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**EVALUATING THE EFFECTS OF
COLLABORATIVE PROBLEM RESOLUTION TRAINING**

A Thesis

Presented to the

Department of Special Education and Communication Disorders

and the Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of the Requirements

for the Master of Arts Degree

in Speech-Language Pathology

University of Nebraska at Omaha

by

Andrea Skarda

July 1996

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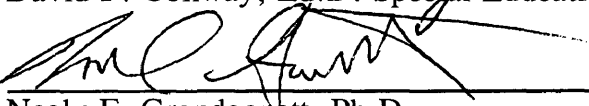
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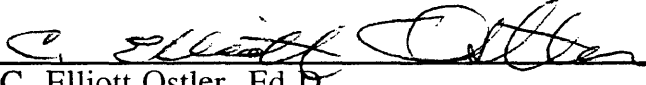
Acceptance for the faculty of the Graduate College,
University of Nebraska, in partial fulfillment of the
requirements for the Master of Arts Degree, University
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Abstract

The longitudinal effects of a collaborative consultation training program called Collaborative Problem Resolution (CPR) were evaluated in this study. A 50-item written questionnaire was completed by 27 special educators, nine general educators and one administrator. Items on the survey assessed: 1) participants' attitude toward collaborative consultation as a special education service delivery approach, 2) their current application of collaborative consultation, and 3) the knowledge retained from having participated in the 1992-93 or 1993-94 training. The training had a significant effect on participants' "knowledge", "application", and "attitude" toward the collaborative consultative approach. Participants in the CPR training who had additional collaborative consultation training generally responded more positively on all measures of "knowledge", "application", and "attitude". The value of the CPR training, as it relates to participants' current work setting was analyzed using descriptive measures.

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Running head: EVALUATING THE EFFECTS OF COLLABORATIVE PROBLEM

CHAPTER 1

Introduction

During the past fifteen years, change has been rapidly occurring in the way learning disabled and other children with special needs are being educated. Instead of educating these students in schools or classrooms separate from other children, students with special needs are more often being educated in the same room as their peer group. In fact, fewer than seven percent of all disabled children in the United States were being educated in either separate schools or separate environments by 1984 (Winzer, 1993). In addition, of those children with disabilities being educated in the regular schools, approximately two-thirds were receiving at least part of their education in the regular classroom with nondisabled peers (Winzer, 1993).

More and more, special educators and general educators are being required to communicate with one another and coordinate efforts to effectively educate all children. One approach for educating children with special needs in the regular classroom that emerged during this time frame is collaborative consultation. Collaborative consultation involves general and special educators in a problem-solving process to educate children with special needs. More specifically, collaborative consultation is:

an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems. The outcome is enhanced, altered, and produces solutions that are different from those that the individual team members would produce independently. The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their nonhandicapped peers. (Idol, Paolucci-Whitcomb & Nevin, 1986, p.1)

Defined as such, collaborative consultation is one method of providing an integrated form of service delivery. However, before collaborative consultation can be appropriately utilized, general and special educators need to be trained in the processes and procedures of this approach. Without adequate training, the likelihood that the suggested interventions will work is reduced due to the lack of training and development of the skills necessary to be an effective collaborator and consultant. In addition, without training, no reliable and/ or valid research can be accomplished regarding the effectiveness of this approach.

Thus, the purpose of this project was to determine the longitudinal effects of a training program in collaborative consultation by surveying a select group of educators who completed a staff development training program called Collaborative Problem Resolution (CPR). The CPR training program aimed to develop critical collaborative consultation skills in school personnel. This training was implemented in the academic years of 1992-93 and 1993-94. Participants were surveyed regarding their retention of training knowledge, their current application of the collaborative approach, and their attitude toward the value of collaborative consultation as well as the CPR training.

More specifically, the following questions were the focus of the investigation: 1) Have participants in the CPR training retained content knowledge regarding the processes and procedures used in collaborative consultation?; 2) What is the current status of participants' application of knowledge and skills?; 3) What factors do participants identify as either barriers or facilitators to applying collaborative consultation in their work settings?; 4) What is the participants' current evaluation of the CPR training received?; and 5) What are participants' attitudes about the value of collaborative consultation in general?

CHAPTER 2

Review of the Literature

Collaborative Consultation

Generally speaking, collaborative consultation is a decision-making process used by two adults to either prevent or solve a problem. The collaborative consultation process is guided by certain principles, including voluntary participation, reciprocity, and the prevention or resolution of identified problems (Heron & Harris, 1993; Friend & Cook, 1992).

Collaboration

"Collaboration defines how we interact, whereas consultation defines the process" (Coufal, 1993, p.4). Thus, collaboration refers to the style of interaction, describing "how one is engaging in an activity and is not the activity itself" (p.4). In order for the interaction to be truly collaborative, the following conditions must be met: mutual goals, parity, shared participation, shared resources, shared accountability, and voluntariness.

West and Cannon (1988) asked experts from the field of consultation to identify and subsequently rank consultant competencies essential to successful collaboration. The critical competencies stressed interaction/ communication skills, personal characteristics, and assessing consultation outcomes (See Consultant Competencies Subsection). These competencies are characteristic of a collaborative style. A collaborative style is a

prerequisite to successfully performing the consultation process (Coufal, 1993).

Consultation

As indicated, consultation is the process "in which one professional assists another to address a problem concerning a third party" (Friend & Cook, 1992, p.17). Thus, consultation is triadic and indirect. The three participants are the consultant, the mediator, and the target (student). The process is indirect because the mediator is the adult who directly interacts with the target to alter particular behaviors. Thus, the mediator is responsible for directly working with the child, but a successful collaborative relationship requires that the responsibilities, accountability and resources are shared by both the mediator and the consultant throughout the process. Even though the mediator is responsible for directly implementing the agreed upon strategy, the consultant contributes with "expertise during the problem solving steps and . . . ongoing observation and interviewing with mediators for the purpose of data collection and analysis " (Coufal, 1993, p.12). The five steps that are utilized in this systematic process are: 1) general orientation, 2) problem identification, 3) generation of alternatives, 4) decision-making, and 5) verification. Though it is the consultant's responsibility to guide the decision making process, the mediator is expected to gain knowledge about the process and to contribute by sharing information and resources.

In summary, consultation and collaboration are two separate concepts which have been combined to form an approach to problem-solving in education. Consultation defines the process and collaboration defines the method of interaction.

System's Theory

In general and special education, the philosophy behind the education of children with special needs has been changing. The philosophical trend has moved from a medical model of problem assessment and remediation to a more holistic, or systems' oriented approach. The medical model is a linear approach, operating on the premise that once a diagnosis is made, treatment could be prescribed and the problem would be "cured." Underlying this philosophy is the idea that, "a singular cause may be identified as interfering with a child's performance in school" (Coufal, 1990, p.10).

System's theorists, on the other hand, view a child's problem as a result of many factors. For example, a child may be viewed by the teacher as being a constant disruption to class. To understand the problem and plan for appropriate remediation, system's theorists would attempt to take many factors into consideration as either causing or helping to maintain the current problem behavior. Some factors to consider may be a physiological or chemical imbalance, an unhealthy parenting style, and teaching methods which indirectly reinforce such behavior. Thus, system's theorists view problems as being caused and maintained by a myriad of interrelated factors. A child and his problem or behavior targeted for change is viewed as a "system with interrelated, interactive, and dynamic elements such as biological growth and development, social growth and development, cognitive growth and development, and linguistic and communication growth and development" (Anderson, Lee-Wilkerson, & Chabon, 1995, p.ix).

In summary, system's theory views human behavior as result of the system in which it

exists. Collaborative consultation is an approach which operates on this holistic philosophy, evaluating the effects of potentially contributing factors and targeting change in the context in which behaviors are to occur rather than in isolation. This has considerable potential effect on schools.

Collaboration and the Schools

Collaborative consultation is one way to meet the needs of students in the face of changing school structures and educational approaches. Changes include greater cultural and linguistic diversity among students and increasingly specialized knowledge within disciplines. Modern schools include populations of children with more diverse handicapping conditions than ever before. Children who have been abused, either emotionally or physically; children who have very severe disabilities, many of whom would previously have died in infancy but due to recent medical advances are now in schools; and children at risk who do not qualify as disabled but would benefit from the services of special educators need collaborative consultative approaches to education.

No one professional can provide comprehensive services for all children with such diverse problems. Instead, collaborative relationships must be formed among professionals to identify problems and provide solutions. The underlying philosophy is to involve all members of the educational community "in shared decision making and other collaborative activities" (Friend & Cook, 1991, p.26). In summary, collaboration is being viewed as a way to meet the demands of an increasing number of special needs students with even fewer professional resources.

Special Education Reform

Changes in the structure of special education have also encouraged the growth of collaboration. Traditionally, special education services provided to children with special needs have followed a continuum of placements relating to the degree of time children spend integrated with normally developing peers. The progression from most to least integrated are the following intervention placements: a) regular classroom only, b) regular classroom with consultation, c) regular classroom with itinerant teacher, d) regular classroom plus resource teacher, e) diagnostic/ prescriptive center, f) hospital or homebound instruction, g) self-contained class, h) special day school, and I) residential school (Hallahan & Kauffman, 1994).

However, recent trends emphasize serving more special needs children in the most physically integrated environments. This move toward integration is dramatically different from the education of disabled students in the 1950s and before. At that time, students with certain disabilities such as cerebral palsy, deafness, and blindness were often placed in a special school because no services were available in the public schools to meet their special needs (Winzer, 1993). Children with other disabilities such as mental retardation and mental illness were either living in institutions or taken care of at home. Efforts to educate these youth in the regular schools were not evidenced until the 1960s, when few specialized services for the blind, deaf, mentally retarded, and cerebral palsied could be found in the schools. Not until the 1970s was legislation enacted requiring more services to this population and that the services be provided in the "least restrictive environment"

(PL. 94-142).

Several legislative acts reflected the changing special education philosophies and gave impetus to the idea of serving special needs children in more physically integrated settings. In 1975, the Education of Handicapped Children Act was passed (PL. 94-142). Public Law 94-142 was reauthorized and amended in 1990 as the Individuals with Disabilities Education Act (IDEA). This piece of legislation mandated that students receive a free and appropriate education which includes serving children with special needs in the "least restrictive environment." Additionally, in 1986, the Early Childhood Education Act (PL. 99-457) expanded the mandate to children with disabilities age three and above and provided incentive to serve children below the age of three. The Early Childhood Education Act (PL. 99-457) further increased the need for "practitioners to collaborate on developing, implementing, and evaluating programs" for young children with developmental disabilities (Heron & Harris, 1993, p. 31). Thus, federal mandates such as the IDEA and the Early Childhood Education Act expedited the process of serving more children using a collaborative consultative approach.

The Regular Education Initiative (REI) was another force shaping the structure of special education. The REI developed out of a statement by Madeline Will, then Assistant Secretary for the Office of Special Education and Rehabilitative Services. She talked about the problems children with learning disabilities were facing, arguing that as many as 10-20% of American youth were falling between the cracks (Will, 1986). In other words, she was suggesting that general educators were failing to adequately educate many children

who needed additional support but were not labeled as handicapped. In addition, Will stated that the children who were labeled as handicapped were also facing educational difficulties because of the ineffectiveness of the pull-out approach to intervention (Will, 1986).

Emerging from Will's statements, three goals became primary to special education reform: 1) to merge special and general education into one inclusive system, 2) to dramatically increase the number of children with disabilities in mainstream environments, and 3) to strengthen the academic achievement of students with mild and moderate disabilities, as well as that of underachievers without disabilities (Fuchs & Fuchs, 1994). More recently, both general and special educators have become involved in what is often referred to as the "inclusive schools" movement (p.299). The inclusive schools movement, like the REI, means many things to many people. Some involved in this movement desire to move in the same direction as the REI with a continuum of placements for special needs students. Others advocate that the continuum of placements be stopped so that all children with special needs are educated in the general education classroom.

To what degree schools will engage in wholesale adoption of the ideals of the REI or the inclusive schools movement remains uncertain, but what is certain is that the relationship between special education is being restructured or redefined to include greater collaborative efforts.

In summary, several forces are shaping the way children are educated today. National and state governments, special and general educators, school administrators, and parents

are all working toward the goal of educating children in the most effective and efficient way possible. While proponents for the REI, inclusive schools, and other reform measures vary according to the means for reaching educational goals, all seem to agree that greater collaborative effort among professionals is required. Thus, the need for a collaborative approach to interaction appears to be strong (Coufal & Butler, 1991). However, for collaboration to be effective, general and special educators must follow an approach to interaction. This approach must follow a systematic process for decision making and be consistent with the principals of collaboration. One such approach is Collaborative Consultation. Collaborative Consultation, as explained earlier, is a systematic approach to decision making which can be used to support special education students in regular education environments. Nevertheless, barriers exist which prevent effective use of this educational approach.

Current Barriers to Establishing Collaborative Programs

Systematic training of professionals in the roles, responsibilities, and competencies of consultants, the principles of consultation, and the stages to effective use of the collaborative problem solving process is prerequisite to successful collaborative implementation (Coufal & Butler, 1991). Special service personnel may hold the enthusiasm and the desire to implement a collaborative program, but no amount of enthusiasm or desire can create successful interaction. Rather special service personnel, trained in their respective areas of expertise as well as in the processes and procedures of collaborative consultation are needed in order to provide the necessary framework for

successful employment of collaborative problem solving. The collaborative problem solving approach appears to be gaining support from educators, parents, and legislators alike due to its ability to meet the requirements of serving children in the least restrictive environment and its promotion of generalized outcomes. However, without an understanding of the theoretical foundations and the critical competencies vital to systematic implementation, this trend is more likely to meet failure (Coufal & Butler, 1991).

