Training Practices in School Consultation: Twenty Years Later

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TRAINING PRACTICES IN SCHOOL CONSULTATION:
TWENTY YEARS LATER

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Abstract
Consultation has long been noted in the literature as a preferred role of school psychologists (Curtis & Zins, 1980; Gutkin & Curtis, 1982). Yet, few studies have examined University training practices in the area of consultation. This study, in part, replicated a study conducted by Meyers, Wurtz, and Flanagan (1981) that examined training practices 20 years ago. Currently, Program Directors from school psychology training programs in the United States were asked to describe how their training program addressed consultation. The number of courses offered in consultation, the methods used to teach consultation, and the models of consultation taught to school psychology graduate students were assessed. The results of this study indicated that there has been an increase in consultation training practices among training programs in the United States. It was also found that of the three main models of consultation present 20 years ago (i.e., Mental Health, Behavioral, and Organizational), the Behavioral model is dominant today. A number of suggestions for further evaluating the consultation training issue were made.
Introduction

School psychologists are trained to be assessors, remediators, interpreters, consultants, change agents, and researchers (Graden et al., 1984). These are only a few of the roles a school psychologist can adopt. Of these roles, one of the more important ones is consultation. Consultation is important to school psychology because of the broad scope of issues it can encompass as well as the fact that it is a teaching tool for future problem solving. This thesis describes the changing roles of the school psychologist, the importance of expanding the role of consultation, and the benefits of consultation to schools. Also emphasized will be a description of the models of consultation that are used in schools, as well as the amount of training school psychologists traditionally receive in the area of consultation. These issues are being reviewed in order to determine the changes needed to give consultation in schools a more prominent role.

“Consultation provides a tool that can extend the reach of psychological services to many more individuals than could be served by direct contact with clients” (Bergan, 1977, p. 5). When providing consultation services to teachers, school psychologists help the teacher develop interventions and strategies that can be used again in the future with similar situations. Not only does the consultation process help the teacher learn to develop and implement interventions for the current referral concern but the process also enables them to create future interventions on their own in new or similar situations.

“School psychologists should be guided by the principle that for each teacher or school
that a psychologist helps there will be a positive impact on hundreds of children in the present and in the future” (Meyers, Brent, Faherty, & Modafferi, 1993, pp. 99-100).

One key benefit of consultation is the decrease of referrals to special education. Being able to consult with the school psychologist may allow the teacher to learn new techniques or gain a new perspective on the learning and/or behavior problems of students in the classroom. Such a support system can decrease a teacher's need to refer a child for a costly and time-consuming special education evaluation. As noted by Vernon (1990), consultation is important in decreasing the caseload of referrals made for special education, as well as giving the teachers and administrators support with students' learning and behavioral difficulties in the classroom.

There are various models of consultation taught in school psychology training programs. Historically, the three main consultation models are Behavioral, Mental Health, and Organizational. These models have also led to the development of similar consultation models such as Social Learning, Ecological, Collaborative, and Problem-Solving consultation. Little research, however, is available on the Social Learning, Ecological, and Problem-Solving models of consultation. Such models may not be commonly used in school psychology practice. The Collaborative, Behavioral, and Mental Health models are those most commonly used in schools according to the literature (Tanner-Jones, 1997). Organizational consultation is also used in schools but is not as prominent because classroom problems occur more often than school system problems.

It is reasonable to assume that the practice of consultation by school psychologists is greatly influenced by the teaching of consultation in university school psychology
training programs. Research is scarce, however, as regards how University's teach consultation. What consultation models and methods are currently being taught in school psychology training programs?

As recent as twenty years ago, school psychology training programs were criticized for their lack of training in consultation functions (Meyers, 1978). According to survey data collected by Meyers, Wurtz, and Flanagan (1981), 40% of subdoctoral and 55% of doctoral school psychology training programs had coursework in consultation; 27% of the courses included a field experience component. Meyers et al. (1981) also reported that out of 121 school psychology training programs that responded to their survey of consultation training practices, 60% failed to offer a single course in consultation. A decade later, Costenbader, Swartz, and Petrix (1992) surveyed 333 members of the National Association of School Psychologists (NASP). Almost two-thirds of the sample reported they had received less than a semester of training or no formal training in consultation at all. Over 50% of those respondents also judged the quality of their training in consultation as “inadequate” or “less than adequate.”

Although school psychologists need to be prepared to deliver the service of consultation, it appears many are not prepared to do so upon completion of their preservice training (Costenbader et al., 1992). Merely having classroom discussions about the different types of consultation models is not likely to provide adequate skills to future school psychologists. Training programs need to allow for an applied learning experience in areas that will require interaction with others. These experiences should be supervised and guided by a professor with expertise in the area of consultation. Procedures for competency-based training in consultation have been developed for the
Behavioral model (Bergan & Kratochwill, 1990; Bergan, Kratochwill, & Luiten, 1980). Other models, however, have not placed a focus on competency-based training methods.

“The need for consultation-based service delivery systems will continue for the foreseeable future, for those services provide an effective and efficient means of addressing psychoeducational and social problems” (Zins, Kratochwill, & Elliot, 1993, p. 2). As schools begin to realize what a valuable service consultation can be, school psychologists will be called upon to implement that role more frequently. Therefore, appropriate training needs to occur to prepare school psychologists as consultants. Currently, NASP includes an emphasis on consultation training in their standards for training programs (NASP, 2000). Due to the benefit of consultation and NASP standards emphasizing consultation, training programs should include consultation as a competency area.

It has been 20 years since Meyers et al. (1981) assessed the consultation training practices of school psychology training programs. It is unclear as to how consultation is currently being taught in school psychology training programs. It is also unclear if the three traditional consultation models (i.e., Behavioral, Mental Health, and Organizational) are still prominent today. The goal of the present study is to gain a greater understanding of what changes have been made concerning consultation training practices in doctoral and subdoctoral school psychology programs over the last twenty years. It is time to examine the current state of preservice training in consultation for school psychologists in the United States. The current research is in part a replication of a study conducted by Meyers et al. (1981) that examined what consultation models were most widely taught and what methods were used to teach consultation in school
psychology training programs in the United States. Specifically, this researcher will look at the way consultation training is being structured in university settings today. This study will be completed by asking trainers to indicate which models of consultation are taught in their program and to what level of proficiency is the student expected to be able to utilize that model. The information regarding the structure of the programs includes the number of courses that include consultation (including fieldwork experiences), the training techniques incorporated in teaching consultation skills, and the benefits the students are expected to receive from the consultation training. In addition, information regarding program approval by the National Association of School Psychologists and whether the program had changed in the last 10 years and how it had changed will be gathered.
Literature Review

Consultation is a method of service delivery that is indirect. The service deliverer, or consultant (e.g., school psychologist), works directly with the consultee (e.g., teacher, parent) to help the client (e.g., student) but does not form a direct relationship with the client. Thus, the consultation process consists of at least three individuals: the consultant, the consultee, and the client. However, the consultant has two clients, the consultee and the person or system about which the consultee has concerns. The relationship between the consultant and consultee is typically nonhierarchival, meaning that consultation is a process that requires the consultant and consultee to work together on the same level without one assuming more power than the other. The interaction that takes place between the consultant and the consultee is typically a joint problem-solving effort to create solutions to help the client. The consultee is not obligated to use the information provided by the consultant. Consultees may use the information gained in consultation at their discretion.

Consultation plays an important role in the practice of school psychology (e.g., Gutkin & Curtis, 1998). The reason consultation is an important role is attributable to the numerous benefits that can occur from the consultation process. A few of the benefits of consultation are preventing unnecessary referrals for referred students who will not qualify for special education services, providing teachers with a means from which to gain knowledge in dealing with problems in the classroom, as well as providing a
resource to teachers in learning about the disorders and disabilities their students may bring to the classroom. However, there are various consultation models and various ways to train future school psychologists about consultation. This literature review will address each of the above issues and describe the need for additional research related to consultation.

**Roles of School Psychologists**

The role of the school psychologist encompasses a wide variety of activities. School psychologists can function as assessors, remediators, change agents, researchers, interpreters, and consultants (Graden et al., 1984). School psychologists, however, not only work in the schools but also work in settings such as universities, hospitals, clinics, state departments of education, and private practice (Reschly, 2000). School psychologists have a wealth of knowledge that prepares them for roles in many settings. “Emerging roles for school psychologists include the provision of primary care for mental health disorders, psychological aspects of physical illness, high risk behaviors, as well as prevention, health education, and health promotion activities” (Flaherty, Garrison, & Waxman, 1998, p. 421). School psychologists can also act as administrators or coordinators in education, as directors of community- or hospital-based mental health services, and as school principals or superintendents.

As mentioned above school psychologists are trained to perform a variety of roles. Most school systems do not allow for the school psychologist to perform all roles they are trained in and thereby provide a wide or expanded role; rather the school psychologist is primarily used for special education services. Contributing causes to limited roles for school psychologists are high caseload volume and Federal special
education law restrictions. As a result, the role of the school psychologist has been limited to the function of testing even though their training extends beyond the realm of psychological assessment (Flaherty et al., 1998). School psychologists can provide more services, skills, and training than simply the ‘refer-test-place’ service that they are often required to perform.

Other contributing factors have been identified that limit the school psychologist’s active roles. School psychologists are often limited to the roles of testing and placement because of the interpretation of laws and regulations by local officials, or because of policies that regard school psychological services (Sheridan & Gutkin, 2000). Time is also a factor that limits a school psychologist’s ability to expand his/her role. Indeed, over two-thirds of school psychologists’ time is spent in various activities related to students with disabilities and special education programs (Reschly & Connolly, 1990). Most school psychologists do not have enough time to devote to additional roles due to the high ratio of students to school psychologists. School district policies may also limit the role of the school psychologist. Some districts may feel that school psychologists are to be used only for special education issues; if the school psychologists are performing a role other than the assessment role, then they become an unnecessary expense. “The evidence here clearly indicates that traditional roles with psychoeducational assessment and special education services continue to dominate school psychology practice” (Reschly & Wilson, 1995, p. 66).

