30 Best Practices in School-Based Problem-Solving Consultation: Applications in Prevention and Intervention Systems

Thomas R. Kratochwill
Margaret R. Altschaefl
Brittany Bice-Urbach
University of Wisconsin–Madison

OVERVIEW

Consultation continues to be a major approach for providing mental health and educational services to children and adolescents, and behavioral consultation has been identified as a practice guideline for problem solving and the delivery of evidence-based interventions (Frank & Kratochwill, in press; White & Kratochwill, 2008). Traditionally, consultation was recognized as the most preferred and satisfying function of school psychologists (Gutkin & Curtis, 1999; Sheridan & Walker, 1999; Sheridan, Welch, & Orme, 1996), and it has become a major part of response to intervention (RTI; Kratochwill, Clements, & Kalymon, 2007). Consultation's linkage to RTI is particularly important in that consultation can play a major role in the problem-solving process needed for the provision of prevention services. The purpose of this chapter is to review some of the fundamental features of school psychologists' problem-solving consultation and its relationship to prevention and intervention and to multitiered services in particular.

The content and practice recommendations in this chapter fall under the Consultation and Collaboration domain in the National Association of School Psychologists (NASP) *Model for Comprehensive and Integrated School Psychological Services* (NASP, 2010). The consultation and collaboration practices related to the model that are addressed in the chapter include engaging in a consultative problem-solving process; addressing needs at the individual, family, and systems levels; and applying psychological and educational principles.

BASIC CONSIDERATIONS

Three major models of consultation have been featured in the professional literature and include mental health consultation, organizational development consultation, and behavioral consultation (labeled *problem-solving consultation* in this chapter), but many more have been identified over the years. It is beyond the scope of this chapter to review these and other models of consultation, and the reader is referred to other sources for this information (see Brown, Pryzwansky, & Schulte, 2011). Although differences exist among these models, all emphasize problem-solving expertise of the consultant within a triadic relationship (consultant–consultee–client). The behavioral model of consultation emerged as an alternative to traditional service delivery approaches in applied settings (Reschly, 1988) and historically has strong ties to applied behavior analysis and behavior therapy (e.g., Bergan & Kratochwill, 1990). Nevertheless, the model has expanded, primarily in the theoretical foundations that underlie the interventions, and, consequently, new names have been invoked to describe the evolution in research and practice (see Gutkin & Curtis, 1999). The term

problem-solving consultation is adapted here to replace the term *behavioral*, but other terms could be used as well (e.g., solution oriented, ecobehavioral). Many of the problem-solving models presented in this edition of *Best Practices* can be traced to the problem-solving features of behavioral consultation (Bergan, 1977; Bergan & Kratochwill, 1990).

Consultation can be distinguished from the assessments and interventions that are used as part of the problem-solving process (Frank & Kratochwill, in press; White & Kratochwill, 2005). Consultation is the process that defines the interactions that constitute the identification, analysis, intervention implementation, and evaluation that occur between a consultant and a mediator/consultee. Although problem-solving consultation traditionally has been affiliated with behavior modification and intervention techniques derived from this theoretical school, a more current focus is to use a wide range of assessment and intervention technologies from diverse theoretical origins embedded within an evidence-based practice framework (see Gutkin & Curtis, 1999; Sheridan & Kratochwill, 2008). For example, school psychologists may apply more traditional behavioral principles and techniques (e.g., functional assessment and analysis) in developing intervention programs and use behavioral assessment methodologies to evaluate the effectiveness of these services. Likewise, school psychologists also may apply evidence-based instructional principles such as pause time, pacing, teacher feedback, and homework instruction when developing an intervention plan to enhance the academic performance of students who are underachieving (Gettinger & Stoiber, 2009). Whereas specific intervention strategies may vary across presenting problems, two identifiable features are most frequently associated with problem-solving consultation: (a) indirect service delivery and (b) a problem-solving approach. Each of these features extends into its use within prevention and intervention services and, in particular, with multitiered service.

The most widely recognized feature of consultation is its indirect service delivery approach. Services can be delivered by a consultant (e.g., school psychologist) to a consultee (e.g., teacher and/or parent), who, in turn, provides services to a child in the school and/or community setting. Services can also be rendered to a group of teachers, administrators, or a problem-solving team, although the research base on teams is far less developed than on single-mediator approaches. The indirect approach to service delivery generally is regarded as a distinct advantage of consultation, since it allows the school psychologist to have an impact on many more mediators, and especially children, than could be served by a direct service approach. In fact, the centrality of consultation in linking assessment and intervention practices is making consultative models increasingly prominent as a component of solution-focused, multitiered prevention service delivery systems such as RTI (see National Association of State Directors of Special Education [NASDSE], 2005).

Consultation involves a collaborative relationship in which the consultant is viewed as a facilitator. Emphasis is placed on the collaborative problem-solving process that occurs during a series of interviews and related assessment and intervention activities. Throughout this process, the school psychologist's role is to elicit a description of the problem, assist in analyzing the problem, construct a plan for intervention, and establish a monitoring system once the program is implemented. The consultee's role is to clearly describe the problem, work with the consultant to implement the intervention program with integrity, observe progress, periodically evaluate the plan's effectiveness, and monitor the intervention outcomes. For the consultation process to be effective, both consultant and consultee should bring the following dispositions to the consultation process: (a) a sense of preparedness and clear expectations, (b) a willingness to participate actively and openly in a collaborative work environment, and (c) a capacity to assume a proactive role, especially with prevention programs and services.

Goals of Consultation

Problem-solving consultation has two important goals: (a) to provide methods (prevention and intervention) for changing a system, classroom, or child's behavioral, academic, or social problem; and (b) to improve the system and/or a consultee's skills so it, he, or she can prevent or respond effectively to future problems or similar problems in other children. Given these goals, consultation can be both a proactive (prevention) and a reactive (intervention) service. Although consultation-based interventions often have changed children's problem behaviors successfully (Sheridan et al., 1996; White & Kratochwill, 2008), the proactive goal of influencing a consultee's ability to handle future problems has not been observed consistently in research (Coffee & Kratochwill, 2013). Plus, the role of consultation in prevention systems is really in its infancy compared to work in developing interventions for existing problems. The accomplishment of these goals

requires consultees to participate in a general process for analyzing conditions that result in an effective plan to prevent and resolve the problems. Successful school psychology consultants must demonstrate expertise in coordinating and facilitating the problem-solving process, demonstrating a strong knowledge of prevention and intervention practices, and implementing methods for monitoring whether the intervention is working.

In the remainder of this chapter, the basic components of problem-solving consultation, relationship variables that may influence the consultation process, and school psychologists' use of consultation with systems, groups, and/or teachers and parents are discussed.

Expansion of Structure and Process of Consultation: Applications for the Individual, Group, and System

Consultation has been conceptualized as a series of stages that structure and focus the problem-solving interactions between consultant and consultees (Bergan & Kratochwill, 1990; Sheridan & Kratochwill, 2008). This series of stages and their corresponding interviews define consultation as separate from more generic problem-solving approaches as recently presented in the literature (e.g., Brown-Chidsey & Andren, 2013). A heuristic five-stage framework for consultation can be applied to a system, group, or individual problem-solving process.

Work With Special Education Teachers
Traditionally, school psychologists have implemented consultation with classroom teachers in an effort to establish intervention programs in the regular classroom. This emphasis on interventions with teachers also advanced the development of a knowledge base to prevent more serious behavioral problems in children and is one reason why the approach is recommended in RTI models (Gresham, 2006; NASDSE, 2005). School-based consultation services have expanded to include work with special education teachers, particularly teachers of students with emotional disturbance and teachers from early intervention programs for preschool-age children. In addition, consultation also has been used for many years to successfully remediate academic and socialization difficulties in school settings. Applications such as these have presented unique opportunities for school psychologists to increase contact with special education teachers while generally addressing more severe presenting problems in special needs

children who often experience multiple difficulties. Hence, school psychologists' roles as consultants have become increasingly complex, with unique time demands and prevention and intervention foci that may vary according to the child's presenting problems and the teacher's level of expertise in areas such as behavior management and individualized instruction.

A Focus on Promoting Competencies
Problem-solving consultation can focus on prevention by linking the process to a multitiered system such as RTI. However, prevention can move beyond the deficit RTI model and include promoting social competency skills in clients. In this regard, case-based problem solving can extend to a focus that also includes building social competencies to prevent more serious problems from developing (Stoiber & Kratochwill, 2000). For example, during the problem analysis phase, the school psychologist can ask teachers and parents to complete measures on the academic functioning of students, such as the Academic Competence Evaluation Scales (DiPerna & Elliott, 2000), to target academic enablers or skills development. Figure 30.1 provides an illustration of the subscales of the Academic Competence Evaluation Scales. This assessment tool can help the school psychologist identify skills for development and promotion at a primary or secondary level of services.