Research

Research in the area of collaborative consultation can be separated into three domains (Heron & Harris, 1993): a) consultation effectiveness, b) training orientation and methodology, and c) competencies to train.

Consultation effectiveness

Most of the research on consultation's effectiveness has sought to answer two questions, "Did the treatment generated via consultation work?" and "Has the presenting problem been resolved or at least shown signs of improvement?" (Gutkin, 1993, p.82). The methods used to answer these questions vary according to personal and situational variables. Some of the methods used to measure remediative efficacy include: 1) client-centered behavioral data, 2) consultee-centered attitudinal data, and 3) treatment integrity measures (Gutkin, 1993).

In general, the efficacy research base for school consultation is substantial (for reviews, see Coufal, 1990; Idol & West, 1987; Medway & Updyke, 1985; West & Idol,

1987. Medway and Updyke (1985) reviewed and synthesized the results of 54 controlled studies of psychological consultation, evaluating effectiveness of consultation through consultant, consultee/mediator, and client effect measures. The results indicated that consultation is an effective approach for modifying consultee and client / target behaviors and attitudes. Consultees showed improvements greater than 71% and clients showed improvements greater than 66% compared to untreated comparable groups. Idol-Maestas (1993) explains this difference in percentages of improvement as a result of the theory behind consultation, that the impact is largely indirect, except for the area of consultee change. In other words, changes in the consultees behaviors and attitudes (the primary effect) are prerequisite to client or target centered changes in behaviors or attitudes (the secondary effect).

While the evidence supporting the efficacy of school consultation appears substantial, a limited number of data-based articles documenting consultation efficacy in special education have been published in the professional literature. Through a comprehensive review of the literature from 1961-1989, Fuchs (1991) found only twenty-eight published articles dealing with consultation efficacy in special education. The number of articles equaled an average of less than one article published in a year's time. Such reviews include the following references: Friend, 1988; Heron & Harris, 1987; Heron & Kimball, 1988; Medway, 1982; Medway & Updyke, 1985; West & Idol, 1987.

More recently, several articles have been published regarding the efficacy of collaborative consultation in special education (Russell & Kaderavek, 1993; Ellis,

Schlaudecker & Regimbal, 1995). Ellis, Schlaudecker, and Regimbal investigated the effectiveness of the collaborative consultation approach to basic concept instruction with kindergartners. A speech-language pathologist, a university faculty member, a classroom teacher, and a physical education teacher utilized the collaborative consultation approach for eight weeks of intervention. Children in the experimental group obtained much greater competency with basic concepts than did the control group.

Moreover, Coufal (1990) concluded that collaborative consultation was an effective treatment paradigm for children with communicative disorders. Results from her investigation indicated that collaborative consultation between a speech-language pathologist and a classroom teacher modified the teacher's discourse, resulting in increased use of extensions and expansions by the child. Other conclusions included positive change in the teachers' attitudes and knowledge of the consultation process as well as the development of a more positive attitude toward the children.

In summary, while relatively few studies substantiate the effectiveness of the collaborative-consultation approach in special education, the reviews that do exist indicate positive consultant, mediator, and client change. To truly validate collaborative consultation in special education, more research which is reliable must be undertaken. However, research which is both reliable and valid can only be obtained using participants adequately trained in the processes and procedures of collaborative-consultation.

Training methodology and orientation

In this area, current research supports a transdisciplinary approach as the

orientation for effective preservice and inservice training (Heron & Harris, 1993). The transdisciplinary approach focuses on integrating goals from a variety of disciplines and professions (Gast & Wolery, 1987) to promote the ideas of teaming, joint decision-making, communication, and coordination. Thus, training needs to target those skills needed by educators to insure their ability to utilize techniques leading to joint decision-making among team members, and promoting mutual goals and shared responsibilities.

Relating to training methodology, consultants seem to favor an instructional approach which includes "expert modeling, multiple opportunities to practice consultation skill during and after training, and independent practice under supervision" (Heron & Harris, 1993, p. 32). An article published by Elksnin and Capilouto (1994) emphasize the importance of opportunities to practice during training. Speech-language pathologists in this study indicated that the sessions allowing speech-language pathologists and teachers to cooperatively identify and solve problems seem to be the most effective at developing collaborative relationships. Educators are partial to this approach because it "maximizes the participant's opportunity to respond and receive feedback and promotes generality and maintenance of skill development" (Heron & Harris, 1993, p. 32).

Competencies to train

To date, few preservice programs and even fewer inservice programs offer comprehensive training in all the essential competencies delineated by West and Cannon (1988). At the preservice level, Idol and West (1987) analyzed and critiqued six special education and two interdisciplinary training programs set up for teaching consultation

skills (Heron & Harris, 1993). As part of their research, they posed two questions: 1) Is consultation process training provided and, 2) Is the consultation knowledge base embedded within the curriculum? The schools were chosen from a pool of nationally known programs offering "model" training based on their reputation through the Teacher Education Division of the Council for Exceptional Children. Results suggested that all eight programs offered training in content knowledge of consultation, but only one-half of the programs offered systematic training in outcomes of consultation performance. Also, there was wide variability in how each institution met the consultation objectives. Idol and West suggested that preservice training needs to be improved. They recommended programs focus on learning one consultation approach and making sure performance-based objectives on the consultation process skills be developed and mastered so that the variability of outcomes is reduced (Heron & Harris, 1993).

Although inservice training has been advocated (Friend & Cook, 1988; Idol & West, 1987; Kurpius & Lewis, 1988; Lehner, 1988), scheduling and multiple commitments of school staff make adequate inservice opportunities difficult to provide. In addition, the competencies identified by West and Cannon (1988) constitute the essential competencies and should be taught in a systematic manner that includes utilization and practice.

Roles and Responsibilities

Delineating roles and responsibilities from the onset decreases chances of confusion and frustration while increasing the likelihood of successful collaboration. As mentioned, collaborative consultation is a triadic model. It involves the consultant, the mediator, and

the target (child). The target is the child for whom behavior change is intended. The mediator, or consultee, is the individual directly interacting with the target and the consultant is the specialist with some form of expertise related to the presenting problems of the target. The mediator "has access to the child and influence over the child's behavior for a majority of the time in the setting in which services are to be delivered" (Coufal & Butler, 1991, p. 87). The consultant has the "skills and knowledge necessary to mobilize the influence of the mediator on behalf of the target" (p. 87). The consultant is thus responsible for establishing these roles from the beginning and delivering indirect services. That is, "collaborative consultation does not mean that the special educator delivers special education instruction in the general education classroom" (p.86). In the collaborative consultative model, both the consultant and the mediator are sharing responsibility for "problem analysis, program definition, and problem resolution" (p. 87). In that regard, both the consultant and mediator have direct access to the target for purposes of assessment and intervention. While direct service is an option for consultant intervention with the child, the mediator is the primary interventionist because they have greater access to the child in the context where the child experiences the problems of concern.

In summary, the consultant's role is to exchange information with the consultee, "to be open in communication, to share ownership for the problem and its resolution, and to seek to maintain a balanced relationship between their expectations of a consultant and the influence afforded that consultant" (Coufal, 1990, p.168). The consultee is to act as the

mediator of change as a result of the collaborative problem-solving process.

Consultant competencies

In 1988, West and Cannon used an interdisciplinary team of 100 consultation experts to identify essential consultant competencies. Forty-seven competencies were identified in eight categories as being "essential" to the consultation process. The following categories were identified and ranked from most important to least: a) interactive communication, b) equity issues and values/ beliefs, c) personal characteristics, d) collaborative problem solving, e) evaluation of consultation effectiveness, f) articulating current status in consultation models and programs, g) understanding concepts of organizational theory and systems analysis, and h) demonstrating knowledge of basic applied research and design adaptations to consultation. The competencies rated as most important emphasized "interaction/ communication skills, problem solving skills, personal characteristics, and assessing consultation outcomes" (Coufal & Butler, 1991, p.87).

In the above-mentioned categories, the competencies most essential were as follows (West & Cannon, 1988): establish and maintain rapport, demonstrate willingness to learn from others, facilitate consultation by modeling coping behaviors and flexibility, respect others opinions, communicate clearly, utilize active listening and responding (e.g. acknowledging, paraphrasing, reflecting, clarifying, elaborating), utilize effective interviewing to give and solicit immediate objective feedback, credit the ideas of others, manage conflict, generate alternatives through effective brainstorming, integrate ideas to formulate clear plans, and maintain availability for modeling and support. Few, if any, of

these process skills are part of the traditional preservice or in-service training for special education teachers or other professionals (Coufal & Butler, 1991).

Principles of Collaborative Consultation

Four principles form the basis of the collaborative consultation model (Idol-Maestas, Nevin, & Paolucci-Whitcomb, 1984): a) team ownership of the problem, b) recognition of individual differences in developmental progress, c) application of reinforcement principles, and d) consultation leading to data based decisions through functional behavior analysis.

Team ownership

Team ownership is an important principle of collaborative consultation. Without consultant/ consultee sharing in the problem-solving process, the degree of successful collaboration is severely limited. The idea behind this is that "two heads are better than one" and that "through sharing and coparticipation, the probability for optimal outcome is enhanced" (Coufal, 1993, p.2). Indicators of team ownership are careful listening, openness to each other's ideas, and respecting the shared ideas (Idol-Maestas et al., 1984). However, true team ownership must include parity of members. Parity is demonstrated as the mediator's skills and knowledge are blended with the different skills and knowledge of the consultant (Idol et al, 1986, p.6)

Recognition of individual differences

Inherent in the collaborative consultation approach is the need for change through steps that work toward problem resolution. Specifically, this relates to the participants'

changes in attitudes and behaviors as a result of the interaction. Consultants attention to the quality of the interactions, enthusiasm, and communication of a supportive attitude significantly enhance the likelihood that the consultees would feel positive toward the process, the consultation, and the outcomes" (Coufal, 1990, p.152). In addition, the effectiveness of the consultation appears to be directly related to the consultee's perceptions of the consultants attitude and commitment to the process (Heron & Harris, 1993).

Application of reinforcement

The main point underlying this treatment is that positive reinforcement is key to behavior development (Heron & Harris, 1993). By enhancing a mediator's understanding and practice of the reinforcement principles used to improve the child's behavior, often the mediator transfers these principles indirectly when working with the consultant. Using these reinforcement practices only serves to strengthen the working relationship, building the teacher's sense of efficacy and causing a reciprocal effect upon their expectations for student performance (Coufal & Butler, 1991). The reinforcement principles discussed here are based in learning theory and the understanding of positive interactive strategies. So this idea indicates the importance of the consultant's role of demonstrating and providing for positive interactions, modeling the behaviors and reinforcement strategies that are to be used with the child.

Data-based evaluation

The main areas of measurement are: a) the extent to which the consultant and

consultee gain in their knowledge base or skills as a result of their interactions and b) the application of this knowledge or skill as effective in making a behavior change in the student, parent, or system (Heron & Harris, 1993, p. 25) Collaborative consultation or integrated approaches are different in many ways from the traditional approaches, including the area of assessment. Integrated models of service delivery rely more on ecological practices to assess than formalized or standardized measures. The behavior in question needs to be identified and measured in context since behavior is viewed "as a function of the interaction between the individual and the environment, and therefore is context dependent" (Coufal & Butler, 1991, p.91). Also, Idol-Maestas (1983) and Meyers, Parsons, and Martin (1979) advance the idea that the process of problem identification and measurement of performance over time adds to the mediator's understanding of the consultation process as well as contributing to the strengthening of the consultant-mediator relationship.

Phases of Collaborative Consultation

The consultation process can be conceptualized in three phrases: a) entry, b) problem clarification, and c) problem resolution (Heron & Harris, 1993). Coufal and Butler (1991) expands on the three phrases to include: a) general orientation, b) problem definition, c) generation of alternatives, d) decision making, and e) verification.

In the stage of general orientation, the mediator's attitude toward the problem is indirectly or directly addressed. To successfully deal with a problem, the following ideas/attitudes must be cultivated: a) that problems are part of everyday life and need to be

accepted as such, b) that problems need to be recognized when they develop, and c) that problems shouldn't be ignored or acted upon impulsively. Maybe the most essential component of this stage is to create an attitude of optimistic expectations that the problem can be solved (Coufal & Butler, 1991). After orientation, the problem should be more clearly identified and defined. This stage requires that the problem is clarified and laid out in operational terms.

Generation of alternatives refers to the process of brainstorming all the possible ways in which the problem could be lessened or solved. Through generation of multiple ideas, it is intended that at least one will offer the most effective solution. Osborn (1963) offers four rules for free-wheeling generation of ideas: a) withholding judgments, b) free-wheeling welcomed, c) quantity desired, and d) combining and improving suggestions. Both the consultant and the mediator are expected to equally participate in this process.

The last stage or step is verification. This step is required to prove that the problem in question has been targeted and affected. To be sure that the chosen outcome has indeed been reached, ongoing observations and interviews should be carried out by the consultant and consultee in order to document, through subjective and objective measures, that the proposed behavior has been obtained. If criteria has not been reached, data are utilized to guide the continued intervention; either modifying or maintaining the present intervention strategies.

Collaborative-Consultation Training Programs

In 1991, Coufal conducted research designed to assess training needs and attitudes of

regular educators, special educators, and administrators related to collaborative service delivery. A survey was created and distributed to 2,443 education professionals in the Nebraska Educational Service Units 2,3 and 19 (Coufal, 1992). Items contained in the survey were based upon a comprehensive review of the professional literature regarding training and provision of services using collaborative problem solving. One thousand one hundred and eighteen (1,118) surveys were returned. Findings from this assessment were used in making generalizations to statewide training needs in the form of recommended practice. A training program was developed and implemented the following two years (1992-93, 1993-94).

