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Consultant Effectiveness and Treatment Acceptability: An Examination of Consultee Requests and Consultant Responses.

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CONSULTANT EFFECTIVENESS AND TREATMENT ACCEPTABILITY: 
AN EXAMINATION OF CONSULTEE REQUESTS AND 
CONSULTANT RESPONSES

A Dissertation
Submitted to the Graduate Faculty of the 
Louisiana State University and 
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in

The Department of Psychology

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Abstract

Consultation is a process whereby a consultant (e.g., a psychologist) works with a direct caregiver (e.g., a teacher) to provide services to a client (e.g., a child). There has emerged a very strong supposition in the literature and in practice that consultation be a collaborative venture between co-equal professionals. Although a collaborative approach has been generally assumed beneficial, an emerging body of research is calling this into question. Further explication of the collaborative process is needed. Commonly held notions of "collaborative behavior" and "expert behavior" may be misleading, or inaccurate. This study was designed to elucidate the collaborative process. Teachers were exposed to the manipulation of two independent variables: type of teacher request and type of consultant response. Teachers viewed videotaped scenarios in which a consultee presented a consultant with one of two types of requests for help: (a) a specific request for assistance or (b) a vague request for process clarification. Teachers in videotapes received one of three types of responses from consultants: (a) specific expert advice, (b) a problem-solving process, or (c) a request for the teacher to collect baseline information. Analyses of group differences were performed yielding a main effect
for type of teacher request and a main effect for type of consultant response. A significant interaction was yielded with the deletion of the attention control consultant response groups. Results were interpreted as related to the collaborative consultation literature.
Defining Consultation

Consultation has been differentiated from psychological counseling and therapy. Counseling and therapy are direct services; consultation, on the other hand, is an indirect service. Moreover, consultation has been differentiated from education. Although there is an educational component to consultation, educational goals are typically set by external sources, (e.g., curriculum, supervisors, etc.), whereas the goals of consultation are established by the consultant and consultee (Brown, Wyne, Blackburn, & Powell, 1979). Bindman (1964) defined consultation as "...an interaction process of interpersonal relationship" and also stated "...the process of consultation depends upon the communication of knowledge, skills, and attitudes" (p. 367).

The goals of school-based consultation are to offer problem-solving strategies and to increase the consultee's skills in handling similar problems in the future (Gutkin & Curtis, 1982). Consultation research has focused on input variables, process variables, and outcome variables (Conoley, 1986; West, 1985). Examples of input variables would include aspects of consultation such as characteristics of the consultant or consultee, and reason for initiating consultation. Outcome
variables would include variables such as changes in behavior of consultees, changes in targeted behaviors of clients, and variables pertaining to treatment integrity. Examples of process variables include type of consultation relationship, verbal interactions during consultation sessions, as well as the theoretical model applied by the consultant. The two most common types of consultation relationships discussed in the literature are the "collaborative" relationship and the "expert" relationship (Fine, Grantham & Wright, 1979; Pryzwansky, 1977; West & Idol, 1987. These relational approaches pertain to the manner in which consultants and consultees interact and the way consultants share their expertise. Frequently these two approaches have been described as mutually exclusive, with the collaborative relationship presented as collegial and the expert as more authoritarian (Pryzwansky, 1977; West & Idol, 1987). The purpose of the present study was to test these relational approaches in terms of consultee preferences.

Collaborative Approach

The term collaborate is derived from the Latin collaborare, meaning to labor together. The word suggests (a) to work jointly with others, and (b) to cooperate with or assist. As a concept, the term collaborate does not necessarily imply co-equal status
of those in collaboration, although it seems clearly to entail the notion of cooperation, as in the case of "collaboration with the enemy". The example of collaboration with the enemy also serves to illustrate that the term does not logically imply shared goals or objectives. Instead, the term itself seems to refer to the willingness of two parties to work together, not necessarily for a common goal, nor in a co-equal status. Collaboration, as it has evolved in the consultation literature (Fine & Taylor, 1971; Pryzwansky, 1977; Reinking, Livesay & Kohl, 1978; Wenger, 1979; West & Idol, 1987), differs from the literal definition, and at its core implies that (a) co-equal parties (b) work together toward a common goal. Moreover, a collaborative relationship has been described as (a) non-hierarchical, (b) voluntary and (c) one in which the consultant and consultee share equally in the planning and evaluation of the intervention (Caplan, 1970).

A premise of the collaborative approach is that both consultant and consultee (i.e. teacher and psychologist) have knowledge vital to the development of a successful intervention plan. Hence, the problem-solving process is carried out by two co-equal professionals (Medway, 1979).

Within a collaborative framework the consultant elicits information, strategies, etc., from the
consultee as opposed to providing them (Bergan, 1977; Piersel 1985). Collaborative models have typically drawn from D'Zurilla and Goldfried's (1971) problem-solving process which includes the following phases: (a) rapport and orientation, (b) problem identification and definition, (c) generation of alternative solutions, (d) selection and implementation of an alternative, and (e) evaluation of outcomes.

Expert Approach

A simple dictionary definition of the term "expert" suggests having, involving, or displaying special skill or knowledge derived from training or experience. The term "expert" is a relative term. In the event that teachers' skill and knowledge have proven inadequate to cope with an impediment, an expert is called upon to solve the problem.

Within the expert model approach, the role of the consultant is that of advice giver, information provider, or specialist. The approach is more prescriptive than interactive (Pryzwansky, 1974; West & Idol, 1987), and generally represents a hierarchical relationship between the consultant and consultee. The expert approach has been closely identified with the medical model of consultation, whereby the consultant is assumed to hold the needed expertise for problem-solving, while the consultee receives and utilizes this
expertise (Fine, Grantham & Wright, 1979; West & Idol, 1987).

The rationale for an expert approach comes from the medical model and traditional psychotherapy, and is based upon an assumption that if a person requests help with a problem, the consultant’s job is to tell him/her what to do (Pryzwansky, 1974). The efficacy of the expert approach has not been empirically examined.

Due to a lack of clear definition, the expert model is often conceptualized only as that which is not collaborative. This has gradually taken on a value-laden flavor, in which to behave as the "expert" is perhaps seen as uncooperative, authoritarian, or dogmatic -- the antithesis of collaborative. Additionally, to behave collaboratively is viewed as good or "ethical" (Phillips & McCullough, 1990).
Review of the Literature

The purpose of this section is to review literature pertinent to the issue of collaboration in school-based consultation. Support for the collaborative model, as well as literature challenging this model will be discussed. This section will conclude with a critical analysis of the literature.

Rationale For a Collaborative Approach

The collaborative approach dominates school-based consultation literature. The preeminent status of the collaborative approach can be attributed to several factors.

Lack of consultant experience. Lack of consultant experience in the classroom has been suggested as one rationale for use of a collaborative consultation model (Pryzwansky, 1977). Given that many support service professionals within school systems do not have the "breadth or depth of experience to qualify as an expert" (p.180) in the classroom, collaboration as a working model for school personnel who lack teaching experience is more appropriate than an expert model.