Parent–Teacher Pairs / Conjoint Consultation
Another method of expanding consultation services entails involvement of parent–teacher pairs in problem solving. Although consultation with teachers (regular and special education) to deal with problem reduction is an effective method of remediating school-based problems, this traditional focus often fails to address the broader context and focus within which the child's problems may occur (Kratochwill & Pittman, 2002). For example, a withdrawn child who exhibits an absence of peer interactions at school likely would be unable to develop and maintain positive social relationships with neighborhood peers. Focusing exclusively on this child's social withdrawal in the school setting through teacher-only consultation may restrict conceptualization, analysis, and intervention of the problem to a single target domain and setting. Thus, the broader behavioral interrelationships across environments may not always be considered, which may have important implications for practice. Thus, problem-solving consultation can be extended to serve as a link among the significant settings in a child's life, primarily, the home, school, and community environments (Sheridan & Kratochwill,

Figure 30.1. The Clusters of Skills, Attitudes, and Behaviors Contributing to Academic Competence
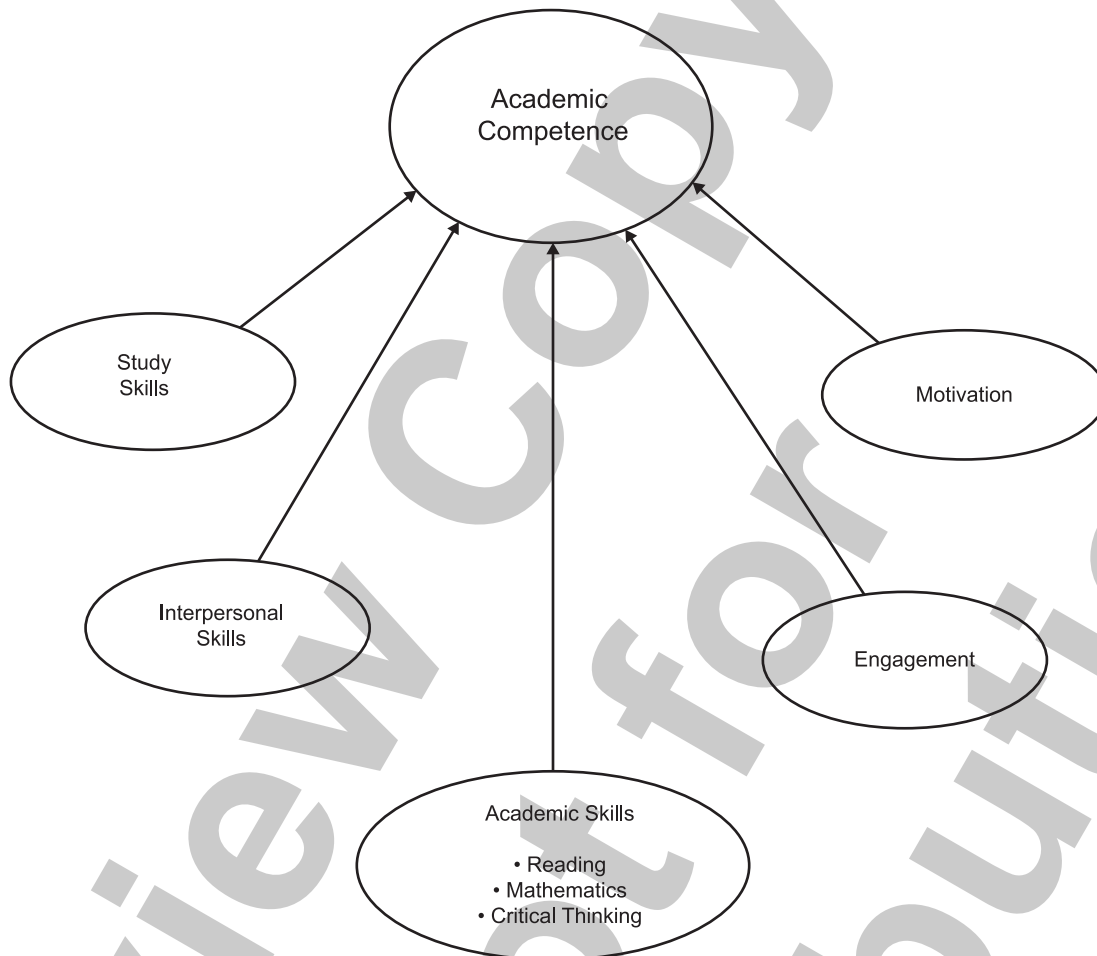
Note. From *The Academic Competence Evaluation Scales* by J. C. DiPerna and S. N. Elliott, 2000, San Antonio, TX: The Psychological Corporation. Copyright 2000 by The Psychological Corporation. Reprinted with permission.

2008). This approach facilitates a comprehensive conceptualization of the needed services while involving primary caretakers in the prevention and intervention processes. In addition, although few investigators have assessed the generalization of intervention effects across settings, the potential benefits of broadening the focus of problem-solving consultation to encompass the interacting system in the child's life are apparent.

In conjoint consultation, parents and teachers together serve as consultees (Sheridan, Eagle, & Doll, 2006; Sheridan & Kratochwill, 2008). The primary goals of this approach are to bridge the gap between home and school settings, maximize positive intervention effects within and across settings, and promote generalization of intervention effects over time. Continuous data collection and consistent programming across settings are also inherent

with this approach. Conjoint consultation has been found to be an effective method of service delivery in enhancing social and academic competencies across home and school settings (see Sheridan & Kratochwill, 2008, for a comprehensive review). In a recent study, Sheridan et al. (2012) conducted a randomized trial of conjoint consultation focused on promoting behavioral competence and decreasing problem behavior of students referred by their teachers. In comparison to students in the control group, students in the conjoint consultation condition demonstrated greater increases in adaptive behaviors and social skills. Moreover, teachers in the conjoint condition demonstrated greater change in their relationships with parents. This change in parent–teacher relationship mediated the effects of conjoint consultation on positive changes in the child's behaviors.

Parent Consultation

Use of problem-solving consultation also has been extended beyond schools to address problems with individuals other than teachers, such as with parents only (Kratochwill & Pittman, 2002). Parent-only consultation may be applicable when a child's problematic behaviors are observed predominantly in the home and/or community settings but are not evident (or cannot be treated) in the school environment. For example, parent consultation has been used to decrease the noncompliant behaviors of school-age children whose difficult behaviors were displayed at home and in public places but were not observed in the more structured classroom setting (e.g., Carrington Rotto & Kratochwill, 1994). In parent-only consultation, the traditional problem-solving consultation framework provides structure for involving the parent in the process of identifying and analyzing the problem, as well as observing and evaluating intervention effects over time. Use of parent training provides structure for teaching parents specific skills that enhance plan implementation. Necessary preparations for plan implementation include teaching parents specific behavior management skills and ensuring that they are adept at implementing these skills. Specific methods of promoting generalization of parent behaviors (i.e., skill implementation) across settings and situations to enhance specific child behaviors need to be implemented.

Teleconsultation

A recently developed option for problem-solving consultation is the use of teleconsultation within the school setting. Teleconsultation is one aspect of telepsychology, telehealth, and the use of other technologies to deliver psychological services (see Maheu, Pulier, McMenamin, & Posen, 2012). In our context, teleconsultation refers to the utilization of videoconferencing methods to increase access to consultation services (Glueckauf, Pickett, Ketterson, Loomis, & Rozensky, 2003; McGinty, Saeed, Simmons, & Yildirim, 2006). This method can be especially useful within rural communities, where access to knowledgeable consultants is scarce (Brownlee, Graham, Doucette, Hotson, & Halverson, 2010). There are many possibilities that teleconsultation offers, including accessing expert school psychologists to improve systems-level processes, reducing travel constraints for including parents within consultation services, and providing more thorough school psychologist feedback and support for teachers (Myrick & Sabella, 1995).

Although teleconsultation has been explored more thoroughly in the areas of medicine and psychiatry (e.g.,

Germain, Marchand, Bouchard, Guay, & Drouin, 2010; Glueckauf & Ketterson, 2004; Novotney, 2011), it has also been used in the school setting to monitor the integrity of teacher-implemented interventions for students with autism (Machalicek et al., 2009; Rule, Salzberg, Higbee, Menlove, & Smith, 2006). These initial studies suggest a promising solution for addressing some of the limitations of the traditional problem-solving approach to consultation. As technology continues to improve, teleconsultation will most likely become an increasingly viable option for delivering consultation services in the school setting.

Problem-Solving Teams

Problem-solving consultation can be extended to working with school-based teams. Such teams may involve building-level problem-solving teams, RTI teams, or positive behavior support teams. Since school teams frequently struggle to successfully adopt multi-tiered prevention and interventions due to lack of knowledge and skills, students often do not receive adequate support with evidence-based practices (Doll, Gaack, Kosse, Osterloh, & Siemers, 2005). Direct consultation with the team can be used to improve the likelihood that team members choose evidence-based interventions and implement them with integrity (Doll et al., 2005; Gravois, Groff, & Rosenfield, 2009). Consultants can also address other issues, such as a lack of resources and inadequate use of the problem-solving approach. When school psychologists are able to target the needs of the team, there is a greater likelihood that students will have access to evidence-based programs, a multitiered system of support, and better academic and/or behavioral outcomes (Glisson, 2002, 2007; Rosenfield & Gravois, 1996).

Systems-, Organization-Level Consultation

Another application of problem-solving consultation is at the systems level and allows consultation services to occur with a wide variety of stakeholders who may be involved in implementation of a prevention system such as single and/or multitiered programs (see Kratochwill & Pittman, 2002). With implementation of a multitiered model where RTI has been integrated into the process, consultants must be knowledgeable about prevention science approaches as well as methods of progress monitoring (see Kratochwill, Volpiansky, Clements, & Ball, 2008). Most importantly, school psychologists should understand the limitations of a multitiered approach as currently being advocated in much of the school psychology literature (e.g., the focus on a deficit

approach as opposed to a proactive social–emotional learning approach; see Kratochwill et al., 2008).

As schools attempt to implement multitiered models, there are many barriers that hinder the delivery of these programs and the implementation of evidence-based practices. The school psychologist engaging in problem-solving consultation should be aware of barriers, including, for example, a lack of time for proper teacher involvement, inadequate training or knowledge about potential prevention programs, insufficient funding for program development, limited staff buy-in, and minimal administrator support (Doll et al., 2005; Kincaid, Childs, Blase, & Wallace, 2007). Therefore, it is important to examine potential barriers and determine how these barriers can be addressed.

BEST PRACTICES IN THE DELIVERY OF PROBLEM-SOLVING CONSULTATION

Problem-solving consultation is a model for delivering assessment, prevention, and intervention services to children and schools via consultees through a series of structured meetings. Although the problem-solving structure is sequential, it should not be interpreted as inflexible or irreversible. The activities of school psychologists and consultees are multifaceted, involving interviews, functional assessments, selection and implementation of evidence-based interventions, and evaluation of the interventions. Such activities generally require several interactions between the school psychologist and consultee, as well as ongoing consultee and client collaborative interactions.

Problem-solving consultation consists of a series of stages or phases that are used to implement the process of consultation, and each of these steps, with the exception of plan implementation, can involve a formal interview with specific objectives to guide the interactions between school psychologist and consultee. Best practices in problem-solving case consultation suggest that school psychologists adhere to specific objectives and activities within each phase, as each of these steps can be conceptualized as a practice guideline with evidence for its components (Frank & Kratochwill, in press). The major components for each of these phases include establishing a consultant–consultee relationship, problem identification, problem analysis, plan implementation, and plan evaluation.

