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Behavioral Parent-Teacher Consultation: Conceptual and Research Considerations

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Abstract

The importance of involving parents in their children's education has been documented consistently. Likewise, school psychology as a profession traditionally has recognized the importance of working actively and collaboratively with parents. Little conceptual or empirical work has been reported, however, that links home and school individuals systematically in collaborative problem-solving consultation. Behavioral consultation provides a useful framework for working within and between family and school systems to involve parents and teachers together in cooperative problem-solving, with a focus on the interacting systems in a child's life. The potential advantages of having both parents and teachers serve as consultees are that this structure promotes (a) identification of temporally or contextually distal setting events, (b) consistent and systematic behavioral programming, and (c) programming for generalization of treatment effects across settings. Likewise, the potential for effective communication, constructive partnerships, and productive relationships between home and school is increased. In the present article, we present an overview of conjoint behavioral consultation, as well as procedural considerations and future research directions.

The importance of involving parents in their children's education has received a great deal of attention in recent years (Epstein, 1984, 1985; Fine & Carlson, 1992; Henderson, 1987; Hoover-Dempsey, Bassler, & Brissie, 1987; Kroth, 1989; Power, 1985). The active participation of parents in the school is believed to have positive effects on children, parents, and teachers alike. For example, parent participation has been found to be related to significant

academic progress, fewer discipline problems, increased self-esteem and social skills, and better school attendance, study habits, and attitudes toward school (Epstein, 1985; Henderson, 1987). Becher (1986) reviewed the parent involvement literature and concluded that parents involved with their child's teachers (a) developed more positive attitudes about school and school personnel; (b) initiated greater community support and involvement; (c) developed more positive attitudes about themselves and increased self-confidence; (d) reported improved parent-child relationships; (e) reported an increased amount of contact with the school; and (f) developed more effective skills at using positive forms of parenting and reinforcement. Furthermore, when associated with parent-involvement efforts, teachers (a) became more proficient in their instructional and professional activities; (b) allocated more of their own time to instruction; and (c) became more involved with the curriculum, experimented more, and developed more student-oriented as compared with text-oriented curricular activities. Parent-teacher relationships were also improved. Indeed, the more clearly home and school individuals can communicate and collaborate in their work with children, the greater the probability for success of educational interventions (Conoley, 1987a; Hansen, 1986).

Recent legislation has also increased the need to consider ways in which parents can become more actively involved in their children's education. For example, Public Law 99-457 (Education of the Handicapped Act) mandates that involvement of parents and guardians is a required and central focus of an Individualized Family Service Plan (IFSP). Early intervention under PL 99-457 is viewed as family intervention, not intervention with the child alone. The provision of "family training, counseling, and home visits" is mandated; however, procedural guidelines for the most appropriate and effective method for involving parents are not provided.

With the recent interest in parent-teacher collaboration, the utilization of home-based programs to modify children's classroom behaviors has also increased. There are several advantages of home-based contingency systems, including (a) increased communication between parents and teachers; (b) time and cost efficiency; (c) ease in classroom implementation; (d) increased positive parental attention to children; and (e) increased generalization of treatment effects (Kelley & Carper, 1988).

Parent involvement can occur in various ways. For example, Conoley (1987b) discussed at least four levels at which parents can become involved in their children's education, with increasing degrees of permeability across home and school boundaries. The function of Level 1 interventions is to share basic information between home and school (e.g., through report cards or phone calls). Level 2 interventions involve collaborative home/school programs and the establishment of feasible systems of communication between parents and teachers. Interventions at Level 3 entail active involvement of parents in the school, with the intent of reducing discontinuities between home and school. Level 4 involves the reciprocal education of parents and teachers by each other. Becher (1986) also suggested several methods of involving parents in education, including (a) parent meetings and workshops; (b) parent-teacher conferences; (c) written and personal communication; (d) parent visits to the center or classroom; and (e) encouragement and inclusion of parents in decision-making and evaluation activities. However, there is little or no research

available that specifically compares the differential effects of the various forms and levels of parent involvement.