Reaction against expert model. In general, people prefer to be asked or to have a say in what they do rather than be told what to do (Brehm, 1972). When people perceive a reduction in freedom, they tend to react. The expert model frequently has been
characterized in the literature as a reduction in freedom, and the collaborative "ethic" grew in part as a reaction against this conceptualization. Research pertaining to resistance to therapy (Patterson & Forgatch, 1985) has indicated that a purely prescriptive approach may impede therapy. Indirectly, literature showing low compliance to medical procedures has indicated inadequacies in a strictly prescriptive or expert approach (Haynes, Taylor & Sackett, 1979). Collaboration emerged based on the premise that consultees involved in developing a plan would be more likely to carry out the plan (Klemp & Rodin, 1976; Reinking, Livesay, & Kohl, 1978).

**Empirical rationale.** After a comprehensive review of the literature, Fine (1979) proposed, but did not empirically test, personal variables of the consultant that might lead to effective consultation (Fine, Grantham & Wright, 1979). In this article the collaborative relationship was emphasized. Collaborative consultation was conceptualized as a set of consultant characteristics accentuating respect for the consultee and included an ability (a) to set aside one's own beliefs or biases, (b) to take care of one's own needs in order to be an effective helper in consultation, (c) allow the consultee ownership of the problem as opposed to identifying oneself as the "cure", 
and (d) to be flexible during the consultation session. Also, several survey studies have indicated a teacher preference for a collaborative model over an expert model (Babcock & Pryzwansky, 1983; Pryzwansky & White, 1983; West, 1985).

Pryzwansky and White (1983) used a questionnaire format to investigate consultee preferences among four consultation approaches: medical, collaborative, mental health-consultee centered, and expert. Sixty consultees were asked to rate the four approaches on a like-dislike continuum. Models were described to subjects along six consultation dimensions: (a) goal of the service; (b) person responsible for diagnosing; (c) method of diagnosis; (d) manner in which remedial services are developed; (e) format for implementing interventions; and (f) estimated number of conferences. Results of analysis indicated consultees preferred a collaborative model over the other three models. Studies have also indicated greater intervention acceptability for solutions generated through a collaborative approach versus teacher-generated or consultant-generated solutions (Fairchild, 1976; Reinking, Livesay, & Kohl, 1978).

Wenger (1979) empirically tested teacher preferences for a collaborative versus expert consultation model. Wenger acted as a collaborative
consultant in two elementary schools and an expert in two others. There were 4 teachers (subjects) receiving collaborative consultation and three receiving expert consultation. Manipulation of the collaborative and expert conditions were reflected in the consultant's behavior, but not explicated in the article. Results indicated a preference for the collaborative model over the expert model. The collaborative consultant was rated as more helpful, more attentive, and more successful in developing intervention strategies applicable to the classroom. A major weakness of this study is the possibility of experimenter bias in that the experimenter acted as the consultant in both the expert and collaborative experimental conditions. Additionally, little information is offered in terms of manipulation, operationalization and control of the independent variables.

Although some studies support collaboration, the research is equivocal. For example, Wiese and Conoley (1989) hypothesized that consultees who judged themselves as more effective problem-solvers would show a preference for a collaborative approach. The 193 participants (consultees) were pre-service teachers. All completed the Problem-Solving Inventory (Heppner & Peterson, 1982) as a measure of perceptions of personal problem-solving style. Next, consultees viewed either a
collaborative interaction or an expert interaction videotape, then completed amended versions of the Intervention Rating Profile (Witt, Martens, & Elliot, 1984) and the Semantic Differential Scale (Osgood, Suci & Tannenbaum, 1957). The data failed to support differences in consultee's acceptance of solutions as a function of whether solutions were collaboratively-generated or psychologist-generated. Results suggested that regardless of the perception of problem-solving abilities, both collaborative and expert approaches were equally acceptable.

Research focusing on face-to-face verbal interactions between consultants and consultees has also called into question assumptions and past research pertaining to the desirability of the collaborative consultation model. Several studies have demonstrated that collaboration, if viewed as co-equal control of what is talked about, is not realized in school-based consultation. For example, McKee (1991) found that consultees, as compared to consultants, participated least during pre-referral planning meetings. Moreover, there was little relationship between teachers' active involvement in pre-referral planning and teacher satisfaction with the process.

Similarly, Erchul (1987) found that consultants controlled verbal interactions throughout consultation
sessions, and consultant requests or questions outnumbered consultees 9 to 1. In spite of this, control was related to positive perceptions of consultation by consultees. That is, the more consultants controlled verbal interactions, the more favorably consultees rated them. Erchul and Chewning (1991), coding requests or "bids" (i.e., questions, instructions, requests, and orders) and responses to bids during consultation sessions, showed consultants were more likely to initiate bids than consultees. More importantly, results showed a negative relation between bids made by consultees and consultee ratings of consultation, and a positive relation between bids made by consultants and consultee ratings of consultation.

Witt et al (1991) using a different coding system, demonstrated similar findings to the Erchul (1987) and Erchul and Chewning (1991) studies, with topic control by consultants being positively related to consultee ratings of effectiveness. These studies demonstrate that consultant control of verbal interactions relate to positive consultation outcomes.
Critique of the Literature

The prodigious use of the term "collaborate" (and its derivations) in the consultation literature would lead one to assume a groundswell of empirical evidence granting collaboration superior status over other relational approaches. Such a claim is perhaps unwarranted in view of the research.

The most notable characteristic in reviewing the literature on collaboration is the lack of empirical studies on the topic. Further, empirically based literature is equivocal and replete with troublesome methodological problems. For example, survey studies may not generalize to actual consultation situations because what consultees say they prefer on a questionnaire or survey could be different from what is most acceptable in an actual consultation situation or what is rated most favorably by consultees in an actual consultation situation. The study of verbal interactions has shown varied support for a collaborative model by implicitly challenging the efficacy of a collaborative approach. In fact, this literature (Erchul & Chewning, 1991; McKee, 1991; Witt, Erchul, McKee, Pardue, & Wickstrom, 1991) tends to favor what has been generally conceived of as an expert approach.
Finally, the terms "expert" and "collaborative" have not been strongly tied to any specific theoretical model. An example of one attempt to tie these terms to theory was done by Martin (1978), using the French and Raven (1959) social power model. He proposed the two bases for social influence applicable to school psychologist consultants are referent and expert power. Within the consultation context, referent power would be conceptualized as the ability to influence the consultee based on identification with the consultant. Using referent power would include developing rapport with the consultee, entering into a joint decision-making process, stressing similarities between the consultant and consultee, and relating in a co-equal manner. The collaborative approach is loosely depicted in the literature as influence based on referent power. Expert power, as French and Raven conceptualized, refers to an ability to influence based on possessing specific knowledge or expertise in a particular area. Within the consultation context, establishing expert power could include offering recommendations in a prescriptive or authoritarian manner. The expert consultation approach is closely aligned with the French and Raven conceptualization of expert social power. Martin (1978) suggested that these two bases of power tend to be mutually exclusive. Although conceptualizations of the
expert and collaborative approaches have similarities with the French and Raven model, consultation literature has failed to offer clear theoretical and operational definitions of these approaches. French and Raven included four other bases of social power: coercive power (influence based on an ability to punish noncompliance); reward power (based on an ability to reward compliance); legitimate power (influence based on a perceived legitimate right to influence); and informational power (influence based on possessing information judged as relevant and useful). Informational power differs from the others in that the ability to influence is based on the relevance and usefulness of the message as opposed to influence of the messenger. Informational power has not been delineated from expert power in consultation literature, but this delineation could prove useful. Because informational power has been largely subsumed under expert power in the literature, it isn't clear when a consultant is employing expert power versus informational power. Although school consultation literature is replete with references to collaborative and expert approaches, it is not at all clear that consultants operate exclusively or even predominantly from these two social power sources.
Statement of the problem