Another important “factor that may contribute to this discrepancy between what school psychologists do and what they and others prefer that they do is the adequacy of training to provide other services” (Graden et al., 1984, p. 402). Intense training in
consultation could lend support to making consultation an accepted function in school systems. If school psychologists feel prepared to take on the challenges of a consultation case then schools may be more convinced to take advantage of the role. School psychologists might also fight harder to extend their role if they felt prepared to take on that responsibility. "It is highly likely that more than a nine-month experience in the consultant role is needed for appreciable change to occur in the dimensions novices see within consultation problems" (Salmon, 1993, p. 315). The lack of applied training provided in preservice graduate preparation programs is one more barrier to the use of consultation in the schools (Sheridan, 1992). Meyers et al. (1981) and Costenbader et al. (1992) also indicated a lack of applied training. Meyers et al. indicated that 60% of graduate programs failed to offer a single course in consultation, while Costenbader et al. found that two-thirds of a survey of NASP members had received less than a semester of training or no formal training in consultation at all.

In summary, roles of the school psychologist are limited due to a variety of variables. Training in consultation is inconsistent resulting in the lack of confidence or consistent advocacy for the consultative role to be taken on by the school psychologist. Time is a major factor that limits school psychologists' ability to spend time performing services beyond testing; therefore, consultation gets placed on the side. A final factor is that school psychologists may not feel prepared to deliver the service of consultation.

**Importance of Consultation in Schools**

The demand for school psychologists to act as a consultant is growing as we move into the 21st century. Although consultation is important because of its benefits to students and teachers, the consultation role also fortifies the impact of the additional
services performed by school psychologists (Ysseldyke et al., 1997). The services of school psychologists “are in great demand in schools and other settings, and many school districts are promoting expanded roles for school psychologists” (Harrison, 2000, p. 481).

One reason consultation in schools is important is that many states require pre-referral teams to meet and attempt interventions before a special education referral can be made (e.g., Indiana Department of Education, 2000). Consultation is an important addition to the role of school psychologists in the school system because their traditional role of testing is time consuming and inefficient (Phye, 1979). School psychologists are often part of pre-referral teams and consult with teachers to create interventions that may take care of the referral concerns. If pre-referral interventions are effective, then a full evaluation to consider special education services may not be necessary. According to Sheridan and Gutkin (2000):

> It seems clear to us that the importance of school-based connections with other professionals is going to accelerate as we enter the 21st Century. The roles of school psychologists will likely include increasing emphasis on prereferral intervention, the implementation of empirically supported interventions and methods of effective teaching, health and mental health services, school-based prevention, program evaluation, organizational change and education reform—service delivery for all children. (p. 492)

If the school psychologist's role includes an increased emphasis on pre-referral intervention and implementation of the interventions, then consultation will become a necessary addition to the role of the school psychologist in the schools. Swerdlik and French (2000) note that expanded roles, such as consultation, for school psychologists
will be necessary as schools are faced with more complex referrals. The school psychologist will be available to support pre-referral interventions through consultation. Consultation is unique in that it may lead to prevention by teaching psychological methods (Miller, 1969) to those who are not psychologists but who are in the position to take advantage of and use psychological information to benefit students (Christensen & Jacobson, 1994). School psychologists will consult with teachers and aid them in the development of interventions and help them to monitor the effectiveness of those interventions.

Sheridan and Gutkin (2000) believe that the local interpretation focus of mandates or polices (e.g., current special education requirements) tends to inhibit school psychologists from focusing on student problems in the social realm—such as aggression, dropout, violence, teen pregnancy, abuse, and the prevention of these issues. However, special education law inhibits school psychologists only in the sense that there is so much focus on special education. Following all the special education requirements does not allow enough time to be devoted to other roles. Through pre-referral consultation services, however, referrals to special education can be decreased (Graden, Casey, & Bonstrom, 1985; Ponti, Zins, & Graden, 1988; Ritter, 1978). A decrease in special education referrals would leave time open to deal with student problems outside the realm of special education.

There are many reasons for school psychologists to provide consultation services to teachers, administrators, and parents, including behavior problems, academic problems, social skills issues, and parenting issues. School psychologists, as consultants, are often thought to posses a specialized expertise in areas such as behavior management.
However, school psychologists may have expertise in many areas. Some of these areas include, but are not limited to, human motivation, counseling, education, psychotherapy, casework, and supervision. “School psychologists are the most highly trained mental health experts in schools. In addition to knowledge about prevention, intervention, and evaluation for a number of childhood problems, school psychologists have unique expertise regarding issues of learning and schools” (Sheridan & Gutkin, 2000, p. 488). School psychologists may even aid teachers in understanding or learning new information about psychological disorders or even typical problems of childhood that students in their classroom may have so that the teacher may serve those students in the most appropriate manner. “In the consultative role, school psychologists prepare teachers to deal more effectively with some of the typical problems of childhood which often interfere with academic achievement and healthy living” (Vernon, 1990, p. 322).

Providing school consultation services is not simply a pre-referral role or an academic service. “School crisis consultations are services necessary to help school communities recover from disruptions that interfere with a learning environment” (Arroyo, 2001, p. 55). There are many types of crises that can affect schools today. School shootings, death of a parent, death of a teacher, suicide, and even natural disasters can affect the flow of the everyday routine in a school building. Students, teachers, and administrators alike can be affected by any one of these issues which in turn affects how they will behave in the school setting. Having crisis teams, which school psychologists are a part of, and entering the school to consult with and counsel those affected by a crisis can help get the school working effectively again. Consultants who are qualified in the practice of crisis intervention can provide support for administrators, faculty, staff,
students, and families and provide possibilities for shared feelings and pooled resources, whether they are external or internal to the school system, (American Psychiatric Association, 1993; Carter & Brooks, 1991; Mauk & Gibson, 1994).

Consultation by school psychologists in schools is important for numerous reasons. The consultation services that the school psychologist provides are necessary to meet the mandates for prereferral intervention, decrease the number of special education evaluations and placements, assist with a variety of crises, and meet the need for professionals with specialized expertise in human behavior. Vernon (1990) notes that consultation is an efficient procedure for involving "teachers in learning preventative concepts to try to eliminate or minimize the frequency and severity of problems that school-age children have" (p. 325). Vernon further states, "By working collaboratively with teachers, the school psychologist is able to empower them with skills and knowledge which they in turn can apply to present as well as future problematic situations" (p. 322). Consultation helps teachers work out professional difficulties, understand their role in the school, learn to solve their own problems in the classroom, and become more effective (Gillies, 2000).

Models of Consultation

"Consultation is a service delivery technique school psychologists are expected to possess and use to good effect" (Henning-Stout, 1999, p. 73). Consultation, however, is not a specific skill based on a single model. While there are several consultation models available today, traditionally there have been three main models: Behavioral (Bergan, 1977; Bergan & Kratochwill, 1990), Mental Health (Caplan, 1970), and Organizational (Schein, 1969). Other models, such as Social Learning, Ecological, Collaborative and
Problem-Solving, have been adapted from the three main models, although some of these models can barely be thought of as models since most have not been fully developed and evaluated (Zins et al., 1993). Another issue concerning the many different models is that many of them tend to overlap. Therefore, it may be difficult to distinguish which of the models one is following or learning (Zins et al., 1993). Not all consultation models are necessarily used in school systems. Of the three traditional models discussed in the school psychology literature (i.e., Behavioral, Mental Health, and Organizational), the Behavioral model was found to be the most widely used by school psychologists (Costenbader et al., 1992). The three primary consultation models will now be described in more detail.

**Mental Health consultation model.** The Mental Health model, like all models of consultation, is a model of service delivery that is indirect and achieved through collaboration between the consultant and the consultee. The consultee is directly involved with the child. The two primary goals of Mental Health consultation are to provide knowledge from a specialist that can be transferred to future problems by the consultee and to have an additional boost of positive influence on the consultee's self-worth (Brown, Pryzwansky, & Schulte, 1998). In this collaborative relationship, each party, the consultant and the consultee, must shoulder the responsibility for the results yielded by the plans designed by way of the consultation process (Meyers, 1973; 1981).

Mental Health consultation as it is known today was developed during the period of post-World War II. Gerald Caplan labored in Israel with other mental health professionals in providing services to refugee children. There were thousands of refugees, and the professionals realized that they could not provide all of the direct
services that the multitude needed. After this realization, “Caplan and his associates found that counseling the professional staff members about the nature of mental health service could change perspectives and reduce the direct service workload” (Brown et al., 1998, p. 2). Caplan (1970) defined Mental Health consultation in the following manner:

Mental Health consultation is a process of interaction between two professional persons – the consultant, who is a specialist, and the consultee, who invokes the consultant’s help in regard to a current work problem with which he is having some difficulty and which he has decided is within the other’s area of specialized competence. The work problem involves the management or treatment of one or more clients of the consultee, or the planning or implementing of a program to cater to such clients. (p. 19)

Three aspects of the Mental Health model that Caplan discussed were (a) that the relationship between the consultee and consultant be an egalitarian one, (b) the aspect of theme interference, and (c) a taxonomy of approaches to consultation (Brown et al., 1998). The aspect of theme interference is “a controversial aspect characterized as mild confrontation of stereotypic ideas held by the consultee” (Brown et al., 1998, p. 2).

Caplan’s taxonomy of approaches to consultation is made up of four different techniques: (a) client-centered case, (b) consultee-centered case, (c) program-centered administrative, and (d) consultee-centered administrative. The client-centered case technique focuses on the ways in which the consultee might intervene to remedy the difficulties demonstrated by the child (Caplan, 1970; Zins et al., 1993; Meyers et al., 1993). The consultant indirectly assesses the client, reaches a diagnosis, and recommends how the consultee and client’s interactions need to be modified. The goal or
focus of this technique is prescriptive; it deals with the problems of the client (Brown et al., 1998).

The consultee-centered case technique provides support to the adults in children’s environments and is aimed at removing intrapsychic barriers to the consultee’s ability to work with the child (Zins et al., 1993). This technique is the centerpiece of Caplan’s model. It is primarily based on prevention, and the focus of the consultation is determined by the individual case. However, the primary focus is to remediate the lack of skills found in the professional functioning of the consultee that are leading to the difficulties he/she is having (Brown et al., 1998). This technique is not one that concerns the client’s problems directly.

In the program-centered administrative technique the consultant and the consultee considers ways of improving service delivery procedures (Zins et al., 1993). The technique resembles client-centered consultation; only the client is an organization. “The consultant should have an understanding of organizational theory, planning, financial and personnel management, and administration” (Brown et al., 1998, p. 33). The consultant is considered an expert in the areas of social systems and mental health. The consultant aids in “recommendations relevant to program development and administrative concerns for a particular agency” (Brown et al., 1998, p. 21).