Stage 1: Establishing of Relationships

The interpersonal relationship between a school psychologist and consultees can play a major role in the use and effectiveness of consultation services. Thus, as with psychotherapy, issues of trust, genuineness, and openness have been deemed important qualities for both consultants and consultees. Although competencies in problem identification and plan implementation are necessary conditions of problem-solving consultation, they may not be sufficient to facilitate effective consultative interactions. Integration of positive interpersonal skills and understanding with technical expertise is equally important to maximize consultant–consultee effectiveness. For example, characteristics such as acceptance through nonjudgmental statements, openness, nondefensiveness, and flexibility positively affect the interaction among school psychologists and consultees. These qualities are magnified in a consultative model of service delivery due to the predominance of an interview or verbal mode of information gathering and sharing. The dynamics of communication, both talking and listening, are the medium through which school psychologists display their attitudes and beliefs about consultees. Personal characteristics, professional competencies, and modeling are all important elements in establishing and maintaining constructive and professional interactions in an individual and/or a group relationship.

Consultation should begin with the development of a relationship between the school psychologist and the consultee. Collaborative school psychologists who develop positive working relationships with consultees may (a) experience less resistance to the consultation process and intervention, (b) find their suggestions are readily accepted by consultees, (c) increase the probability that consultees will follow through on an intervention, and (d) increase the effectiveness of the consultation process for the consultee and clients. During this stage, it is critical that the school psychologist and consultee embrace a shared need or goal to focus the consultation process and develop an intervention (e.g., developing a classroom management program for an individual child, setting up a multitiered prevention model). It is also during this stage that the school psychologist discusses with the consultee the stages of the consultation process, school psychologist and consultee roles, and shared responsibilities and ownership of the consultation outcomes such as systems change.

Issues of Importance to Consultees

Sensitivity to issues of importance to consultees also contributes to the development of a positive consulting relationship. Variables commonly examined in intervention acceptability research (e.g., Elliott, 1988a; Witt

& Elliott, 1985) and dimensions of helping emphasized by empowerment theorists (e.g., Dunst & Trivette, 1988; Witt & Martens, 1988) provide variables to consider consistent with consultation that are relevant to the enhancement of relationships with individuals (e.g., teacher, parents) or groups (e.g., problem-solving teams). For example, acceptability researchers repeatedly have found that administration/management time and fairness of the intervention are important themes virtually to all teachers, and nonaversive approaches to intervention are valued highly by most teachers. Work by empowerment theorists applied to consultation suggests that (a) help is more likely to be perceived positively if it is offered proactively, (b) competence within teachers is best promoted by building upon their existing child management strengths rather than remediating deficits, and (c) use of existing resources in the school environment is preferred over the intervention or purchase of new resources (Witt & Martens, 1988). Thus, it is concluded that effective consultants (a) overtly communicate awareness of these issues that are central to teachers' daily functioning and (b) act cooperatively to design interventions. Such consultative actions may overcome many potential sources of resistance.

Consultee Resistance

Resistance is a topic of considerable concern to practitioners and researchers alike and often has been conceptualized as something negative that resides within a person and/or institution. Yet, as observed by Wickstrom and Witt (1993), such a view of resistance may be overly simplistic and unnecessarily negative. Within the context of a consultant–consultee relationship, they define resistance as "including those system, consultee, consultant, family, and client factors which interfere with the achievement of goals established during consultative interactions making the construct very relevant to multi-levels of prevention" (p. 160). Resistance, then, is "*anything* that impedes problem solving or plan implementation and ultimately problem resolution" (p. 160). This definition stresses that resistance is part of a system context and is multidirectional; that is, it does not reside in only one part of the system.

Having reviewed the theoretical and empirical reports on resistance to intervention in both the psychotherapy and consultation literature, Wickstrom and Witt (1993) recommended two general tactics to respond to resistance that remain important today. The first tactic they call "joining the consultee" and the second tactic they refer to as "emphasizing referent power." Joining the consultee involves understanding a consultee's attribution system for explaining a problem of concern and then using that attributional framework to build a link to an intervention. Emphasizing referent power involves a school psychologist working to become more similar to consultees. This tactic can be accomplished by using nonauthoritarian and noncoercive means of control, using cooperative modes of interaction, asking questions, and making suggestions for change in a tentative manner (Parsons & Meyers, 1984). Efforts to use the consultee's existing skills and preferences for interaction activities, thereby reducing the number of new aspects of an intervention, also is likely to make suggestions more acceptable, and thus less resisted.

Resistance at the systems level requires that the school psychologist address a wide range of practical and logistical variables. For example, school psychologists must have the skills to consult and develop interventions, and this role requires training. Administrators must support the role of the consultant through public endorsement and resources. Alternate models of special education service delivery such as RTI approaches may need to be embraced by the district and state. This process will require considerable effort on the part of the school psychologist to change the student service system.

System Impacts

Implementation of consultation in a multitiered system raises special issues in terms of having an impact on the school system as well on key stakeholders in the process. Fortunately, a growing body of literature has provided some guidance on increasing the probability that the multitiered system of prevention services can be implemented through a consultation process. For example, in the prevention science literature, the *Blueprints for Violence Prevention* (hereinafter called *Blueprints*) was initiated with the goal to identify research-based violence prevention programs and to replicate these programs in a dissemination project (see Mihalic, Irwin, Fagan, Ballard, & Elliott, 2004). During the process of implementing these various programs, important issues came to the fore, including conducting a site assessment; creating an effective organizational structure; having qualified staff, including program champions, in the effort; integrating the program into existing structures; ensuring implementation fidelity; and providing training and technical assistance. Especially relevant in this process was the professional development effort (see Kratochwill et al., 2008, for further information on professional development issues). Specifically, among the important issues learned from

implementation of *Blueprints*, a number of important findings related to training teachers occurred (see Mihalic et al., 2004, pp. 7–8). The authors found that (a) trained teachers were more likely to implement, and implement more of, the prevention program than untrained teachers; (b) fully trained teachers completed a greater percentage of programs with fidelity; (c) trained teachers reported greater preparedness to teach the programs, teach it with greater fidelity, and achieve better student outcomes than untrained teachers; (d) trained teachers were more effective and had more favorable student outcomes than untrained teachers; and (e) teachers without follow-up and support over time failed to fully implement or continue to use the program. These findings have important implications for technology-training consultation and, specifically, for multitiered models. The lesson is that effective professional development must be part of a consultation process for implementation of single-focused and/or multitiered prevention and intervention school psychological services (see Kratochwill et al., 2008).

Stage 2: Problem Identification

Problem identification is the most critical stage of consultation because it results in the design and implementation of an effective plan. Traditionally, in case-centered behavioral consultation, the focus was exclusively on identification of a target problem and elimination of that problem. More recently, an intervention emphasis has been placed on teaching social and academic competencies in addition to dealing with a target problem (DiPerna & Elliott, 2000; Stoiber & Kratochwill, 2000). The interview represents a primary assessment technology for defining the problem and developing an understanding of the needs in social and academic competencies, although numerous other strategies may assist in defining the problem or issue (e.g., tests, rating scales and checklists, functional assessment, direct observations; Hurwitz, Rehberg, & Kratochwill, 2007).

Operational Definition of Concerns
During the problem identification interview, the school psychologist and consultee focus on describing and operationally defining concerns. In consultation, a problem is a relative concept that becomes operationalized when consultees report a significant discrepancy between current and desired levels of performance or circumstances. The determination of whether a significant discrepancy exists is not examined initially.

However, once the current and desired levels of performance are defined objectively, this significant discrepancy becomes the focus. This approach to problem identification is based on the assumption that problems are the result of unsuccessful or discrepant interactions between and among persons and/or systems (e.g., child and teacher; child and parent; teacher, parent, and child; parent and school). Functional assessment strategies may be conducted to focus attention on the academic and social competencies that need to be taught and on the ecological context surrounding the concern, especially in the most intense level of services in a multitiered model. Thus, the school psychologist and consultee first analyze the issues within the ecological context. When baseline data support the existence of the specific problem, the school psychologist and parent or teacher begin to jointly identify variables that might lead to problem resolution.

Consultation can involve a developmental or problem-centered focus. In developmental consultation the school psychologist establishes general, subordinate, and performance objectives. Usually these are obtained over a long period of time and in several series of interviews and are especially relevant to system change issues. In contrast, problem-centered consultation involves specification of problems that are specific and relate to one or a few primary concerns or goals. Relative to the developmental consultation process, problem-centered consultation is more time limited. Whether the nature of consultation is developmental or problem centered, the school psychologist needs to achieve clear specification of problems, competencies, and goals. Typically, this process involves generating precise descriptions of the situation, carefully analyzing the conditions under which the problems occur, and establishing some indication of the level of persistence or strength of the problems.

Goals of Consultation
During the problem identification phase, the goals of consultation should be established. One tool that can be helpful to establish goals and benchmarks is Outcomes: Planning, Monitoring, Evaluating (Stoiber & Kratochwill, 2002). Outcomes: Planning, Monitoring, Evaluating includes five steps that are featured in Figure 30.2. The system embraces a focused goal setting and goal attainment scaling framework in which up to three goals and corresponding benchmarks are established. The system also includes a convergent evidence scaling format so that multiple outcome measures can be examined for correspondence on intervention effectiveness. Outcomes: Planning, Monitoring, Evaluating is a

Figure 30.2. Steps and Objectives for Outcomes: Planning, Monitoring, Evaluating

Outcomes: Planning, Monitoring, Evaluating Procedural Checklist
Check All Steps Completed

1. *Describe and establish baseline of the behavioral or academic concern.*

   1. Behavioral or academic concern defined in observable, measurable terms.
   2. Baseline established on behavioral or academic concern.
   3. Situational analysis of concern conducted (e.g., routines, expectation–skill match, contingent relationships, adult/teacher support required).
   4. Student and situational assets to build on identified.
   5. Parental input about behavioral or academic concern obtained.

2. *Set meaningful goals and benchmarks.*

   6. Goal statement focusing on controllable, measurable behaviors written.
   7. Benchmarks specifying standard against which to compare and scaling format selected.
   8. Target date for goal attainment established.
   9. Standard or social-comparison criterion against which to measure progress selected.

