; Guest, 2000). This perception is not surprising, given that school psychology training programs require minimal coursework in consultation relative to coursework in assessment. Nor do most training programs require a practicum in consultation or provide supervision of consultation applications, other than simulated practice and role-plays (Anton-LaHart & Rosenfield, 2004). Yet the very nature of consultation—collaborating with parents, teachers, and students about “real” problems—requires fieldwork that cannot be duplicated through role-plays (Meyers, 2002). Therefore, practicum and intern supervisors are highly likely to supervise individuals who are completely inexperienced as consultants.

Furthermore, supervisors’ consultation skills are likely to be underdeveloped as well. Many school psychologists do not feel expert as consultants, and individuals are disinclined to practice in areas in which they have not received direct supervision themselves (E. S. Shapiro & Lentz, 1985). Although consultation has been recommended for more than 40 years (Bardon, 1969) and has demonstrated effectiveness, it lags behind assessment in terms of time allocation. Thus it is likely that supervisors with inadequate consultation skills are attempting to supervise novice consultants and are thereby perpetuating insufficient and inadequate consultation practice.

All of these factors add to the general challenges to supervision of psychological services described in previous chapters. Consequently, clinical supervisors must ensure that their own skills in consultation are adequate, and that they directly and specifically focus supervision goals on increasing supervisees’ consultation skills. To this end, literature in effective consultation skill development will be briefly summarized.

## Consultation Skill Development

Several authors have addressed consultation skill development. Although recommended strategies emerge from various consultation models, they have a great deal in common. Strategies suggested by Cramer and Rosenfield (2003), Lepage, Kratochwill, and Elliott (2004), Meyers (2002), and Sheridan, Salmon, Kratochwill, and Rotto (1992) include the following:

1. *Address foundation knowledge.* Supervisors should ensure that supervisees have adequate content knowledge by assigning readings as needed in developmental psychology, learning, authentic assessment, evidence-based interventions, educational psychology, and self-regulated learning (Harvey & Chickie-Wolfe, 2007). Supervisees should also have a deep understanding of the specific population with which they are working. With the increasing cultural, linguistic, and racial diversity found in schools, cross-cultural considerations are of ever-increasing importance (D. Brown et al., 2006; Dougherty, 2005). Consultants must respect and respond to differences of all kinds (S. O. Ortiz & Flanagan, 2002) as well as conform to all legal and ethical expectations. Suggestions for increasing multicultural competencies are addressed comprehensively in Chapter 3.

2. *Address consultation stage and processes knowledge.* Supervisees must master consultation processes and stages, including assessing the problem, identifying intervening variables, generating and examining hypotheses, identifying factors that might influence intervention success, and developing interventions appropriate to the context and student. Assigning readings regarding consultation can be helpful, including *Psychological Consultation and Collaboration* (D. Brown et al., 2006); *Effective Consultation in School Psychology* (E. Cole & Siegel, 2003); *Psychological Consultation and Collaboration in School and Community Settings* (Dougherty, 2005); *School Consultation: Conceptual and Empirical Bases of Practice* (Erchul & Martens, 2002); *Instructional Consultation Teams: Collaborating for Change* (Rosenfield & Gravois, 1996); and *Conjoint Behavioral Consultation: A Procedural Manual* (Sheridan, Kratochwill, et al., 1996). Supervisors might also:

- Have supervisees analyze videotapes or audiotapes of expert consultants
- Model consultation sessions that address “real” problems
- Have supervisees role-play consultation sessions while addressing “real” problems
- Have supervisees videotape or audiotape and analyze their own consultation sessions
- Have supervisees complete process notes regarding consultation sessions
- Encourage supervisees to link theory, research, and consultation practice
- Have supervisees obtain support and feedback via individual or group supervision

3. *Address role and relationship variables.* Excellent communication and interpersonal skills are essential in building and maintaining collaborative relationships. Regardless of the consultation model employed, interpersonal and consultation process skills are essential for effective consultation (Henning-Stout, 1999). Consultation can be rendered ineffective due to unsatisfactory interpersonal relationships, insufficient communication, poor interpersonal skills, or interpersonal insensitivity regarding cultural differences due to race, ethnicity, socioeconomic class, professional identity, sexual identity, or generation. Therefore, it is important for supervisors to address these variables with their supervisees and ensure that they master various interpersonal and problem solving skills (Ingraham, 2000; Kampwirth, 2003; S. O. Ortiz & Flanagan, 2002; Rosenfield, 1995b). Essential skills are listed in Handout 10.2 at the end of this chapter.