The consultee-centered administrative technique concerns issues specific to the administrator’s practices, which are the focus of the relationship (Zins et al., 1993). The focus or goal here is to improve the professional functioning of members of the administrative staff. “Creating consultee effectiveness is the focus here, not simply giving solutions” (Brown et al., 1998, p. 22). This type of consultation is long term; the
consultant is actively identifying problems within the organization and then discussing these findings with the consultee.

The Mental Health model focuses on work-related problems with the consultee and does not go beyond the scope of that professional’s expertise. There are limits with the Mental Health model. Specifically, there are four types of consultee deficits that Caplan (1970) believes could interfere with the effectiveness of the mental health model: (a) self-confidence, (b) skill, (c) information and knowledge, and (d) professional objectivity. As for lack of confidence, “Caplan does not view lack of confidence as a problem well suited to consultation” (Brown et al., 1998, p. 29). When a deficit in self-confidence is present, the consultant would use professional support and encouragement to aid in helping the consultee (Zins et al., 1993). Caplan views lack of skill as a deficit when the consultee appears to understand the factors that are relevant to the case but cannot develop a solution to the problem (Brown et al., 1998). Most of the time, lack of skill on the part of the consultee is not an issue well suited for the consultation process because the consultant is typically an outside agent who may not have acquired complete knowledge of the methods and techniques that are used in the consultee’s profession (Brown et al., 1998). Lack of information and knowledge becomes evident when the consultee displays ignorance to the contributing factors to the case or may fail to see the relevance of the factors. The consultant can give the consultee information to help alleviate the occurrence of the factors in the case; however, if the consultant encounters this type of problem consistently in this setting it may be a systems-level need rather than an individual need. Finally, the objectivity deficit occurs when the consultee loses his/her professional objectivity when he/she is working with a particular client or type of
client and he/she is unable to use his/her skills to help solve a problem with the client (Brown et al., 1998).

Although Caplan (1970) did not formulate the Mental Health model specifically for school systems, it has been adapted for the school setting. When using Mental Health consultation in schools, one would refer to the educator as the consultee and the school personnel (e.g., school psychologist, special education teachers, speech and language pathologist, counselors) as the consultant (Meyers et al., 1993).

No serious student of consultation in the schools would argue that the model espoused by Caplan (1970) has been incorporated wholesale into the basic regularities of school life, but most would point out undeniable evident that aspects of Caplanian thinking are pervasive in the training and practice of many school professionals, especially school psychologists. (Conoley & Wright, 1993, p. 177)

There are three levels of Mental Health consultation, as adapted by Meyers (1989), for the school setting: Level I – focus on the child (client-centered), Level II – focus on the teacher (consultee-centered), and Level III – focus on the system. Level I consultation may consist of working with a teacher to develop strategies for dealing with a specific child who has a problem in math. Level II may result in working with a teacher in order to modify instructional strategies or class grouping so that the class would be more effective for all students who are having problems in math. Finally, Level III may include staff development activities such as developing in-services to improve the effectiveness of the entire faculty in working with children who have difficulties in math (Brown et al., 1998).
There are extensive writings on applying Mental Health consultation constructs in school settings (Brown et al., 1998; Meyers, 1973; 1981; 1989; Meyers et al., 1993; Meyers & Kundert, 1988; Meyers, Parsons, & Martin, 1979; Parsons & Meyers, 1984). However, the model has been adapted for school settings. However, the use of the Mental Health model appears to be limited. Meyers (1989) thought it was surprising that Mental Health consultation was not readily used in schools as a major approach to primary prevention. Only 9% of the school psychologists in Costenbader et al. (1992) study reported using the Mental Health consultation model.

*Behavioral consultation model.* The Behavioral consultation model was developed by Dr. John Bergan and is based on Operant Learning principles and focuses on the behavior children and adults display (Brown et al., 1998). The Behavioral model looks at the different social contexts in which the behavior of the client or consultee occurs. The model also evaluates how consistent that behavior is with the general population. The goals of Behavioral consultation are the (a) prevention of future occurrences of problems; (b) re-education of professionals to deal with behavioral issues that arise in their situation; and (c) social, emotional, or intellectual growth in the client (Bergan, 1977). Behavioral consultation focuses on change in behavior and works to modify the knowledge and skills of the consultee, create objectivity of the consultee when dealing with the client, and provide the client with some confidence and new abilities (Bergan, 1977).

Behavioral consultation is a problem-solving service that is provided indirectly and involves a collegial relationship between the consultant and consultee (Bergan, 1977). The relationship is one in which the consultee gathers psychological data relevant
to the client’s problem and communicates the data to the consultant. The consultant then discusses the psychological principles that will guide the consultee in the utilization of the data (Bergan, 1977). In 1990, Bergan joined with Kratochwill and adjusted the definition of Behavioral consultation. The adjusted definition defined the roles of client, consultee, and consultant to better fit the school system (Bergan & Kratochwill, 1990). The client is a child or student and is served through a consultee (i.e., a parent, teacher, or school system) by a consultant (i.e., a psychologist, special education teacher, or social worker). The Behavioral consultation model can be separated from the other models of consultation in its use of behavioral-analytical strategies to evaluate treatment outcomes and due to the emphasis placed on behavioral technology to aid in creating intervention plans.

Bergan’s (1977) consultation model is detailed and includes a description of the consultation relationship, a procedure for interviewing, and an explanation of the intervention process, and a structure for assessing the consultation results. Consultants who adopt a behavioral consultation approach take behavioral techniques that have been proven valid and use them as the basis for their practice; they seek to validate those techniques further by collecting data that will impact the outcome of consultation (Brown et al., 1998).

The Behavioral approach is very focused on a systematic problem-solving process. This process occurs in four stages: (a) problem identification, (b) problem analysis, (c) plan implementation, and (d) problem evaluation (Bergan, 1977). As described by Bergan, the consultee should first collect data that represents a baseline of the behavior in question and then the consultant and consultee work together to analyze
the problem and develop an intervention plan. Once the intervention plan is in effect, the consultee is responsible for implementing the intervention and maintaining the integrity of the plan. The consultant participates in the evaluation of the intervention plan and treatment outcomes. Together the consultant and consultee establish whether the goals of the behavioral intervention were reached. They must also determine if the changes or lack of changes in the client were a reflection of the treatment or if there were mitigating circumstances that affected the intervention. Once these determinations have been made, the consultant and consultee can decide if further intervention planning is necessary. This process can be ongoing until the consultant and consultee have decided that termination of the relationship is feasible.

In the Behavioral consultation approach, the consultant and consultee are both expected to bring their unique skills into the relationship and the collaboration process. The consultee is very important in this relationship due to the nature of his/her relationship with the client. The consultee acts as the mediator between the consultant and the client and has the most access to the client. The consultee is in charge of implementing the plan and intervention with the client; therefore, the consultee must be aware of his/her responsibility in the relationship. It is important that the consultee participate in consultation because the teacher is viewed as “an expert in the area of education and the workings of his/her classroom” (Gutkin & Curtis, 1982, p. 801). Another important factor that comes with bringing in his/her own unique skills and understanding of the situation is that the consultee has experience with the client and the behavior being exhibited by the client. The consultee has most likely implemented prior interventions to deter the unwanted behavior and knows what works and what has not
worked. The consultant can contribute expertise in psychological principles that can be applied to the situation.

*Organizational consultation model.* Organizational consultation is important due to the need for professionals to deal with child service systems and consult with these systems. These service systems include social service agencies, schools, juvenile justice systems, and child mental health agencies. To be a child-oriented consultant, one must be able to conceptualize problems and interventions and be able to do so from an organizational perspective; one must also make use of information regarding organizational processes when consulting with organizations and agencies (Illback & Maher, 1984; Maher & Illback, 1983).

Organizational consultation is similar to consultation with individuals; however, there are very important differences associated with consulting with organizations. The relationship established between the consultant and consultee is a triadic one (involving three people and/or systems) and the process of consultation and intervention strategies are transferable between the different forms of consultation (Brown et al., 1998). Organizational consultation is “conducted with one or more consultees, usually persons charged with the management of an organization, and involves a client system, often comprised of dozens of people who have formed into subgroups that have their own norms and culture” (Brown et al., 1998, p. 83). The process is determined to be less triadic than most models due to the fact that the consultee is also part of the client. The client is the organization and the consultee is typically an administrator of the organization.
The Organizational consultation model is used most frequently in businesses; however, other consultants who use this model work as external consultants in schools, hospitals, halfway houses, nursing homes, and police departments (Brown et al., 1998). The consultants utilizing the Organizational consultation model must be able to conceptualize how organizations work. It is also important for Organizational consultants to understand the ins and outs of these organizations’ systems and be able to explain how strategies for change can be successful in correcting problems that arise within organizations (Brown et al., 1998). Consultation can affect the entire school or organization. The reason for consultation may be a systems-level reason; in turn the consultation results will have a trickle down effect thereby affecting the faculty, staff, teachers, and students. Consultation need not be a resource for a single unit or individual; it can also be a valuable resource for the entire system. “School psychologists cannot bring about substantive and positive improvements in the lives of children unless we find ways to work successfully with educators, parents, and other community-based professionals at every systemic level” (Sheridan & Gutkin, 2000, p. 491).

While the Organizational consultation model was traditionally considered to be a prominent model in the school psychology literature, the model is absent from current literature. Indeed, no school psychologists reported using the Organizational model in Costenbader et al. (1992) study of school psychologists’ consultation practices. Also, in the most recent NASP blueprint for training and practice (Ysseldyke et al., 1997), the Organizational model is not mentioned. The fact that it is not mentioned may lend credence the Organizational model is no longer considered as one of the main three consultation models.
Other consultation models. There are several consultation models that have been adapted from the three primary models previously reviewed. A variation of the Behavioral consultation model is referred to as Conjoint Behavioral Consultation. Simultaneous (conjoint) consultation is conducted with both the parent and teacher present (Zins et al., 1993). The parents and teachers are consultees in this model. This model promotes a coordinated and cooperative problem-solving relationship between parents and professionals (Sheridan, Kratochwill, & Bergan, 1996). Conjoint Behavioral consultation is defined as “a structured, indirect form of service delivery, in which parents and teachers are joined to work together to address the academic, social, or behavioral needs of an individual for whom both parties bear some responsibility” (Sheridan & Kratochwill, 1992, p. 122). A reciprocal relationship between the consultant and consultees is required. In this model, it is very important for the school system and the home system to interconnect and work for a common good.