During the 1992-93 school year, a staff development program was employed to prepare school administrators, general and special education teachers, related service professionals (i.e. physical therapists, occupational therapists, psychologists, speech-language pathologists), and parents in the area of collaborative consultation. The specific aim of the training program was to "develop, employ, and evaluate a staff development curriculum to prepare professionals and parents in the foundations, processes, and techniques of collaborative services" (Coufal, 1992, p.1). Using the information gathered in 1991-92, two groups participated in the eight-module training program. Thirty-one school professionals participated from Omaha Public Schools (OPS) and twenty-eight general educators, special educators, and administrators participated as part of the Comprehensive System of Personnel Development Committee (CSPD). The training was designed to educate these people in the following areas: a) theoretical foundations of

systems change and collaborative service delivery, b) systematic problem solving steps used in the process of collaborative delivery, c) the roles and responsibilities of participants, d) data collection and analysis techniques, e) interpersonal communication techniques, f) the relation between academic/ curricular objectives and collaborative intervention, g) the relation of various instructional strategies (e.g., curriculum based measures, peer coaching, outcome based education, precision teaching, whole language) and collaborative problem solving, and h) procedures for promoting the use of collaborative problem resolution as both a prereferral and mainstream intervention approach. The Collaborative Problem Resolution (CPR) training consisted of forty-five hours of instruction through lecture, video tapes, class discussion, role-play, guided practice and guest speakers. Content knowledge gained was evaluated for each module with pre and post tests, and the level of satisfaction with the training was assessed at the end of the workshop.

Overall, participants were satisfied with the content, form, and instructor of the course and assessments revealed increase in skill and content area knowledge in almost all of the module areas. For this reason, only minor changes were made before implementing the training again in 1993-94. The 45 hours of classroom instruction was maintained but spread out over a longer period of time. The length of each session was slightly lessened and a detailed agenda of the activities was distributed to all participants at the beginning of each session. Another change was a stronger emphasis on using more class time to focus on work-related problems. This modification served to provide additional opportunities to

engage in the collaborative problem solving process.

Thirty-three general educators, special educators, and administrators from multiple districts and ESUs participated in the 1993-94 instruction. The results indicated that participants were again satisfied with the content, format, and instructor of the course. In addition, the shortened length of class, the detailed agenda, and the course being spread out over a longer period of time seemed to increase participant satisfaction from the previous year. One area in which the participants suggested change was involving the amount of practical experiences. Increasing the time allotted for role-play and visiting schools already employing this collaborative consultative approach were suggestions participants made about future training.

As stated, both programs demonstrated success in the areas of content knowledge gained and feelings of competence in implementing the demonstrated techniques. Satisfaction level with training was also rated high. Thus, these two years of Collaborative Problem Resolution workshops were successful for two reasons. The workshops educated participants in the processes and procedures of collaborative consultation, and this instruction was provided in a manner which pleased its participants. The aim of this current study is to determine how time and experience have affected the content knowledge, the current practices, and attitudes of participants. In particular the questions to be answered include: 1) Have trainees retained content knowledge regarding the processes and procedures used in collaborative consultation?; 2) What is the current status of participants' application of knowledge and skills?; 3) What factors do participants

identify as being either facilitators or barriers to implementing collaborative consultation in their work setting?; 4) What is the participant's current evaluation of the value of having participated in either the 1992-93 or the 1993-94 training? ; and 5) What are participants' attitudes about the value of collaborative consultation?

CHAPTER 3

Methods

Participants

Forty-nine participants were selected to receive the written questionnaire.

Participants inclusion in this study was contingent upon successful completion of the Collaborative Problem Resolution (CPR) training either in 1992-93 or 1993-94.

However, the 31 Omaha Public School professionals who were trained in 1992-93 were not selected to receive questionnaires so that they may be an “untouched” group of participants for future research on collaborative training programs. Three of the 49 surveys were undeliverable due to address change of participant. Thirty-seven of the 46 delivered surveys were completed and returned, equaling a response rate of 80%.

Respondents consisted of 9 general educators, 27 special educators, and 1 administrator.

Thirty-three out of the 37 respondents were female. The majority of participants indicated that their “primary work responsibility” was related to elementary school (25).

Three participants’ primary work responsibility was related to early childhood, three to middle school and six to high school. The sample included educators representing urban (5), suburban (27), and rural settings (5), as well as varied sizes of school districts.

Eighteen of the 37 respondents had participated in some form of collaborative consultation staff development beyond the CPR training.

Instrument

A slightly modified version of the 1991-92 written questionnaire (Coufal, 1992), used to survey education professionals statewide regarding their collaborative consultation training needs, was utilized to assess the long-term effects of training (See Appendix A for a copy of the questionnaire). The original survey was based on the competencies delineated as critical to successful implementation of collaborative problem solving (West & Cannon, 1988). Responses on the 1991-92 survey provided the foundation for development of the CPR eight-module training program (Coufal, 1992).

Forced choice items numbered 1-14 and 25-33 from the original survey were maintained to address research question number one: "Have participants retained content knowledge regarding the processes and procedures of collaborative consultation?". Survey items number 16 through 24 addressed research question number two: "What is the current status of participants' application of knowledge and skills?".

Both forced-choice and open-ended responses were employed in items numbered 23 and 24. The opportunity to provide narrative responses regarding barriers and facilitators was added to the survey in order to address research question number three: "What factors do participants identify as being either barriers or facilitators to implementing collaborative consultation in their work setting?".

To obtain participants' views on how training affected their educational practices in the two to three years since the training, new questions were added. Survey items numbered 43 and 44 addressed research question number four: "What is the participants' current

evaluation of the value of having participated in either the 1992-93 or 1993-94 training?”.

Survey items numbered 25, 27, 29 and 34 through 39 regarding educators' attitudes toward collaborative consultation were part of the original survey and repeated in the present survey to determine current views and to address research question number five: “What are the participants' attitudes regarding the value of collaborative consultation?”

The survey instrument was designed to evaluate participants' perceptions of their “knowledge retention, application, and attitude”. For the purpose of this study, discussion of “attitude” is a reflection of participants' “perceptions”. The terms are used to mean the same in this investigation.

Survey validity

The validity of the 50-item survey was supported through two different analyses from other research. First, 47 out of the 50 items were utilized in the 1991-92 statewide research. Therefore, the majority of items on the present survey have already been tested on approximately 1200 professional educators. Second, the items on the survey were drawn from research by West and Cannon (1988) who utilized a Delphi analysis procedure to identify the critical competencies to successful collaboration.

Procedure

Forty-nine written questionnaires/ surveys were mailed to the home addresses of each education professional. Surveys were mailed to home addresses to ensure confidentiality of responses and to enhance the probability that participants would openly respond to the narrative items. Because it was not conducted through school distribution, participants

should have felt more confident their anonymity was protected and therefore more openly reflect their opinions. The surveys were identified according to a number code in order to keep track of respondents for follow-up purposes. Included with the survey were the following items: directions for completion, definition of terms used, addressed and stamped return envelopes, a UNO pencil, and a dollar bill. Participants were instructed to complete the survey and return it within two weeks. One week after the survey was sent, a reminder postcard followed. Three weeks after survey distribution, those who failed to return the survey were given a follow-up phone call. Follow-up letters and an additional copy of the survey were sent to any non-respondents after the deadline for return. Twenty-seven of the 37 completed surveys were returned before the second copy of the survey was mailed.

Analysis

All survey items required forced choice responses. Survey items 1-39 required respondents to either "agree", "disagree", or mark the circle "need more information". Frequencies of responses were calculated for each item, and a Chi-square test was used to compare observed frequencies of responses versus frequencies of responses which might have been expected due to chance. Thus, all responses were categorized into two groups - "agree" and "disagree". The "need more information" responses were included within the observed "disagree" frequencies. To make comparisons between responses, the responses were also given numerical values. The score of one was given to each "agree" response; the score of two was given to each "disagree" response; and the score of zero

was given to each “need more information” response to calculate the mean score. The mean score for all participants was calculated with a mean of one being optimal. That is, if the mean is close to one, the majority of responses were that they either retained knowledge, utilized the approach, or maintained a “positive” attitude about collaborative consultation.

Items requiring narrative responses were categorized based upon common words, phrases, and events. Categories were evaluated for relationships and patterns. Demographic items (e.g. general responsibilities, number of years in education, etc.) were analyzed using descriptive statistics and as criterion variables for analysis of sub-group variance (e.g. comparing general educators' to special educators' responses related to "attitude").

CHAPTER 4

Results

Using the 37 completed questionnaires, statistical, descriptive, and qualitative analyses were performed. The results of those analyses follow.

Chi-square Analysis

The results of the Chi-square analysis are presented in Table I. Chi-square values are given for the “knowledge retention”, “application”, and “attitude” subgroups.

Table I

“Knowledge Retention”, “Application”, and “Attitude” Items Chi-square Values for All Participants.

Survey Item Subgroups (N=37)	X^2
<u>Knowledge Items</u>	
Collaborative Problem Solving Processes / Interpersonal Communication (1-14)	90.07*
Theoretical Foundations (25-33)	1.09
Knowledge Retention Items (1-14; 25-33 combined)	33.07*
<u>Application Items</u>	
Current Utilization of Collaborative Consultation (16-24)	49.97*

Attitude Items

Attitude, Support, and Willingness to Participate in the Process (25, 27, 29; 34-39 combined)	195.5*
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* $p < .01$

The values for the total sample were statistically significant for each of the three categorical subgroups (knowledge retention, application, attitude). However, when the knowledge retention subgroup items were viewed separately, those items assessing “theoretical foundations” did not reach statistically significant levels.

Table II reports the Chi-square values for the categorical subgroups (knowledge retention, application, and attitude) of those participants who had received some other form of collaborative consultation training.

Table II

“Knowledge Retention”, “Application”, and “Attitude” Chi-square Values for Participants Who Had Additional Collaborative Consultation Training

Survey Item Subgroups (n=18)	χ^2
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Knowledge Items

Collaborative Problem Solving Processes / Interpersonal Communication (1-14)	71.25*
Theoretical Foundations (25-33)	8.91*
Knowledge Retention Items (1-14; 25-33 combined)	71.46*

Application Items

Current Utilization of Collaborative Consultation (16-24)	66.77*
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Attitude Items

Attitude, support, and willingness to participate in the process (25, 27, 29; 34-39 combined)	112.23*
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*p<.01

The Chi-square values for each categorical subgroup were statistically significant. The Chi-square values of the “attitude” subgroup were particularly high (112.23) at the p<.01 level of significance.

The Chi-square values for those participants who had received no additional collaborative consultation training are presented in Table III.

Table III

“Knowledge Retention”, “Application”, and “Attitude” Chi-square Values for Participants Who Had Not Had Additional Collaborative Consultation Training

Survey Item Subgroups (n=19)	X ²
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Knowledge Items

Collaborative Problem Solving Processes / Interpersonal Communication (1-14)	25.29*
--	--------

Theoretical Foundations (25-33)	2.11
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Knowledge Retention Items (1-14; 25-33 combined)	9.71*
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Application Items

Current Utilization of Collaborative Consultation (16-24) 3.12

Attitude Items

Attitude, support, and willingness to participate
in the process (25, 27, 29; 34-39 combined) 84.71*

* $p < .01$

The Chi-square values for the “application” subgroup were not found to be at the $p < .01$ level of statistical significance, using only the responses of participants who had not received additional collaborative consultation training. The knowledge retention items assessing “theoretical foundations” failed to reveal significance as well. However, the categorical subgroup of items assessing “knowledge” and “attitude” did attain values that indicate statistical significance.

The frequencies of all “agree”, “disagree”, “need more information”, and missing responses for each forced-choice survey item are reported in Table IV.

Table IV

Frequency of “Agree”, “Disagree”, and “Need More Information” Responses

Questions 1-39 N=37		Percentages (N=)
1. I know that collaborative consultation utilizes a systematic process for problem solving, and I can list the specific steps to be followed.	Agree	56.8% (21)
	Disagree	40.5% (15)
	Uncertain	2.7% (1)

2. I consistently employ these 'steps' in my work as I approach new problems or seek new solutions to existing problems.	Agree	40.5% (15)
	Disagree	56.8% (21)
	Uncertain	2.7% (1)
3. I am confident in my ability to develop and use varied data collection techniques for problem identification.	Agree	89.2% (33)
	Disagree	10.8% (4)
	Uncertain	
4. I am confident in my ability to analyze the effects of change in the system, brought about through collaborative consultation.	Agree	83.8% (31)
	Disagree	16.2% (6)
	Uncertain	
5. I am confident in my ability to serve as a consultant to others.	Agree	81.1% (30)
	Disagree	18.9 (7)
	Uncertain	
6. In fulfilling the role of consultant, classroom observation is required.	Agree	86.5% (32)
	Disagree	13.5% (5)
	Uncertain	
7. I am confident in my ability to manage timing of consultation activities to facilitate mutual decision making at each stage of the consultation process.	Agree	59.5% (22)
	Disagree	37.8% (14)
	Uncertain	2.7% (1)
8. I am confident in my ability to determine the readiness of others for entry into the consultation process.	Agree	59.5% (22)
	Disagree	40.5 (15)
	Uncertain	
9. I am confident in my ability to manage conflict and confrontation through the consultation process to maintain collaborative relationships.	Agree	75.7% (28)
	Disagree	21.6% (8)
	Uncertain	2.7% (1)
10. I view the hallmark of a successful consultation relationship as the ability and willingness of both consultant and mediator to disagree.	Agree	89.2% (33)
	Disagree	5.4% (2)
	Uncertain	5.4% (2)