Furthermore, well-developed communication and interpersonal skills are essential components in the supervision of consultation. Thus, in addition to helping supervisees develop verbal and nonverbal skills, supervisors must monitor themselves to ensure that they are active listeners who elicit both qualitative and quantitative information.

Case discussions with supervisees during supervision sessions are the most common method used in supervising consultation. However, more accurate ways to gather information include regular analysis of tape recordings of consultation sessions as well as review of data generated throughout the consultation process (Anton-LaHart & Rosenfield, 2004). Especially important during the early stages of skill development, these practices allow the detailed and continual feedback necessary for professional growth (Cramer & Rosenfield, 2003). Supervisors can foster interpersonal skills through modeling, role-plays, videotape and audiotape analysis, and post-session supervision. In addition, rating checklists and consultation logs can be helpful.

Supervisors can use similar techniques as they monitor their own supervision of indirect services. Maintaining supervision session process notes, reviewing audiotapes of sessions in which the supervision of consultation has occurred, and consulting with peers will enable supervisors to monitor and increase their own effectiveness.

4. *Develop an understanding of broader contexts and systems.* To provide effective consultation, supervisees need a deep understanding of the classrooms, schools, communities, and families in which consultation is occurring. They also need to understand relevant entry issues, possible resistance, and available interventions. The reader is referred to Chapter 5 for specific strategies in this area.

5. *Promote skill appraisal.* Sheridan et al. (1992) recommended a multi-level evaluation model to assess supervisees' consultation skills across the consultation components. Knowledge of procedures, content, and systems issues can be assessed by quizzes and self-monitoring. Application of procedures, content skills, interpersonal relationships, and field-based experiences can be assessed through analysis of audiotapes and videotapes, relational ratings, and consumer satisfaction measures. Relevant traits are incorporated in Handout 10.2 at the end of this chapter.

6. *Provide ongoing support.* Even when well trained, school psychologists need ongoing support to sustain effective consultation teams (Rosenfield, 2000). Therefore, after a supervisee has demonstrated adequate consultation skills in individual and group supervision sessions, it is helpful to encourage generalization and increased self-sufficiency through peer supervision and ongoing self-evaluation. The same supervision techniques (analysis of videotapes and audiotapes, checklists, consultation logs, etc.) are appropriate.

## **Record Keeping**

Because consultation involves multiple individuals and diverse issues, and occurs over an extended time period, good record keeping is invaluable. An effective supervisor will encourage the supervisee to record both content and process variables that arise during consultation. Because consultation cases often do not include the same time lines and deadlines as referrals for special education services, they can easily be neglected or forgotten. Therefore, it is critically important to schedule and adhere to supervision sessions that address consultation follow-up in order to avoid neglecting consultation cases. Both supervisees and supervisors should keep written records of supervision sessions. Tools included in Chapters 7 through 9 can be helpful to this end.

## Consultation With Paraprofessionals and Other School Personnel

School psychologists can fruitfully consult with paraprofessionals and other non-teaching school personnel even when it does not constitute an “official” part of their professional responsibilities. When the collective influence of bus drivers, playground monitors, teacher aides, library assistants, custodians, lunchroom attendants, and clerical personnel is considered, it is obvious that these individuals have a considerable impact on the children they serve and constitute a very important part of each school’s ecology. Effective consultation with this group of adults, most of whom have had little formal training in education or psychology, can have a profoundly beneficial effect.

Supervision of consultation with paraprofessionals and other school personnel must enable the supervisee to consider the differences between consulting with these individuals and with those who consider themselves professionals. It is important to consider their roles, abilities, and openness to intervention as well as the nature of the presenting problem. Perhaps most important, the level of intervention must be carefully chosen. The rights of the children must always take precedence.