Conjoint Behavioral consultation is also based on Ecological and Systems theories. A child’s ‘problem’ is not solely caused by issues within the child nor is the problem exclusively due to the child’s environment; instead, the behavior occurs as a function of the interaction of the child with the systems that the child is a part of, according to systems theory (Sheridan et al., 1996).

The goals of Conjoint Behavioral Consultation are (a) to create a treatment plan that is consistent across settings; (b) to help improve the knowledge, skills, or behaviors of all parties including the child-client, school personnel, and family members; and (c) to strengthen generalization and maintenance of treatment effects through consistent programming across settings and sources (Sheridan et al., 1996; Zins et al., 1993). The
stages of this model are similar to those of the Behavioral model in that it uses the stages of problem identification, problem analysis, treatment plan implementation, treatment evaluation, and follow-up.

Another model of consultation is Collaborative consultation. It is an interactive process that allows for the development of creative resolutions to commonly defined problems by groups of people who have diverse expertise (Idol, Nevin, & Paolucci-Whitcomb, 1994). Idol et al. (1994) characterized consultation in this model as (a) having a group of people who view all members as having unique and needed expertise; (b) frequent engagement in face-to-face interactions; (c) leadership responsibilities are distributed and each person is held accountable for their agreed-upon commitment; (d) “they understand the importance of reciprocity and emphasize task or relationship actions based on such variables as the extent to which other members support or have the skill to promote the group goal”; (p. 1) and (e) agreement to practice and increase social interaction, as well as task achievement skills through consensus building.

There are six stages to Collaborative Consultation (a) Gaining Entry and Establishing Team Goals, (b) Problem Identification, (c) Intervention Recommendations, (d) Implementation of Recommendations, (e) Evaluations, and (f) Follow-up (Idol et al., 1994). There are several benefits to using this model. First, all members share their expertise. Second, there is increased communication and reciprocity between the members. Third, the group members are more likely to learn from one another because the interaction is one in which they create solutions and interventions together.

The major outcome of the Collaborative Consultation Model is to provide comprehensive and effective programs for learners with special needs within the
most appropriate context that is least restrictive of their civil rights and that enables them to achieve maximum constructive interaction with grade-level peers and grade-level curriculum, whenever possible. (Idol et al., 1994, p. 6)

Educational consultation is another model that has appeared in the literature, but little research has been conducted on the model. "The underlying premise is that effective educational consultants are not born but are the result of a finely tuned combination of well-executed training experiences and practical experience in the field" (Zins et al., 1993, p. 351). Educational consultation is defined as "an interactive decision-making and problem-solving process undertaken among school professionals, focusing on school-related problems and using a structured problem-solving framework in which one or more of the professionals involved has been trained in consultation" (Zins et al., 1993, p. 352). This type of consultation does not specify that a particular model is used; it simply expresses what skills are needed to be an educational consultant.

Other consultation models, such as Social Learning, Ecological, and Problem Solving, are occasionally mentioned in the school psychology literature. However, as previously noted by Zins et al. (1993), such models are not fully developed, independent models. Other models are typically adaptations of the primary consultation models. According to Gutkin and Curtis (1982):

Despite the broad and growing interest among educational service providers in consultative service, there is still much confusion regarding what constitutes consultation per se. Part if the problem is the term "consultation" itself, which is used in so many contexts and in reference to so many different types of service relationships that it has practically become devoid of meaning. (p. 578)
There are many models of consultation being used and discussed in the literature. These models share similarities yet contain their differences. All models are similar in that they each involve a relationship between a consultant, consultee, and client. Consultation is an indirect method of service delivery in which the goal is prevention. All models are similar in that they are all used to solve a problem that the consultee has with the client. These models, however, differ in the nature of the relationship between the consultant and consultee and in their philosophical focus. For example, the relationship in the models may vary from one where the consultant is considered the expert to one where the consultant and consultee collaboratively work together to create solutions. The philosophical focus for each model also varies with the focus of the Behavioral model being on Operant Learning techniques; in the Mental Health model the focus is on the relationship; and in the Organizational model, the focus is on the organization of the system (e.g., school).

Pre-Service Consultation Training

As consultation has become an important role of the school psychologist, issues surrounding the training of consultation in school psychology programs have also arisen. As stated by Carey and Wilson (1995), “as practitioners’ roles expand, so should training” (p. 173). When a role becomes more important in a profession, then that role should be stressed in training. Although there has been an increase in the demand for consultation and empirical data supports this process, research conducted in the 1980s and early 1990s indicates that the use of consultation in schools is scarce (Curtis & Meyers, 1988; Sheridan, 1992; West & Idol, 1987). This scarcity can be due to several reasons including the limited number of school psychologists in a district, the ratio of
school psychologists to students, as well as what role the district decides the school psychologist should take. Lack of time and administrative support may also be a cause for the limited use of consultation (Idol-Maestas & Ritter, 1985). However, it has also been pointed out that a lack of preservice consultation training also accounts for the lack of school psychologists as consultants (Curtis & Meyers, 1988; Sheridan, 1992).

While there may be numerous reasons for limited use of consultation in schools, one issue that needs to be addressed is the amount of training school psychologists receive in consultation. The importance of this issue should be addressed because the role of any profession starts with training. "Historically school psychologists have been trained in normal and abnormal child development, learning and remedial techniques, assessment, consultation, intervention, counseling, research and evaluation, and professional roles" (Carey & Wilson, 1995, p. 174). School psychologists are trained in many areas in a short amount of time; however, some of these areas need to become more specialized or in-depth to develop the skills necessary to perform those roles. Graduate programs have taught consultation in their courses; however, many do not provide specialized training in the area (Meyers et al., 1981). School psychologists are not likely to provide consultation services if adequate training has not been provided at the preservice level.

"Consultation has been seen as something we just 'do.' With increasing experience (or perhaps increasing egocentrism) we have decided that few of us 'just do' consultation well..." (Conoley & Conoley, 1982, p. xi). Consultation cannot be a service that school psychologist provide without previous training. Consultation can be a source of service that may help a multitude of students in the time the psychologist may
spend evaluating just one. Consultation can be a long process or it can be one or two sessions; however, the result can be the same -- the teacher gains more knowledge in how to deal with problems on her own.

A need is recognized for preservice training programs to prepare students formally and actively in school-based consultation principles and procedures (Sheridan, 1992). Training programs have to determine how much time should be devoted to training school psychologists in all competency areas that are outlined by NASP (Ysseldyke et al., 1997). University training programs today face issues in preparing school psychologists and maintaining quality in a time “when training content and scope are expanding and financial and staff resources are shrinking” (Ysseldyke et al., 1997, p. 4). With the staff and financial resources low at University training programs, it becomes difficult to determine what competency areas are the most important to spend money and time on. Consultation, however, should be among the top of the list of important roles.

“Training should include how to effectively interact with others through coursework in consultation and social and organizational psychology” (Carey & Wilson, 1995, p. 174). Effective interaction with others plays a major role in the effectiveness of the consultation process. If the consultant comes across too strong then the consultee may decide not to work with the consultant and the consultation process is useless. But if the consultant knows how to interact appropriately with the consultee, the process of consultation will run smoother and the consultee will most likely feel like the relationship is a joint problem-solving venture rather than feeling like the school psychologist is coming in and telling them what to do and how to run their classroom. NASP's blueprint for training recommends school psychologists' training and practice be organized around
the theme of data-based decision making and accountability and students should also learn positive interpersonal skills which facilitate communication and allow for better collaboration with students, school personnel, and others (Ysseldyke et al., 1997).

The use of several different training techniques such as lectures, groups, practice, competency-based training, and experiences in the field, can contribute to school psychologists' training in consultation. The use of only one of these techniques does not allow for the development of well-rounded skills. Simply lecturing about consultation without practice does little to prepare one to actually go out and consult. On the other hand, practice without having had some lecture on theory and background knowledge would make it difficult for the person to generalize the consultation skills to various settings or referral concerns. A program that uses multiple techniques may result in a consultant who has more developed skills than a program that only uses one training method.

According to the NASP (2000) Standards for Training and Field Placement Programs in School Psychology, school psychology candidates need to demonstrate entry-level competency in consultation and collaboration. School psychology programs should provide the professional skills that candidates need to deliver effective services that result in positive outcomes. The NASP standards state that school psychologists should be knowledgeable of consultation models (Behavioral, Mental Health, Collaborative, and/or others), consultation methods, and how to apply those models and methods to particular situations. The candidates should be able to apply that knowledge in a variety of situations in a collaborative manner. “School psychologists function as change agents, using their knowledge and skills in consultation and collaboration to
promote change at levels of the individual student, classroom, building, district, and/or other agency” (NASP, 2000, p. 24). The standards also state that school psychologists must also be able to collaborate with others effectively in planning and decision-making processes. This collaboration needs to occur at individual, group, and system levels.

Field experience can be one way in which training programs include consultation in to their curriculum. In accordance with the NASP (2000) standards related to field experiences and internship:

School psychology candidates have the opportunities to demonstrate, under conditions of appropriate supervision, their ability to apply their knowledge, to develop specific skills needed for effective school psychological service delivery, and to integrate competencies that address the domains of professional preparation and practice outlined in these standards and the goals and objectives of their training program. (p. 17)

Supervision of consultation skills during field experiences would aid in the development of specific skills and provide opportunities for feedback on those skills.

Training not only needs to include content but also process (Conoley & Gutkin, 1986). For that reason training programs need to incorporate methods that will not only teach the students what consultation is and what models are available but also how to go into the schools and use those models to effectively consult with teachers and other professionals. Simply reading about a topic does not make a person an expert in that area. One certainly would not want someone who read a medical journal on brain surgery to go out and perform an operation without practice. Why send a novice school
psychologist into a building to consult with a teacher about a student's problem when that school psychologist never had the opportunity to practice consultation?