If a collaborative approach is superior to an expert approach, one would expect solutions generated from a collaborative approach to be rated as more acceptable than those generated through an expert approach (Fairchild, 1976; Kutsick, 1985; Reinking, Livesay, & Kohl, 1978). Yet studies examining relational control in consultation have yielded data suggesting consultants controlled the course of consultation throughout all sessions, while consultees remained relatively passive (Erchul, 1987; Erchul & Chewning, 1988; McKee, 1991; Witt, et. al, 1991). More importantly, relational control studies have demonstrated that control by the consultant is related to positive ratings by the consultee. This literature has challenged current assumptions about the efficacy of the collaborative approach. Witt (1992) pointed out that "...for us to say in our textbooks that consultation should be collaborative has no meaning if, at the level of what we say, we do not behave in a collaborative manner". He emphasized a need for data to support either a hierarchical or a collaborative approach.

In summary, the efficacy of the collaborative approach has not been broadly supported. Not only has the verbal interaction literature challenged a
collaborative approach but the efficacy of the expert approach has not been addressed in the literature. What constitutes "collaborative" behavior, as well as "expert" behavior needs clarification. For instance, if a consultee asks for specific help, and is offered specific suggestions (expert approach), this is providing what has been asked for. On the other hand, a consultant who initiates a problem-solving process in this situation might be perceived as taking control. Under what conditions is a problem-solving process perceived as helpful, and under what conditions are specific strategies perceived as helpful? These questions will be addressed in the present study.

**Research Questions**

Given the general imperative in the literature to behave "collaboratively", and to avoid behaving as the "expert", the present study will attempt to test these imperatives. The focus will be limited to immediate ratings of consultant effectiveness and treatment acceptability, and will not include consultation outcome effects. The present study is designed to address the following research questions:

1. Given that a specific request has been made by a teacher, is a consultant rated as more effective if the consultant responds by (a) giving specific advice and a direct response to the consultee's request, (b)
offering a collaborative problem-solving process, or (c) asking for more data collection prior to generating solutions? It is hypothesized that within the context of a specific request from a teacher, consultant ratings will be higher if the consultant responds by giving specific advice.

2. Given that a vague request has been made by a teacher, is a consultant rated as more effective if the consultant responds by (a) initiating a collaborative problem-solving process, (b) offering specific advice, or (c) asking for more data collection prior to generating solutions? It is hypothesized that within the context of a vague request from a teacher, consultant ratings will be higher if the consultant responds in a collaborative manner.

3. Does treatment acceptability differ as a function of consultant response type? Also, does treatment acceptability increase when a treatment is presented in a collaborative manner as opposed to an advice giving manner?
Method

Overview

The design of this study called for teachers to be exposed to manipulations of two independent variables. Specifically, teachers viewed videotaped scenarios in which a consultee presented a consultant with one of two types of questions: either a specific request for assistance or a vague request for process clarification. Teachers in the videotape received one of three types of responses from the consultant: specific expert advice, a basic problem-solving process, or a request for the teacher to collect baseline information. Independent variables were systematically manipulated using a 2 (clear request, vague request) by 3 (specific expert response, collaborative problem-solving process response, or a deferred response) design.

Subjects

Teachers enrolled in university courses and/or currently teaching full-time in a school system were the subjects of this study. The study included 140 teachers. There were 14 male teachers and 136 female teachers. Seventy-eight subjects were elementary school teachers, 38 were middle school teachers, and 21 were high school teachers. The mean age for subjects was 36.8 years. One-hundred and three subjects held
bachelor's degrees, while 37 held master's or above. One hundred subjects reported prior experience with a consultant and, of those, 12 reported low satisfaction, 34 reported satisfaction in the average range, and 56 reported being very satisfied with consultants. No significant group differences were found between subjects' age, years of experience, history using a consultant, or prior satisfaction with consultants.

Materials

Consent form. A consent form providing a brief description of the study and requesting voluntary participation was given to subjects before participation. (See Appendix A).

Demographic questionnaire. A demographic questionnaire was completed by all participants, and included questions pertaining to years of teaching experience, grades taught, type of teacher certification, age, sex, and history with consultants. (See Appendix B).

Videotaped vignettes. Operational definitions of "expert" and "collaborative" responses were derived from a review of the literature. Resulting videotapes depicted them as follows. The collaborative consultant (1) initiated joint problem-solving, (2) asked questions requiring the consultee to reason out a treatment, (3) made suggestions in the form of questions, using phrases
such as "what do you think about...", (4) exhausted the consultee's ideas before giving his/her own suggestions, and (5) generally asked more questions than the expert consultant. The expert consultant (1) did not initiate joint problem solving, (2) did not ask questions requiring the consultee to reason out a treatment, (3) asked fewer questions than the collaborative consultant and (4) made suggestions in the form of statements, using phrases such as "I suggest you try..."

The vague or overwhelmed consultee showed the following behaviors when requesting help: (1) expressed personal feelings about the problem, (2) required more time in defining the problem and showed vagueness about the nature of the problem (3) related irrelevant information during the sessions, and (4) evidenced pressured speech with a desperate intonation. In contrast, the clear consultee (1) expressed fewer personal feelings about the problem, (2) defined the problem more clearly, taking less time than the vague consultee, (3) related only relevant information, and (4) evidenced calmness in speech intonation.

Videotapes depicted an initial consultation session. These videotapes were approximately 10 minutes in length and included an entry, introduction, and an initial request by the consultee (teacher) followed by a response from the consultant. The problem presented on
all tapes was a first grade male student exhibiting separation anxiety at school. The major complaint of the teacher was long intervals of crying and clinginess during instruction time. The consultee request was one of two types; (a) a clear presentation of the problem with a specific request for information (labeled clear request), or (b) an overwhelmed teacher presenting the problem with a vague request, not specifying what services were needed (labeled vague request).

The consultant response was one of three types: (a) expert response, whereby specific advice was given and the consultant provided specific intervention strategies, (b) collaborative response whereby the consultant initiated a collaborative problem-solving process, and (c) deferral response whereby the consultant recommended more baseline data be gathered before further action. Responses in both the expert and collaborative conditions were alike in that the derived solution (i.e., the agreed upon intervention strategy) was the same. (See Appendix C). However, in the case of the expert response, the consultant simply told the teacher what needed to be done, whereas, in the collaborative condition, the teacher and consultant engaged in a collaborative problem-solving process. The deferral response was developed not only as an attention control, but also as a likely or even typical response
given by consultants during initial consultation sessions. Because of the differences in requests and responses, the deferral and expert response conditions were shorter in length than the collaborative response condition. In a similar vein, the clear request was shorter in length than the vague request.