## Challenges in Supervising Consultation

The multiplicity of roles and relationships that exist during supervision of consultation make achieving supervision goals extremely complex. Both consultation and supervision usually occur within dyadic relationships. However, both are actually triadic in that they involve three distinct participants. Some participants customarily have direct, face-to-face contact with each other while others do not. In school-based consultation, participants usually include (a) the consultant, (b) the consultee, and (c) the client (student). In the supervision of counseling and assessment, participants are (a) the supervisor, (b) the supervisee, and (c) the individual with whom the supervisee is working.

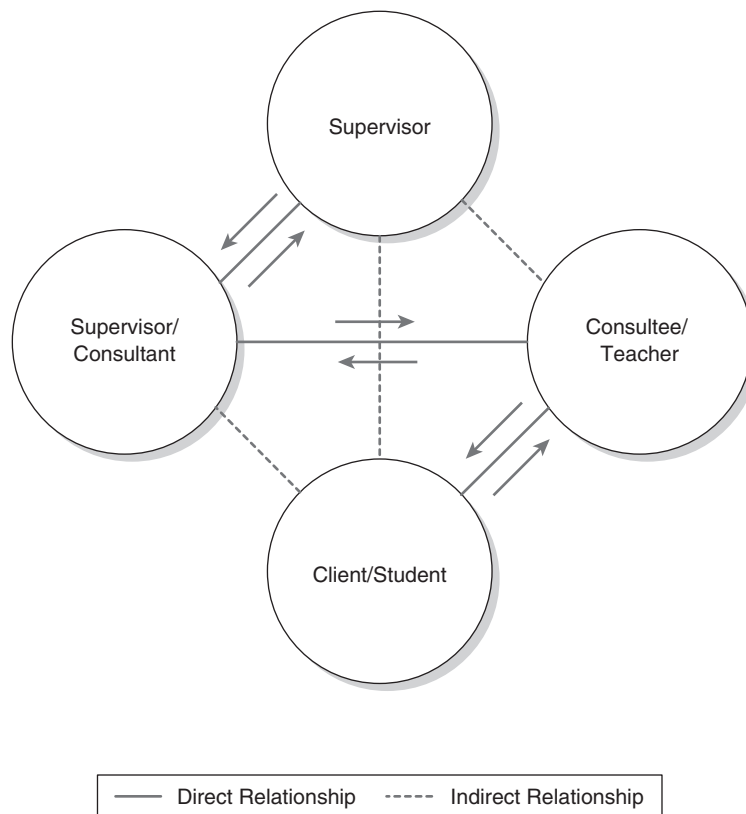
In contrast, the supervision of consultation minimally involves four people with multiple roles: (a) the supervisor, (b) the consultant (supervisee), (c) the consultee (teacher), and (d) the student (client). Some interpersonal interactions are direct and always include face-to-face contact, while others remain indirect and rarely include face-to-face contact. Because of the interaction of both process and content variables across these multiple relationships, the supervision of consultation profits from a structured framework to guide both practice and supervision. It may be helpful to consider Figure 10.1.

Effective supervision of consultation demands an awareness of the similarities and differences between the two processes (supervision and consultation). Both are professional relationships that are triadic, confidential, and extend over time. In contrast to the typical egalitarian approach to consultation, however, the supervisory relationship tends to be hierarchical, evaluative, and involuntary. Furthermore, during supervision, administrative supervisors retain ultimate responsibility for the case. In contrast, during consultation, responsibility for the case can either be shared or remain with the consultee.

### *Supervisee Developmental Level*

As is the case for other domains of practice, it can be anticipated that novice consultants undergo predictable development stages as they acquire consultation skills. As previously discussed, effective supervisors vary the intensity of their supervision and

**Figure 10.1.** Relationships in the supervision of consultation.



From Harvey, V. S., & Struzziero, J. A. (2000). *Effective supervision in school psychology*. Bethesda, MD: National Association of School Psychologists. Copyright © 2000 by the National Association of School Psychologists, Bethesda, MD. Use of this material is by permission of the publisher, [www.nasponline.org](http://www.nasponline.org).

their supervisory techniques according to the developmental level of the supervisee. Prescriptive supervisory techniques are more appropriate with beginning consultants, and as the supervisee moves into a higher level of competence the supervisor can rely on supervisory methods that are less prescriptive and more dependent on the supervisee's self-regulation.