*Best Practices in Consultation Training*

The literature does not clearly specify best practices for training individuals to provide consultation. Techniques of training can include, but are not limited to, didactic/lecture, experiential (e.g., role-playing, practice through real cases), feedback on performance from instructor and consultee, use of standardized training methods, or group discussion of cases. Some training programs may use all of these techniques, some may mix and match the techniques, and some may go with the standardized methods. Exposing consultants to the knowledge bases they need in didactic settings, developing basic skills through simulations in laboratory situations, and applying what they have learned in field experiences are ways that training programs can go about teaching school psychology students the basics of consultation (Brown, 1993). The decision of how to teach consultation in school psychology training programs is made by the professor who teaches the course. There are a multitude of books (e.g., Alpert & Meyers, 1983; Conoley & Conoley, 1982; Sheridan et al., 1996) that discuss the training and practice of consultation in the schools or by school psychologists; however, they do not give formal instructions as to how to train an individual to become a competent consultant.

The Behavioral consultation (BC) model appears to be the only model with formalized training techniques. The Behavioral consultation model has four types of interviewing systems: (a) the Problem Identification Interview (PII), (b) the Problem Analysis Interview (PAI), (c) the Problem Evaluation Interview (PEI), and (d) the Treatment Evaluation Interview (TEI). The interviewing systems can be useful tools in
guiding a consultant's actions (Brown et al., 1998; Sheridan et al., 1996; Zins et al., 1993). These interviewing systems are a basic guide and not rigid scripts, meaning that the interviews can be modified to fit the situation. While questions may be omitted or added, the interviews provide a good foundation for the consultation process. Thus, the interviewing systems are a useful tool for training school psychologists to be consultants. Practice using these interview questions with supervision can be a valuable asset. “The use of standardized, competency-based BC training programs is desirable because they provide a scripted format for novice interviewers, enhance consultation integrity, and ensure attainment of the goals and objectives of behavioral consultation” (Sheridan, 1992, p. 247).

Even though the Behavioral consultation model appears to be the only model with formalized training procedures, some researchers have gone even further in making the model more useful for training purposes. Such procedures are called Competency-Based Behavioral consultation training. Competency-Based Behavioral consultation training is useful for conceptualizing components of training in consultation (Sheridan, 1992). The techniques were developed by Bergan et al. (1980). Specific objectives, procedures for training, and techniques for evaluation are included in the training methods (Bergan et al., 1980; Kratochwill, Elliot, & Busse, 1995). “In competency-based behavioral training models, trainees are exposed to a number of standardized materials and procedures to facilitate the learning of discrete consultation skills” (Sheridan, 1992, p. 247). The specific training methods focus on providing principles and mastery of applied behavioral therapy and consultation, in building relationship skills, and dealing with systems entry issues. The training procedures used in the competency-based training are standard
methods such as rehearsal of strategies and giving corrective feedback. Objectives consist of outcomes relevant to the four-stage interview process, skilled implementation of verbal behaviors, and the attainment of verbal information about consultation (Sheridan, 1992).

Competency-Based Behavioral consultation training is taught through the exposure of several standardized materials and procedures. There is a training package that includes a procedural manual (Kratochwill & Bergan, 1990), a videotaped model of a school psychologist consulting with a classroom teacher, completing the interviews (i.e., PII, PAI, PEI, TEI), rehearsing with a trained consultee, self-monitoring instruction for the consultant, and feedback from the consultation supervisor (Sheridan, 1992). Other ways that training is conducted using this method is having the school psychology graduate students participate in role playing activities, have them do self monitoring, and provide individualized supervision until it is determined that they have reached mastery of the interviewing skills (Sheridan 1992).

Competency-Based Behavioral consultation training appears to cover all of the fundamentals needed for school psychology students to obtain mastery of the consultation process (Sheridan, 1992). Many of the techniques could be adapted for use with other models of consultation. Training programs that use multiple teaching tools with a competency-based focus may provide school psychologists with a better base for mastery of the consultation process.

Purpose

Consultation is an important and prominent role for school psychologists. Many benefits of consultation were discussed in the literature review. However, there are many consultation models and numerous ways to train school psychology graduate students the
consultation process. Twenty years ago, Meyers et al. (1981) found a significant number of school psychology training programs failed to offer any coursework in consultation. Doctoral programs were more likely to offer a course in consultation; only a third of the subdoctoral programs offered a consultation course. Less than a third of the programs offered a field experience component with their consultation training. Most programs taught a combination of consultation models. Programs that taught a single model of consultation were most likely to use the Behavioral model (19%) over the Mental Health (15%) or Organizational (5%) models. Doctoral programs tended to use combinations of models that included the Mental Health and Organizational models much more often than subdoctoral programs.

The purpose of the proposed research is to determine how school psychology training programs have changed in their techniques of providing training in consultation over the past twenty years. It is time to examine the current state of preservice consultation training for school psychologists in the United States. This goal will be accomplished in part by replicating Meyers et al. (1981) survey of school psychology training programs. Information will be compiled on current training practices of consultation training models and methods. Specifically, this study will examine the way consultation training is being structured in university settings today. This examination will take place by asking trainers to indicate which models of consultation are taught in their program and what level of proficiency the student is expected to be able to utilize that model. The information regarding the structure of the programs includes the number of courses that include consultation (including fieldwork experiences), the training techniques incorporated in teaching consultation skills, and the benefits the students are
expected to receive from the consultation training. In addition, information regarding whether the program had changed consultation training practices in the last 10 years was assessed. This study is meant to serve as a stepping stone in the direction of improving consultation training and leading to an emphasized use of the consultation role for school psychologists.

Thus, this research examined the following questions:

1. How is consultation currently addressed in school psychology training programs compared to training practices twenty years ago?
2. What are the primary techniques used to teach consultation in school psychology training programs?
3. What consultation models are presently being taught in school psychology training programs as compared to programs twenty years ago?
4. What changes have school psychology programs made in consultation training over the last 10 years?
5. How do the perceived benefits of consultation training match those provided in the NASP *Blueprint for Training and Practice II* (Ysseldyke et al., 1997)?
Method

Participants

The participants for this study consisted of the directors of preservice school psychology training programs in the United States. Subdoctoral and doctoral programs were included in the study. A total of 217 graduate training programs for school psychology exist across the United States (Thomas, 2002). Of the 217 school psychology programs, 116 (53.5%) are subdoctoral-only programs, 20 (9.2%) are doctoral-only programs, 77 (35.5%) have both subdoctoral and doctoral programs, and 4 (1.8%) are credential-only programs.

All 217 programs were mailed a questionnaire. A total of 109 university programs responded creating a return rate of 50.2%. The return rate of this study was comparable to the return rate of 60% in the Meyers et al. (1981) study, which is being used as a comparison. Of the programs responding, sixty-six (60.6%) were subdoctoral-only programs, 10 (9.1%) were doctoral-only programs, and 33 (30.3%) had both subdoctoral and doctoral training programs in school psychology. The percentages of the types of programs that responded to the survey are similar to the population of all school psychology programs.

The number of NASP-approved programs responding to the survey was also determined. Of the 217 programs in the United States, 71 (61.2%) of the subdoctoral-
only programs, 9 (45%) of the doctoral-only programs, and 29 (37.7%) of the programs that were both subdoctoral and doctoral were NASP-approved. In the current sample, 46 (69.7%) of the subdoctoral-only programs, 6 (60%) of the doctoral-only programs, and 25 (75.8%) of the programs that were both subdoctoral and doctoral were NASP-approved. Thus, programs that responded to this survey were more likely to be NASP-approved programs. Formal NASP approval of school psychology training programs was not sanctioned by NCATE until 1987 (Fagan & Wells, 2000); therefore, there is no information available regarding training programs in 1981.

Instrument

The instrument used to assess consultation training practices in school psychology training programs was an adapted version of the survey used by Meyers et al. (1981). The Meyers et al. survey assessed consultation coursework, field experiences with consultation, and models of consultation taught in the training programs. In addition to assessing the original components, the adapted survey also assessed techniques used in consultation training, changes in consultation training over the past 10 years, and perceived benefits of consultation training. The questionnaire (see Appendix A) was developed to be a brief measure to enhance the ease of completion in hopes of resulting in a higher return rate.

Past research has suggested that training for school psychologists has been inadequate in the area of consultation (Costenbader et al., 1992; Meyers et al., 1981; Salmon, 1993; Sheridan, 1992). The questions on the current survey were expected to provide insight into whether school psychology training programs have made changes in the way training in consultation is provided. The survey was designed to discover if there
has been in an increase in the amount of training provided for school psychology
graduate student in terms of consultation over the past twenty years as well as to discover
in what areas of training any increase has taken place (e.g., number of courses, models of
consultation focused on, methods of teaching consultation).

Procedure

A list of all school psychology-training programs in the United States along with
mailing labels were obtained through the cooperation of Dr. Alex Thomas from Miami
University of Ohio. Thomas (2002) has since published the directory of all school
psychology training programs. School psychology program directors were mailed a
packet with a cover letter (see Appendix B), the questionnaire, and a stamped, self-
addressed return envelope. The cover letter indicated that completion of the survey was
voluntary and that returning the survey implied consent to participate in the research.
The surveys were coded to protect anonymity and the codes were kept separate from the
returned surveys. Participants were urged to return the questionnaire within one month.
An email reminder was sent to all programs one week after mailing the survey. One
month after the original mailing, another survey was sent via email to all nonrespondents.
Approval of the survey and project was granted by the Human Subjects Review Board at
Western Kentucky University (see Appendix C).
Results

The results were summarized in terms of descriptive statistics. Percentages of programs answering each item were calculated. The 33 training programs that had both subdoctoral and doctoral levels were required to answer some survey items twice, once for each level of their program. Thus, there were a total of 99 subdoctoral surveys and 43 doctoral surveys upon which results were evaluated. The results, where applicable, were compared to the results of the research conducted by Meyers et al. (1981).