In order to verify the adequacy of manipulations, three expert judges read the scripted consultation requests and responses. Judges were given written operational definitions of all manipulated conditions. Subsequent to reading these definitions, judges determined if (a) requests differed in terms of problem presentation (clear vs. vague request), and (b) responses differed in reflecting a specific information-giving (expert) response, or problem-solving process (collaborative) response. Specifically, expert raters read the scripted consultation requests and rated each request using a 6 point Likert scale on the degree of clarity (1 = teacher is clear-headed about the problem, and 6 = teacher is overwhelmed and vague about problem). Likewise, raters read 2 of the 3 scripted responses and rated each response on the degree to which they reflected an expert or collaborative response type. The deferral response, requesting more baseline data, was not included in expert ratings. Raters were asked: (a) to what degree does this scripted response reflect what
has been termed a collaborative response in the literature (1 = strongly non-collaborative; 6 = strongly collaborative) and (b) to what degree does the scripted response reflect what has been termed an expert response in the literature (1 = strongly non-expert; 6 = strongly expert). (See Appendix D).

The criteria for requests were mean ratings of 1 to 2 for the Vague Request and mean ratings of 5 to 6 for the Clear Request. Criterion for the Expert Response was a mean rating of 1 to 2 on the Collaborative Scale and 5 to 6 on the Expert Scale. Inversely, the criterion for the Collaborative Response was a mean of 1 to 2 on the Expert Scale and 5 to 6 on the Collaborative Scale. All scripts met criterion requirements.

A second validity check was obtained on the 6 videotaped vignettes by having 3 additional expert judges view and match each vignette to its label (e.g. Vague Request With Expert Response). These raters were given written operational definitions of all conditions. All videotaped vignettes were accurately classified by all judges. Additionally, raters were asked: (a) to what degree does this videotaped response reflect what has been termed a collaborative response in the literature (1 = strongly non-collaborative; 6 = strongly collaborative) and (b) to what degree does the videotaped response reflect what has been termed an
expert response in the literature (1 = strongly non-expert; 6 = strongly expert). The resulting videotaped vignettes validity criteria and reflected the following six combinations of consultee requests and consultant responses: (a) clear request/collaborative response, (b) clear request/expert response, (c) clear/request/deferral response, (d) vague request/collaborative response, (e) vague request/expert response, (f) vague request/deferral response.

Measures

Consultant effectiveness. The Consultant Effectiveness Form (CEF) (Erchul, 1987) was used as a dependent measure in this study to assess teachers' perceptions of consultant effectiveness. This instrument is a 12-item, 6-point Likert scale developed by Erchul (1987) as a measure of consultant effectiveness, with ratings from strongly disagree (1) to strongly agree (6) (Appendix E). The measure was derived from Gallessich and Derby's (1976) Consultation Assessment Form. Reliability is adequate. Using data from 85 consultants across four different universities, Erchul obtained an alpha (Cronbach, 1951) of .95. Validity data has indicated differential effectiveness ratings on relational control variables operant in consultation interactions (Erchul, 1987; Erchul & Chewning, 1990).
Semantic differential. A five-item semantic differential scale - evaluative factor (Osgood, Suci, and Tannenbaum, 1957) was completed by participants. (See Appendix F). This scale was used to measure immediate impressions of participants about the consultant after viewing the videotaped vignette. The evaluative factor has been shown to be the strongest factor in the semantic differential scale. Validity data have indicated the evaluative factor as a measure of verbalized impressions (Snider & Osgood, 1969). Also, validity data are taken from a pilot study (N = 37) whereby respondents completed the Consultation Evaluation Questionnaire and the 5-item semantic differential (Osgood, Suci, & Tannenbaum, 1957). The correlation between the two measures was .87.

Acceptability of treatment. The Intervention Rating Profile (IRP) (Martens & Witt, 1982) was administered to all participants to assess perceived acceptability of the specific intervention plan developed in the videotaped vignette. Acceptability pertains to perceptions of appropriateness and fairness of a treatment (Kazdin, 1981). The IRP is a 15-item measure of educational treatment acceptability. Items are rated on a 6-point Likert scale from 1 (Strongly Disagree) to 6 (Strongly Agree) (Appendix G). Five factors of acceptability derived from the scale are:
general acceptability, risk to child, time required to implement, negative effects on other children, and amount of skill necessary to implement (Witt & Martens, 1983). Reliability of the 5 factors has ranged from .82 to .95, while the composite alpha for the total scale was .98 (Witt & Elliott, 1985). Validity of the IRP as a measure of differential acceptability of variables including treatment type, time requirement, and reported treatment effectiveness has been demonstrated (Elliott, 1988).

Procedure

Teachers viewed one of the six videotapes, thus being exposed to one of two consultee request types (REQUEST TYPE), and one of three consultant response types (CONSULTANT APPROACH). Participants viewed the videotaped sessions in a quiet room equipped with a VCR and monitor. Viewing occurred in small groups and subjects were not allowed to converse with each other during the session. After viewing the videotape, they completed the Consultant Effectiveness Form (CEF), the semantic differential (SD), the Intervention Rating Profile (IRP), as well as a demographic questionnaire.
Results

A Multivariate Analysis of Variance (MANOVA) was performed to examine the influence of the two independent variables on consultant effectiveness (CEF), and attitudes toward consultant (SD). Appropriate post hoc analyses were performed as a follow-up. Using Cronbach's alpha as a measure of internal consistency, reliability of the dependent measures were as follows: SD = .80; CEF = .94; and IRP = .77. The major questions addressed in the analyses were: does the CONSULTANT APPROACH affect ratings of the consultant, as measured by the CEF & SD (main effect for consultant variable); and does the effect of CONSULTANT APPROACH on the consultant ratings, as measured by the CEF and SD, differ as a function of REQUEST TYPE (interaction effect). Table 1 shows group means for each dependent measure.

A 3 x 2 between subjects MANOVA was performed on two dependent variables: total scores on the CEF and total scores on the SD. Independent variables were CONSULTANT APPROACH (Expert, Collaborative, & Control) and REQUEST TYPE (Vague or Clear).

SPSS MANOVA was used for the analysis. The number of subjects was reduced to 131 with the deletion of 6 due to missing data and 3 outliers, as determined by an analysis of box plots showing 2 extreme low scores on
the CEF and 1 extreme high score on the SD. Results of evaluation of assumptions of normality, homogeneity of variance-covariance matrices, linearity and multicolinearity were satisfactory after deletion of outliers. (See Table 2 for MANOVA results).

Table 1

<table>
<thead>
<tr>
<th>Group</th>
<th>IRP (15-90)</th>
<th>SD (5-35)</th>
<th>CEF (12-84)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Request with Collaborative Response</td>
<td>66.37</td>
<td>25.52</td>
<td>54.35</td>
</tr>
<tr>
<td>Clear Request with Expert Response</td>
<td>69.43</td>
<td>27.73</td>
<td>58.09</td>
</tr>
<tr>
<td>Clear Request with Deferral Response</td>
<td>60.71</td>
<td>24.91</td>
<td>41.05</td>
</tr>
<tr>
<td>Vague Request with Collaborative Response</td>
<td>70.17</td>
<td>28.92</td>
<td>59.00</td>
</tr>
<tr>
<td>Vague Request with Expert Response</td>
<td>69.60</td>
<td>27.00</td>
<td>53.95</td>
</tr>
<tr>
<td>Vague Request with Deferral Response</td>
<td>61.29</td>
<td>25.71</td>
<td>37.33</td>
</tr>
</tbody>
</table>