In addition, the effective consultation supervisor considers the developmental stage of the supervisee and the nature of the presenting problem when deciding which model of consultation to recommend. Consultation skills are complex and tend to be developed after other skills in assessment and counseling have been mastered (Stoltenberg, 1993). Furthermore, some models of consultation (e.g., behavioral consultation) may be more appropriate for novice practitioners or for particular presenting issues. Others (e.g., consultee-based consultation) require advanced interpersonal and consultation skills.

Further, because the welfare of the student is always of primary concern, the supervisor must first consider the student's needs in the context of the supervisee's developmental level and the nature of the presenting problem. A critical supervision task is determining when and whether direct interaction with the consultee or client is warranted. With novice practitioners, face-to-face observation of the student who is the object of consultation is often advisable.

**Vignette 10.4**

A group of school psychology supervisors participated in a focus group concerning the supervision of consultation. These practitioners were unanimous in stating that they favored direct contact with the client and consultee while supervising new interns because the novices missed too many important pieces of information. On the other hand, they felt that with more experienced practitioners, such contact was not generally necessary.

Other variables that influence the supervisor's level of direct involvement include the communication and interpersonal skills of the supervisee, the nature and severity of the presenting problem, and the experience and expertise of the supervisee regarding the presenting problems. This finding supports the recommendations of Stoltenberg (1993), who indicated that novice consultants require close supervision in order to develop self- and other-awareness, modulate motivation, and foster autonomy.

As the professional knowledge gap between supervisor and supervisee diminishes, the need for intensive, direct monitoring and observation tends to decrease and supervision becomes increasingly consultative in nature. Peer supervision, for example, usually resembles consultation more than supervision. In such cases, direct contact with the student is much less likely to occur.

***Ethical Issues***

Ethical principles for supervisors of school psychologists practicing consultation incorporate and reflect the same fundamental ethical principles that guide all mental health professionals. Supervisors have a responsibility to simultaneously monitor and maximize the therapeutic benefits for the student, provide professional training for the supervisee, and ensure that ethical principals are upheld. Heron, Martz, and Margolis (1996) suggested that the inherent complexity of consultation and the intense emotions that often arise from dealing with complicated issues necessitate that consultants have a strong and clear ethical framework dictating their behavior. Further, a concurrent awareness of cross-cultural issues is vital. Hence, one constant supervisory goal is to ensure that supervisees offer consultation services within enduring frameworks of ethical and cultural sensitivity.

Strict maintenance of confidentiality is essential. In consulting, psychologists should not share confidential information leading to the identification of a client or other person or organization with whom they have a confidential relationship unless they have either obtained the prior consent of the person or disclosure cannot be avoided because the student poses a danger to himself or another (American Psychological Association, 2002). Psychologists should share information only to the extent necessary for achieving the purposes of consultation.

***Change Is Difficult***

As supervisees attempt to provide indirect services through consultation, they often become discouraged when consultees do not implement recommended procedures or when recommended changes are not made. To overcome this challenge, supervisors can encourage their supervisees to (a) gather data that serve as persuasive evidence, (b) gently persevere with the understanding that change takes time, and (c) better understand the dynamics that support the "old way."

**Vignette 10.5**

After determining that the function of **Johnny's** misbehavior was to obtain adult attention after being sent "to the office," intern **Suzette** wanted to recommend an evidence-based intervention that required that the teacher provide positive feedback (when appropriate) to Johnny at least once every hour in order to "catch" and reinforce appropriate behavior. Suzette's supervisor helped her understand that sending Johnny to the office was a "solution" for multiple "problems" for the teacher as well as a reinforcement for Johnny, and helped her devise a self-regulating behavior management program for Johnny that used teacher attention at the end of the day as one of the rewards. The program successfully met Johnny's need for attention, diminished the disruptive behavior, and did not require ongoing teacher monitoring that may have overtaxed the teacher's resources.

***Funding and Role Differentiation***

Effective consultation requires that school psychologists be standing members of each school's student development team. This is necessary so that the psychologist is aware of problems before they have blossomed to the "treatment" stage. Otherwise, it is impossible to provide meaningful prevention activities. Thus supervisors work to ensure that school psychologists' services are rightfully available to the entire student population. Even school psychologists funded under special education funds should be able to participate in such teams; with IDEA 2004, 15% of special education funds can be applied to prevention efforts. Hence, supervisors should encourage school psychologists to provide consultation and prevention services under these auspices.