Atkeson and Forehand (1979) reviewed and evaluated 21 studies that utilized home-based reinforcement programs. In general, positive results have been found with a variety of subjects, settings, and behaviors. However, methodological limitations were apparent in respect to research design, component analyses, outcome evaluation, follow-up, and monitoring of treatment integrity. Furthermore, few studies monitored treatment implementation at home or school with observational data, outlined the details of consultee training, assessed the social validity of home-school interventions, evaluated methods of fading the interventions, or researched the clinical utility of the programs (Kelley & Carper, 1988). Additionally, home-based reinforcement programs typically identify classroom or school-related problems as the target, with little or no emphasis on behavioral problems occurring both at home and at school.

Along with the methodological limitations brought to light in the homeschool intervention literature, problems in initiating parents' participation have been reported, from both the teacher's and the parent's perspectives. Relationships between parents and teachers have been described as competitive and conflictual (Lightfoot, 1978). Teachers have reported that they feel uncertain about how to involve parents and still maintain their role as "specialized experts," and they believe planning for parent involvement activities takes too much time. Parents feel that it is bureaucratization of schools that keeps many of them from becoming involved and from bringing their concerns to the schools (Becher, 1986). Parents and teachers each perceive themselves to be more competent than the other in dealing with children's problems (Power, 1985). Other potential sources of problems include values conflicts, role ambiguity, and the lack of a systematic process for involving parents (Edge, Strenecky, McLoughlin, & Edge, 1984). Surveys and polls indicate repeatedly that parents would like more involvement (Gallup & Elam, 1988); however, they report needing more structure and guidance on how to access school resources (Leitch & Tangri, 1988).

There are many possible reasons for the low levels of parents' involvement with schools and school psychologists. Traditionally, schools have not made direct efforts to involve parents in the educational process. Likewise, parents have been hesitant to approach school personnel, perhaps because they have not been taught skills for interacting with school professionals on matters pertaining to their child. Parents, teachers, and school psychologists all report that they desire more collaboration with each other; however, they are not clear on the best way to begin.

A major barrier to establishing home-school partnerships may be related to the lack of professional training in parent involvement. For example, traditionally many school psychologists are not trained to work with parents in an intervention/treatment role. Teachers and other school personnel often receive no training in these important areas. In fact, it has been suggested that many teacher training programs result in attitudes and practices that are designed to keep parents *out* of the learning process and out of the classroom (Epstein & Becker, 1982). In the area of consultation, virtually no research has been found on training consultants to work with parents (Kratochwill, Sheridan, Carrington Rotto, & Salmon,

in press). Without adequate training, participants lack a concrete framework for collaborative problem solving.

Practical or logistical barriers are often considered an impediment to school consultation and parent involvement. School psychologists often report competing factors such as insufficient time, excessive caseloads, scheduling problems, and inordinate demands on personal resources. To address these barriers, organizational structures that facilitate collegial interactions between school psychologists, teachers, and parents must be developed.

The practical and methodological limitations evident in the parent involvement literature may be partly due to the fact that few reports in this area document the operational procedures by which home-school services are delivered. In some cases it is implied that some form of consultation is provided; however, the roles of the consultant and consultee(s) are not delineated, and specific consultation procedures are not identified. A structured, operational model of collaborative parent-teacher problem solving is needed for school psychologists to address problems between parents, teachers, and students strategically and effectively, and to ensure productive partnerships. One form of home-school service delivery can be conceptualized by a behavioral consultation model (Bergan & Kratochwill, 1990; Kratochwill & Bergan, 1990).