According to the Wilk's criterion, the combined DVs were significantly affected by both CONSULTANT APPROACH, $F(4,250) = 24.93, p < .001$, and REQUEST TYPE, $F(2, 125) = 4.03, p < .05$, but not their interaction, $F(4,250) = 1.72, p > .05$. The results showed a moderate association between CONSULTANT APPROACH and the combined
Table 2

**MANOVA: Consultant Effectiveness Form and Semantic Differential Total Scores As A Function of Request Type, Consultant Approach, and Their Interaction**

<table>
<thead>
<tr>
<th>Effect</th>
<th>Approx. Hypothesis</th>
<th>Error</th>
<th>Significance of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant Approach</td>
<td>24.93 4</td>
<td>250</td>
<td>.00*</td>
</tr>
<tr>
<td>Request Type</td>
<td>4.03 2</td>
<td>125</td>
<td>.02*</td>
</tr>
<tr>
<td>Consultant By Request</td>
<td>1.72 4</td>
<td>250</td>
<td>.15</td>
</tr>
</tbody>
</table>

* significant at .05 p level

DVs, $\eta^2 = .50$, while the association was weak between REQUEST TYPE and the combined measures, $\eta^2 = .06$. Mean consultant ratings are presented in Tables 3 and 4.

Follow-up univariate analyses for main effects of CONSULTANT APPROACH and REQUEST TYPE were performed using ANOVA's. The ANOVA revealed significant group differences on the CEF for CONSULTANT APPROACH, $F(2,125) = 44.06, p < .001$, and on the SD, $F(2,125) = 3.62, p < .05$ with a moderate association between CONSULTANT APPROACH and CEF, $\omega^2 = .39$, but virtually no association between CONSULTANT APPROACH and SD, $\omega^2 = .04$. Further post hoc testing (TUKEY HSD) revealed
Table 3

**Group Means and Standard Deviations for CEF Total Scores**

<table>
<thead>
<tr>
<th>Group</th>
<th>CEF Mean</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Request with Collaborative Response</td>
<td>54.35</td>
<td>7.83</td>
<td>23</td>
</tr>
<tr>
<td>Clear Request with Expert Response</td>
<td>58.09</td>
<td>7.42</td>
<td>22</td>
</tr>
<tr>
<td>Clear Request with Deferral Response</td>
<td>41.05</td>
<td>12.69</td>
<td>21</td>
</tr>
<tr>
<td>Vague Request with Collaborative Response</td>
<td>59.00</td>
<td>6.42</td>
<td>24</td>
</tr>
<tr>
<td>Vague Request with Expert Response</td>
<td>53.95</td>
<td>6.72</td>
<td>20</td>
</tr>
<tr>
<td>Vague Request with Deferral Response</td>
<td>37.33</td>
<td>11.75</td>
<td>21</td>
</tr>
</tbody>
</table>

**Note.** The possible scores on the CEF range from 12 to 72 (12 being low consultant effectiveness ratings, 72 being high effectiveness ratings).

that the Deferral Response differed significantly from both the Expert Approach and Collaborative Approach on CEF, and the Expert Approach differed from the Deferral Response on the SD. Results of univariate tests are presented in Table 5. ANOVA revealed no significant group differences on the CEF, $F(1,125) = .50$, $p > .05$, nor on the SD, $F(1,125) = 2.91$, $p > .05$ for REQUEST TYPE. Although no significant interaction was found on the MANOVA, there was a significant univariate interaction, as can be seen in Table 5.
Table 4

<table>
<thead>
<tr>
<th>Group</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Request with Collaborative Response</td>
<td>25.52</td>
<td>4.16</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Clear Request with Expert Response</td>
<td>27.73</td>
<td>3.74</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Clear Request with Deferral Response</td>
<td>24.91</td>
<td>3.99</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Vague Request with Collaborative Response</td>
<td>28.92</td>
<td>3.99</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Vague Request with Expert Response</td>
<td>27.00</td>
<td>3.85</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Vague Request with Deferral Response</td>
<td>25.71</td>
<td>3.51</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

Note. Possible scores on the SD range from 5 to 35 (5 being low or negative ratings, 35 being high or positive consultant ratings).

To further explore the significant univariate interaction, a 2 X 2 MANOVA was performed, again using total scores on the CEF and total scores on the SD. The Deferral Response group was deleted from the analysis. According to the Wilk's criterion, the combined DVs were significantly affected by the interaction of CONSULTANT APPROACH and REQUEST TYPE, $F (2,84) = 4.32, p < .05$. No main effect for CONSULTANT APPROACH $F (2,84) = .33, p > .05$, or REQUEST TYPE $F (2,84) = .21, p > .05$ was found. The results showed a weak association between
Table 5

**Tests of Consultant Approach and Request Type, and Their Interaction**

<table>
<thead>
<tr>
<th>IV</th>
<th>DV</th>
<th>Univariate F</th>
<th>DF</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>CEF</td>
<td>51.15</td>
<td>2/125</td>
<td>.000*</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>3.71</td>
<td>2/125</td>
<td>.027*</td>
</tr>
<tr>
<td>Teacher</td>
<td>CEF</td>
<td>.45</td>
<td>1/125</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>2.91</td>
<td>1/125</td>
<td>.09</td>
</tr>
<tr>
<td>Consultant by Teacher</td>
<td>CEF</td>
<td>3.37</td>
<td>2/125</td>
<td>.04</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>3.22</td>
<td>2/125</td>
<td>.04</td>
</tr>
</tbody>
</table>

*significant at .05 p level.

The interaction and the combined DVs, $\eta^2 = .10$. Follow-up univariate analyses for the interaction were performed using ANOVA's. The ANOVA revealed that both the SD and CEF showed significant contributions to variance as shown in Table 6.

Table 6

**Tests of Consultant Approach and Request Type, and Their Interaction**

<table>
<thead>
<tr>
<th>IV</th>
<th>DV</th>
<th>Univariate F</th>
<th>DF</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>CEF</td>
<td>.19</td>
<td>1/85</td>
<td>.67</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>.03</td>
<td>1/85</td>
<td>.86</td>
</tr>
<tr>
<td>Request Type</td>
<td>CEF</td>
<td>2.53</td>
<td>1/85</td>
<td>.12</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>.03</td>
<td>1/85</td>
<td>.87</td>
</tr>
<tr>
<td>Consultant by Request Type</td>
<td>CEF</td>
<td>8.45</td>
<td>1/85</td>
<td>.005*</td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>6.05</td>
<td>1/85</td>
<td>.016*</td>
</tr>
</tbody>
</table>

* significant at .05 p level
A 2 x 3 between subjects univariate analysis of variance was performed on total scores of the Intervention Rating Profile (IRP). Independent variables were CONSULTANT APPROACH and REQUEST TYPE. Results of evaluation of assumptions of normality, homogeneity of variance-covariance matrices, and linearity were satisfactory. (See Table 7 for ANOVA).