3. *Plan the intervention and specify progress-monitoring procedures.*

   10. Intervention with empirical support or functional basis identified.
   11. Intervention strategies/steps developed and reviewed with the change agent(s) or interventionist(s), such as parent, teacher, language specialist, psychologist.
   12. Context, frequency, and resources needed to implement intervention determined.
   13. Progress-monitoring procedures specified, including individual responsible for implementing progress monitoring and individual responsible for collecting progress-monitoring data.

4. *Monitor progress and analyze data.*

   14. Goal scaled at beginning point, intervention with specified strategies implemented for specified time, goal scaled at ending point.
   15. Progress-monitoring data and goal-attainment data plotted.
   16. Evidence in support of child's progress documented.
   17. Reasons for positive and/or negative progress review.

5. *Evaluate intervention outcomes and plan next steps.*

   18. Based on convergent-evidence procedures, consensus on progress toward goal occurred.
   19. Intervention-quality and intervention-integrity data reviewed.
   20. Discrepancy between expected change and postintervention examined for significance.
   21. Sufficient monitoring data and convergent data established.
   22. Intervention goals and strategies revised, if indicated (e.g., due to poor progress).

Note. From *Outcomes: Planning, Monitoring, Evaluating,* by K. C. Stoiber and T. R. Kratochwill, 2001, San Antonio, TX: The Psychological Corporation. Copyright 2001 by The Psychological Corporation. Reprinted with permission.

useful tool for structuring and facilitating productive problem solving in consultation at both the case and system level.

The Academic Competence Evaluation Scales (DiPerna & Elliott, 2000) and its corresponding intervention system, the Academic Intervention Monitoring System (DiPerna, Elliott, & Shapiro, 2000), are other examples of an approach to assessment intervention that is consistent with, but is not, a consultative problem-solving model. The Academic Competence Evaluation Scales and the Academic Intervention Monitoring System utilize teachers as the primary assessment and intervention agent for children experiencing difficulties with academic skills (reading, language arts, mathematics, and critical thinking) and academic enablers (interpersonal skills, engagement, motivation, and study skills). Both the Academic Competence Evaluation Scales and the Academic Intervention Monitoring System emphasize behavior rating and goal attainment scaling technology to identify and monitor behavior. Figure 30.3 provides an overview of the use of both the Academic Competence Evaluation Scales and the Academic Intervention Monitoring System to facilitate enactment of a five-step problem-solving process. The Academic Competence Evaluation Scales has been supplemented with a Brief Academic Competence Evaluation Screening System (see Elliott, Huai, & Roach, 2007). The Brief Academic Competence Evaluation Screening System is especially useful in a multitiered system, as it can be used to screen at the universal or primary level and identify students in need of early interventions for academic skill problems.

Establishment of Assessment Techniques

Another important objective of problem identification is establishing assessment techniques. Together, the consultees and school psychologist agree on the type or kind of measures to be used, what will be recorded, and how this process will be implemented. There are a growing number of progress monitoring tools that can be used to screen, assess baseline performance, and assess intervention outcomes (e.g., Albers, Glover, & Kratochwill, 2007; Albers, Kratochwill, & Glover, 2007; Kratochwill et al., 2009).

Procedural Objectives

Certain procedural objectives must be met during the problem identification phase. One of the first objectives involves establishing times, dates, and formats for subsequent interviews and/or contacts with consultees

to examine procedural aspects of the consultation process. For example, the school psychologist may agree to contact the parent/teacher weekly or biweekly to determine whether data are being gathered properly or if any unique barriers have occurred.

Stage 3: Problem Analysis

Problem analysis, the third major stage of consultation, focuses on the variables and conditions that are hypothesized to influence the system and/or the child's prosocial and challenging behaviors. Case-centered problem analysis is a natural extension of the problem identification stage in that it essentially begins with the behaviors and prosocial competencies of concern and focuses on establishing functional relationships between it and the functions of behavior. Questions about who, what, where, when, and under what conditions or contingencies are all considered relevant and generally facilitate a better understanding of the problem behavior. In many cases, the problem analysis stage will require the school psychologist to collect additional data about the child's challenging behaviors and social competencies. Thus, problem analysis may enhance refinement and, consequently, redefinition of the problem and the factor or factors that influence it.

Factors That Might Lead to Resolution

After baseline data are collected on the areas of concern, the school psychologist and consultees meet to decide jointly on factors that might lead to some resolution of the problem. In this regard, the consultation process will focus on variables that may be relevant to case or system change. The problem analysis interview includes five major steps: (a) choosing analysis procedures, (b) determining the conditions and/or skills analysis, (c) developing plan strategies, (d) developing plan tactics, and (e) establishing procedures to evaluate performance during implementation of any intervention program. Within the context of these phases, the school psychologist might first analyze the variables that lead to potential solution of the problem and then develop a plan to solve the problem.

Conditions for Goal Attainment

The school psychologist focuses on conditions that facilitate attainment of the mutually agreed upon goals at the individual and/or system level. Generally, the following steps are necessary: (a) specifying whether the goal of intervention is to increase, decrease, or maintain conditions of the target issue and determining what

Figure 30.3. The Use of Academic Competence Evaluation Scales, Goal Attainment Scale, Academic Intervention Monitoring System, and Academic Intervention Monitoring System Forms Within a Five-Step Problem-Solving Process

---

Step 1. Identify academic concern(s)

  • Student completes Academic Competence Evaluation Scales

Step 2. Analyze academic concerns with the instructional environment

  • Score Academic Competence Evaluation Scales–College and analyze behaviors using Academic Competence Evaluation Scales–Behavior Classification Framework
  • Student College Intervention Form

Step 3. Plan for intervention

  • Determine desired behavior(s)
  • Determine intervention goal
  • Develop goal attainment scale to monitor intervention

Step 4. Implement intervention and monitor student progress

  • Specify strategies to change target behavior
  • Student completes goal attainment scale daily or weekly

Step 5. Evaluate intervention

  • Student completes Academic Competence Evaluation Scales a second time
  • Review goal attainment scale and Academic Competence Evaluation Scales data

---

Note. From *The Academic Competence Evaluation Scales,* by J. C. DiPerna and S. N. Elliott, 2000, San Antonio, TX: The Psychological Corporation. Copyright 2000 by The Psychological Corporation. Reprinted with permission.

conditions will be assessed; (b) identifying setting events and antecedent/consequential conditions associated with conditions; (c) determining what current conditions affect the goal by comparing the existing situation to related evidence-based prevention/intervention; and (d) identifying conditions that are not currently associated with the target issue but that nonetheless could influence solving the issue.

Through mutual problem-solving efforts, the school psychologist and consultees must analyze the kinds of

conditions necessary to achieve the goals of consultation during the problem analysis phase. In case-centered consultation this process includes analyzing skills that the child does not possess, and it can include academic and/or social performance. In a multitiered system model, this process involves an analysis of system variables to put a prevention program in place (e.g., resources, staff time, and professional development). Basically, the school psychologist must work with consultees to identify psychological and educational principles that relate to attaining the goals of consultation. It is beyond the scope of this chapter to outline these procedures in great detail. Rather, the reader is referred to a number of sources that can be useful to analyze behavioral and cognitive features that relate to system, instructional, and social functioning (e.g., DiPerna et al., 2000; Ysseldyke & Christenson, 2002).

Plan for Intervention
The outcome of successful problem analysis is a plan to put into effect during the intervention implementation process. Development of this plan includes first specifying broad strategies that can be used to achieve the mutually agreed upon goals. The plan typically indicates sources of action to be implemented. Second, plan tactics are used to guide implementation of the strategy and outline principles to be applied during the intervention. For example, if professional development is to be used, the person responsible for carrying out the plan and the conditions under which they will occur should be specified. During this phase school psychologists might also assess prevention/intervention acceptability prior to its implementation. A number of scales have been developed for assessment of pretreatment acceptability, and readers are encouraged to consult this material (Elliott, 1988b; Witt & Elliott, 1985). The appendix includes copies of two scales that can be used in the assessment of acceptability.

Performance and Assessment Objectives
During problem analysis the school psychologist and consultees must establish performance and assessment objectives that will be used during plan implementation. Typically, this procedure follows from a conditions analysis and involves specification of an assessment procedure previously used during baseline. For example, when plan implementation involves skill development, some agreed-upon format for collection of data on performance related to the final objectives achieved is necessary.

Stage 4: Plan Implementation

Plan implementation follows the problem analysis stage and has dual objectives of (a) selecting an appropriate prevention and/or intervention and (b) implementing the program or procedures. Procedural details are essential at this stage, such as assigning individuals to various roles, gathering or preparing specific materials, or training individuals to implement the plan. The design and selection of appropriate interventions should be based on evidence-based interventions or practices and requires attention to issues of intervention acceptability, effectiveness, and consultee skills and resources (Kratochwill & Shernoff, 2004). Many consumers and providers of psychological services are also demanding that interventions also be acceptable (i.e., time efficient, least restrictive, fair and/or low risk to the child; Elliott, 1988a, 1988b). Likewise, interventions that are consistent with the teacher's and parent's child management philosophy and compatible with existing resources and skills of the individual delivering the intervention have also recently gained consumer interest and empirical support (Witt & Martens, 1988).

Plan implementation also involves discussing and actually carrying out the selected intervention. This substage may consume several weeks or months and is characterized by interactions between the school psychologist and consultees. These interactions may occur through brief contacts in which the school psychologist monitors intervention integrity and side effects (Sanetti & Kratochwill, 2013) and possibly brainstorms with the consultee ways to revise the plan and its use. For case-centered consultation, DiPerna and Elliott (2000) developed a series of Intervention Record forms for teachers, parents, and students. These Intervention Record forms are based on the effective teaching literature and provide respondents opportunities to indicate how helpful and how feasible specific intervention tactics are likely to be with a given student. These Intervention Record forms are an example of trying to enhance the likelihood that the interventions selected are acceptable and that a consultee will be able to implement them. The school psychologist's role may also involve observations to monitor child and consultee behaviors or training sessions to enhance the skills of the individual who is executing the intervention plan.

Major Tasks of Implementation
During plan implementation, the three major tasks that must be accomplished include skill development of

consultees (if necessary), monitoring of the implementation process, and plan revisions. Typically, the school psychologist must determine whether the consultee has the skills to carry out the plan. If skill development is required, the consultee must be offered some type of professional development or guidance (Kratochwill et al., 2008). Skill development might be offered through direct instruction by the school psychologist, modeling of the intervention, videotaping, Web-based instruction, self-instructional materials, and/or formal training offered by others. Many evidence-based interventions are accompanied by a manual or protocol that can be used to train consultees or engage them in a self-instructional process of training.