How Consultation is Addressed in Coursework

The results regarding the question of how consultation is currently addressed in school psychology training programs as compared to training practices twenty years ago is presented in Table 1. In the 1981 study, 28% of all programs did not offer coursework in consultation. In the current study, all of the training programs that responded to the survey indicated that they addressed consultation in coursework. Along with the increase in the number of programs that offer consultation, an increase in the number of consultation courses offered by training programs was apparent. In particular, the number of training programs providing one course solely devoted to consultation more than doubled. In 1981, only a third of the programs offered a course solely devoted to consultation. Twenty years later, consultation has become an integral aspect of training with three-fourths of the training programs offering a course solely devoted to consultation.
Table 1

*Percentage of Programs Offering Coursework in Consultation*

<table>
<thead>
<tr>
<th></th>
<th>Doctoral</th>
<th>Subdoctoral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not addressed in coursework</td>
<td>0.0</td>
<td>16.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Addressed in practicum and/or internship</td>
<td>58.1</td>
<td>-b</td>
<td>69.7</td>
</tr>
<tr>
<td>Part of 1 course</td>
<td>16.3</td>
<td>28.6</td>
<td>16.2</td>
</tr>
<tr>
<td>One course solely devoted to consultation</td>
<td>69.8</td>
<td>35.7</td>
<td>76.8</td>
</tr>
<tr>
<td>Part of 2 or more courses</td>
<td>20.9</td>
<td>19.0</td>
<td>30.3</td>
</tr>
<tr>
<td>Two or more courses devoted solely to consultation</td>
<td>18.6</td>
<td>-b</td>
<td>8.1</td>
</tr>
<tr>
<td>Other</td>
<td>4.7</td>
<td>-b</td>
<td>4.0</td>
</tr>
</tbody>
</table>

* Data from: Meyers et al. (1981).

b Variable not assessed.

As consultation becomes a more important role of the school psychologist, it is interesting to note that programs are currently incorporating consultation in more than one course more often than was the case in 1981. The Meyers et al. (1981) survey results indicated that in 1981, 19% of the doctoral programs provided consultation as part of two or more courses while only 1.3% of subdoctoral program did so. While the current survey results indicate that roughly the same percentage of doctoral programs provide consultation as part of two or more courses, the number of subdoctoral programs providing consultation training as part of two or more courses substantially increased.
Consultation Training Techniques

The training programs were asked to provide information regarding the methods or techniques that were used in their program to teach consultation. Information regarding techniques used in training programs is listed in Table 2. It is not surprising to note that almost all of the programs used didactic/lecture methods to teach consultation. Another tactic that was reported to be used extensively in the classroom was role-playing (e.g., steps, interviewing). Group discussion is also being used as a means to teach consultation by more than four-fifths of all programs. It is somewhat surprising to find that while an actual consultation case is assigned by 85% of the programs, individual supervision of a consultation case by a faculty member occurs in only 70% of all programs. It is also interesting to note that competency-based or skill building methods were used by half of the responding programs and that approximately one-quarter of all programs used the standardized Competency-based Behavioral Training Program developed by Kratochwill et al. (1980). As the online world evolves, it has begun to be a tool for teaching consultation. The internet is being utilized by 8.5% of the programs for online discussion groups, and 6.3% of the programs are using the internet to provide online supervision and feedback to the students.

Consultation Training Models

The current survey examined the theoretical models of consultation that each training program emphasizes. Two programs did not respond to this question; thus those programs were omitted from the analysis of data regarding training models. Each program was asked to identify the amount of emphasis each model received during consultation training. The programs were asked to indicate if the model was (a) not
Table 2

Percentage of Programs Using Each Technique to Teach Consultation

<table>
<thead>
<tr>
<th>Technique</th>
<th>Doctoral</th>
<th>Subdoctoral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic/lecture</td>
<td>100.0</td>
<td>96.9</td>
<td>97.9</td>
</tr>
<tr>
<td>Role-playing (e.g. steps, interviewing)</td>
<td>83.3</td>
<td>89.8</td>
<td>86.6</td>
</tr>
<tr>
<td>Practice: Assignment of actual consultation case</td>
<td>90.5</td>
<td>83.7</td>
<td>84.5</td>
</tr>
<tr>
<td>Group discussion of consultation case(s)</td>
<td>81.0</td>
<td>83.7</td>
<td>81.7</td>
</tr>
<tr>
<td>Individual supervision of consultation case by faculty member</td>
<td>81.0</td>
<td>67.3</td>
<td>70.4</td>
</tr>
<tr>
<td>Use of videos (consultation practices modeled)</td>
<td>38.1</td>
<td>83.7</td>
<td>69.0</td>
</tr>
<tr>
<td>Mentoring by field-based personnel</td>
<td>61.9</td>
<td>58.2</td>
<td>58.5</td>
</tr>
<tr>
<td>Competency-based or skill building methods</td>
<td>54.8</td>
<td>49.0</td>
<td>50.0</td>
</tr>
<tr>
<td>Audiotapes</td>
<td>54.8</td>
<td>41.8</td>
<td>45.1</td>
</tr>
<tr>
<td>Competency-based Behavioral Training Program</td>
<td>26.2</td>
<td>23.5</td>
<td>23.9</td>
</tr>
<tr>
<td>Online discussion groups</td>
<td>4.8</td>
<td>10.2</td>
<td>8.5</td>
</tr>
<tr>
<td>Online supervision/feedback</td>
<td>0.0</td>
<td>9.2</td>
<td>6.3</td>
</tr>
<tr>
<td>Other</td>
<td>4.8</td>
<td>5.1</td>
<td>4.9</td>
</tr>
</tbody>
</table>
taught at all, (b) given a brief introduction, (c) provided a general overview, (d) given a moderate emphasis, (e) given a thorough emphasis, or (f) if proficiency was expected. Meyers et al. (1981) asked, “What models of consultation are taught in your program?” They then summed the number of programs that indicated the use of each of the major theoretical models (Organization Development (O), Behavior Modification (B), Mental Health (MH)). They also calculated the number of programs that used a combination of models (i.e., O/MH, O/B, MH/B, MH/O/B). Table 3 shows the results from the survey question regarding the models along with a comparison to the Meyers et al. (1981) data. It should be emphasized, however, that a direct comparison cannot be made because it is unclear how “taught” was interpreted by the respondents in the Meyers et al. (1981) study.

In 1981, 58.8% of all programs indicated that they “taught” the Mental Health model. The current findings indicate that a total of 19.6% of the programs provide a “thorough emphasis” or expect proficiency in the Mental Health model. However, only 8.4% of the programs do not provide any training of the Mental Health model. Twenty years ago, the Mental Health model was the most popular model used by training programs. Clearly, the Behavioral consultation model is used by more training programs today than any other model. In the current study, students were provided either a thorough emphasis or proficiency was expected in the Behavioral consultation model by 74.8% of the training programs. Collaborative and Problem-Solving consultation models are now more popular among training programs than the traditional Mental Health and Organizational models.
Table 3

Are the Models of the Past Present Now: Percentage of Programs Focusing on Each Consultation Model

<table>
<thead>
<tr>
<th>Model Type</th>
<th>Not at All</th>
<th>Brief Intro</th>
<th>General Overview</th>
<th>Moderate Emphasis</th>
<th>Thorough Emphasis</th>
<th>Proficiency Expected</th>
<th>1981 &quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health (MH)</td>
<td>8.4</td>
<td>8.4</td>
<td>29.9</td>
<td>33.6</td>
<td>13.1</td>
<td>6.5</td>
<td>58.8</td>
</tr>
<tr>
<td>Behavioral (B)</td>
<td>0.1</td>
<td>0.1</td>
<td>5.6</td>
<td>17.8</td>
<td>34.6</td>
<td>40.2</td>
<td>49.4</td>
</tr>
<tr>
<td>Organizational (O)</td>
<td>16.8</td>
<td>12.1</td>
<td>27.1</td>
<td>17.8</td>
<td>21.5</td>
<td>4.7</td>
<td>36.5</td>
</tr>
<tr>
<td>Collaborative (C)</td>
<td>11.2</td>
<td>3.7</td>
<td>14.0</td>
<td>11.2</td>
<td>31.8</td>
<td>28.0</td>
<td>-- b</td>
</tr>
<tr>
<td>Problem-solving (PS)</td>
<td>6.5</td>
<td>0.1</td>
<td>9.3</td>
<td>15.0</td>
<td>34.6</td>
<td>33.6</td>
<td>-- b</td>
</tr>
<tr>
<td>O/MH</td>
<td>5.6</td>
<td>2.8</td>
<td>9.3</td>
<td>8.4</td>
<td>5.6</td>
<td>1.9</td>
<td>16.5</td>
</tr>
<tr>
<td>O/B</td>
<td>0.1</td>
<td>0.0</td>
<td>3.7</td>
<td>2.8</td>
<td>9.3</td>
<td>4.7</td>
<td>3.5</td>
</tr>
<tr>
<td>MH/B</td>
<td>0.1</td>
<td>0.0</td>
<td>3.7</td>
<td>8.4</td>
<td>7.5</td>
<td>4.7</td>
<td>15.3</td>
</tr>
<tr>
<td>MH/O/B</td>
<td>0.1</td>
<td>0.0</td>
<td>3.8</td>
<td>2.8</td>
<td>9.3</td>
<td>4.7</td>
<td>11.8</td>
</tr>
<tr>
<td>B/C/PS</td>
<td>4.7</td>
<td>0.1</td>
<td>4.7</td>
<td>7.5</td>
<td>23.4</td>
<td>24.3</td>
<td>-- b</td>
</tr>
<tr>
<td>Other</td>
<td>85.0</td>
<td>2.8</td>
<td>0.1</td>
<td>2.8</td>
<td>3.7</td>
<td>4.7</td>
<td>14.1</td>
</tr>
</tbody>
</table>

aData from Meyers et al. (1981) only assessed what models of consultation were "taught."

bVariables not assessed.
Training programs tend to use more than one model as the foundation for training consultation to school psychology graduate students. Meyers et al. (1981) found that combinations were commonly used as well. In the current study and 1981 study the combinations listed in Table 3 were determined by combining categories when more than one model was indicated. The major theoretical models were combined together in the Meyers et al. (1981) study and thus were mentioned in the current study. The Behavioral/Collaborative/Problem-Solving (B/C/PS) combination was added to this study due to the frequent response to those models. Where combinations of models were emphasized, the most popular combination today appears to consist of the B/C/PS models. Of those training programs using the B/C/PS combination, a thorough emphasis or proficiency was expected by almost half. The combination that was previously most common was Organizational/Mental Health.