IRP total scores were significantly affected by CONSULTANT APPROACH, $F(2, 130)=19.91, p < .001$. No interaction, $F(2,130)=1.03, p > .05$, nor main effect Table 7

ANOVA Summary Table

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>Signif of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>1890.90</td>
<td>3 630.30</td>
<td>13.80</td>
<td>.000</td>
</tr>
<tr>
<td>Request Type</td>
<td>92.51</td>
<td>1 92.51</td>
<td>2.02</td>
<td>.157</td>
</tr>
<tr>
<td>Response Type</td>
<td>1821.22</td>
<td>2 910.61</td>
<td>19.91</td>
<td>.000*</td>
</tr>
</tbody>
</table>

2-Way Interaction
Request by Response

| Request by Response     | 94.33          | 2 47.17     | 1.03  | .359        |

* significant at .001 p level

for REQUEST TYPE, $F(1,130)=2.02, p > .05$ was found. The results showed a moderate association between CONSULTANT APPROACH and IRP, $\omega^2 = .21$. Further post hoc testing (TUKEY HSD) revealed that the Deferral Response differed significantly from Collaborative Response and the Expert Response. (See Table 8).
### Table 8

#### Mean IRP Total Scores for Groups

<table>
<thead>
<tr>
<th>Group</th>
<th>IRP Mean</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Request with Collaborative Response</td>
<td>66.37</td>
<td>8.1</td>
<td>27</td>
</tr>
<tr>
<td>Clear Request with Expert Response</td>
<td>69.43</td>
<td>6.8</td>
<td>23</td>
</tr>
<tr>
<td>Clear Request with Deferral Response</td>
<td>60.71</td>
<td>7.6</td>
<td>21</td>
</tr>
<tr>
<td>Vague Request with Collaborative Response</td>
<td>70.17</td>
<td>5.2</td>
<td>24</td>
</tr>
<tr>
<td>Vague Request with Expert Response</td>
<td>69.60</td>
<td>5.6</td>
<td>20</td>
</tr>
<tr>
<td>Vague Request with Deferral Response</td>
<td>61.29</td>
<td>6.4</td>
<td>21</td>
</tr>
</tbody>
</table>
Discussion

The purpose of this study was to investigate consultee preferences for a collaborative versus an expert consultation approach. Collaboration has been espoused as the superior approach in the literature, not by refuting the expert approach so much as rejecting it. Rationales for adopting a collaborative approach have been predominately non-empirical, and empirical data supporting a collaborative model are based solely on surveys of potential consumers of school-based consultation (Babcock & Pryzwansky, 1983), or suffer from methodological problems (Wenger, 1979). Results of this study suggested differential preferences for collaboration and expert models. When a request was made by a teacher in a vague or overwhelmed manner, a collaborative approach was preferred. On the other hand, when a teacher request was clear in terms of what the problem was and what had been previously tried to resolve the problem, an expert approach was preferred. Results suggest an optimal fit between a collaborative approach to a vague request and an expert approach to a clear request. These results are in keeping with other research, suggesting collaboration isn't necessarily the preferred approach (Erchul, 1987; Erchul & Chewning, 1988; McKee, 1991; Witt et al, 1991; Witt, 1992). Present findings show collaboration to be preferred only
within the context of a vague consultee request. The expert approach was preferred within the context of a clear consultee request. Perhaps a prescriptive response to a specific request for help is perceived as a more forthcoming response, whereas, the collaborative process may be perceived as an obtuse response. A teacher clearly relating interventions she previously tried might resent a consultation process requiring her to generate more intervention strategies. Perhaps a problem-solving process is seen as a helpful within the context of a vague request made by a teacher because the process itself can potentially bring about clarity in terms of defining the problem. Lower ratings of the collaborative consultant within the context of a clear request may indicate a poorer match between the nature of the request and the type of response given. It should be emphasized that present results show a weak association among variables, and the significant interaction was yielded by deleting the deferred group from the analysis. Thus, experimental replications are needed to clarify findings. Results point to potentially fruitful research exploration, and are by no means definitive.

A surprising finding of this study was the comparatively poor ratings received by the consultant asking for more information before developing an
intervention. Low ratings on the IRP were expected since no intervention was developed, but poor consultant ratings on the CEF and SD were unexpected. These results are particularly interesting since this consultant response is not only typical, but in school consultation literature regarded as a valuable consultant response during an initial session of consultation. Research on consultation has shown clear problem identification (e.g., frequency, duration, and intensity of target behaviors) as necessary for effective treatment planning (Bergan, 1977). Perhaps the typical consultee expectation for an initial session is the development of an intervention plan, therefore, a session ending without a plan is disappointing and viewed unfavorably. Future research could explore under what circumstances this needed consultant response would be perceived more favorably.

The type of problem presented in this study, although typical in school settings, was not a particularly severe problem and presents a limiting factor in terms of generalizing results. The problem presented in the videotapes was an elementary-aged child showing behaviors associated with separation anxiety. The results might have differed depending on the nature and severity of the presenting problem. Treatment acceptability research has indicated that treatments are
accepted to varying degrees as a function of the type and severity of a problem, with aversive treatments being viewed as more accepted in the context of a severe problem (Witt, Martens, & Elliott, 1984). Future studies should explore consultant approaches with varying problem types. Perhaps an expert approach would be viewed more favorably with some problems and not others, and likewise for the collaborative approach.

Videotaped vignettes depicted obvious role-plays of consultation sessions, thus limiting the power of experimental manipulations. The power of manipulations could be strengthened by using professional actors, and depicting a portion of an apparently real consultation session. Additionally, the experimental paradigm could be strengthened by increasing the saliency of the videotapes, such as prefacing the viewing with a remark such as, "The school district is considering hiring a new consultant to help teachers deal effectively with students. Please view the following tape and give your honest feedback on the rating sheets."

The main effect for teacher Request Type, using all groups in the analysis, is virtually an irrelevant finding of the present study in that it does not address any of the research questions. The main effect may indicate that the manipulation of the independent variable was successful in that experimental subjects
perceived a difference between Request Types. The
design of the study could be strengthened by adding a
measure of subjects' perceptions of not only the
consultant, but also the consultee. Although this
manipulation reached validity criteria, an added
manipulation check would strengthen the design.

Current findings suggesting the appropriateness of
an expert approach over a collaborative approach within
certain contexts might be a beneficial focus for future
research. Previously, the expert approach has not been
adequately operationalized and has been depicted as
prescriptive and often the antithesis of collaboration.
A similar lack of clarity is found for the collaborative
approach. The present study included operational
definitions of both terms. The expert approach in the
present study was predominantly prescriptive, while the
collaborative approach was a problem-solving process.
Because there are no agreed upon definitions of either
term, current results are limited. Future research
efforts focusing on empirical definitions of these
approaches to consultation would prove helpful in
reducing the value-laden connotations with which they
are currently saddled.

Other limitations of the study need to be
explicated. The study is based on perceptions of
potential consumers of consultation, not actual
consumers. That is, subjects were not actual consultees, but viewed videotaped consultation sessions. Also, careful operationalization and control over experimental conditions as presented on videotapes created limits on the generalizability of findings to actual consultation sessions. Tapes differed in length due to differences among requests and consultant responses, creating different time demands on subjects and possibly affecting subsequent consultant ratings. Finally, the present research addressed perceptions of consultants using paper and pencil measures; different findings might result if treatment implementation measures were used. Future research could overcome these weaknesses by employing actual teachers engaged in consultation.

Effective consultation can be evaluated on many levels. The present study used teacher perceptions as a measure of consultation effectiveness, yet favorable teacher perceptions are irrelevant if consultation doesn't lead to favorable outcomes for children. The goals of school consultants have to do with improving the lives of children, and not necessarily high ratings from teachers. Comparisons of expert versus collaborative approaches in future research should include outcome studies which measure actual benefits for children served through the consultation process.
References


Appendix A

Consent Form

Purpose. This study is investigating variables influencing consultant effectiveness. By participating in this study you will be helping in our understanding of influences on consultant effectiveness.