11. I could define at least four critical communication tools used in collaborative consultation, and demonstrate their use.	Agree	45.9% (17)
	Disagree	54.1% (20)
	Uncertain	
12. I am confident in my ability to skillfully employ critical communication tools used in interviewing.	Agree	56.8% (21)
	Disagree	40.5% (15)
	Uncertain	2.7% (1)
13. I am confident in my ability to adjust my communication style to that of others to accommodate their needs; to adjust to their individual stage of development in the consultation process.	Agree	89.2% (33)
	Disagree	10.8% (4)
	Uncertain	
14. I am confident in my ability to use various communication strategies to suit the goals of the session and be consistent with the steps of problem solving.	Agree	78.4% (29)
	Disagree	21.6% (8)
	Uncertain	
15. I would be willing to participate in evaluating the effectiveness of my classroom/ instructional discourse as it relates to mainstreaming children with special needs.	Agree	64.9% (24)
	Disagree	18.9% (7)
	Uncertain	13.5% (5)
	Missing	2.7% (1)
16. It is common for me to engage in ongoing consultation with another professional for the purpose of problem solving, including them in all aspects of the process from problem identification through evaluation of the intervention outcome.	Agree	89.2% (33)
	Disagree	10.8% (4)
	Uncertain	
17. I use collaborative consultation to evaluate potential instructional alternatives.	Agree	81.1% (30)
	Disagree	18.9% (7)
	Uncertain	
18. I utilize an instructional plan which specifies target behaviors and measurable outcomes for both the child and the mediator/ consultee.	Agree	62.2% (23)
	Disagree	35.1% (13)
	Uncertain	2.7% (1)

19. I utilize ongoing data collection as a means of evaluating the effectiveness of selected instructional strategies.	Agree	73% (27)
	Disagree	27% (10)
	Uncertain	
20. I redesign, maintain, or discontinue use of an instructional strategy, based upon objective data which has been recorded and analyzed.	Agree	78.4% (29)
	Disagree	21.6% (8)
	Uncertain	
21. I consistently use observational data and ongoing consultation interviews throughout the problem-solving process.	Agree	51.4% (19)
	Disagree	45.9% (17)
	Uncertain	
	Missing	2.7% (1)
22. I am currently involved in a systematic consulting relationship for the purpose of problem solving.	Agree	56.8% (21)
	Disagree	43.2% (16)
	Uncertain	
23. In my work place the barriers to collaborative consultation have been identified and I am aware of what they are.	Agree	62.2% (23)
	Disagree	32.4% (12)
	Uncertain	5.4% (2)
24. In my work place, administration and faculty are working cooperatively to facilitate consulting relationships.	Agree	70.3% (26)
	Disagree	21.6% (8)
	Uncertain	
	Missing	8.1% (3)
25. I regard the ongoing support, modeling, and/or assistance of a colleague as one of the primary benefits of the consulting relationship.	Agree	91.9% (34)
	Disagree	5.4% (2)
	Uncertain	
	Missing	2.7% (1)
26. I have a good understanding of the literature on 'systems change'.	Agree	35.1% (13)
	Disagree	51.4% (19)
	Uncertain	10.8% (4)
	Missing	2.7% (1)
27. I am confident in my ability to serve as an agent of change in order to successfully modify current practices in my work setting.	Agree	73% (27)
	Disagree	21.6% (8)
	Uncertain	5.4% (2)

28. I view the consultant role as one of “expert”.	Agree	32.4% (12)
	Disagree	64.9% (24)
	Uncertain	2.7% (1)
29. As a collaborator, I expect to learn and grow professionally, regardless of my role.	Agree	97.3% (36)
	Disagree	2.7% (1)
	Uncertain	
30. I view the mediator role as one of “expert”.	Agree	32.4% (12)
	Disagree	64.9% (24)
	Uncertain	2.7% (1)
31. I am sufficiently confident in my knowledge of the theory of consultation to manage selection of specific consultation approaches to match the situations, settings, and needs.	Agree	56.8% (21)
	Disagree	37.8% (14)
	Uncertain	5.4% (2)
32. I am confident in my ability to translate relevant consultation research findings into effective school-based consultation practice.	Agree	37.8% (14)
	Disagree	54.1% (20)
	Uncertain	8.1% (3)
33. I have sufficient knowledge regarding consultation theory to feel confident in my ability to ‘teach’ the process to others through engaging in collaborative consultation with a mediator.	Agree	18.9% (7)
	Disagree	75.7% (28)
	Uncertain	5.4% (2)
34. I feel the time invested in the collaborative consultation process is beneficial and will result in substantial dividends for all individuals involved.	Agree	97.3% (36)
	Disagree	
	Uncertain	
	Missing	2.7% (1)
35. My willingness to mainstream children with special needs would be enhanced if I were confident that an active consulting relationship would be available to support the mainstreaming process.	Agree	91.9% (34)
	Disagree	5.4% (2)
	Uncertain	
	Missing	2.7% (1)

36. The attitudes and support of district administrators enables professional staff to engage in collaborative consultation.	Agree	91.9% (34)
	Disagree	8.1% (3)
	Uncertain	
37. Within my work setting there is a willingness on the part of general educators to engage in collaborative consultation.	Agree	73% (27)
	Disagree	27% (10)
	Uncertain	
38. Within my work setting there is a willingness on the part of special education personnel to engage in collaborative consultation.	Agree	100% (37)
	Disagree	
	Uncertain	
39. Within my work setting building administrators demonstrate a willingness to engage in collaborative consultation.	Agree	73% (27)
	Disagree	21.6% (8)
	Uncertain	5.4% (2)
Total All Items	Agree	69% (993)
	Disagree	28% (409)
	Uncertain	2% (32)
	Missing	1% (9)
	TOTAL	100% (1443)

Thirty-two out of 39 (82%) items had a greater than 50% rate of “agree” responses. Seven items received less than 50% “agree” responses. All seven of those items were part of the “knowledge retention” subgroup. The item receiving the lowest amount of agree responses was #33, referring to the participants’ confidence level in being able to “teach” the collaborative consultation process. The subgroup receiving the greatest amount of agree responses was “attitude toward use.” Six out of 9 items (67%) received a greater than 90% frequency of “agree” responses. The attitude subgroup also included the only item that received 100% agree responses. On item #38 (willingness on the part of special education personnel to engage in collaborative consultation), 100% of the participants

responded “agree.” However on item #37 (willingness of general educators to engage in collaborative consultation), only 73% responded “agree”.

Mean Scores for the “Knowledge Retention”, “Application”, and “Attitude” Items

Table V reports means for each of the three groups: all participants, participants who received additional collaborative consultative training, and participants who received no additional training. Mean scores are provided for each group according to the “knowledge retention”, “application”, and “attitude” subgroups. A mean score of one was assigned to each “agree” response. A mean score of two was assigned to each “disagree” response. “Need more information” and missing responses were not assigned a numerical value.

Table V

Group Means of the “Knowledge Retention”, “Application”, and “Attitude” Subgroups

Participants	Survey Item Subgroup		
	Knowledge	Application	Attitude
All participants (N=37)	1.39(SD=.19)	1.30(SD=.26)	1.13(SD=.14)
Received additional training (n=18)	1.26(SD=.20)	1.18(SD=.19)	1.07(SD=.11)
No additional training (n=19)	1.41(SD=.16)	1.40(SD=.27)	1.14(SD=.11)

The mean of responses included in the “attitude” subgroup averaged closest to one. The mean of the “application” items averaged second closest to one and the mean for the

“knowledge retention” was furthest from the mean of one. The 18 participants who had received additional training averaged more closely to one than did those who hadn’t, especially in the area of “application”.

The mean scores for the “knowledge retention”, “application”, and “attitude” subgroups are presented in Table VI according to primary work responsibilities.

Table VI

Group Means of “Knowledge Retention”, “Application”, and “Attitude” Items Divided by Area of Primary Work Responsibility

Participants	Survey Item Subgroup		
	Knowledge	Application	Attitude
General Education (n=9)	1.48(SD=.16)	1.31(SD=.20)	1.18(SD=.15)
Special Education (n=27)	1.30(SD=.18)	1.30(SD=.27)	1.08(SD=.09)
Administration (n=1)	1.00(SD=n/a)	1.00(SD=n/a)	1.00(SD=n/a)

The administration subgroup received the mean scores closest to one in each of the three categories. However, only one survey was used in the calculation of the administration mean score. General educators and special educators had more similar mean scores in the area of application than in the other two areas.

Current Utilization

The percentage of time in a typical day that participants spend using collaborative consultation are presented in Figure 1.

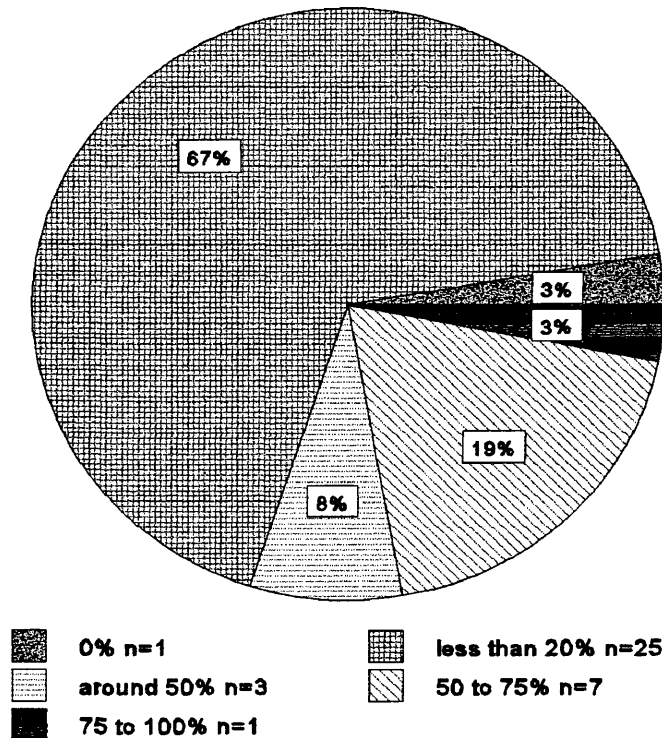


Figure 1. Time spent using collaborative consultation.

The majority (67%) of the 37 participants estimated that they use “collaborative consultation less than 20% of the time” in a typical day. Nineteen percent estimated that they use collaborative consultation 50% to 75% of the time. Three percent reported that they use collaborative consultation 0% of the time and another 3% reported that they use it 75% to 100% of the time in a typical day.

The percentage of time general educators, special educators, and administrators spend

using collaborative consultation in a typical day are reported in Figure 2.

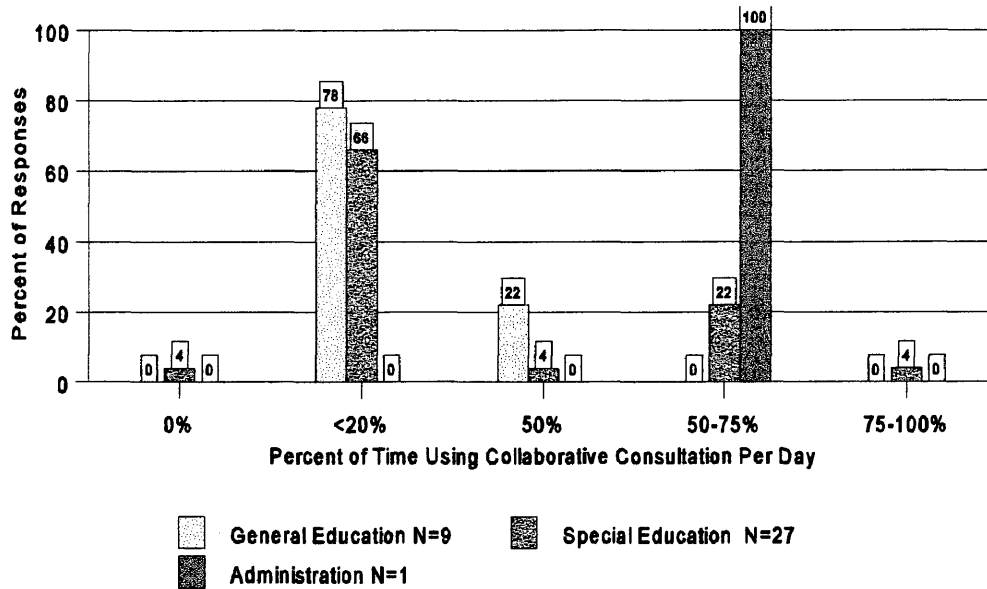


Figure 2. Percentage of time spent collaborating divided by primary work responsibility.

Seventy-eight percent of general educators and 66% of special educators reported that they use collaborative consultation less than 20% of the time in a typical day. The administrator said he typically uses collaborative consultation 50 to 75% of the time. No general educators or administrators reported using collaborative consultation 0% of the time or 75 to 100% of the time.

The mean scores for the “knowledge retention”, “application”, and “attitude” subgroups are presented according to respondents percent of time utilizing collaborative consultation in Table VII.

Table VII

“Knowledge”, “Application”, and “Attitude” Subgroup Means Divided by Percentage of Time Spent Using Collaborative Consultation in a Typical Day

Percent of Time	Survey Item Subgroup		
	Knowledge	Application	Attitude
0% of the time (n=1)	1.41(SD=n/a)	1.75(SD=n/a)	1.22(SD=n/a)
less than 20% of the time (n=25)	1.39(SD=.19)	1.35(SD=.25)	1.13(SD=.12)
around 50% of the time (n=3)	1.32(SD=.03)	1.17(SD=.15)	1.07(SD=.13)
approximately 50-75% of the time (n=7)	1.20(SD=.13)	1.11(SD=.16)	1.03(SD=.05)
75 - 100% of the time (n=1)	1.00(SD=n/a)	1.00(SD=n/a)	1.00(SD=n/a)

The greater the amount of time reported as having spent using collaborative consultation in a typical day, the closer the mean score was to 1. The participant who responded that he or she utilizes collaborative consultation 75 to 100% of the time in a typical day received the mean score of one in each category (knowledge retention, application, attitude). The respondent who utilized collaborative consultation 0% of the time received the mean score closest to 2 for all three categories.