Changes in Programs in the Past 10 Years

In the current study all training programs were asked to provide information regarding whether their program had changed in the following areas (a) number of consultation courses it offered, (b) the coverage of consultation in the coursework, (c) how much field experiences related to consultation, and (d) in the use of competency-based training techniques. The programs were asked to indicate whether they had increased in these areas, decreased, or stayed the same. This information is provided in Table 4. Approximately half of the respondents indicated that their training program has increased the number of courses offered in consultation while half of the training programs had stayed at the same level. Such an increase would be expected given that all programs responding to the current survey are now offering courses in consultation when
Table 4

*Consultation Training Changes in the Last 10 Years*

<table>
<thead>
<tr>
<th></th>
<th>Percentage of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increased</td>
</tr>
<tr>
<td>Number of Consultation Courses</td>
<td>44.1</td>
</tr>
<tr>
<td>Coverage of Consultation in Coursework</td>
<td>67.3</td>
</tr>
<tr>
<td>Field Experiences Related to Consultation</td>
<td>72.1</td>
</tr>
<tr>
<td>Use of Competency-Based Training Techniques</td>
<td>62.8</td>
</tr>
</tbody>
</table>

28% of the programs did not offer consultation in 1981. Coverage of consultation in coursework has also increased in the past ten years. More than two-thirds of all programs indicated increases in coverage of consultation in coursework and field experiences. Almost two-thirds of the programs have also increased their use of competency-based training techniques as a means of training students to become consultants.

*Benefits of Training*

The current survey assessed faculty perceptions as to the primary benefits of consultation training for their students. A list of benefits derived from the NASP document, *School Psychology: A Blueprint for Training and Practice II* (Ysseldyke et al., 1997) was presented as a checklist. Respondents could check multiple responses. Table 5 provides the results regarding the perceived benefits of consultation. Considering that each of the benefits listed in Table 5 were all found in Ysseldyke et al. (1997), it is interesting to note that only 60.2% of all programs checked yes to all of the listed
Table 5

Perceived Benefits of Consultation Training

<table>
<thead>
<tr>
<th>Benefits listed in NASP Blueprint II*</th>
<th>Percentage of All Programs</th>
<th>Percentage of Programs Approved NASP</th>
<th>Percentage of Programs Approved Not NASP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to Employ Effective Consultation Approaches</td>
<td>92.6</td>
<td>90.0</td>
<td>96.7</td>
</tr>
<tr>
<td>Have Knowledge of Effective Consultation Approaches</td>
<td>88.9</td>
<td>87.0</td>
<td>93.0</td>
</tr>
<tr>
<td>Able to Apply Knowledge of Consultation and Collaboration in Numerous Situations</td>
<td>88.0</td>
<td>87.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Able to Promote Change at the Levels of Student, Classroom, and System</td>
<td>88.0</td>
<td>92.0</td>
<td>77.0</td>
</tr>
<tr>
<td>Able to Facilitate Communication and Collaboration</td>
<td>84.3</td>
<td>81.0</td>
<td>90.0</td>
</tr>
<tr>
<td>Effectively Collaborates With Individuals of Diverse Backgrounds and Characteristics</td>
<td>78.8</td>
<td>76.6</td>
<td>83.9</td>
</tr>
<tr>
<td>Promotes Positive Interpersonal Skills</td>
<td>75.9</td>
<td>76.6</td>
<td>74.0</td>
</tr>
<tr>
<td>Other</td>
<td>7.4</td>
<td>7.8</td>
<td>6.5</td>
</tr>
</tbody>
</table>

* Ysseldyke et al. (1997).

benefits. However, not all programs were NASP-approved programs. A post-hoc hypothesis was that those programs that were not approved by NASP may not have reviewed the NASP standards and, thus, may endorse the benefits at different rates.

Table 5 also provides information regarding perceived benefits based on whether or not the program was approved by NASP. Percentages of programs endorsing each
benefit was similar whether or not the program was NASP-approved. Every benefit was selected by at least three-fourths of the programs. The benefit selected most often, regardless of NASP approval, was being able to employ effective consultation approaches. The variable of programs being approved by NASP did not appear to have an impact on the response patterns of programs.

A few programs (7.4%) listed additional benefits of consultation training. The additional benefits reported by training programs were (a) conflict management skills, (b) strengthening a comprehensive service delivery model, (c) allowing the development and implementation of comprehensive, multimodal treatment/intervention plans, (d) respect for other professionals, (e) giving students the ability to analyze the ecology of the situation for which consultation has been sought, (f) employ as a medium of providing services, (g) practice skills for application of theory, (h) cross cultural service delivery via consultation, (i) understanding the benefits of indirect services, and (j) to be skilled in using data based decision making.
Discussion

The current study looked at the changes in consultation training practices of school psychology training programs in the United States. Specifically, this researcher examined how training programs have changed as regards how they teach consultation and which models are taught. Consultation has long been viewed as an important role of the school psychologist (Curtis & Zins, 1980; Gutkin & Curtis, 1982). This study assessed whether consultation training reflects the important need for such services.

School psychology training programs across the United States were surveyed to identify what methods were used for training consultation. The three main theoretical models of consultation identified in the literature, Mental Health, Behavioral, and Organizational, were evaluated to determine how much emphasis each one receives in training programs and to determine if they can still be referred to as the three main models in school psychology. This study also assessed what changes have occurred within training programs in the last ten years, as regards number of courses offered, techniques used, field experiences offered, and competency based methods used. Finally, the perceived benefits of consultation to students in school psychology graduate programs were assessed as compared to those benefits listed in the NASP Blueprint II document (Ysseldyke et al., 1997). The current results regarding consultation training and models were compared in relation to a similar survey conducted by Meyers et al. (1981).
Zins et al. (1993) believed that consultation-based service delivery is needed if school psychologists are to provide an effective and efficient means of dealing with educational and social problems. It was concluded by Froehle, Fuqua, Gibson, Kurpius, and Robinson (1989) that there was a need for training in consultation for psychologists through specific course work, internships, practicums and professional training. Indeed, when looking at the Meyers et al. (1981) data, it was found that consultation was not offered by 28% of school psychology training programs and 60% of the respondents did not offer a course that was solely devoted to consultation. Over time, consultation has become a more integral aspect of the school psychology training philosophy due partially to inclusion of consultation in the NASP standards (Ysseldyke et al., 1997). Currently, all of the responding programs indicated that consultation was offered in coursework or field experience. The movement has been made from training programs offering consultation as only part of one course to offering a course that is solely for the purpose of teaching consultation. The number of training programs offering consultation as part of one course decreased by half over the past twenty years, whereas the number of programs offering a course focused solely on consultation has more than doubled. There are even programs today offering two courses that focus only on consultation. The change in the number of courses offered in consultation may be an indication that the need for consultation services and training in that area has finally begun to catch up with one another.

Perhaps the more important issue as regards consultation training may not be how many courses to include in training, but how to teach consultation skills. There are many methods that may be used to teach a subject, but deciding which techniques are the most
effective or appropriate may be the difficult question. This study did not attempt to
determine which techniques were the best techniques to use; the study looked only at
what was being used to in training programs. Results from the current survey suggest
there are a variety of techniques being used to teach consultation. Lecture plays a
prominent role in training consultation but additional methods have also been
incorporated into this area of training. These additional methods, such as role-playing,
practice, and group discussion, provide students with hands-on experiences and
corrective feedback. Group discussions allows students to experience ideas from
numerous viewpoints and allows for the learning of alternative solutions to a problem.
Role-playing allows the students to put themselves in the role of the professional and
receive feedback from their partner or instructor in how effective they are as a consultant.
Feedback to students during consultation training is a method that appears to be
somewhat limited in use considering its importance. Only 70% of the training programs
indicated that individual supervision was provided by a faculty member for a consultation
case. The training programs indicated that 85% use actual consultation cases as a means
of practicing consultation, yet these cases were not all supervised by a faculty member.
Supervision with feedback for these cases may benefit the consultant in understanding the
process of consultation more thoroughly and make for a better consultation training
process.

Training programs continue to focus on the three traditional consultation models,
Behavioral, Mental Health, and Organizational, although other models are making their
way into the training programs. The Behavioral model has become more prominent than
it was in the past. The Mental Health model has decreased greatly but is still lingering in
the classroom, and the Organizational model appears to be working its way out the door. The original three-model totem pole has now expanded to include models such as Problem-Solving and Collaborative, as well as many other models. While Mental Health and Organizational models are still being taught in many school psychology training programs, few programs expect proficiency in those models. Many programs still give an overview or moderate training emphasis to the models, but it is unclear as to whether faculty at training programs believe in the usefulness of the models or whether teaching them is simply an old tradition that has not yet died out. Programs may be providing an overview of multiple models because an eclectic approach may be more suitable in practice. It may be important to take pieces from each model and incorporate them to fit the problem that is being examined. Since there are a variety of student issues that can occur in the schools it may be necessary to know how to use more than one model of consultation so that the school psychologist can use the model that is most appropriate for the situation.

Most programs train consultants using a combination of models. This approach was true even twenty years ago when 47% of the programs indicated that they use some combination of the three traditional theoretical models (i.e., Mental Health, Organizational, and Behavioral) and only 39% used only one model (Meyers et al., 1981). In 2001, the combination most likely to be found in training programs is that of Behavioral/Collaborative/Problem-Solving.

As regards how consultation training has changed in the past 10 years, almost half of the responding programs indicated an increased emphasis on consultation by increasing the number of courses they offer and increasing the variety of techniques used
in those classes. The remaining programs indicated that their program’s emphasis on consultation had stayed the same over the past 10 years. Training programs have begun to increase the number of courses in which knowledge of consultation is provided. Not only has there been an increase in the number of programs that offer a course solely devoted to consultation but programs have begun to incorporate consultation into more than one course. The use of competency-based procedures and field experiences has increased greatly as an important aspect of training.

A question was incorporated into the current survey to assess perceptions as to the primary benefits students gain by participating in consultation training. The possible benefits listed in the survey were taken directly from the NASP Blueprint II (Ysseldyke et al., 1997). It was found that only 60% of the programs indicated that they hoped their students would have every benefit listed after completing courses in consultation. The relatively low percentage of programs that checked yes to all of the benefits may be due to the fact that not every program that responded is accredited by NASP. Those programs not accredited by NASP (30%) may have not reviewed the Blueprint II document (Ysseldyke et al., 1997). All of the programs, however, indicated that there were benefits to consultation.