A second task is to monitor data to determine if assessment and implementation are occurring as intended. Consultee records usually are examined to assess child outcome. This process usually will indicate to the school psychologist when progress-monitoring data are being gathered, how the performance of the child is being assessed, and what behaviors are being observed.

Treatment Integrity

Plan implementation must also be monitored. Assessment of plan implementation is referred to as treatment integrity and corresponds to the degree to which intervention components are delivered to the student as planned (Sanetti & Kratochwill, 2014). Several proposed dimensions of treatment integrity can be assessed during the plan implementation stage of consultation.

Adherence is related to the intervention steps delivered to a student in an intervention session. Quality refers to a rating of the qualitative aspects of intervention delivery. Exposure is related to the quantitative side of the interventions, such as the number of intervention sessions the student receives or the duration of an intervention session. Program differentiation is important for examining whether the intervention components constitute unique strategies different from those the student is receiving elsewhere in the classroom. Finally, student

responsiveness, or engagement in the intervention sessions, may also be a critical dimension to assess throughout the plan implementation stage (Dane & Schneider, 1998; Sanetti & Kratochwill, 2014). The school psychologist and parent or teacher should decide the dimensions that are most critical to effective intervention implementation.

The goal of monitoring treatment integrity in consultation is to determine whether the student consistently receives the plan developed in the problem analysis stage. This information is integrated with student progress monitoring data on the areas of concern. The school psychologist can combine treatment integrity and student data to inform decision making in hopes of helping the student reach intervention goals. The decision will involve continuing the intervention as planned, or only currently implemented steps that are demonstrating effectiveness; providing additional implementation support to the parent or teacher to implement the plan as originally intended; or changing the intervention plan to improve student progress (Sanetti, Fallon, & Collier-Meek, 2011). Table 30.1 outlines these decisions on the basis of treatment integrity and student data.

Monitoring of treatment integrity and student data is helpful in determining whether the intervention was actually responsible for any changes seen in the student, and thereby concluding that there was a functional relationship between the intervention components and the area of concern for the student (Sanetti, Gritter, & Dobey, 2011; Sanetti & Kratochwill, 2014). It is important to know the intervention components that are believed to improve the student's academic or behavioral concern. As a result, the intervention could be used in the future for a problem recurrence or setting generalization with the same student, or with a new student demonstrating similar concerns (Lane, Bocian, MacMillan, & Gresham, 2004; Sanetti, Gritter, et al., 2011).

Intervention Integrity and Accountability

Treatment integrity evaluation during consultation is also an important consideration for accountability

Table 30.1. Decisions for Combining Student Outcome and Treatment Integrity Data

	Improved Student Outcomes	No or Insufficient Progress Toward the Goal
High treatment integrity	Continue implementation of the current intervention plan.	Change the intervention plan by selecting an alternative evidence-based practice appropriate for the student.
Low treatment integrity	Change the intervention plan to reflect effective components.	Identify a strategy to increase treatment integrity for the current intervention plan.

related to federal legislation and RTI. The provision of evidence-based interventions to students is a requirement in the 2001 No Child Left Behind Act and the 2004 Individuals with Disabilities Improvement Act. The inclusion of treatment integrity assessment plans is a key step in accounting for mandated access to interventions that are effective. The information regarding whether an intervention was implemented is a component used in the RTI decision-making process for individual students. Without data to verify that an intervention was implemented, it cannot be confirmed that the intervention was implemented as intended. Thus, lack of progress may unfairly be attributed to a failure of true response rather than the lack of intervention implementation (Noell & Gansle, 2006). Thus, the validity of intervention decisions in RTI can be compromised if treatment integrity data are not collected.

Methods for Monitoring Treatment Integrity

Several methods of data collection have been proposed to assist in the measurement of treatment integrity in consultation for the purposes of decision making. These methods include self-report, direct observation, and permanent products (Sanetti, Fallon, et al., 2011). It is recommended that data collection be continuous throughout the plan implementation stage. Furthermore, it should include assessment of all relevant dimensions to treatment integrity as logistics and resources of the intervention permit (Sanetti & Kratochwill, 2014). The data collected through these methods can inform decisions made about student RTI across tiers of support.

Revision of the Intervention

Changes should be made in the intervention plan when necessary. If circumstances and/or the program are not changing in the desired direction and treatment integrity is low, plan revision should occur. Generally, this outcome will require the school psychologist and consultees to return again to the problem analysis phase to further analyze variables such as the setting, intrapersonal child characteristics, skill deficits or social competencies, or system barriers. Likewise, it may be necessary to return to the problem identification stage if it is determined that the nature of the problem has changed.

Stage 5: Plan Evaluation

Plan evaluation is the final stage of consultation with the objective of establishing a sound basis for interpreting outcomes of the intervention for the targeted issue or problem and providing a forum for evaluating plan effectiveness. The rigor of evaluation involved in research may not be used consistently in practice, but good evidence to verify outcomes should be routine in case consultation efforts. The use of single-case research designs, as recommended in some approaches to evaluation of RTI (e.g., Brown-Chidsey & Steege, 2006), are very difficult to use in practice as they are quite complex (Kratochwill & Piersel, 1983). The procedures involving case study evaluation and discussed by Stoiber and Kratochwill (2002) and Kratochwill (1985) are recommended as an option and are discussed below.

Case Study Evaluation Methods

One approach that can be used by the school psychologist to evaluate consultation outcomes is to use case study methods that involve elements of single-case research design but do not use the replication features that are required in these methods (Kratochwill, 1985). This process typically involves using a basic AB design framework where a baseline assessment (A) is followed by the intervention (B). A variety of strategies can be invoked to improve the inferences that can be drawn from the outcomes assessment, including, for example, consideration of the history of the problem, quality assessment methods that are used repeatedly, the size of the effect, and monitoring of the integrity of the treatment. With quality indicators as part of the process, such practice-based evidence can even be used to inform the field about the elements of how certain evidence-based interventions are effective in school settings (Kratochwill et al., 2012).

Outcome Criteria

When the reported discrepancy between the child's behavior and the desired level of functioning is reduced significantly or eliminated, when academic and/or social competencies have been acquired, and when the intervention is acceptable to both the parent/teacher and child, the school psychologist and consultee decide whether consultation should be terminated. Outcome criteria should include maintenance of the desired behavior over time and generalization across multiple settings and conditions. In theory, consultation is not concluded until the discrepancy between the existing and desired circumstances are addressed substantively and an acceptable maintenance plan is in place. Criteria such as overall improvement in the quality of life (social and academic) and system change can also be invoked

but may require a developmental focus in case consultation. Therefore, it is often necessary to recycle through previous stages of consultation and reevaluate refined or newly implemented interventions.

Evaluation Interview

Plan evaluation can be implemented through a formal plan evaluation interview and typically is undertaken to determine whether the goals of consultation have been attained. The process of evaluation includes assessment of goal attainment, plan effectiveness, and implementation planning. The first major step in plan evaluation is to decide whether the actual goals previously agreed upon have been met. This decision is determined through discussion with the consultee and observation of the client's behavior. Again, the goal attainment framework of Outcomes: Planning, Monitoring, Evaluating can be very useful in making decisions about the goals of consultation and can be continued during this phase. The process of evaluating goal attainment was first initiated during problem identification, where the objectives and procedures for measuring mastery were specified. When Outcomes: Planning, Monitoring, Evaluating is used, specific benchmarks for each consultation goal are indicated. The data gathered subsequent to the problem identification phase should provide some evidence as to whether there is congruence between objectives and the problem solution. Basically, this step occurs on the basis of the data collected, but additional strategies might be invoked as well, such as social validation criteria specified in Outcomes: Planning, Monitoring, Evaluating. That is, the school psychologist will want to know, for example, whether the child reached some clinically established level of change and whether the intervention program brought the child's performance within a range of acceptable behavior as compared to typical peers. Determination of the congruence between behavior and objectives generally leads the school psychologist to conclude that no progress was obtained, some progress was made, or the actual goal was attained.

Goal Attainment Scaling

Advances in the evaluation of intervention effects and consultation outcomes continue to appear in the research literature. Several of these advances have been used in the evaluation of community mental health services and supplement the case study and social validation strategies that have traditionally been used by school psychologists. One of the most practical strategies is goal attainment scaling (see Stoiber & Kratochwill,

2002). Briefly, there are several different approaches to using a goal attainment framework. The basic tactic, however, is one in which a consultee would be asked to describe five to seven levels of intervention outcome. The most unfavorable outcome described is given a -2 or -3 rating, a no change outcome is given a 0 rating, and the most favorable outcome is given a +2 or +3 rating. Ratings of -1 to -2 and +1 to +2 are ascribed to benchmark descriptions of outcomes that are situated between the most unfavorable and expected outcome and the most favorable and expected outcome, respectively. Outcomes: Planning, Monitoring, Evaluating can be used to obtain daily or weekly measures on intervention progress, as well as final outcome perceptions from a consultee. Goal attainment scaling is a sensitive system since both overattainment and underattainment of objectives can be rated. Outcomes: Planning, Monitoring, Evaluating has specific application to prevention program application and can be very useful in RTI multitiered model implementation and evaluation.

Postimplementation Planning

Once it has been determined that the problem has been solved, post-implementation planning occurs to help ensure that the particular problem does not occur again. There are some alternatives available for the school psychologist and parent/teacher in designing postimplementation plans. One strategy is to leave the plan in effect. Typically, however, a plan that is put into effect will need to be modified (another alternative) to facilitate maintenance of program outcomes over time. There is considerable evidence in the intervention literature that specific tactics are needed to facilitate maintenance and generalization of intervention outcomes, and these tactics must be accomplished during this phase of consultation. Generalization may occur naturally, but more likely it will need to be programmed. Several factors have been identified that have a bearing on the generalization of skills (Haring, 1988; White et al., 1988). White et al. (1988) lists the strategies for facilitating generalization, along with a definition and example. The summary is based on the seminal work of Stokes and Baer (1977) and can serve as a useful guideline for school psychologists.