Behavioral consultation has specific characteristics that, when considered in combination, define this consultation approach. Specifically, behavioral consultation involves (a) an indirect service delivery feature (the consultant works through a mediator-consultee); (b) problem solving with the theoretical and technological features of behavioral psychology (e.g., applied behavior analysis, cognitive behavior modification, social learning theory, and neomediational stimulus-response approaches); and (c) a structured interview process consisting of problem identification, problem analysis, treatment implementation, and treatment evaluation (Bergan & Kratochwill, 1990). The focus of behavioral consultation can occur within three distinct, but overlapping categories of services (Vernberg & Repucci, 1986). *Behavioral system consultation* focuses on the social system with the goal of analysis of its processes and structure and its ultimate improvement. *Behavioral technology training* involves consultation focused on teaching behavioral skills to consultees. The primary emphasis of the training is on skill-acquisition by the consultee and it typically is formalized in individual or group sessions (e.g., parent training, teacher training, etc.). *Behavioral case consultation* is clearly the most common approach in practice and research reports. This approach involves indirect problem-solving efforts by a consultant and consultee(s), with primary attention afforded to change in a specific target behavior exhibited by a client.

Although behavioral case consultation is considered effective (Medway & Updyke, 1985), *research* traditionally has been focused on a narrow range of educational settings (e.g., the school), with a narrow scope (e.g., teacher-only consultee) (Kratochwill, Sheridan, & Van Someren, 1988). Bergan and Duley (1981) provided a conceptual overview of its application with families. Of particular interest is their extension of the model to address the family as system. In this context, difficulties in family functioning and the dysfunctional member are dealt with as a system, in which each member influences each other member. Although Bergan and Duley conceptualize the family as a system, they do not

address the interaction with the other major system in the child's life (i.e., the school system). The interaction among these systems is of paramount importance, and an intervention that incorporates and influences both systems is desirable. A second limitation of Bergan and Duley's model is its presupposition that the source of "pathology" resides within the child. Assessment and intervention are limited to a single child's inappropriate behavior. It may be more probable that the "source" of difficulty is multifaceted, including environmental, situational, and interactional conditions within and between the systems.

Along with the narrow range and scope of traditional behavioral case consultation, the implementation of the model is often limited conceptually. Specifically, behavioral consultants traditionally consider only those stimulus events that immediately precede and follow the target behavior. This temporal constriction can limit assessment and functional analyses of behavior (this has been common in direct behavior therapy also). Likewise, the goals of traditional behavior consultation generally are to produce immediate effects on children's behavior (Martens & Witt, 1988). It is equally important to assess and alter the broader context of a given problem, including ecological and setting events (Wahler & Fox, 1981).

Considering the broader context and multiple contingencies that influence behavior directly and indirectly, one must assume that children and their behavior are part of a network of interdependent subsystems that form the components of other, more complex systems. Among these subsystems are the children's own behaviors within their response repertoires, family and school systems, interactions between individuals within the children's primary groups, and the larger community system (Wahler & Dumas, 1984). One might argue that this perspective is really nothing more than ecological systems theory or "ecological consultation" as recently presented in the consultation literature (e.g., Gutkin & Curtis, 1990). Ecological systems theory can certainly serve as an umbrella framework, and it is not likely to be inconsistent or incompatible with other approaches used by school psychologists (Anderson, 1983). However, it lacks a well-developed empirical technology by which to test its central tenets. A framework is necessary to equip ecological systems theory with technological procedures and empirically derived interventions (Rogers-Warren & Warren, 1977; Willems, 1977). Behavioral analysis provides the template by which this can be accomplished. In essence, an empirical template can be developed that combines the conceptual advances of ecological systems theory with the empirical technology of behavioral analysis (Willems, 1977).

Some authors have recognized the necessity of considering ecological factors in consultation. In fact, Rhodes (1970) suggested that consultation is the "single most important tool in the ecological model" (p. 50). Likewise, Gutkin and Curtis (1990) discussed "ecological consultation" as a model that encompasses "problem-solving" and "behavioral" approaches, with a "focus on the interaction between persons, environments, and behaviors during the consultation process" (p. 589). However, their discussion of procedural and operational details of the model suggests that the entire process occurs within the schools only, with no explicit recognition of the *interactive* influences of home and school systems. Although several authors state that their approaches are applicable with parents as well as teachers, no other models promote homeschool partnerships explicitly or provide systematic methods for joining parents and teachers directly in joint problem solving. Behavioral

consultation can be broadened to consider important ecological and systemic events (Bergan & Kratochwill, 1990); however, the logistical practice considerations and research agenda in this case-consultation framework have not been made explicit. We turn to these issues next.