In some settings, consultation might be thought to belong to behavior specialists or special education consultants. However, it has been our experience that there are more than enough problems to go around. The high needs of students and schools render completely inappropriate attempts at turf protection that can arise from unawareness of others' expertise or fears of reduced status or employment (Murphy et al., 1998). Ethical and responsible professionals foster a culture of collaborative service delivery wherein respective roles are clear, yet all personnel consult and collaborate to create and maintain school environments that foster maximal student growth and achievement. Supervisors can do much to foster these attitudes among educators as well as with their supervisees.

**ASSESSING CONSULTATION SKILLS**

It is essential to determine a means to provide formative and summative evaluation of supervisees' consultation skills. Because supervisors have an ethical responsibility to inform their supervisees about the methods of evaluation that will be used to monitor progress (Pope & Vasquez, 1998), it is important to share and describe evaluation methods in the early stages of the supervisory relationship.

**Evaluating the Consultation Process**

Examination of data related to the consultation process can assist the supervisor in guiding both consultation and its supervision. Critical components of behavioral consultation, developed by Flugum and Reschly (1994) and found to be correlated with positive student outcomes (MacLeod et al., 2001), suggest the questions included in Table 10.1.

**Table 10.1** Consultation Process Questions

- Was a working alliance established and maintained with all team members?
- Was a consultation contract developed?
- Was an operational and behavioral definition of the target behavior established?
- Were baseline data obtained?
- Was a step-by-step plan for the intervention developed?
- Was the intervention implemented as planned?
- Was a direct comparison of baseline and postintervention performance made?
- Was closure reached?

Additional tools have been developed to assess the consultation process. The Consultation Effectiveness Scale (Knoff, Hines, & Kromrey, 1995) uses a Likert-type scale to assess a consultant's interpersonal skills, problem solving skills, consultation process and application skills, and ethical and professional practice skills. This scale could be completed by consultees, or by supervisors as they review tapes of consultation sessions. In addition, a number of measurements have been developed by Kratochwill and are listed in Lepage et al. (2004). These include the Behavioral Consultation Process Checklist, the Behavioral Consultation Knowledge Test, the Behavior Modification Test, Knowledge of Behavior Principles as Applied to Children, the Behavior Modification Attitude Scale, the Training Satisfaction Scale, the Consultation Training Satisfaction Scale, the Consultation Survey, the Consultation Project Evaluation, and the Consultant Evaluation Form. Handout 10.2, the Consultant Skills Checklist, was compiled from information in Ingraham (2000), Kampwirth (2003), Knoff et al. (1995), Meyers (2002), S. O. Ortiz and Flanagan (2002), and Rosenfield (1995b). It can be found at the end of this chapter.

Handout 10.1, the Team Report Evaluation, was developed by Sawyer Hunley of the University of Dayton. This can be used to assess the work of the consultation teams.

## Appraising Student Outcomes

When measuring the effectiveness of consultation strategies, one also needs to determine that the process has had a positive impact on student functioning. As discussed in Chapter 5, single-subject design is an obvious way to evaluate the success of consultation efforts to assess client change. Such measurement of progress is a part of the consultation process. However, it is far more difficult to determine change in the consultee or the system. Despite such inherent difficulty, it is possible to gather some objective and subjective data. Stoiber and Kratochwill (2002) developed *Outcomes: Planning, Monitoring, Evaluating (PME)* as a tool to use in planning, monitoring, and evaluating the outcomes of social and academic service delivery programs. It helps identify concerns, consider context, measure baseline performance, monitor student progress, evaluate intervention effectiveness, and plan the next steps.

## SUMMARY

With the expansion of prevention-oriented practices, school psychologists increasingly offer consultation regarding both academic and mental health issues. It is important that both new trainees and seasoned professionals constantly develop and refine their consultation skills through ongoing professional development and supervision.