Another major objective that should occur during the plan evaluation interview is discussion of postimplementation recording. Generally, this procedure refers to the process of continuing record-keeping activities to determine whether the problem occurs in the future. Usually, the school psychologist and consultee select

periodic measures that are convenient to use and may maintain specific features of the original plan to facilitate this data collection process. The school psychologist should consider conducting postplan implementation acceptability assessment as well. These procedures can be implemented informally or more formally with acceptability instrumentation (Elliott, 1988b). The parent or teacher should notify the school psychologist of any reoccurrence of the problem behaviors that might be indicated. These issues usually can be brought to the school psychologist's attention and specific tactics set up to establish a system to analyze the problems.

Consultation With Culturally and Linguistically Diverse Populations

Student demographics within U.S. schools continue to increase in diversity. Over a period of 13 years, the number of Caucasian students within the school population has decreased by 10%, while the percentage of students from a Hispanic background increased by 8% (Snyder & Dillow, 2011). Not only are the numbers of minority students growing, but the number of students with English as a second language also continues to grow. It is predicted that 40% of the student population will speak English as a second language by the year 2030 (U.S. Department of Education & National Institute of Child Health and Human Development, 2003). With the increasing diversity of the student population within schools, it is essential for consultants to understand the most appropriate manner to work with teachers, families, and students from culturally and linguistically diverse backgrounds.

Best practices for the delivery of consultation services to culturally and linguistically diverse teachers, students, and families suggest the need to strengthen consultant knowledge of the attitudes, values, customs, languages, and behaviors of diverse cultures (Jones & Florell, 2009; Whaley & Davis, 2007). When working with teachers and families regarding a culturally and linguistically diverse student, there are a number of specific factors to examine that may inform decisions on the identification of academic or behavioral problems. Albers, Mission, and Bice-Urbach (2013) suggest that the English proficiency of the child, the type of instruction the student is receiving, the mobility of the student, the quality of prior schools, the attendance at school, and the ecological variables that have an impact on behavior are all important factors to consider when working with

diverse populations. These variables are especially important when engaging in the problem identification stage of problem-solving consultation.

When engaging in a problem-solving approach, it is important to understand that each consultation brings unique and diverse factors that must be considered on an individual basis. Although group differences may exist between diverse cultures, students and families tend to be highly heterogeneous (August & Shanahan, 2006). Owing to both between-group and within-group differences for culturally and linguistically diverse students, the problem-solving process needs to emphasize appropriate assessment for identifying a problem and useful adaptations when choosing and implementing an appropriate intervention.

Currently, consultants must be mindful of the appropriateness of assessments, measurement tools, and interventions for diverse populations. When identifying the problem in a consultation for a culturally and linguistically diverse student, not only is it important to consider cultural factors that may have an impact on student behavior, but it also is important to consider the appropriateness of the assessments. One challenge in providing consultation services to these populations is that many assessments and interventions have not been thoroughly evaluated for work with diverse populations (Ortiz, Flanagan, & Dynda, 2008; Whaley & Davis, 2007). Once a problem has been accurately identified, consultants must help consultees find an evidence-based intervention that is appropriate for the cultural differences of the students. This process often requires cultural adaptations in an intervention (Wood, Chiu, Hwang, Jacobs, & Ifekwunigwe, 2008). Specific culturally responsive elements that could be utilized within an intervention include involving family within the intervention; being aware of the influence of culture, ethnicity, and spirituality on behavior; providing culturally specific examples within intervention; using consultants from a similar ethnic background; and emphasizing that the interventionist should act as a coach instead of as a teacher (Huey & Polo, 2008).

Given the likelihood of working with teachers, families, and students from culturally and linguistically diverse backgrounds, consultants must continually engage in reflection of how their own cultural background has an impact on their practice and how cultural differences have an impact on the utility of assessments and interventions. By engaging in this continual reflection, consultants can ensure that they are practicing in a culturally competent manner. This process therefore ensures that consultees and students

are being provided with the best consultation services for their unique needs.

Some Final Perspectives

Research documenting the effectiveness of consultation has been organized around four areas of investigation: (a) outcome research, (b) process research, (c) practitioner utilization, and (d) training research (White & Kratochwill, 2008). To these considerations we add a perspective on developmental considerations in this practice and how school psychologists can evaluate their own effectiveness, or outcomes, when providing consultation services.

Outcome Research

Overall, problem-solving consultation is a rapidly growing area with increasing empirical support (e.g., Sheridan et al., 2012). Research addressing outcomes of consultation documents the effectiveness of consultation in remediating academic and behavior problems manifested by children in school settings. Likewise, these same studies suggest that changes result in the teacher's and parent's behavior, knowledge, attitudes, and perceptions. Although consultation traditionally has been directed toward a single client (i.e., teacher), it can also be applied successfully with a number of mediators (e.g., peer consultation, conjoint consultation; see Kratochwill & Pittman, 2002) and formats (e.g., teleconsultation). A collaborative problem-solving model whereby the school psychologist, teacher, and parent share information, value each other's input, and incorporate each other's perspective in developing the intervention plan is considered to afford great benefits. Yet, little outcome research has been conducted on consultation problem-solving applications with groups and systems (Kratochwill & Pittman, 2002) and especially with multitiered models of prevention. Research in the area of teleconsultation is in its infancy.

Process Research

Typically, process research has focused on case-focused problem identification, since the consultant's ability to elicit a clear description of the problem has been identified as the best predictor of plan implementation and problem solution (e.g., Bergan & Tombari, 1975, 1976). Studies in this area also have focused on comparing consultation effectiveness with other forms of service delivery (Medway, 1979). Yet, it remains difficult to draw conclusions from the studies addressing variables associated with the process of consultation due to limitations in scope, theoretical base, and research methodology (Gresham & Kendell, 1987; Frank & Kratochwill, in press).

Practitioner Utilization

Traditionally, studies on practitioner utilization have suggested that school-based case consultation is a preferred activity for school psychologists (e.g., Gutkin & Curtis, 1981; Meacham & Peckham, 1978). Many school psychologists have traditionally engaged in consultation activities (Curtis, Walker, Hunley, & Baker, 1999), but many practitioners identify limitations to implementing consultation due to time constraints and lack of consultee commitment (Gresham & Kendell, 1987). Both individual consultant–consultee and system issues must be addressed to deal with those constraints.

Practitioner Self-Assessment

Careful self-evaluation of consultation services will have an impact on their future use as an alternative to traditional assessment and intervention practices in educational settings and may result in an increased emphasis on the development of formalized training in school psychology programs. The quality of consultation services can be evaluated in several ways. One important indicator of the effectiveness of consultation services is the client outcome that is achieved through the problem-solving process. Actual client improvement in academic and/or behavioral areas is possible to document through the plan evaluation strategies noted above. Second, consultee and client satisfaction with the intervention and services can be used to self-assess the quality of problem solving. Third, the school psychologist can use various record forms and protocols that structure each component of the consultation problem-solving process. Protocols for this process are available for both case-centered (Kratochwill & Bergan, 1990) and conjoint consultation (Sheridan & Kratochwill, 2008). These self-assessment strategies can contribute to the evidence-based practice of school psychology and have a positive impact on the quality of consultation services.

SUMMARY

There has never been a time in the history of the field of school psychology when consultation has been more relevant and appropriate for the provision of prevention and intervention services. Problem-solving consultation can be conceptualized as a five-stage approach that uses broad-based behavioral, evidence-based interventions or

practices, and collaborative methods as the basis for the consultation process. The major features of consultation include its indirect service delivery approach and problem-solving focus. Consultation has two principal goals. The first goal is to produce positive outcomes for a system, consultees, and clients indirectly through collaborative problem solving between a consultant (school psychologist) and consultee (e.g., parent/teacher, problem-solving team, peers, administrators). A second, yet equally important, goal of consultation is to empower consultees with skills that will enable future independent problem solving at the system, classroom, and individual levels. In this regard, the consultation approach outlined in this chapter can be thought of as a practice guideline for school psychologists.

A growing body of research has accumulated on the positive outcomes of problem-solving consultation, including approaches that involve conjoint consultation between school and home. Additionally, the practice of problem-solving consultation is expanding rapidly. In particular, there is a strong movement toward problem-solving consultation in school settings at the systems level to the exclusion of traditional refer–test–place practices largely due to the RTI movement. Building the consultation skills of current school psychologists and developing skills of those in graduate programs will have an impact on its future use as an alternative to traditional assessment and intervention practices in educational settings. In turn, these developments would contribute to the practice of school psychology and affect the children, teachers, parents, and systems receiving psychological and educational services.

AUTHOR NOTE

Disclosure. Thomas R. Kratochwill has a financial interest in books he authored or coauthored that are referenced in this chapter.

REFERENCES

Albers, C. A., Glover, T. A., & Kratochwill, T. R. (2007). Introduction to the special issue: How can universal screening enhance educational and mental health outcomes? *Journal of School Psychology*, *45*, 113–116.

Albers, C. A., Kratochwill, T. R., & Glover, T. A. (2007). What we are, and where do we go now? Universal screening for enhanced educational and mental health outcomes. *Journal of School Psychology*, *45*, 257–263.

Albers, C. A., Mission, P. L., & Bice-Urbach, B. (2013). Considering diverse learner characteristics in problem-solving assessment. In R. Brown-Chidsey & K. J. Andren (Eds.), *Assessment for intervention: A problem-solving approach* (2nd ed., pp. 101–122). New York, NY: Guilford Press.

August, D., & Shanahan, T. (2006). *Developing literacy in second-language learners: Report of the National Literacy Panel on language, minority children and youth.* Hillsdale, NJ: Erlbaum.

Bergan, J. R. (1977). *Behavioral consultation.* Columbus, OH: Merrill.

Bergan, J. R., & Kratochwill, T. R. (1990). *Behavioral consultation in applied settings.* New York, NY: Plenum Press.

Bergan, J. R., & Tombari, M. L. (1975). The analysis of verbal interactions occurring during consultation. *Journal of School Psychology*, *14*, 3–14.

Bergan, J. R., & Tombari, M. L. (1976). Consultant skill and efficiency and the implementation and outcome of consultation. *Journal of School Psychology*, *14*, 3–14.

Brown, D., Pryzwansky, W. B., & Schulte, A. C. (2011). *Psychological consultation and collaboration: Introduction to theory and practice* (7th ed.). Boston, MA: Pearson.