Value of CPR Training

The percentage of participants' responses to question 43 and 44 are reported in Figure 3. Question 43 asked participants to give a value rating (highly valuable, somewhat

valuable, not at all valuable) to having participated in the CPR training as it relates to “preparing for using collaborative consultation”. Question 44 asked participants to give a value rating of having participated in the CPR training as it relates to “present job responsibilities”.

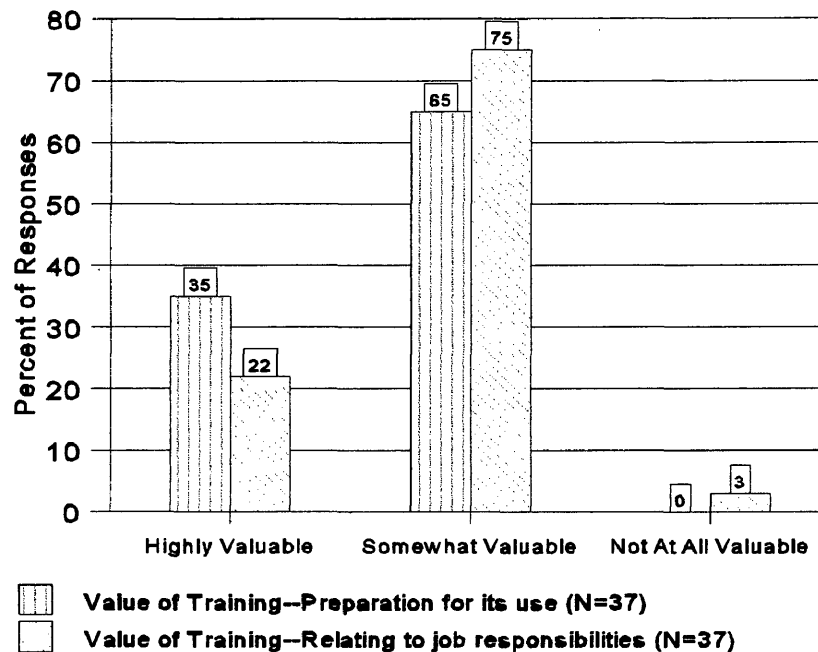


Figure 3. The value of CPR training.

For question 43 (the value of CPR training as it relates to preparing participants to use collaborative consultation) and question 44 (the value of CPR training to present job responsibilities), the majority of responses (item 43=65%; item 44=75%) were in the “somewhat valuable” category. Zero percent said that the CPR training was “not at all valuable” in preparing them for using collaborative consultation, and only 3% said that it was “not at all valuable” to present job responsibilities.

The percentage of general educators', special educators', and administrators' "highly valuable", "somewhat valuable", and "not at all valuable" responses for question 43 (how valuable was the UNO experience in preparing you to use collaborative consultation) are reported in Figure 4.

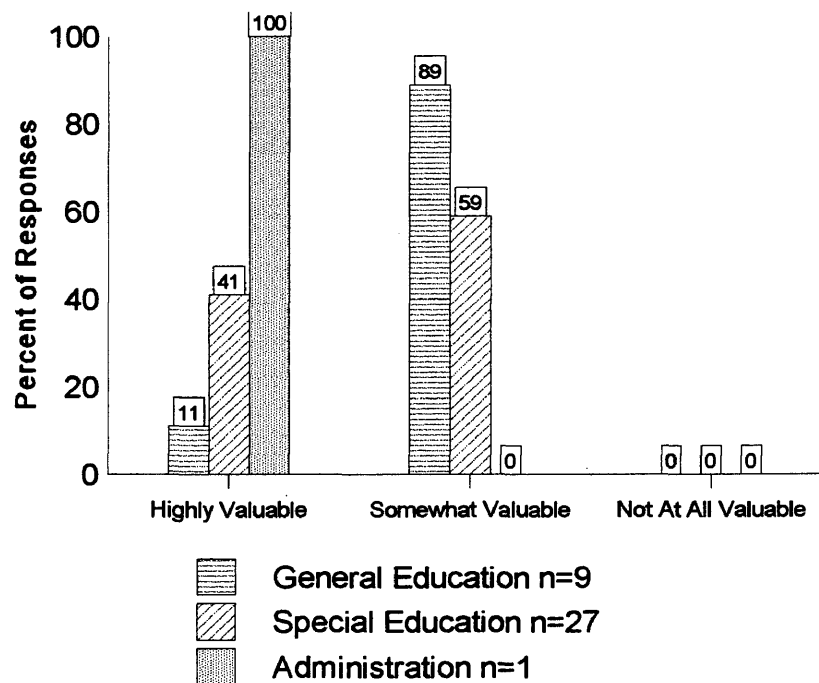


Figure 4. The value of training as it relates to preparation for use.

The value given to having participated in the CPR training as it relates to preparing for its use. The administrator subgroup (n=1) reported the UNO training as being "highly valuable" in having prepared for use of collaborative consultation. The majority of general educators (89%) and special educators (59%) responded that it was "somewhat valuable". Zero participants responded that the UNO training was "not at all valuable".

The percentage of general educators, special educators, and administrators “highly valuable”, “somewhat valuable”, and “not at all valuable” responses to question 44 (how valuable was UNO (CPR) training to present job responsibilities) are reported in Figure 5.

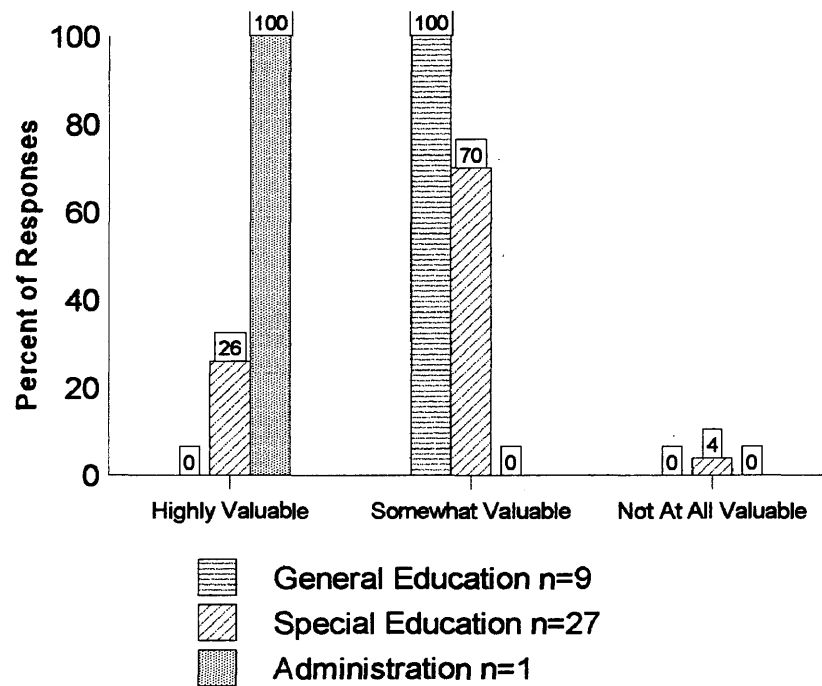


Figure 5. The value of training as it relates to present job responsibilities.

One hundred percent of the administrator subgroup said that the UNO training was “highly valuable” to present job responsibilities and 100% of the general educators reported that it was “somewhat valuable”. The special education subgroup’s responses were divided among the three value ratings. The majority (70%) said the UNO training was “somewhat valuable”.

Item 44 narrative responses

On item #44 (In your current work setting, how valuable was the UNO training to present job responsibilities?), 16 out of the 37 (43%) participants provided comments. Eleven out of the 16 (69%) appeared to be more positive than negative, commenting that “UNO training reaffirmed” what they were already doing in the work setting or that it provided “ the framework” or “the background knowledge” to allow them to “create teams” and to work together. Some of more negative or neutral responses included comments such as they felt “overwhelmed” with the amount of information with which they were presented, they couldn’t “apply it fast enough to retain an adequate ability level” and that some of the information they were receiving didn’t apply to their job situation (See Appendix B for verbatim narrative responses).

Attitude Toward Collaborative Consultation

Item 34 narrative responses

Nineteen out of the 37 participants (51%) commented on item #34 (I feel the time invested in collaborative consultation is beneficial and will result in substantial dividends for all involved). Fifty-three percent of the respondents commented that the time invested was beneficial for reasons such as “two heads are better than one” and that working together “provides an additional knowledge base” for solving problems. Another focus of the responses was the increased level of communication between co-workers and the mutually supportive relationships that develop from using this approach. In other words, no longer were educators alone as they attempted to provide solutions to problems.

Instead, collaborative consultation was providing the framework for relationship building and increased problem solving ability.

Item 35 narrative responses

On item #35 (my willingness to mainstream children with special needs would be enhanced if I were more confident that an active consulting relationship would be available to support the mainstreaming process), 18 of the 37 (49%) participants responded to this open-ended question. Generally speaking, responses referred to how an “active, cooperating, relationship is essential” before gains can be seen using the collaborative consultation approach. Also, one participant suggested that “consulting relationships take a lot of time. Both partners have to have the commitment to make this a top priority.” However, some suggested that boards being “overwhelmed by SPED costs” and other budget cuts reduces their confidence level that support will be provided for the collaborative consultation process.

Knowledge Retention

Item 33 narrative responses

Forced-choice item #33 asked participants to either “agree” or “disagree” with this statement, “I have sufficient knowledge regarding consultation theory to feel confident in my ability to ‘teach’ the process to others through engaging in collaborative consultation with a mediator”. Immediately following this statement, participants were asked to comment on this item. Nineteen of the 37 participants (51%) commented on item 33a (My confidence level is influenced by . . .). Seven out of the 19 (37%) responses for 33a

mentioned the word “experience”; five responses (26%) suggested that confidence level is influenced by administrative and co-worker support; and four responses (21%) dealt with success of using the collaborative consultative approach. Other responses included “training”(n=1), “schooling and knowledge”(n=1), and “the confidence of those around me”(n=1).

Immediately following #33a, participants were asked to comment on #33b (I could be more confident if . . .). Twenty-four of the 37 (65%) responded. Only two out of the 24 responses directly used the word “experience”. Four of the 24 (17%) responses referred to administration and co-workers being more willing and supportive. Ten of the 24 (42%) responses dealt with being better trained and increasing knowledge of the collaborative consultation approach. Some of these comments included “ I knew more theory of the subject” and “ I had more training in the collaborative consultation area”.

Barriers and Facilitators to Collaborative Consultation

Item 23 narrative responses

On forced choice item #23, 62% agreed that “the barriers to collaborative consultation have been identified” in their places of work and that they were aware of what they were. Immediately after participants were asked to “agree” or “disagree” with the forced choice item, they were given the opportunity to list the barriers they experienced in their work setting. The word “time” was used in 21 of the 29 (72%) comments. Four of the 29 responses (14%) used the word “(un)willingness”. The “willingness of others”, “stubborn people”, and “teacher’s attitudes” were some of the comments referring to willingness of

others to use collaborative consultation. Comments dealing with time were “insufficient time”, “plan time” and “lack of time in order to work effectively”.

Item 24 narrative responses

On forced choice item #24 (In my work place, administration and faculty are working cooperatively to facilitate consulting relationships), 70% agreed with this statement.

When asked to provide narrative on item #24, 23 of the 37 (62%) participants responded.

The word “time” was used in the responses of 11 participants (48%) and even more respondents referred to time-related issues in their responses (74%). These comments reference issues such as “early release time for collaborative planning” and “scheduling of common plan time” as two very important facilitators to collaborative problem solving. “Administrative verbal and physical support” and “willing and cooperative staff” also seemed to be important facilitators (22%).

CHAPTER 5

Discussion

Each of the five research questions will be discussed based on the results of the analyses followed by a general discussion of the findings.

Have Participants in the CPR (UNO) Training Retained Content Knowledge Regarding the Process and Procedures used in Collaborative Consultation?

Participants in the Collaborative Problem Resolution training during the years 1992-93 and 1993-94 seemed to retain content knowledge regarding collaborative consultation's processes and procedures ($X^2=33.07$, $p<.01$). Values of both group of respondents, those who had received additional collaborative consultation training ($n=18$) and the group of respondents who had not ($n=19$), revealed statistically significant Chi-square (X^2) levels. However, values of those who had not received additional training failed to reach statistically significant levels ($X^2=2.11$) on the "theoretical foundations" items when these items were separated out from the "knowledge retention" subgroup.

Several reasons may account for this lack of statistical significance for the "theoretical foundations" subgroup. One possible reason may be with the CPR training format or content. Typically, a large part of the 45 hours was not devoted to lecture on the "theoretical foundations" of using the collaborative consultative approach. Instead

readings were assigned, and it was intended for the participant to read the literature provided on the theory behind collaborative consultation outside of the 45 hours. Thus, educators with busy lifestyles may not have had the time to read journal articles and academic books on the theory behind the practice. To solve this problem, training was altered in 1993-94 to reduce the reading and outside of class workload in order to accommodate participants' schedules. Instead of each participant being required to read all assigned readings alone, participants were divided into groups where each participant was responsible for specific readings and to report summative information to his / her cohort group. In this way, every individual was required to read less but still receive the same amount of information on "theoretical foundations". However, some participants still commented that they felt "overwhelmed" with the amount of information they were required to read in the CPR training.