Behavioral Consultation with Parents and Teachers

To facilitate collaborative work relations among significant individuals in a child's life, simultaneous consultation practices with parents and teachers that recognize and strive to establish linkages across home and school systems seems warranted. From this perspective, simultaneous (i.e., "conjoint") rather than parallel consultation is necessary. A conceptual framework of parent-teacher consultation that emphasizes the reciprocal, interacting systems in a child's life is depicted in figure 1. It must be emphasized that the parent-teacher model depicted in figure 1 is not necessarily based on a single parent-teacher consultee interaction. For example, we assume that there are benefits associated with having both parents or extended family involved in the parent-teacher sessions. Moreover, school environments that involve several teachers with one child will often necessitate involvement of multiple teacher consultees. Although multiple consultees add to the complexity and time involved in problem solving, this aspect need not compromise the consultation process.

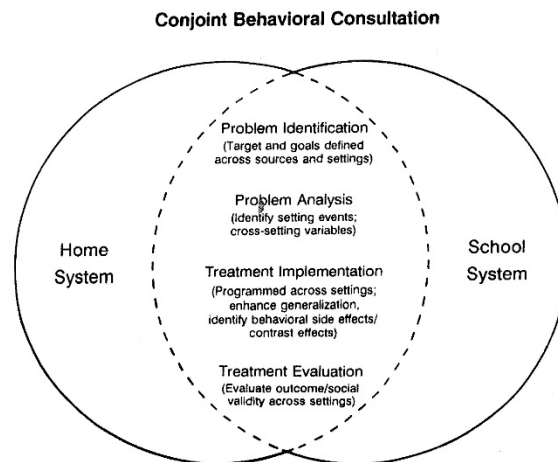


Figure 1. Conceptual framework for conjoint behavioral consultation (from Sheridan & Kratochwill, 1991).

Parent-teacher behavioral consultation is defined as a systematic, indirect form of service delivery, in which parents and teachers are joined to work together to address the academic, social, or behavioral needs of an individual for whom both parties bear some responsibility. It is designed to engage parents and teachers in a collaborative problem-solving process with the assistance of a consultant, wherein the interconnections between

home and school systems are considered critically important. Therefore, an expanded contextual base in assessment and intervention, the cross-setting influences on a child's behavior, and the reciprocities within and between systems are central. Various process and outcome goals of "conjoint" (parent-teacher) behavioral consultation are presented in table 1.

Table 1. Process and Outcome Goals of Conjoint Behavioral Consultation

Process Goals

1. Increase communication and knowledge about family (e.g., family history, medical information, prior treatments, etc.).
2. Improve relationship among the child, family (mother and father), and school personnel.
3. Establish home-school partnership.
4. Promote shared ownership of problem definition and solution.
5. Increase parent (mother and father) and teacher commitments to educational goals.
6. Recognize the need to address problems as occurring across, rather than within, settings.
7. Promote greater conceptualization of a problem.
8. Increase the diversity of expertise and resources available.

Outcome Goals

1. Obtain comprehensive and functional data over extended temporal and contextual bases.
 2. Establish consistent treatment programs across settings.
 3. Improve the skills, knowledge, or behaviors of all parties (i.e., family members, school personnel, and the child client).
 4. Monitor behavioral contrast and side effects systematically via cross-setting treatment agents.
 5. Enhance generalization and maintenance of treatment effects by consistent programming across sources and settings.
 6. Develop skills and competencies to promote further independent conjoint problem solving between the family and school personnel.
-

Assumptions of Parent-Teacher Behavioral Consultation

Several assumptions must be made when establishing collaborative home-school relations through consultation. The main assumption is that children, families, and schools are viewed from an ecological behavioral perspective. The home-school relationship must be viewed as a cooperative and interactive partnership, in contrast to one that is independent and isolated. Furthermore, shared ownership of a problem and problem resolution is assumed to maximize commitment to program goals, including the overarching social and educational goals of schooling.