Brown-Chidsey, R., & Andren, K. J. (2013). *Assessment for intervention: A problem-solving approach* (2nd ed.). New York, NY: Guilford Press.

Brown-Chidsey, R., & Steege, M. W. (2006). *Response to intervention: Principles and strategies for effective instruction.* New York, NY: Guilford Press.

Brownlee, K., Graham, J. R., Doucette, E., Hotson, N., & Halverson, G. (2010). Have communication technologies influenced rural social work practice? *British Journal of Social Work*, *40*, 622–637.

Carrington Rotto, P., & Kratochwill, T. R. (1994). Behavioral consultation with parents: Using competency-based training to modify child noncompliance. *School Psychology Review*, *23*, 669–693.

Coffee, G., & Kratochwill, T. R. (2013). Examining teacher use of praise taught during behavioral consultation: Implementation and generalization considerations. *Journal of Educational and Psychological Consultation*, *23*, 1–25.

Curtis, M. J., Walker, K. J., Hunley, S. A., & Baker, A. C. (1999). Demographic characteristics and professional practices in school psychology. *School Psychology Quarterly*, *28*, 104–116.

Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: Are implementation effects out of control? *Clinical Psychology Review*, *18*, 23–45.

DiPerna, J. C., & Elliott, S. N. (2000). *The Academic Competence Evaluation Scales.* San Antonio, TX: The Psychological Corporation.

DiPerna, J. C., Elliott, S. N., & Shapiro, E. S. (2000). *The Academic Intervention Monitoring System.* San Antonio, TX: The Psychological Corporation.

Doll, B., Gaack, K., Kosse, S., Osterloh, M., & Siemers, E. (2005). The dilemma of pragmatics: Why schools don't use quality team consultation practices. *Journal of Educational and Psychological Consultation*, *16*, 127–155.

Dunst, C. J., & Trivette, C. M. (1988). Helping, helplessness, and harm. In J. C. Witt, S. N. Elliott, & F. M. Gresham (Eds.), *The handbook of behavior therapy in education* (pp. 343–376). New York, NY: Plenum Press.

Elliott, S. N. (1988a). Acceptability of behavioral treatments: A review of variables that influence treatment selection. *Professional Psychology: Research and Practice*, *19*, 68–80.

Elliott, S. N. (1988b). Acceptability of behavioral treatment in educational settings. In J. C. Witt, S. N. Elliott, & F. M. Gresham

(Eds.), *The handbook of behavior therapy in education* (pp. 121–150). New York, NY: Plenum Press.

Elliott, S. N., Huai, N., & Roach, A. T. (2007). Universal and early screening for educational difficulties: Current and future approaches. *Journal of School Psychology*, *45*, 137–161.

Frank, J. L., & Kratochwill, T. R. (in press). School-based problem-solving consultation: Plotting a new course for evidence-based research and practice in consultation. In W. C. Eurchl & S. M. Sheridan (Eds.), *Handbook of research in school consultation: Empirical foundations for the field*. Mahwah, NJ: Erlbaum.

Germain, V., Marchand, A., Bouchard, S., Guay, S., & Drouin, M. (2010). Assessment of the therapeutic alliance in face-to-face or videoconference treatment for posttraumatic stress disorder. *Cyberpsychology, Behavior, and Social Networking*, *13*, 29–35.

Gettinger, M., & Stoiber, K. C. (2009). Excellence in teaching: Review of instructional and environmental variables. In C. R. Reynolds & T. B. Gutkin (Eds.), *The handbook of school psychology* (4th ed., pp. 769–790). Hoboken, NJ: Wiley.

Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child and Family Psychology Review*, *5*, 233–253.

Glisson, C. (2007). Assessing and changing organizational culture and climate for effective services. *Research on Social Work Practice*, *17*, 736–747.

Glueckauf, R. L., & Ketterson, T. U. (2004). Telehealth interventions for individuals with chronic illness: Research review and implications for practice. *Professional Psychology: Research and Practice*, *35*, 615–627.

Glueckauf, R. L., Pickett, T. C., Ketterson, T. U., Loomis, J. S., & Rozensky, R. H. (2003). Preparation for the delivery of telehealth services: A self-study framework for expansion of practice. *Professional Psychology: Research and Practice*, *34*, 159–163.

Gravois, T. A., Groff, S., & Rosenfield, S. (2009). Teams as value-added consultation services. In T. B. Gutkin & C. R. Reynolds (Eds.), *The handbook of school psychology* (4th ed., pp. 808–820). Hoboken, NJ: Wiley.

Gresham, F. M. (2006). Response to intervention. In G. G. Bear & K. M. Minke (Eds.), *Children's needs III: Development, prevention, and intervention* (pp. 525–540). Bethesda, MD: National Association of School Psychologists.

Gresham, F. M., & Kendell, G. K. (1987). School consultation research: Methodological critique and future research directions. *School Psychology Review*, *16*, 306–316.

Gutkin, T. B., & Curtis, M. J. (1981). School-based consultant: The indirect service delivery concept. In M. J. Grimes & J. E. Zins (Eds.), *The theory and practice of school consultation* (pp. 219–226). Springfield, IL: Charles C. Thomas.

Gutkin, T. B., & Curtis, M. J. (1999). School-based consultation theory and practice: The art and science of indirect service delivery. In C. R. Reynolds & T. B. Gutkin (Eds.), *The handbook of school psychology* (3rd ed., pp. 598–637). Hoboken, NJ: Wiley.

Haring, N. G. (1988). A technology for generalization. In N. G. Haring (Ed.), *Generalization for students with severe handicaps: Strategies and solutions* (pp. 5–11). Seattle, WA: University of Washington Press.

Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology*, *37*, 262–301.

Hurwitz, J. T., Rehberg, E. A., & Kratochwill, T. R. (2007). Dealing with school systems and teachers. In M. Hersen & J. C. Thomas (Eds.), *Comprehensive handbook of interviewing: Vol. 2. Interviewing children, their parents, and teachers* (pp. 95–114). Thousand Oaks, CA: SAGE.

Jones, J., & Florell, D. (2009, April). *NASP dialogues: Interview with Janine Jones* [Audio podcast]. Retrieved from http://www.nasponline.org/resources/podcasts/multiculturalism.aspx

Kincaid, D., Childs, K., Blase, K. A., & Wallace, F. (2007). Identifying barriers and facilitators in implementing school-wide positive behavior support. *Journal of Positive Behavior Interventions*, *9*, 174–184.

Kratochwill, T. R. (1985). Case study research in school psychology. *School Psychology Review*, *14*, 204–215.

Kratochwill, T. R., & Bergan, J. R. (1990). *Behavioral consultation in applied settings: An individual guide*. New York, NY: Plenum Press.

Kratochwill, T. R., Clements, M. A., & Kalymon, K. M. (2007). Response to intervention: Conceptual and methodological issues in implementation. In S. R. Jimerson, M. K. Burns, & A. M. VanDerHeyden (Eds.), *The handbook to response to intervention: The science and practice of assessment and intervention* (pp. 25–52). New York, NY: Springer.

Kratochwill, T. R., Hoagwood, K. E., Kazak, A. E., Weisz, J., Vargas, L. A., & Banez, G. A. (2012). Practice-based evidence for children and adolescents: Advancing the research agenda in schools. *School Psychology Review*, *41*, 215–234.

Kratochwill, T. R., Hoagwood, K. E., White, J., Levitt, J. M., Romanelli, L. H., & Saka, N. (2009). Evidence-based interventions and practices in school psychology: Challenges and opportunities for the profession. In T. Gutkin & C. Reynolds (Eds.), *Handbook of school psychology* (4th ed., pp. 497–521.). Hoboken, NJ: Wiley.

Kratochwill, T. R., & Piersel, W. C. (1983). Time-series research: Contributions to empirical clinical practice. *Behavioral Assessment*, *5*, 165–176.

Kratochwill, T. R., & Pittman, P. (2002). Defining constructs in consultation: An important training agenda. *Journal of Educational and Psychological Consultation*, *12*, 65–91.

Kratochwill, T. R., & Shernoff, E. (2004). Evidence-based practice: Promoting evidence-based interventions in school psychology. *School Psychology Quarterly*, *18*, 389–408.

Kratochwill, T. R., Volpiansky, P., Clements, M., & Ball, C. (2008). Professional development in implementing and sustaining multitier prevention models: Implications for response to intervention. *School Psychology Review*, *36*, 618–631.

Lane, K. L., Bocian, K. M., MacMillan, D. L., & Gresham, F. M. (2004). Treatment integrity: An essential—but not forgotten—component of school-based interventions. *Preventing School Failure*, *48*, 36–43.

Machalicek, W., O'Reilly, M., Chan, J. M., Rispoli, M., Lang, R., Davis, T., … Langthorne, P. (2009). Using videoconferencing to support teachers to conduct preference assessments with students with autism and developmental disabilities. *Research in Autism Spectrum Disorders*, *3*, 32–41.

Maheu, M. M., Pulier, M. L., McMenamin, J. P., & Posen, L. (2012). Future of telepsychology, telehealth, and various technologies in psychological research and practice. *Professional Psychology: Research and Practice*, *43*, 613–621.

McGinty, K. L., Saeed, S. A., Simmons, S. C., & Yildirim, Y. (2006). Telepsychiatry and e-mental health services: Potential for improving access to mental health care. *Psychiatric Quarterly*, *77*, 335–342.

Meacham, M. L., & Peckham, P. D. (1978). School psychologists at three-quarters century: Congruence between training, practice, preferred role, and competence. *Journal of School Psychology*, *16*, 195–206.

Medway, F. J. (1979). How effective is school consultation? A review of recent research. *Journal of School Psychology*, *17*, 275–282.

Mihalic, S., Irwin, K., Fagan, A., Ballard, D., & Elliott, D. (2004). *Successful program implementation: Lessons from Blueprints* (No. NCJ 204273). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile and Delinquency Programs.

Myrick, R. D., & Sabella, R. A. (1995). Cyberspace: New place for counselor supervision. *Elementary School Guidance and Counseling*, *30*, 35–44.