**Handout 10.1****TEAM REPORT EVALUATION**

	<i>Very Inappropriate</i>	<i>Inappropriate</i>	<i>Adequate</i>	<i>Appropriate</i>	<i>Very Appropriate</i>
Plans assessments for referred eligibility determination	1	2	3	4	5
Selects assessment procedures for given eligibility determination and student characteristics	1	2	3	4	5
Describes each assessment procedure (area)	1	2	3	4	5
Provides summary interpretation for each assessment procedure	1	2	3	4	5
Includes instructional implications in the assessment summaries for each procedure	1	2	3	4	5
Provides an integrated summary of multifactored assessment	1	2	3	4	5
Provides instructional implications drawn from integrated multifactored assessment results	1	2	3	4	5
Uses clear and concise language throughout the report	1	2	3	4	5

From the 2006 *Handbook of the University of Dayton School Psychology Program*. Dayton, OH: Locally published monograph. Use of this material is by permission of the author, Sawyer Hunley.

Although they share many commonalities, consultation models vary in terms of their structure and the consultant's role. Behavioral consultation is systematic, research based, and data driven and seeks to address the concrete, discrete, and observable behavior of clients. Mental health consultation focuses on changing the skills and attitudes of the consultee as well as the functioning of the client. Instructional consultation emphasizes a problem solving approach driven by data-based decision making regarding both academic and behavioral problems and employs a team that serves as a centralized problem solving unit. Conjoint behavioral consultation emphasizes the importance of including parents and parent figures as members of the consultation team. It is important to consider supervisees' developmental skill level and the presenting problem when selecting a consultation model, since some models of consultation (e.g., behavioral consultation) are more appropriate for novices or for particular presenting issues.

Many school psychologists recognize the importance of providing consultation but do not feel adequately skilled to do so. It is likely that supervisors' consultation skills are underdeveloped as well. In assessing consultation skills, supervisors must examine both the consultation process and student outcomes. Ethical principles for supervisors of school psychologists practicing consultation incorporate and reflect the same fundamental ethical principles that guide all mental health professionals, including those regarding confidentiality.

## REFLECTIVE QUESTIONS

- Q10.1. Describe how the practice of consultation has changed for school psychologists and how such changes have come about.
- Q10.2. Describe the various consultation models. What are the similarities and differences? What variables should be considered when determining which model to use?
- Q10.3. Describe consultation training strategies and how they might aid in the development of consultation skills. What other strategies might be employed?
- Q10.4. Discuss the importance of considering the supervisee's developmental level when supervising school psychologists in their consultation work.
- Q10.5. How might school psychologists handle situations in which consultees do not implement recommended procedures or changes?
- Q10.6. What tools might you use in evaluating consultation skills?

## SUPERVISORY DILEMMAS

### SD 10.1

A new intern, anxious to demonstrate both her knowledge and good intentions, has offered to consult with a third-grade teacher regarding a student with autism. The student, who is in an inclusive, regular education setting, is often disruptive and unruly in the classroom. Although previous teachers have expressed frustration and concern in the past, the present teacher is truly enraged. She claims that in her 30 years of teaching, she has never encountered such a difficult student and that her whole class has been negatively impacted by this student's presence in the classroom. She vigorously demands

that he be removed and placed in a substantially separate program. Day after day, her complaints have dominated the lunchroom conversation. Among other threats, she is stating that she is planning to file a grievance with the teachers' union. The staff is becoming extremely polarized regarding this issue. The new intern, who is young, inexperienced, and eager, desperately wants to see if she can help alleviate the growing animosity. She has a brother diagnosed with autism and feels that she "has a handle" on some of the pertinent issues. *What are the supervisory considerations? What should be done?*

**Authors' thoughts:** Where to even begin! This case requires immediate damage control on multiple levels. The needs of the students, teacher, parents, and unfortunate lunchroom attendees must all be considered. An immediate classroom observation, a functional behavioral assessment, and ongoing consultation are warranted. While these may help alleviate some of the tension, they are probably a temporary measure. The needs of the student with autism—as well as those of his classmates—must be made the priority. It is likely that more and/or different services are warranted. While the intern is to be commended for her willingness to provide assistance, it is also important to determine whether her skills are appropriate and the degree to which her own family experiences drive her. In addition, the teacher must be cautioned to maintain confidentiality. This situation demands immediate supervisory and administrative intervention.