What participants do. If you consent to participate in this study you will be asked to view a 10 minute videotaped consultation session between a teacher and a school-based consultant. You will then be asked to complete a rating scale based on your impressions of the taped session.

Participant's rights. Your agreement to participate in this study is totally voluntary. You have the right to withdraw from this study at any time. You will be assigned a number and your name will not appear anywhere in the study. You have the right to ask questions about the procedure and your questions will be answered.

I HAVE READ AND UNDERSTOOD THIS CONSENT AND AGREE TO PARTICIPATE IN THIS RESEARCH.

______________________________    ______________________
Signature   Date
Appendix B

Teacher Background Information

Directions: Please provide the following information about yourself. This information, as well as all data you provide, will be confidential. Your responses will be coded and grouped with all participants' responses.

Age: ________  Sex: Male _____ Female _____
Years of college: _______  Highest Degree Earned: ___
Type of teacher certification: ________________________
Number of years employed as a teacher: ________________
Grade levels you usually teach: _______________________
Current professional position ___________________________

Previous History with Consultants
1. I have used consultants to help me with students before. YES  NO
2. I have been generally satisfied with the help I have received from consultants.
   1    2    3    4    5
not satisfied very satisfied
Appendix C
Consultation Scripts

**Introduction** The introduction was used with all scripts.

P Hi. How was your holiday?

T Great! One of the best I've had in a long time.

P Really, what did you do?

T Well, the whole family went to Colorado and skied. I
had never skied before, but the kids and Steve had. I
captured on quicker than I thought I would. At least I
didn't get hurt. Although, my youngest daughter, Katie,
broke her collarbone.
She's fine now and it happened the last day so it didn't
really slow her down. I'm already making plans for next
year.

P That sounds great. I haven't been skiing in years, but
would love to go. We've talked about going a lot but we
usually end up spending the holidays with family.
Either they come to see us or we go to see them. If we
could get the whole family to meet in Colorado that
would be ideal. But, well, the probability of getting
my family to do that is remote.

T Oh, my mother wouldn't think of going to Colorado for
the holidays. She stays home and cooks and wears
herself out. And that's really too bad because the kids
would love having them along for the trip. We've asked
them to go, but they never do.

P So, was it hard to come back to work?
T Yes, absolutely.

Independent Variable I
Manipulation of Teacher Request Type

Clear Request Script

P You told me you were having some problems with Bobby.

T Yes, I'm having a lot of problems with Bobby. I've
asked his previous teacher to see if she had similar
problems with him and she said they had some problems
last year but it seems like it's worse this year.
Bobby cries when he first gets here in the morning. He
cries and clings to his mother. He also will cry off
and on throughout the morning.
P Hm

T He's absent a lot, and his mother always seems to have an excuse for him. His school work isn't what it could be, I think because he really can't concentrate much.

P How long during the morning is he crying?

T Oh, probably about the first 2 hours of the day. Some days are worse than others. Mondays are really bad. Or if he's been absent then the day he comes back is particularly bad.

P Okay, are there other things that concern you?

T Well, no not really. I think it's that he's absent a lot and just the effects of that crying. It's real disruptive to my class and it's hard for me to continue my scheduled activities. It's just hard to have class, really hard in the morning. Toward the end of the day it isn't as bad because we're through with reading and math by then and he's just not as upset at the end of the day as he is in the morning. I've tried several things that haven't worked. I've tried to get his mind off of his mother, I've tried to give him extra attention or something special to do, and I've tried to reassure him that his mother will come get him later.

Vague Request Script

P You told me you were having some problems with Bobby.

T Yes, I'm having a lot of problems with Bobby. (You just wouldn't believe it.) I've asked his previous teacher to see if she had similar problems with him and she said they had some problems last year but it seems like it's worse this year. (I just don't know what to do). Bobby cries when he first gets here in the morning. He cries and clings to his mother. (I've never dealt with anything like this.) He also will cry off and on throughout the morning.

P Hm

T He's absent a lot, and his mother always seems to have an excuse for him. (That gets to be irritating to me). His school work isn't what it could be, I think because he really can't concentrate much. (I've spent a lot of energy trying to figure this out.)

P How long during the morning is he crying?
T Oh (gee I haven't really thought about that), probably about the first 2 hours of the day. Some days are worse than others. (I'm relieved when he's not here because he is so disruptive during the mornings). Mondays are really bad. Or if he's been absent then the day he comes back is particularly bad.

P Okay are there other things that concern you?

T Well no not really. I think its that he's absent a lot and just the effects of that crying. Its real disruptive to my class and its hard for me to continue my scheduled activities. Its just hard to have class, really hard in the morning. (I'm worn out by lunchtime). Toward the end of the day it isn't as bad because we're through with reading and math by then and he's just not as upset at the end of the day as he is in the morning. (I've tried really hard to handle this problem, but with no luck). I've tried several things that haven't worked. I've tried to get his mind off of his mother, I've tried to give him extra attention or something special to do, and I've tried to reassure him that his mother will come get him later.

Independent Variable II
Manipulation of Consultant Responses

Collaborative Consultant Response

P Okay, so am I right in thinking that it's really his absences and the crying in the morning that are the biggest concerns, and his clinginess with his mother as she is leaving?

T Yeah. (I've been worrying about this at night - I'm loosing sleep over this!)

P Sounds like you're really struggling with this. Why don't we talk about some ideas, maybe brainstorm together what we could try?

T Great. I'm desperate

P I think your giving extra attention was a good idea. Why do you think it didn't work?

T I think I was ending up giving attention to inappropriate behavior.

P Oh. Well can you think of a way that you might get it to work?
T Well, if he could be clear that he's getting something special for appropriate behavior.

P Yeah. Appropriate behaviors could be like what?

T Like being calm or cheerful, or coming into class without clinging to his mother, just giving her one kiss and walking into the room and into his seat. Working on his school work. If we could get him to do this, it would be amazing.

P Okay. Great, now, do you think your reassurances are again giving attention to inappropriate behavior?

T Yea, so I could stop those completely, and just be firm in requiring him to follow the class activities.

P Can you think of some other strategies you might try with Bobby that you haven't tried yet?

T No, not really.

P Have you thought about having Bobby arrive at school about 15 or 20 minutes before the other kids and you have some special task for him to do, make him your "helper".

T No. But that sounds good.

P That way, he can be at school and around you without the regular demands of the class, and he could have a relaxed time first thing in the morning. Do you think this is something you could try?

T Yeah, and his mother would probably appreciate my extra effort (and not think I'm the bad guy).

P What do you think about calling her occasionally during the mornings when you have a break to let her know how he's doing?

T Great idea, that would ease her anxiety, which is part of the problem. And what about sending a "good day" note home for days he does his school work and doesn't cry?

P Sure, then she might reward him at home. Do you think you could encourage her to do that?

T Yeah. I think this will work. At least it will give me something to start with.
P Okay, you may need to get back with me if you don't see some progress. Why don't we get back together in about two weeks?

T Okay, thanks.