Another possible reason for the weakness in the area of "theoretical foundations" may be that participants are not as interested in learning the theory behind collaborative consultation as they are in learning the skills of collaborating and putting those into practice. In other words, they want to come out of the training ready to use what they have learned. Two participants' comments reflect this idea. One said that the CPR training was "very much book stuff, not so much practical stuff". Another commented, "I believe in collaboration but I am not hung up on theory and certain people playing certain roles". Thus, it appears that some participants want to spend less time on reading about collaborative consultation theory and more time practicing skills they will need to use.

The research on training methodology of collaborative consultation reinforces the idea of practicing skills in real life situations during training (Heron & Harris, 1993; Elksnin & Capilouto, 1994). Heron and Harris recommend an instructional approach which includes “expert modeling, multiple opportunities to practice consultation skill during and after training, and independent practice under supervision” (Heron & Harris, 1993, p.32). However, even though practical skills are important, this lack of theory or understanding the “why” behind collaborative consultation can be harmful. For instance, educators may feel less confident to use the process and teach it to others.

Survey item #33 (I have sufficient knowledge regarding collaborative consultation theory to feel confident in my ability to teach the process to others through engaging in collaborative consultation with a mediator), received the lowest frequency of “agree” responses (18.9%) out of the 39 forced choice questions. When asked what would make them “more confident” to teach the process (Item 33b), 42% of the response indicated that if they were better trained and had more knowledge about the approach, they could be more confident. Thus, it appears as if training programs in collaborative consultation may need to place emphasis on theoretical foundations, but do it in a way that it can be applied during the training process. Because the role of the consultant is to promote greater understanding of the process in their partner, the mediator, it is incumbent upon the consultant to “teach” the process through engaging in collaborative consultation. Therefore, it is imperative that consultants be confident in their ability to help their consulting partner grow professionally by making the process overt. This requires both

application skill and underlying theoretical knowledge.

Knowledge retention and additional training vs. no additional training

Having additional training did seem to impact “theoretical foundation” scores. The participants who did take part in some other form of collaborative consultation training besides the CPR training did provide responses with a mean score closer to one ($M=1.26$, $n=18$) on the knowledge retention items than those who had not participated in additional training ($M=1.41$, $n=19$). Those participants who had additional training also received higher Chi-square values for all of the knowledge retention items. The Chi-square value of the group who received additional training ($X^2 = 71.46$, $p < .01$) was 61.75 greater than the group that did not ($X^2 = 9.71$, $p < .01$). This appears to support the idea that repeated presentation of the same and/ or additional material aids in the retention of information. Thus, it seems additional opportunities for educators to learn about collaborative consultation is recommended to increase their knowledge base. However, it also may indicate that those who are interested in learning more about collaborative consultation and who are using the approach in their work place are the individuals who are more likely to attend additional training than those individuals who are not interested in learning more about the process. Therefore, it may not be only the availability of training for educators, but also the attitude about collaborative consultation that is being reflected in these results.

Knowledge retention and the area of primary work responsibility

The area of primary work responsibility seems to have a slight effect on knowledge retention rates. The general education subgroup ($M=1.48$, $n=9$) appears to have slightly

lower knowledge retention rates of the collaborative processes and procedures than their counterparts in special education($M=1.30$, $n=27$) and administration ($M=1.00$, $n=1$).

While the mean score differences are not large ($D=.18$ and $.48$ respectively), they may suggest a need to focus more on the role of the general educator in the training process.

Or, it may indicate the idea that the special educator is the one using the process and therefore retaining knowledge more.

What is the Current Status of Participants Application of Knowledge and Skills?

Participants in the CPR training appear to be applying the knowledge and skills taught to them. Chi-square results indicate statistically significant values ($X^2 = 49.97$, $p<.01$) for the “application” items when the responses include all participants. However, when only the responses of those participants who have not received additional collaborative consultation training are evaluated, analysis does not reveal statistically significant results ($X^2 = 3.12$) for the “application” items. Therefore, the results indicate that participants in the CPR training view themselves as utilizing the skills taught to them in the training.

However, the level of application of this knowledge and skills seems to be related to the amount of exposure an individual has to additional formalized staff development related to collaborative consultation.

Additional support comes from the mean scores for the three groups--all participants, those who attended additional collaborative consultation training, and those who did not. A difference of $.22$ between the group of participants who received additional training versus those who did not exists. This difference is greater than the differences between

those who had additional training and those who did not on the other survey item categorical subgroups (i.e. knowledge retention, attitude). Less difference is evident between groups in the area of “application” when their means are evaluated according to job responsibility. Only a .1 difference exists between the general educators (M=1.31, n=9) and the special educators (M=1.30, n=27) on the “application” items.

Thus, educators who participated in the CPR training appear to be utilizing what they were taught. Repeated exposure is again critical to utilization. This may be due in part to the increased familiarity with the theoretical background and/ or the methods of utilizing this approach. In addition, the reason behind the higher “application” scores for those participants who had additional training may be similar to the reason that the “knowledge retention” items had higher Chi-square values for the same group. It may be that the participants who are more interested in learning more about the collaborative consultative approach will be the ones to attend additional training and more likely to be actually using the approach in their work setting rather than the training being solely responsible for the higher “application” scores.

Amount of time spent using collaborative consultation in a typical day

Most respondents to the survey are not utilizing collaborative consultation more than 20 % of the time in their typical day. Sixty-seven percent report using collaborative consultation less than 20% of a typical day. Thirty percent said that they use it at least 50 to 100% of the time in a typical day. When “area of job responsibility” was examined according to the “amount of time reported using collaborative consultation”, general

educators had the largest number of responses (78%) in the “I use collaborative consultation less than 20% of the time category”. Special educators were the second largest group in this category, with 66% of their responses indicating that they use it 20% or less in a typical day. However, in general, the special educator and administration subgroups responded more often as using collaborative consultation 50% of the time or more (See Figure 2). As stated, 67% of all participants reported using collaborative consultation “less than 20%” of their typical day. However, it appears that the more a participant reported using collaborative consultation, the more he/she retained content knowledge, and the more he/she applied the skills, and had a “positive attitude” about collaborative consultation (See Table VII). For example, the individual who responded that he / she used collaborative consultation “75 to 100%” of the time also received a mean score of one on all “knowledge retention”, “application”, and “attitude” subgroup items. Therefore, it seems as if the more an individual is applying what he or she learned, the more likely that he or she will remember the content, keep afresh the skills, and have positive feelings about using the approach.

What Factors Do Participants Identify as Either Barriers or Facilitators to Applying Collaborative Consultation in Their Work Settings?

“Time” was the overall prevailing comment when asked about the “barriers to collaborative consultation” in their work settings. Seventy-two percent responded that the time to meet together as teams in order to plan the appropriate problem-solving measures was the main barrier to utilizing this approach. Several participants responded to how this

barrier may be overcome. They listed such activities such as “release time to collaborate” and “paid scheduled plan time”.

The idea that some co-workers and administrators were not “willing” to support the process was a reoccurring barrier as well (totaling 14% of the responses). To ameliorate this barrier, administrators could offer “verbal” support as well as provide the means for establishing a collaborative atmosphere. This could come through the use of making sure all parties involved in the process had scheduled and perhaps paid plan time.

Administrators could also involve themselves by monitoring the collaborative relationships that were being developed. Administration was not a large part of the two years of training and only one of the three who were sent a written questionnaire responded.

Therefore, another area to look at is the level of involvement of administrators and how to make the CPR and other collaborative training programs more focused on the role the administrator plays in the process.

To promote co-worker involvement and willingness to participate in the process, CPR training could emphasize the importance of three principles of collaborative consultation-- “team ownership”, “recognition of individual differences”, and “application of reinforcement”. As mentioned, “team ownership” includes the idea of teaching the consultant to listen carefully to each other’s ideas and to be open and respectful of the ideas that each participant presents (Idol-Maestas et al., 1984). The principle of “recognition of individual differences” applies to making co-workers more willing in that it focuses on changing the co-workers attitude through interactions and positive results. In

other words, if the consultant demonstrates enthusiasm and communicates a supportive attitude, the chances that the consultees would feel positive toward the process increases (Coufal, 1990). “Application of reinforcement” works on the premise that practicing the principles of positive reinforcement serve to strengthen the working relationship, building the teacher’s sense of efficacy (Coufal & Butler, 1991). Therefore, continuing to stress these principles during CPR training is important so that the participant may use these principles when co-workers are not very “willing” to participate in the collaborative process.

What is the Participants’ Current Evaluation of the CPR Training Received?

Participants seemed to find value in the CPR training. A larger number viewed its value as related to helping them prepare to utilize collaborative consultation (See Figure 3) rather than as it related to current job responsibilities. That is, more participants said the training was effective because they felt prepared to use the collaborative approach and fewer felt the CPR training made a difference in preparing them to use it in their specific work setting. This may be due to training being less specific on how to use it in any one particular workplace or it could be a result of the environment in which the individual works.

During training, participants were encouraged to learn the foundations and skills of collaborative consultation, and were provided numerous case examples from various education settings. They were given assignments that facilitated individualized application to participants’ respective work settings. In addition, the grant under which this training

was provided called for “building teams” to participate in the training. That is, each school was instructed to send at least one general educator, one special educator, and one administrator to serve on the team. In this way, each member of the “building team” could learn collaborative consultative skills under guidance and supervision and therefore facilitate the transition from utilizing the collaborative consultative approach during training to utilizing it after training was completed. The “building teams” concept was created to integrate the goals and objectives from a variety of disciplines and professions (Gast & Wolery, 1987) to promote the ideas of teaming, joint decision-making, communication, and coordination. However, the training of building teams never became reality. Instead, very few “building teams” enrolled in the CPR training and participants mainly consisted of individuals from various buildings with very few administrators being represented (e.g. 14% of participants were administrators in 1993). Thus, one way to improve participants’ ability to relate information to present work settings may be to more strictly enforce the “building teams” concept.

However, perhaps their inability to relate information to their current work setting is due less to the format of training than it is due to a lack of opportunity to employ collaborative consultation where they work. Several comments to that effect were offered by participants. For example, one participant commented that “my school is not using collaborative consultation as much as I’d like” and “schools (are) not using it”, (and) “schools are not ready for 100% change”. Therefore, perhaps action needs to be taken both in the area of training format to make it more related to work setting and on the part

of school officials and administrators to promote the use of collaborative consultation in their building.

Value of training reported by administration, general education, and special education

Value ratings broken down by job responsibilities (general educator, special educator, administrator) reinforce the notion that CPR training was “more valuable” as it relates to preparing for use than as it relates to present job responsibilities. The administrator rated the training as “highly valuable” in relation to preparing for use and “highly valuable” in relation to present job responsibilities. However, only one administrator returned the written questionnaire. Other administrators may not have rated the CPR training as high. More special educators rated the CPR training as “highly valuable” to preparing them for its use (41%) than they rated it as being valuable to their current job responsibilities (26%). General educators followed the same trend, more often rating the CPR training as “highly valuable” when referring to “preparation for use” than when relating the training to “present job responsibilities”.

What are the Participants’ Attitudes About the Value of Collaborative Consultation in General?

The participants who completed the CPR training seemed to have a positive attitude about collaborative consultation. Chi-square analysis revealed statistically significant results for all participants ($\chi^2=195.5$; $p<.01$), participants who attended additional collaborative consultation training ($\chi^2=112.23$; $p<.01$), and participants who had not attended any other form of collaborative consultation training ($\chi^2=84.71$; $p<.01$). In

addition, the items on the survey measuring “attitude” received the greatest amount of “agree” responses of the three subgroups (i.e. knowledge retention, application). Sixty-seven percent of the “attitude” items received a greater than 90% frequency of “agree” responses. Thus, it seems that participants, regardless of whether they attended additional collaborative consultation training or not, have a positive attitude about this approach. Ninety-seven percent agreed to item 34 (I feel the time invested in collaborative consultation is beneficial and will result in substantial dividends for all individuals involved). This feeling toward collaborative consultation could also be seen in participant’s narrative responses to this item. One participant said that, “In situations where general education teachers and I collaborate closely, we are able to provide a better learning environment for many students at all level.” Another said, “I implemented the collaborative process and got wonderful results with both teachers and students.” Yet another responded that “I am already seeing students reap from the benefit of the collaborative process.” Therefore, it appears that either the CPR training is designed to adequately meet the needs of educators in the area of “attitude”, or that educators are coming into the training with positive attitudes. Regardless, “attitude” is one area which may not need to be altered for future training programs.

However, the survey did bring out some differences in the willingness of general educators, special educators, and administrators to participate in the collaborative consultative process. On survey item #38 (within my work setting, there is a willingness on the part of special education to engage in collaborative consultation), 100% of the

participants responded “agree”. However, when the same question was asked about the willingness of general educators and administration, those items (37 & 39) received only 73% “agree” response. Thus, in the view of the respondents, special education professionals are perceived as more willing to collaborate than administrators and general education professionals. This may indicate a need for training to include the participation of more general educators. Further, the reasons for and benefits of collaborative consultation need to be delineated more specifically to general educators and administrators.

Limitations of the Study

While the results of this study seem to indicate that the Collaborative Problem Resolution training was effective in the areas of “knowledge retention”, “application”, and “attitude”, several limitations of the research design need to be considered. First, the 50 item written questionnaire utilized in this study was a self-report of the individual’s perception of their “knowledge”, “application”, and “attitude” toward use of collaborative consultation. Thus, these results are more subjective than other more objective measures. Secondly, the Chi-square analyses had one degree of freedom, meaning that responses were either considered as “agree” or “disagree”. This means that the results can be significantly altered if only several people change their response from “agree” to “disagree” or vice versa.