Limitations

This study, like others, has its limitations. This study cannot be directly compared with the Meyers et al. (1981) study because the same schools may not have responded to both surveys, and the Meyers et al. study had a slightly higher return rate. A primary limitation in the current study regards the formation of the survey questions. It was determined after the survey had been returned that questions regarding coursework and
what models were offered might have been vague or confusing. The survey participants were asked to check all of the choices that applied regarding to how consultation was trained in their program; it might have been better to require their response to be the one answer that best fit their program. Specifically, the programs may have marked part of two or more courses and one course solely devoted to consultation indicating that they taught consultation in three courses (part of two and one devoted solely to consultation) or only two courses total (part of two with the course solely devoted to consultation being one of them). This ambiguity also made it difficult to compare results to Meyers et al. (1981). The difficulty in comparison occurred again in the determination of consultation models used and whether or not there had been an increase since 1981. The findings between the current study and the Meyers et al. (1981) study are considerably different given that the training programs in the current study had the opportunity to select all choices that applied to their program; whereas Meyers et al. (1981) appears to have requested only a specific answer (even though many programs did indicate more than one response).

A second limitation of this study may be related to the date/time the survey was mailed (mid-November). The timing of the mailing may not have allowed sufficient time for University program personnel to respond to the survey in the midst of holiday breaks and course finals. The 50% return rate was a limitation because it is unknown as to what the remaining programs did as regards consultation training. Those programs that did not return the survey may or may not have offered consultation. Mailing out a second paper survey or a second email reminder to complete the email survey could have increased this return rate.
Future Research

Information regarding what training programs are doing in the area of consultation provides a foundation for evaluation of such training practices and an indication regarding what direction consultation training needs to move in to progress. Future research can be conducted in many areas, especially those areas discussed in this study such as coursework, training methods, consultation models being used, and perceived benefits of training.

Is there an optimal (or minimal) amount of coursework needed to provide adequate training in consultation to school psychologists? This study found a movement away from having consultation as part of one course to having a course devoted solely to consultation. Did the increase in coursework result in an improvement in the quality or amount of consultation services provided in the schools? It would be helpful to know if one course solely devoted to consultation is enough or if it is necessary to incorporate consultation into more courses.

While the amount of coursework may be important, perhaps the more crucial factor is the determination of effective training methods. Are there key training methods (e.g., role-playing, supervised feedback) that are necessary for students to learn effective consultation practices? Looking at how beneficial practicum experiences are to training may be another interesting topic for future research. The research could focus on consultation experiences as part of a course versus experiences that occur only in practicum or internship. The Behavioral consultation model has prescribed training procedures. Is the Competency-based Behavioral method (Bergan et al., 1980) the best method of training consultation? Would standardized training methods for other models
of consultation be helpful? As of now, professors teaching consultation are left to decide which aspect of a particular model to teach and in what manner the model should be taught. If standardized methods were available, then consultation training would be consistent across programs and, presumably, result in more effective training. Further research would need to be completed to develop appropriate standardized methods of training.

It is also important to continue to conduct research regarding what consultation model or models are the most useful models for school psychology practitioners in school settings. Is it helpful to practitioners to be trained thoroughly in one specific model of consultation or is general training in multiple models more useful? More research is needed to determine whether the traditional models of consultation (Mental Health, Behavioral, and Organizational) are actually used by practitioners. Should the Mental Health and Organizational models continue to be taught in school psychology training programs or are they outdated?

This study examined the relationship between the benefits of consultation listed in the NASP Blueprint II and the benefits of consultation as perceived by program directors. It may be beneficial to ask school psychology practitioners their perceptions of the benefits of consultation training and determine how it compares to the Blueprint and trainers' perceptions.

In addition to the areas for future research addressed in the current survey, there are numerous related consultation training issues that could be addressed. One such aspect regarding training may be to examine what "roadblocks" new practitioners encounter when attempting consultation in the schools. Are practitioners encountering
resistance to the consultation process from teachers in the classroom? Are teachers accepting of advice but poor on follow through with interventions? Are school administrators supportive of consultation? Issues such as these may be important to understand when introducing consultation training to school psychology students so that preparation to deal with such issues may be taught as well. All of these research areas regarding consultation may lead to better training practices in school psychology training programs.
References


Appendix A

Consultation Survey
Consultation Survey

1) Is your program NASP approved?  ___ Yes  ___ No

2) Is your program:  ___ Doctoral level  ___ Specialist/Masters level  ___ Both
   (If "Both" is checked, please indicate responses for each level of program separately in the appropriate column: Ed.S. = Specialist/Masters and Ph.D. = Doctoral level)

3) How is consultation training provided in your training program? (Check all that apply for each level of program. Do not count practicum or internship as a “course.”)

<table>
<thead>
<tr>
<th>Ed.S.</th>
<th>Ph.D.</th>
<th>Ed.S.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not addressed in coursework</td>
<td>Part of 2 or more courses</td>
<td>Addressed in practicum and/or internship</td>
<td>Two or more courses</td>
</tr>
<tr>
<td>Part of 1 course</td>
<td></td>
<td>Part of 1 course devoted solely to consultation</td>
<td></td>
</tr>
<tr>
<td>One course solely devoted to consultation</td>
<td></td>
<td>Other (Please Specify)</td>
<td></td>
</tr>
</tbody>
</table>

4a) If consultation training is not addressed in any coursework, why not? (Check all that apply)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficult to get a specific consultation course approved</td>
<td>Consultation course perceived as not necessary</td>
</tr>
<tr>
<td>Incompatible with program philosophy</td>
<td>Incompatible with faculty experiences &amp; background</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
</tr>
</tbody>
</table>

4b) If training in consultation is provided, what teaching techniques are used in your program? (Check all that apply for each level of program)

<table>
<thead>
<tr>
<th>Ed.S.</th>
<th>Ph.D.</th>
<th>Ed.S.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Didactic/lecture</td>
<td>Competency-based or skill building methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Role-playing (e.g. steps, interviewing)</td>
<td>Competency-based Behavioral Consultation Training Program (Kratochwill, Bergan, &amp; Luiten, 1980) (i.e. view videos, rehearse and provide feedback on skills)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual supervision of consultation case by faculty member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Online discussion groups</td>
<td></td>
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</tr>
<tr>
<td>Online discussion groups</td>
<td>Online supervision/feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5) What models of consultation are taught in your program?
   Please choose how much time is devoted to each model on the scale (0-5) 0 - Not at all, 1 - Brief introduction, 2 - General overview, 3 - Moderate emphasis, 4 - Thorough emphasis, 5 - Proficiency expected

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>Brief Introduction</th>
<th>General Overview</th>
<th>Moderate Emphasis</th>
<th>Thorough Emphasis</th>
<th>Proficiency Expected</th>
</tr>
</thead>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
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<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Organizational</td>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Collaborative</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Problem-solving</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other (Please Specify)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

6) What has changed in the last 10 years with regard to consultation training in your program?

- Number of consultation courses
- Coverage of consultation in coursework
- Field experiences related to consultation
- Use of competency-based training techniques

Different consultation models emphasized? (Please specify)

Different training techniques used? (Please specify)

Other (Please specify)

7) If consultation training is offered in your program, what are the primary benefits you see for your students?

- Have knowledge of effective consultation approaches
- Able to employ effective consultation approaches
- Able to apply knowledge of consultation and collaboration in numerous situations
- Able to promote change at the levels of student, classroom, and system
- Able to facilitate communication and collaboration
- Promotes positive interpersonal skills
- Effectively collaborates with individuals of diverse backgrounds and characteristics
- Other (Please Specify)

Adapted from:
Appendix B

Letter to Program Directors Explaining Study
Dear School Psychology Program Director:

My name is Terri Doss Owens and I am a School Psychology graduate student at Western Kentucky University. I am asking you to fill out the enclosed survey to help me assess what changes have been made in consultation training practices in school psychology programs over the last twenty years. This is a replication of a study conducted by Meyers, Wurtz, and Flanagan (1981). Completing the survey is completely voluntary and there will be no repercussions for choosing not to do so. You may complete the survey yourself or forward it to whoever teaches consultation in your program. Completion of the survey should take no more than 10 minutes. There is a self-addressed stamped envelope enclosed for your convenience in returning the completed survey. Completion of the survey will imply your consent.

This data will be used for my thesis. The survey is coded for follow-up purposes and protects the confidentiality of each university. The code key will be kept separate from the returned surveys.

I would sincerely appreciate your cooperation and assistance. The information learned from this data will be useful in understanding what models of consultation are being taught and hopefully provide insight for training programs to use in the future training of consultants. Thank you for your time. I will send a courtesy e-mail in one-week as a reminder to complete it and send it back. I will also send an email reminder or make a phone call after one month to non-respondents. Feel free to contact me or my thesis director with any questions that you may have.

Terri Doss Owens, B.A.
School Psychology Graduate Student
812-482-6661
terridoss@hotmail.com

Carl Myers, Ph.D.
Associate Professor of Psychology
270-745-4410
carl.myers@wku.edu
Appendix C

Human Subjects Review Board Approval
In future correspondence please refer to HS0164, February 8, 2001

Terri Doss
3671 St. Rt. 601
Greenville, KY 42345

Dear Ms. Doss:

Your research project, "Training practices in school consultation: Twenty years later," was reviewed by the HSRB and it has been determined that risks to subjects are: (1) minimized and reasonable; and that (2) research procedures are consistent with a sound research design and do not expose the subjects to unnecessary risk. Reviewers determined that: (1) benefits to subjects are considered along with the importance of the topic and that outcomes are reasonable; (2) selection of subjects is equitable; and (3) the purposes of the research and the research setting is amenable to subjects' welfare and producing desired outcomes; that indications of coercion or prejudice are absent, and that participation is clearly voluntary.

1. In addition, the IRB found that: (1) informed consent may be waived as completion of the survey by each subject signifies informed consent and contributes to the confidentiality of the subject. (2) Provision is made for collecting, using and storing data in a manner that protects the safety and privacy of the subjects and the confidentiality of the data. (3) Appropriate safeguards are included to protect the rights and welfare of the subjects.

Your research therefore meets the criteria of Expedited Review and is approved.

2. Please note that the institution is not responsible for any actions regarding this protocol before approval. If you expand the project at a later date to use other instruments please re-apply. Copies of your request for human subjects review, your application, and this approval, are maintained in the Office of Sponsored Programs at the above address. Please report any changes to this approved protocol to this office. A Continuing Review protocol will be sent to you in the future to determine the status of the project.

Sincerely,

Phillip E. Myers, Ph.D.
Director, OSP and
HSRB Coordinator

c: Human Subjects File0164

HSApprovalDossHS0164