**Expert Consultant Response**

P Sounds like you're really struggling with this. Let me offer some suggestions.

T Great. I'm desperate.

P I think your giving extra attention was a good idea. It may be that you're giving attention to inappropriate behavior. It might work if he could be clear that he's getting something special for appropriate behavior.

T Yeah.

P Appropriate behaviors could be like being calm or cheerful, or coming into class without clinging to mother, giving her one kiss and walking into the room and into his seat. Working on his school work. These are some ideas, there may be more.

T Okay

P Your reassurances again, may be giving attention to inappropriate behavior. You could stop those completely, and just be firm in requiring him to follow the class activities.

T Yeah.

P Something I know has helped kids like Bobby is to work it out with his mother that he arrive at school about 15 or 20 minutes before the other kids and you have some special task for him to do, make him your "helper." That way he can be at school and around you without the regular demands of the class, and he could have a relaxed time first thing in the morning.

T That sounds good.

P You might want to give his mother a call occasionally during the morning when you have a break to let her know how he's doing, this would ease her anxiety, which is part of the problem.
T Yeah, and his mother would probably appreciate my extra effort and not think of me as the bad guy.

P Also, a "good day" note home for days he does his school work and doesn't cry, and maybe encourage his mother reward him at home for good days.

T Yeah. I think this will work. At least it will give me something to start with.

P Okay, you may need to get back with me if you don't see some progress. Why don't we get back together in about two weeks?

T Okay, thanks.

Deferral Response

P Sounds like you're really struggling with this. But, before we can really do anything it would be good if you would collect some more data. What we need is maybe some documentation on the number of times he cries during the week, the time of the day it's worse, and how long it lasts. I could bring by some forms for you to keep the data on, something simple that wouldn't take a lot of time to fill out. Do you think you could do that this week and I'll get back to you in a week?

T Okay, I guess so.

P Okay, see you next week.

T Okay, thanks.
Appendix D
Expert Rating Form

Requests

Please rate the scripted requests on the degree to which the presented problem is specified.

<table>
<thead>
<tr>
<th>Problem is</th>
<th>Problem is</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Vague</td>
<td>Very Specific</td>
</tr>
<tr>
<td>1  2  3  4  5  6</td>
<td></td>
</tr>
</tbody>
</table>

Responses

To what degree does this consultant response reflect what has been termed in the literature as a "collaborative" response?

<table>
<thead>
<tr>
<th>Strongly Non-Collaborative</th>
<th>Strongly Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5  6</td>
<td></td>
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</tbody>
</table>

To what degree does this consultant response reflect what has been termed in the literature as an "expert" response?

<table>
<thead>
<tr>
<th>Strongly Non-Expert</th>
<th>Strongly Expert</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  2  3  4  5  6</td>
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</table>
Appendix E

The Consultant Evaluation Form (CEF)

1. The consultant was generally helpful.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>6</td>
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</table>

2. The consultant offered useful information.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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3. The consultant's ideas as to the primary goals of schools were similar to my own ideas.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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4. The consultant helped find alternative solutions to problems.

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<th>Strongly Disagree</th>
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<th>Slightly Agree</th>
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5. The consultant was a good listener.

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<th>Strongly Disagree</th>
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<th>Agree</th>
<th>Strongly Agree</th>
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6. The consultant helped identify useful resources.

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<th>Strongly Disagree</th>
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<th>Slightly Agree</th>
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7. The consultant fit well into the school's environment.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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</table>
8. The consultant encouraged consideration of a number of points of view.

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<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
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<th>Slightly Agree</th>
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9. The consultant viewed his role as a collaborator rather than as an expert.

<table>
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<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
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</table>

10. The consultant helped find ways to apply the content of the discussion to specific pupil or classroom situations.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
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</table>

11. The consultant was able to offer assistance without completely "taking over" the management of problems.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
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</table>

12. I would request services from this consultant again, assuming that other consultants were available.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
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Appendix F

Semantic Differential Measure

For each adjective pair below choose the number which best characterizes your reaction to the consultant in the videotape. If the scale is difficult to rate, still choose a numbered location that best reflects your overall reaction to the consultant. There is no need to spend much time on any one of the items. Your first impressions and immediate feelings about each of the adjective pairs are what is needed.

CONSULTANT

1. GOOD 1 : 2 : 3 : 4 : 5 : 6 : 7 BAD
2. UNPLEASANT 1 : 2 : 3 : 4 : 5 : 6 : 7 PLEASANT
3. KIND 1 : 2 : 3 : 4 : 5 : 6 : 7 CRUEL
4. WORTHLESS 1 : 2 : 3 : 4 : 5 : 6 : 7 VALUABLE
5. FAIR 1 : 2 : 3 : 4 : 5 : 6 : 7 UNFAIR
Appendix G

Intervention Rating Profile

The purpose of this questionnaire is to obtain information about your reaction to the classroom intervention developed during the videotape. Circle the number which best describes your agreement or disagreement with each of the following statements about the intervention plan developed on the videotape. Complete all questions, even if you must guess.

1. I liked the procedures used in this intervention.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>Number</td>
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2. Teachers are likely to use this intervention because it requires little technical skill.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
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</table>

3. The intervention would be disruptive to other students.

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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
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<td>6</td>
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4. This intervention is not practical in the amount of time required to monitor the problem behavior.

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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
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5. Use of this intervention would not be harmful to the child.

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<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
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<th>Slightly Agree</th>
<th>Agree</th>
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</table>
6. This intervention would be difficult to implement in a classroom with 30 other students.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

7. This intervention would result in negative side effects for the child.

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<tr>
<th>Strongly Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

8. This intervention is practical in the amount of out-of-school time required for implementation.

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<th>Strongly Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
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</table>

9. Teachers are likely to use this intervention because it requires little specialized knowledge to be used successfully.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Agree</th>
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</table>

10. This intervention was not a good way to handle the child's problem behavior.

<table>
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<tr>
<th>Strongly Disagree</th>
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<th>Slightly Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</table>

11. This intervention would be threatening to the child.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<th>Agree</th>
<th>Strongly Agree</th>
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</table>
12. Teachers are **not** likely to use this intervention because it requires training to implement effectively.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
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<th>Slightly Disagree</th>
<th>Slightly Agree</th>
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<th>Strongly Agree</th>
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</table>

13. This intervention is practical in the amount of time required for record keeping.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
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<th>Strongly Agree</th>
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14. Use of this intervention would **not** have negative effects on other children in the classroom.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
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<th>Slightly Agree</th>
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15. Overall, this intervention would be beneficial for the child.

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<tr>
<th>Strongly Disagree</th>
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</tbody>
</table>
Vita

Dinah Stuart Graham received her Bachelor of Arts degree from Delta State University in 1984, with a major in psychology and a minor in art. She received a Master of Arts degree from Delta State University in 1986 in Guidance and Counseling, as well as a Master of Arts degree from Louisiana State University in 1988 in psychology, specializing in school psychology.
DOCTORAL EXAMINATION AND DISSERTATION REPORT

Candidate: Dinah Stuart Graham

Major Field: Psychology

Title of Dissertation: Consultant Effectiveness and Treatment Acceptability: An Examination of Consultee Requests and Consultant Responses

Approved:

[Signatures]

Dean of the Graduate School

EXAMINING COMMITTEE:

[Signatures]

Date of Examination: May 4, 1995