General Conclusions

The Collaborative Problem Resolution appeared to be effective in the sense that

participants perceived themselves as having knowledge about the processes and procedures of collaborative consultation, using the skills presented to them during the training, and feeling positive about the value of collaborative consultation in general. Nevertheless, the format and content of CPR training may need to be altered in several ways. First, training may need to stress the importance of knowing the theoretical foundations behind the process so that participants understand the reason for their actions and are able to teach the process to others. Secondly, a stronger emphasis needs to be placed on attending collaborative consultative training as a “building team” so that the skills learned in training may transfer to work settings and so that roles and responsibilities can be defined. By using the “building team” concept, for example, administrators may learn that part of their role in collaborative consultation includes scheduling plan time for participants and demonstrating verbal support. And general and special educators may learn the importance of establishing a relationship built on mutual support and parity. The final conclusion relates to training methodology. The results of this study seem to reinforce the importance of expert modeling followed by time for participants to practice the skills during training. Allowing time for role modeling and practice may decrease the amount of comments like, “the training was very much book stuff” and not so much practical “stuff”, and it may facilitate the implementation of collaborative consultation in the participants’ current work setting.

Further Research

Areas of future research may include investigating the role that additional training

plays in the amount of knowledge participants retain, the utilization of collaborative consultation, and the attitude that participants have about this approach. That is, were the higher “knowledge retention”, “application”, and “attitude” values for those participants who had additional training due to the training they received or were they due to the fact that those people were more interested in learning about and using the collaborative consultative method and therefore more interested in attending additional training to improve their skill level.

Another area of possible research is using the comments of participants on the open-ended questions to investigate whether the comments were generalizable to other educators who attended the training. For example, “time” was listed as one barrier to implementing collaborative consultation. Further research could investigate whether “time” was indeed a barrier for other educators through the utilization of objective measurements (i.e. forced-choice vs. open-ended responses). Thus, applying the responses from this study to a study which includes a larger sample size may produce results generalizable to a larger segment of the education professionals population.

Additional post hoc analyses may help illuminate characteristic differences between the group of participants who received additional training versus those who did not. Also, future research could be enhanced by the use of more stringent statistical procedures. These statistical procedures could be more appropriately applied based on findings from such post hoc analyses.

In summary, additional research needs to be undertaken concerning the methodology

and content of both the CPR training and of collaborative consultation training programs in general. Through this research, the effectiveness or ineffectiveness of various training methods can be illuminated, and an improved form of collaborative consultation training can be created. In this way, educators may become equipped with the knowledge and skills necessary to implement this approach, when appropriate, with special needs children.

References

- Anderson, N.B., Lee-Wilkerson, D., & Chabon, S. (1995). Preschool language disorders. NSSLHA Clinical Series, 12, ix.
- Coufal, K.L. (1990). Collaborative consultation: An alternative to traditional treatment for children with communicative disorders. (Doctoral dissertation, University of Nebraska-Lincoln, 1989). Dissertation Abstracts International, 51/02, 694A.
- Coufal, K.L. (1992). Personnel preparation strategies for general and special education: How to best prepare educators and parents for collaborative service delivery? Report to Nebraska Department of Education and the CSPD Committee.
- Coufal, K.L. (1993). Collaborative consultation for speech-language pathologists. Topics in Language Disorders, 14(1), 1-14.
- Coufal, K.L. & Butler, K.G. (1991). Collaborative consultation: Perspectives from special education and speech language pathology. Monograph: Critical Issues in Special Education: Implications for Personnel Preparation, University of North Texas, Denton, Texas.
- Elksnin, L. & Capilouto, G. (1994). Speech-language pathologists' perceptions of integrated service delivery in school settings. Language, Speech, and Hearing Services in Schools, 25(4), 258-267.
- Ellis, L., Schlaudecker, C. & Regimbal, C. (1995). Effectiveness of a collaborative consultation approach to basic concept instruction with kindergarten children. Language, Speech, and Hearing Services in Schools, 26, 69-74.
- Friend, M. (1988). Putting consultation into context: Historical and contemporary perspectives. Remedial and Special Education, 9(6), 7-13.
- Friend, M. & Cook, L. (1988). Pragmatic issues in school consultation training. In J.F. West (Ed.). School Consultation: Interdisciplinary perspectives on theory, research, training, and practice (pp. 127-142). Austin, Tx: Research and Training Project on School Consultation. The University of Texas at Austin.
- Friend, M. & Cook, L. (1991). Collaboration in special education: Coming of age in the 1990s. Preventing School Failure, 35(2), 24-27.

- Friend, M. & Cook, L. (1992). Interactions: Collaboration skills for school professionals. New York: Longman Publishing Group.
- Fuchs, D. (1991). Where is the research on consultation effectiveness? Vanderbilt University, Nashville, TN. Peabody College.
- Fuchs, D., & Fuchs, L.S. (1994). Inclusive schools movement and the radicalization of special education reform. Exceptional Children, 60, 294-309.
- Gast, D. & Wolery, M. (1987). Severe maladaptive behaviors. In M.E. Snell (Ed.), Systematic instruction of people with severe handicaps. (3rd ed.), (pp. 300-332). Columbus, OH: Merrill.
- Gutkin, T.B. (1993). Demonstrating the efficacy of collaborative consultation services: Theoretical and practical perspectives. Topics in Language Disorders, 14(1), 81-90.
- Hallahan, D.P., & Kauffman, J.M. (1994). Exceptional Children: An introduction to special education. (6th ed.). Massachusetts: Allyn and Bacon.
- Heron, T.E. & Harris, K.C. (1987). The educational consultant: Helping professionals, parents, and mainstreamed students. (2nd ed.). Austin, TX: PRO-ED.
- Heron, T.E. & Harris, K.C. (1993). The educational consultant: Helping professionals, parents, and mainstreamed students. (3rd ed.). Austin, TX: PRO-ED.
- Heron, T.E. & Kimball, W. (1988). Gaining perspective with the educational consultation research base: Ecological considerations and further recommendations. Remedial and Special Education, 9, 21-28.
- Idol-Maestas, L. (1983). Special educator's consultation handbook. Rockville, MD: Aspen.
- Idol-Maestas, L. (1993). Special educator's consultation handbook. (2nd ed.). Austin: PRO-ED.

- Idol-Maestas, L., Nevin, A. & Paolucci-Whitcomb, P. (1984). Facilitators manual for collaborative consultation: Principles and techniques. Reston, VA: National RETOOL Center, Teacher Education Division, Council for Exceptional Children.
- Idol, L., Paolucci-Whitcomb, P., & Nevin, A. (1986). Collaborative consultation. Rockville, MD: Aspen.
- Idol, L., & West, J.F. (1987). Consultation in special education (Part II) Training and practice. Journal of Learning Disabilities, 20(8), 474-494.
- Kurpius, D.J. & Lewis, J.E. (1988). Assumptions and operating principles for preparing professionals to function as consultants. In J.F. West (Ed.). School consultation: Interdisciplinary perspectives on theory, research, training, and practice (pp. 143-154). Austin, TX: The Association of Educational and Psychological Consultants.
- Lehner, R. (1988). Effects of communication training on the acquisition and generalization of collaborative consultation skills by high school education tutors. Unpublished master's thesis. The Ohio State University, Columbus, OH.
- Medway, F.J. (1982). School consultation research: Past trends and future directions. Professional Psychology, 13, 422-430.
- Medway, F.J. & Updyke, J.F. (1985). Meta-analysis of consultation outcome studies. American Journal of Community Psychology, 13, 489-505.
- Meyers, J., Parsons, D., & Martin, R. (1979). Mental health consultation in the schools. San Francisco: Jossey-Bass.
- Osborn, A.F. (1963). Applied imagination: Principles and procedures of creative problem solving (3rd ed.). New York: Scribner's.
- Russell, S. & Kaderavek, J. (1993). Alternative models for collaboration. Language, Speech, and Hearing Services in Schools, 24, 76-78.
- West, J.F. & Cannon, G.S. (1988). Essential collaborative consultation competencies for regular and special educators. Journal of Learning Disabilities, 21(1), 56-63.
- West, J.F., & Idol, L. (1987). School consultation (Part I): An interdisciplinary perspective on theory, models, and research. Journal of Learning Disabilities, 20(7), 388-408.

Will, M. (1986). Educating children with learning problems: A shared responsibility. Exceptional Children, 52, 411-415.

Winzer, M. (1993). The history of special education: From isolation to integration. Washington, D.C.: Gallaudet University Press.

Appendix A

Collaborative Problem Resolution Survey

**Collaborative Problem Solving:
Evaluating the effects of training on preparing educators to utilize collaborative
consultation in problem solving.**

Please take a few minutes to complete this survey. Use the #2 lead pencil included to record your responses on the enclosed response form . Where appropriate , record narrative responses on this survey form. Return both forms in the enclosed envelope. Thank you, in advance, for your time.

Please return by March 6,

The term collaborative consultation has been used to refer to many varied activities in education. The following definition is provided to clarify the nature of the relationship and provide you, the respondent, with a frame of reference for your responses.

Collaborative consultation is an interactive process that enables people with diverse expertise to generate creative solutions to mutually defined problems. . . . The major outcome of collaborative consultation is to provide comprehensive and effective programs for students with special needs within the most appropriate context, thereby enabling them to achieve maximum constructive interaction with their non-handicapped peers (Idol, Paolucci-Whitcomb, & Nevin, 1986, p.1).

Definition of critical terms:

Collaborator/coparticipant: Any individual working with another to assist in the problem solving process. This may be a parent, a general education teacher, administrator, special education teacher, or other individual from a related profession (e.g. physical therapist). A collaborator may, at different times, assume the role of consultant or mediator/consultee.

Consultant: typically the person with knowledge and skills in collaborative consultation, as well as particular expertise in some area related to the presenting problem.

Mediator/consultee: typically the classroom teacher, in school-based consultation; the person with the available means of influence necessary for the remediation of a problem; has expertise related to the presenting problem.

USE ONLY #2 PENCILS.
DO NOT FOLD RESPONSE FORM.

For each of the following statements , indicate your current status by marking (on the response form).

A for "**I agree**" or

B for "**I disagree**" .

If you cannot assess your current status , respond by marking **C** to indicate " **I need more information** " .

1. I know that collaborative consultation utilizes a systematic process for problem solving, and I can list the specific 'steps' to be followed.
2. I consistently employ these 'steps' in my work as I approach new problems or seek new solutions to existing problems.
3. I am confident in my ability to develop and use varied data collection techniques for problem identification.
4. I am confident in my ability to analyze the effects of change in the system, brought about through collaborative consultation.
5. I am confident in my ability to serve as a consultant to others .
6. In fulfilling the role of consultant, classroom observation is required.
9. I am confident in my ability to manage conflict and confrontation through the consultation process to maintain collaborative relationships.
10. I view the hallmark of a successful consultation relationship as the ability and willingness of both consultant and mediator to disagree.
11. I could define at least four critical communication tools used in collaborative consultation, and demonstrate their use.
12. I am confident in my ability to skillfully employ critical communication tools used in interviewing.
13. I am confident in my ability to adjust my communication style to that of others to accommodate their needs; to adjust to their individual stage of development in the

consultation process.

14. I am confident in my ability to use various communication strategies to suit the goals of the session and be consistent with the steps of problem solving.
15. I would be willing to participate in evaluating the effectiveness of my classroom/instructional discourse as it relates to mainstreaming children with special needs.
16. It is common for me to engage in ongoing consultation with another professional for the purpose of problem solving, including them in all aspects of the process from problem identification through evaluation of the intervention outcome .
17. I use collaborative consultation to evaluate potential instructional alternatives.
18. I utilize an instructional plan which specifies target behaviors and measurable outcomes for both the child and the mediator/consultee.
19. I utilize ongoing data collection as a means of evaluating the effectiveness of selected instructional strategies.
20. I redesign, maintain, or discontinue use of an instructional strategy, based upon objective data which has been recorded and analyzed.
21. I consistently use observational data and ongoing consultation interviews throughout the problem-solving process .
22. I am currently involved in a systematic consulting relationship for the purpose of problem solving.
23. In my work place the barriers to collaborative consultation have been identified and I am aware of what they are. **Please mark response on answer form and comment below.**

Please list at least one but not more than four identified barriers(write below) .

24. In my work place, administration and faculty are working cooperatively to facilitate consulting relationships. **Please mark response on answer form and comment below.**

Pleas list/describe those activities facilitating consultation (write below) .

25. I regard the ongoing support, modeling, and/or assistance of a colleague as one of the primary benefits of the consulting relationship.
26. I have a good understanding of the literature on 'systems change' .
27. I am confident in my ability to serve as an agent of change in order to successfully modify current practices in my work setting.
28. I view the consultant role as one of “expert”.
29. As a collaborator, I expect to learn and grow professionally, regardless of my role.
30. I view the mediator role as one of “expert”.

CONGRATULATIONS! You are more than half way through the survey.

31. I am sufficiently confident in my knowledge of the theory of consultation to manage selection of specific consultation approaches to match the situations, settings, and needs .
32. I am confident in my ability to translate relevant consultation research findings into effective school-based consultation practice .
33. I have sufficient knowledge regarding consultation theory to feel confident in my ability to 'teach' the process to others through engaging in collaborative consultation with a mediator.

Mark response on answer form and please comment below. Complete the following sentences .

a) My confidence level is influenced by _____

b) I could be more confident if _____

34. I feel the time invested in the collaborative consultation process is beneficial and will result in substantial dividends for all individuals involved. **Mark response on answer form and comment below.**

35. My willingness to mainstream children with special needs would be enhanced if I were confident that an active consulting relationship would be available to support the mainstreaming process. **Mark response on answer form and please comment below.**

36. The attitudes and support of district administrators enables professional staff to engage in collaborative consultation .

37. Within my work setting there is a willingness on the part of general educators to engage in collaborative consultation.

38 . Within my work setting there is a willingness on the part of special education personnel to engage in collaborative consultation.

39. Within my work setting building administrators demonstrate a willingness to engage in collaborative consultation.

Keep up the good work. You have only ten items left to answer!