### **SD 10.2**

Mr. Smith has been a bus driver for the school system for almost 20 years. He has recently approached the principal and asked for an immediate transfer. He claims that he is angry and frustrated by the behavior of a sixth-grade girl who rides his bus. She intermittently swears and incessantly picks at the padding of the bus seat. She has produced a large hole in her seat and will not respond to his repeated requests to stop. Her swearing, although usually whispered, offends nearby riders. Because this often leads to further confrontations, the current situation on the bus is unpleasant for all. Parents are beginning to complain as well. Your supervisee, the school psychologist, is called into a meeting for consultation. She is aware that this student was recently diagnosed with Tourette disorder. The parents are extremely sensitive about maintaining strict confidentiality and do not want their daughter's condition disclosed—even to her teacher. *What are the supervisory considerations? What should be done?*

**Authors' thoughts:** While it may be very helpful for teachers, bus drivers, and other school personnel to know about the student's diagnosis, the parents have voiced their opposition to disclosure. Clearly, ethical guidelines forbid the release of such information without parental consent. This situation calls for an immediate conference with the parents to clarify the disadvantages to their daughter if confidentiality is maintained and to help them understand what the boundaries of disclosure would be. While disclosure might assist the driver in better understanding that the actions of the girl do not constitute disciplinary infractions, it will do little to actually alleviate the situation on the bus. Regardless of the diagnosis, the inappropriate behavior must be addressed using appropriate behavioral interventions.

### **SD 10.3**

A supervisor trained exclusively in the traditional Caplanian model of mental health consultation has been asked to provide supervision in regard to a very problematic

elementary school student diagnosed with oppositional defiant disorder, bipolar disorder, and attention deficit hyperactivity disorder. The supervisee, who is very well trained and experienced in behavioral consultation, appears at the initial supervisory session armed with data sheets and behavior charts. The supervisor, who is unfamiliar with behavioral consultation, begins the session by asking about the consultee's possible resistance to intervention and suggests that parables be used. *What are the supervisory considerations? What should be done?*

**Authors' thoughts:** It is always a megachallenge when the theoretical perspectives of the supervisee and supervisor do not match. As the practice of school psychology evolves, this is inevitable. This scenario provides a wonderful opportunity for both the supervisor and the supervisee to learn from one another. In fact, this is probably one of the most beneficial aspects of the whole supervisory relationship. There is no reason why both approaches cannot be acknowledged as the two work toward developing a consultation plan that is data driven *and* addresses resistance. Importantly, the supervisor will have to make it clear that she does not possess the necessary competence to comprehensively supervise a behavioral consultation case.

#### **SD 10.4**

You provide clinical supervision to a new school psychologist who receives administrative supervision from the elementary school principal. State-mandated testing begins next month and will be overseen by your supervisee, who has been clearly told that the district *must* perform better this year than it did last year, or serious funding issues could ensue. In fact, one very real possibility is that the school psychologist's position may be eliminated or reduced. The supervisee approaches you about what possible techniques could be used to aggressively "up the scores." *What are the supervisory considerations? What should be done?*

**Authors' thoughts:** There is no simple way to "up the scores." However, many sound interventions are feasible. For example, advising parents to be sure that students are well rested and well nourished on the day of the test will have a positive impact. It might also be helpful to teach stress reduction techniques to anxious test takers and to ensure that the curriculum taught in class is in accord with state standards. A far more serious situation is apparent, however, because there appears to be coercion regarding test scores. The school psychologist must, in no uncertain terms, delineate what can be done (as discussed in Chapters 4 and 5) and frankly dismiss any thoughts of unethical or illegal tampering with the scores. Potentially, the school psychologist may wind up in the uncomfortable position of having to disclose the principal's behavior to administrators.