National Association of School Psychologists. (2010). *Model for comprehensive and integrated school psychological services*. Bethesda, MD: Author. Retrieved from http://www.nasponline.org/standards/2010standards/2_PracticeModel.pdf

National Association of State Directors of Special Education. (2005). *Response to intervention: Policy considerations and implementation*. Alexandria, VA: Author.

Noell, G. H., & Gansle, K. A. (2006). Assuring the form has substance: Treatment plan implementation as the foundation of assessing response to intervention. *Assessment for Effective Intervention*, *32*, 32–39.

Novotney, A. (2011). A new emphasis on telehealth: How can psychologists stay ahead of the curve—and keep patients safe? *Monitor on Psychology*, *42*(6), 40–44.

Ortiz, S. O., Flanagan, D. P., & Dynda, A. M. (2008). Best practices in working with culturally diverse children and families. In A. Thomas & J. Grimes (Eds.), *Best Practices in School Psychology V* (pp. 1721–1738). Bethesda, MD: National Association of School Psychologists.

Parsons, R., & Meyers, J. (1984). *Developing consultation skills: A guide to training, development, and assessment for human services professionals*. San Francisco, CA: Jossey-Bass.

Reschly, D. K. (1988). Special education reform: School psychology revolution. *School Psychology Review*, *17*, 465–481.

Rosenfield, S. A., & Gravois, T. A. (1996). *Instructional consultation teams: Collaborating for change*. New York, NY: Guilford Press.

Rule, S., Salzberg, C., Higbee, T., Menlove, R., & Smith, J. (2006). Technology-mediated consultation to assist rural students: A case study. *Rural Special Education Quarterly*, *25*(2), 3–7.

Sanetti, L. M. H., Fallon, L. M., & Collier-Meek, M. A. (2011). Treatment integrity assessment and intervention by school-based personnel: Practical applications based on a preliminary study. *School Psychology Forum: Research in Practice*, *5*, 87–102.

Sanetti, L. M. H., Gritter, K. L., & Dobey, L. M. (2011). Treatment integrity of interventions with children in school psychology literature from 1995 to 2008. *School Psychology Review*, *40*, 72–84.

Sanetti, L. M. H., & Kratochwill, T. R. (2013). Treatment integrity assessment within a problem-solving model. In R. Brown-Chidsey & K. J. Andren (Eds.), *Assessment for intervention: A problem-solving approach* (2nd ed., pp. 304–325). New York, NY: Guilford Press.

Sanetti, L. M. H., & Kratochwill, T. R. (2014). *Treatment integrity: Conceptual, methodological, and applied considerations for practitioners and researchers*. Washington, DC: American Psychological Association.

Sheridan, S. M., Bovird, J. A., Glover, T. A., Garbacz, A., Witte, A., & Kwon, K. (2012). A randomized trial examining the effects of conjoint behavioral consultation and the mediating role of the parent–teacher relationship. *School Psychology Review*, *41*, 23–46.

Sheridan, S. M., Eagle, J. W., & Doll, B. (2006). An examination of the efficacy of conjoint behavioral consultation with diverse clients. *School Psychology Quarterly*, *21*, 396–417.

Sheridan, S. M., & Kratochwill, T. R. (2008). *Conjoint behavioral consultation: Promoting family–school connections and interventions*. New York, NY: Springer.

Sheridan, S. M., & Walker, D. (1999). Social skills in context: Considerations for assessment, intervention, and generalization. In C. R. Reynolds & T. B. Gutkin (Eds.), *The handbook of school psychology* (3rd ed., pp. 686–708). Hoboken, NJ: Wiley.

Sheridan, S. M., Welch, M., & Orme, S. F. (1996). Is consultation effective: A review of outcome research. *Remedial and Special Education*, *17*, 341–354.

Snyder, T. D., & Dillow, S. A. (2011). *Digest of education statistics 2010* (NCES 2011-2015). Washington, DC: U.S. Department of Education, National Center for Education Statistics, Institute of Education Sciences.

Stoiber, K. C., & Kratochwill, T. R. (2000). Empirically supported interventions in schools: Rationale and methodological issues. *School Psychology Quarterly*, *15*, 75–105.

Stoiber, K. C., & Kratochwill, T. R. (2001). *Outcomes: Planning, Monitoring, Evaluating*. San Antonio, TX: The Psychological Corporation.

Stokes, T. F., & Baer, D. B. (1977). An implicit technology of generalization. *Journal of Applied Behavior Analysis*, *10*, 349–367.

U.S. Department of Education & National Institute of Child Health and Human Development. (2003). *National symposium on learning disabilities in English language learners: Symposium summary*. Washington, DC: Author.

Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services: A complementary perspective. *American Psychologist*, *62*, 563–574.

White, J. L., & Kratochwill, T. R. (2005). Practice guidelines in school psychology: Issues and directions for evidence-based interventions in practice and training. *Journal of School Psychology*, *43*, 99–115.

White, J. L., & Kratochwill, T. R. (2008). School-based problem-solving consultation: Plotting a new course for evidence-based research and practice in consultation. In W. C. Erchul & S. M. Sheridan (Eds.), *Handbook of research in school consultation: Empirical foundations for the field* (pp. 13–30). Mahwah, NJ: Erlbaum.

White, O. R., Liberty, K. A., Haring, N. G., Billingsley, F. F., Boer, M., Burrage, A., … Sessoms, I. (1988). Review and analysis of strategies for generalization. In N. G. Haring (Ed.), *Generalization for students with severe handicaps: Strategies and solutions* (pp. 15–51). Seattle, WA: University of Washington Press.

Wickstrom, K. F., & Witt, J. C. (1993). Resistance within school-based consultation. In J. Zins, T. R. Kratochwill, & S. N. Elliott (Eds.), *Handbook of consultation services for children* (pp. 159–178). San Francisco, CA: Jossey-Bass.

Witt, J. C., & Elliott, S. N. (1983). Assessment in behavioral consultation: The initial interview. *School Psychology Review*, *12*, 42–49.

Witt, J. C., & Elliott, S. N. (1985). Acceptability of classroom intervention strategies. In T. R. Kratochwill (Ed.), *Advances in school psychology* (Vol. 4, pp. 251–288). Hillsdale, NJ: Erlbaum.

Witt, J. C., & Martens, B. K. (1988). Problems with problem-solving consultation: A reanalysis of assumptions, methods, and goals. *School Psychology Review*, *17*, 211–226.

Wood, J. J., Chiu, A. W., Hwang, W., Jacobs, J., & Ifekwunigwe, M. (2008). Adapting cognitive-behavioral therapy for Mexican American students with anxiety disorders: Recommendations for school psychologists. *School Psychology Quarterly*, *23*, 515–532.

Ysseldyke, J., & Christenson, S. (2002). *Functional assessment of academic behavior: Creating successful learning environments*. Longmont, CO: Sopris West.

APPENDIX. BEHAVIOR INTERVENTION RATING SCALE AND THE CHILDREN'S INTERVENTION RATING PROFILE

Behavior Intervention Rating Scale

You have just read about a child with a classroom problem and a description of an intervention for improving the problem. Please evaluate the intervention by circling the number which best describes *your* agreement or disagreement with each statement. You *must* answer each question.

	Strongly Disagree	Disagree	Slightly Disagree	Agree	Strongly Agree
1. This would be an acceptable intervention for the child's problem behavior.	1	2	3	4	5
2. Most teachers would find this intervention appropriate for behavior problems in addition to the one described.	1	2	3	4	5
3. The intervention should prove effective in changing the child's problem behavior.	1	2	3	4	5
4. I would suggest the use of this intervention to other teachers.	1	2	3	4	5
5. The child's behavior problem is severe enough to warrant use of this intervention.	1	2	3	4	5
6. Most teachers would find this intervention suitable for the behavior problem described.	1	2	3	4	5
7. I would be willing to use this intervention in the classroom setting.	1	2	3	4	5
8. The intervention would *not* result in negative side effects for the child.	1	2	3	4	5
9. The intervention would be appropriate for a variety of children.	1	2	3	4	5
10. The intervention is consistent with those I have used in classroom settings.	1	2	3	4	5
11. The intervention was a fair way to handle the child's problem behavior.	1	2	3	4	5
12. The intervention is reasonable for the behavior problem described.	1	2	3	4	5
13. I liked the procedures used in the intervention.	1	2	3	4	5

Continued

Continued

	Strongly Disagree	Disagree	Slightly Disagree	Agree	Strongly Agree
14. The intervention was a good way to handle this child's behavior problem.	1	2	3	4	5
15. Overall, the intervention would be beneficial for the child.	1	2	3	4	5
16. The intervention would quickly improve the child's behavior.	1	2	3	4	5
17. The intervention would produce a lasting improvement in the child's behavior.	1	2	3	4	5
18. The intervention would improve the child's behavior to the point that it would not noticeably deviate from other classmates' behavior.	1	2	3	4	5
19. Soon after using the intervention, the teacher would notice a positive change in the problem behavior.	1	2	3	4	5
20. The child's behavior will remain at an improved level even after the intervention is discontinued.	1	2	3	4	5
21. Using the intervention should improve the child's behavior not only in the classroom, but also in other settings (e.g., other classrooms, home).	1	2	3	4	5
22. When comparing this child with a well-behaved peer before and after use of the intervention, the child's and the peer's behavior would be more alike after using the intervention.	1	2	3	4	5
23. The intervention should produce enough improvement in the child's behavior so the behavior no longer is a problem in the classroom.	1	2	3	4	5
24. Other behaviors related to the problem behavior also are likely to be improved by the intervention.	1	2	3	4	5

The Children's Intervention Rating Profile

	I agree				I do not agree
1. The method used to deal with the behavior problem was fair.	+	+	+	+	+
2. This child's teacher was too harsh on him.	+	+	+	+	+
3. The method used to deal with the behavior may cause problems with this child's friends.	+	+	+	+	+
4. There are better ways to handle this child's problem than the one described here.	+	+	+	+	+
5. The method used by this teacher would be a good one to use with other children.	+	+	+	+	+
6. I like the method used for this child's behavior problem.	+	+	+	+	+
7. I think that the method used for this problem would help this child do better in school.	+	+	+	+	+

Note. From ''Assessment in Behavioral Consultation: The Initial Interview,'' by J. C. Witt and S. N. Elliott, 1983, *School Psychology Review, 12*, 42–49. Copyright 1983 by National Association of School Psychologists. Reprinted with permission.