PERSONNEL PREPARATION ISSUES

40 . Have you attended any type of staff development activity , other than the UNO Collaborative Problem Resolution workshop, specifically designed to prepare you to participate in collaborative consultation (mark response on answer form)?

- a. yes
- b. no

41. If you answer NO to #40, please blacken "e" on your response form. If you answer YES to #40, indicate the type of activity below.

- a. inservice of 4-8 hours
- b. workshop of 1 day or more
- c. college course dedicated solely to this topic
- d . it was discussed within a workshop or college course but it was not the primary focus of the course
- e. I answered NO to #40

42. If you answer No to #40, please blacken "d" on your mark-sense form. If your answer is yes to #40, please rate the "other" staff development activity by responding to the following: How valuable was the experience to prepare you for using collaborative consultation?

- a. highly valuable.
- b. somewhat valuable.
- c. not at all valuable.
- d. I answered NO to #40.

43 . How valuable was the UNO experience in prepping you for using collaborative consultation?

- a. highly valuable.
- b. somewhat valuable.
- c . not at all valuable .

44. In your current work setting, how valuable was the UNO training to present job responsibilities? Mark response form and please comment below.

- a. highly valuable.
- b. somewhat valuable.
- c. not at all valuable.

Please comment _____

45. Please estimate the amount of time currently spent using collaborative consultation in a typical day.
- a. 0% of the time.
 - b. less than 20 % of the time.
 - c. around 50% of the time.
 - d. approximately 50 to 75% of the time.
 - e. 75-100% of the time.

DEMOGRAPHICS

46. I would describe my primary responsibilities as
- a. general education teacher
 - b. special education teacher/staff
 - c. administrative
47. My primary work responsibilities are related to . . .
- a. early childhood
 - b. elementary school
 - c. middle/junior high school
 - d. senior high school
 - e. administration
48. Current number of years in your present teaching area:
- a. 0-5
 - b. 6-10
 - c. 11-15
 - d. 16-20
 - e. 21+
49. Total years in education
- a. 0-5
 - b. 6-10
 - c. 11-15
 - d. 16-20
 - e. 21+
50. Which best characterizes your current district
- a. urban
 - b. suburban
 - c. rural

Comments: (Your comments related to staff development needs in the area of collaborative consultation would be welcome. Please make any written comments on the back of this page and not on the response form.)

**DO NOT FOLD RESPONSE FORM
RETURN BOTH THE SURVEY & RESPONSE FORM IN THE ENCLOSED
ENVELOPE.**

**Thank you for your time!
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Appendix B

Verbatim Narrative Responses

Survey Item 23: "Please list at least one but not more than four identified barriers."

I.D Response

102 time

103 time, willingness of others

105 time

money

106 High caseloads

Limited time

107 Administrator support Administrator support

109 NR

110 Lack of time, lack of access to regular education lesson plans well in advance

111 NR

112 Insufficient time

114 NR

113 the student's behavior

116 Change in administration

lack of time needed to work effectively

117 Teachers set in their ways, not willing to change.

118 time, knowledge, caseload

119 Interpersonal relationships

Implementation of adaptations

120 NR

121 Time, opportunity

122 NR

123 planning time

124 teachers attitudes, time, effectiveness

126 NR

128 time restraints

130 Lack of time for consultation

131 stubborn people, easier to stay in their own classroom

132 Time

133 NR

135 Time to plan with coparticipants and evaluate our progress

136 Time for collaborative planning/ consultation.

- 137 Time
- 138 NR
- 141 plan time
- 142 willingness of regular education teachers to take responsibility of Sped students.
- 143 Time
 - Schedule
- 144 The unwillingness of colleagues to participate in consultation and collaboration.
- 145 Not enough time
- 146 Lack of time to consult
- 148 I am not sure of what they are.

Survey Item Number 24: "Please list/describe those activities facilitating consultation."

LD Response

- 102 team meetings
- 103 NR
- 105 Release time to collaborate
 - Administrative verbal and physical support
- 106 Paid, scheduled plan time as well as teacher choice in participation.
- 107 NR
- 109 NR
- 110 NR
- 111 Given the time away from class to collaborate, all staff targeted skills of teaming and are involved in inservice and on-going activities.
- 112 Established collaborative planning time
- 113 Hold several meetings about individual students.
- 114 SATS
 - Personally working with special education teacher for a handicapped child in my room for science and social studies.
- 116 We are working toward a goal, but get little administrative support. Our board is also not supportive(money is tight, boards are cutting costs and staff).
- 117 MDT meetings-SAT meetings for students
- 118 regular team meeting times, teaming structure
- 119 Team planning times-regular educators and special educators. SWIT team (School wide Inclusion Team).
- 120 NR
- 121 NR
- 122 Perform joint evaluations re: children, they observe and comment on my performance.
- 123 In my building, I have asked one teacher 5th to be my collaborative partner. At

semester time, because of the success in the intermediate pod, my principal decided to try it at the primary level with another Special Education teacher.

124 Planning time, aide time

126 NR

128 NR

130 NR

131 common plan time, workday together

132 Scheduling of common planning time.

133 NR

135 a very eager special education is the only "C" words? at all in our building.

136 Early release time for collaborative planning.

137 NR

138 NR

141 NR

142 NR

143 Plan during opening of the day covered by a para schedule lunch, after school planning.

144 planning time is arranged

145 Daily meetings

Special notes.

146 willing and cooperative staff

148 Don't feel the administration really cooperates.

Survey Item 33,a. "My confidence level is influenced by _____"

I.D Response

102 NR,

103 experience

105 personal confidence of being in front of an audience.

107 success in collaborative setting.

106 Student success, teacher comfort and parent satisfaction with services.

109 NR

110 time constraints, inability to adequately prepare.

111 the fact that I no longer work with others who have been through the training.

112 training and experience, data interpretation.

113 schooling and knowledge

114 my experience

116 NR

117 the need-that the school feels they are ready for a change.

118 NR

- 119 my contact with other excellent individuals.
- 120 NR
- 121 NR
- 122 the confidence of those around me, the specific situation.
- 123 NR
- 124 support from administrators, support from teachers, positive experiences
- 126 NR
- 128 successful experience
- 130 NR
- 131 NR
- 132 the attitude of others involved.
- 133 NR
- 135 others who don't agree with collaboration process.
- 136 NR
- 137 NR
- 138 NR
- 141 each year of experience
- 142 NR
- 143 experience, materials I've read, course work.
- 144 NR
- 145 my administrators and faculties support.
- 146 NR
- 148 NR

Survey Item 33,b: "I could be more confident if _____"

LD Response

- 102 NR
- 103 I had more experience.
- 105 I were very prepared.
- 106 administration had more information
- 107 I was more than just a note taken or sub when teacher needs to leave.
- 109 NR
- 110 time would allow for adequate preparation
- 111 I could participate in periodic reviews of this information.
- 112 the time available for collaboration were sufficient; ongoing data collection were used for decision-making.
- 113 we had our whole staff trained and keep up on the newest findings.
- 114 I was refreshed on this.

- 116 I had more time to devote to consultation.
117 NR
118 there had been more practice of skills in a neutral setting and guided "real-life" practice.
119 I had all the "right" answers (understanding that this is not possible)
120 NR
121 NR
122 I would review some materials in a more timely manner
123 I reviewed the consultation theory and the different approaches.
124 all teachers felt it was a worth while process
126 NR
128 more experience
130 NR
131 NR
132 I were seen as an expert
133 NR
135 administrators and regular educators were more willing
136 NR
137 NR
138 I had more training regarding in the consultation area.
141 teachers were more receptive to change
142 I continued to train at this.
143 I could work closely with another colleague who is confident and could have an influence on my technique.
144 NR
145 I knew more theory of the subject.
146 NR
148 I had time to really have a complete understanding of the process.

Survey Item 34:(Comment on)"I feel the time invested in the collaborative consultation process is beneficial and will result in substantial dividends for all individuals involved."

I.D. Response

- 102 two heads are always better than one
103 NR
105 communication is key!
106 the result of two working together is always better and allows for active participation of all students.
107 additional knowledge base
109 NR

110 NR

111 In situations where general ed teachers and I collaborate closely, we are able to provide a better learning environment for many students at all levels.

112 Problem solving as a team can only result in improvement of instruction.

113 the special education teacher and I are a lot closer and communication better.

114 Anytime you work with colleagues on problem-solving its beneficial for everyone.

116 NR

117 yes, it keeps staff moving in the same direction

118 yes, but difficult to spend such extensive time amidst the many duties and tasks for each day.

119 creation of teams lends itself so nicely to this process. Having a daily team plan time fosters this development for all.

120 NR

121 NR

122 If there is sufficient planning time and willingness of all needed to participate.

123 Yes, I implemented the collaborative process and got wonderful results with both teachers and students, both identified and nonidentified.

124 This year we have statistically seen growth in our students and through observations have seen self-confidence.

126 NR

128 pooling talents of many individuals

130 NR

131 NR

132 NR

133 NR

135 It's in the best interest of the student and that's who benefits.

136 NR

137 NR

138 NR

141 NR

142 NR

143 I am already seeing students reap from the benefit of the collaborative process.

144 NR

145 my teaching styles are influenced and modified to accommodate other learning styles because of my collaborative teacher.

146 NR

148 I don't always agree that what is done achieves those dividends expected.

Survey Item 35: (Please comment)"My willingness to mainstream children with special needs would be enhanced if I were confident that an active consulting relationship would be available to support the mainstreaming process."

I.D Response

102 NR

103 NR

105 again, communication is key!

106 NR

107 there is a need for added support systems

109 NR

110 NR

111 When a teacher isn't open to collaborating and including SPED students, I tend to use more pull-out time.

112 Time for collaborating and data-based decision-making are key factors in my confidence in the process.

113 we need more teachers to come into our rooms.

114 NR

116 I feel that this is a huge problem. Boards are overwhelmed by SPED costs. They use the costs as their scapegoats when justifying const to patrons.

117 yes?

118 an active, cooperating relationship is essential--communication is a must, although the full step by step consultation process is difficult to do.

119 I have no problem with this but for others who are hesitant, very definitely. That support system is great for all of us!

120 NR

121 NR

122 Proposed budget cuts make this appear less likely.

123 Yes, consulting relationships take a lot of time. Both partners have to have the commitment to make this a top priority.

124 I agree because of the progress we have seen this year.

126 NR

128 you need an accepting, willing teacher for that placement.

130 NR

131 NR

132 NR

133 NR

135 There needs to be more "time" provided for the consultative process to work.

136 NR

137 consulting is not the only help you need to support the mainstreaming process. You need active help in the classroom so no one is denied.

138 NR

141 NR

142 NR

143 In my setting, we are already mainstreaming. It's successful.

144 NR

145 My collaborative teacher has helped me understand special needs children better.

146 NR

148 It seems that the consultants schedule doesn't always allow her to stay on schedule.

Survey Item 44: "(Please comment) In your current work setting, how valuable was the UNO training to present job responsibilities?"

I.D. Response

102 Any collaboration I do comes from the experiences I've had on what works and what doesn't. I believe in collaboration but am not hung up on theory and certain people playing certain roles.

103 my school is not using collaborative consultation as much as I'd like

105 I use problem solving in all settings, but it may not be to the extent we learned.

106 My UNO training reaffirmed what I was already doing within my current work setting.

107 could not apply it fast enough to retain an adequate ability level.

109 NR

110 NR

111 The information was good, but I became overwhelmed with the amount of required reading beyond the books and some things I should have learned were lost in the process.

112 provided a framework

113 WE are working together. Keeping each other informed.

114 I don't use the specific steps, but I do work with our SPED department to mainstream children into my classroom and to adapt the curriculum to meet their needs.

116 NR

117 schools not ready for 100% change, school not using it are using teacher aids and resource still not in the room

118 provided background knowledge needed (as we are in an inclusive school) to assist in meeting some students' individual needs.

119 major facets of UNO training and other professional development has been on creation of teams, interpersonal development and communication skills.

120 NR

121 NR

122 because of my job as a physical therapist, I use to do this to a great extent.

123 NR

124 We are using the inclusion model in the fifth and second (grades) this year, and it has been extremely helpful promoting good relationships.

126 NR

128 NR

130 NR

131 NR

132 Mainstreaming and inclusion

133 NR

135 NR

136 NR

137 NR

138 NR

141 NR

142 NR

143 NR

144 NR

145 I've learned a lot just by doing it in my workplace.

146 NR

148 NR

Additional Comments:

119

We must develop self-directed teams and train individuals how to do this. Merely putting people together and calling them a team is not enough. The skills taught throughout collaborative consultation are critical to this development. I am very thankful for this experience and continued opportunities for growth in these areas. I just hope we can get all educators to see the importance and benefits it brings not only to us as professionals, but ultimately for all of our kids. Thanks and continue offering this type of professional development.

135

I've attended Dr. Floyd Hudson's workshops and Marilyn Friend's workshops.

114

I am for mainstreaming of special needs children when it works for that child. If that child is disruptive and cannot handle being in the room I don't feel they should be in the room. I also feel that the Special education teacher needs to be in the room for the entire class period. I feel they should write tests for those students so they are written appropriately. I am currently teaching a sped student social studies, but the

sped teacher keeps her grades. The sped teacher is not in the room. The child does not function at the fifth grade level, yet she feels she's benefitting academically from being in the room. I disagree. She should be in the room with her. Not the aide. But my concerns go unanswered. Both of our sped teachers do this in our building and it is frustrating. One of the sped teachers even went through this training with me! I felt this training was very much "book stuff" not so much practical-stuff. I felt the sped teacher wanted to dump all of the kids back into out rooms and leave them there for us to try and deal with and she still does this. Hopefully this is going well for other districts.