**Handout 10.2****CONSULTANT SKILLS CHECKLIST**

Rate the consultant on each of the following behaviors according to the following scale:

- 1 = not at all
- 2 = to a slight degree
- 3 = to a considerable degree
- 4 = to a very large degree

**The consultant:**

Establishes and maintains rapport, respect, trust, and a collaborative working relationship with and among consultation team members	1	2	3	4
Is empathic	1	2	3	4
Is encouraging	1	2	3	4
Expresses supportive affection	1	2	3	4
Shows respect for the consultee(s)	1	2	3	4
Is warm	1	2	3	4
Maintains an "I'm OK, you're OK" position	1	2	3	4
Is interested and concerned	1	2	3	4
Is approachable	1	2	3	4
Is accepting and nonjudgmental	1	2	3	4
Is tolerant	1	2	3	4
Is tactful	1	2	3	4
Is collaborative and shares responsibility	1	2	3	4
Is pleasant	1	2	3	4
Maintains a positive attitude	1	2	3	4
Self-discloses	1	2	3	4
Encourages ventilation	1	2	3	4
Is open-minded	1	2	3	4
Gives and receives feedback	1	2	3	4
Is flexible	1	2	3	4
Is a team player	1	2	3	4

(Continued)

(Continued)

Is effective at establishing rapport	1 2 3 4
Is willing to get involved	1 2 3 4
Is attentive	1 2 3 4
Explicitly addresses parents' and teachers' time constraints	1 2 3 4
Carefully listens to, attends to, and responds to all participants' input	1 2 3 4
Respects others' cultures and individual differences within cultures	1 2 3 4
Attains consensus that a problem exists and needs to be addressed	1 2 3 4
Is skilled in questioning	1 2 3 4
Is aware of relationship issues within the consultation team	1 2 3 4
Is good at problem solving	1 2 3 4
Is an astute and perceptive observer	1 2 3 4
Develops a common vocabulary/fluency in everyone's "language"	1 2 3 4
Values multiple perspectives by eliciting all participants' descriptions of the problem, attempts they have already made to solve the problem, and other ideas they have to solve the problem	1 2 3 4
Clearly defines and analyzes attributes of the problem, including antecedents, an operational definition of the appropriate and inappropriate behaviors, and maintenance factors	1 2 3 4
Isolates and systematically identifies problem components	1 2 3 4
Anticipates possible consequences	1 2 3 4
Is a good facilitator	1 2 3 4
Is skilled in conflict resolution	1 2 3 4
Is an efficient user of time	1 2 3 4
Is an active listener	1 2 3 4
Takes risks and is willing to experiment	1 2 3 4
Uses the consultation group as a problem solving unit	1 2 3 4
Demonstrates ability to understand appropriate interventions, given the cultures and values of students, parents, and teachers	1 2 3 4
Demonstrates ability to consider the instructional context, including the situation, tasks, and teaching methods	1 2 3 4
Is actively engaged and willing to get involved	1 2 3 4
Documents and gathers data for clear communication	1 2 3 4

Identifies clear goals	1 2 3 4
Reviews client records	1 2 3 4
Specifies the consultation contract for all parties (time, effort, cost)	1 2 3 4
Gives clear, understandable, and explicit directions	1 2 3 4
Pursues issues and follows through	1 2 3 4
Evaluates and focuses ideas	1 2 3 4
Clarifies roles	1 2 3 4
Is able to overcome resistance by addressing participants' strongly habituated responses, cognitive dissonances, and perceptions that the intervention will be threatening	1 2 3 4
Coordinates sufficient support for appropriate implementation	1 2 3 4
Devises interventions that have greater benefits than costs in terms of time, complexity, intrusion, duration, and effectiveness	1 2 3 4
Determines and addresses participants' need for increased knowledge and skills to address the problem	1 2 3 4
Designs and executes appropriate follow-up strategies	1 2 3 4
Summarizes	1 2 3 4
Is emotionally well adjusted and stable	1 2 3 4
Maintains confidentiality	1 2 3 4
Practices in an ethical manner	1 2 3 4
Has a clear sense of identity	1 2 3 4
Employs appropriate personal distance	1 2 3 4
Is trustworthy	1 2 3 4
Is confident	1 2 3 4
Systematically uses all problem solving stages: contract negotiation and problem identification, data collection and problem analysis, intervention development, intervention implementation, evaluation	1 2 3 4
Has teachers (and parents) actively collect and analyze data using practical and acceptable methods (e.g., end-of-the-day anecdotal notes, tallies of infrequent behaviors, time sampling)	1 2 3 4
Develops monitoring forms that can be easily used by the teacher or student	1 2 3 4
Employs a problem solving sheet during consultation sessions	1 2 3 4