In conjoint behavioral consultation it is further assumed that collaborative problem solving will afford the greatest benefits. All persons are perceived as possessing important knowledge and skills, and it is assumed that parents and teachers will be willing to share information, learn from each other, value each other's input, and incorporate each other's insights into programmatic considerations. Pooling information, sharing resources of the home and the school, obtaining clearer conceptualizations of problems, and increasing the range and superiority of solutions are primary goals.

Advantages of Parent-Teacher Behavioral Consultation

Parent-teacher behavioral consultation is a conceptual expansion of traditional consultation, that focuses on the interacting systems in a child's life. A simultaneous, conjoint

model extends earlier consultation work by providing services to parents and teachers *together*. For example, the seminal work by Tharp and Wetzel (1969) brings out the opportunities a consultant has to work with various mediators, but consultation in their original model is typically conducted in a parallel rather than a concurrent fashion. In contrast, parents and teachers serve as joint consultees in a conjoint parent-teacher model, and their relationship now constitutes a special consultee subsystem. By actively *joining* parents and teachers in a structured collaborative problem-solving framework, comprehensive and systematic data can be collected on the child's behavior over extended temporal and contextual bases. Continuous data collection across settings may help identify various potential setting events that may be functionally related to, but temporally and contextually removed from, the target behavior (Wahler & Fox, 1981). Likewise, consistent programming across settings may enhance generalization and maintenance of consultation treatment effects (Drabman, Hammer, & Rosenbaum, 1979). Generalization of consultee skills may also be enhanced because more persons are working collaboratively to attain a shared goal. Finally, engaging significant treatment agents across settings can help monitor the occurrence of behavioral contrast and side effects (Kazdin, 1982).

Practice Considerations

Setting the Stage for Maximal Program Effectiveness

Certain interpersonal and procedural considerations are necessary to maximize the effectiveness of parent-teacher consultation. Initially, it is important to establish rapport with consultees and begin the complex process of relationship building that will likely impact on all problem-solving efforts. Relationship building is an important consideration in all forms of consultation; however, this component may present an especially complex situation when more than one consultee is involved and when consultees represent different systems in a child's life. Throughout the consultation process every effort must be made to promote positive work relations among parents and teachers, and between the school consultant and the parent-teacher subsystem. Especially important to consider are the interpersonal and interactional dynamics operating at all levels (i.e., between parents and teachers; consultant and consultees; and parent, teacher, consultant, and client).

Parent involvement in consultation provides the opportunity to elicit important information regarding child- and family-related factors, including family history and children's dispositional, medical, and developmental characteristics. Although this information may be critical in developing a thorough understanding of a case, parents may be uncomfortable disclosing such events to school professionals. Individual parent characteristics influence the amount and type of information appropriate for teacher's knowledge, and it is important that consultants recognize personal needs and desires of parents regarding their communication with school personnel. Respect for family privacy is important to maximizing ongoing involvement; however, when such information is deemed necessary, an individual meeting or interview with parents prior to the initial stage of problem solving may be required.

Along with child and family characteristics, the history of problem-solving efforts on the part of parents and teachers, previous parent-teacher interactions, severity of problems

across settings, and prior intervention efforts may impact on the outcome of consultation. The consultant must be sensitive to these historical, interpersonal, and case-related variables throughout the consultation process. In cases in which extreme negative parent-teacher relations impede the ability to form a collaborative partnership, the consultant may begin by working simultaneously with parents and teachers and gradually work toward establishing a productive working relationship.

In parent-teacher consultation, the complexities and dynamics of additional consultees may present a challenge to the consultant who is attempting to obtain comprehensive information in a focused, systematic manner. Thus, effective skills within the context of group problem solving are important, and it may be helpful to consider the research on team dynamics and functioning. In general, effective school teams are characterized by various process and content dimensions (Abelson & Woodman, 1983). *Active participation and commitment* of all group members is a hallmark of effective teams. Team members must demonstrate respect and openness to the unique expertise and perspective of each other member. Likewise, since shared participation is a key component of effective teams, *open communication* within teams is essential. Conflict should be dealt with immediately and directly, and conflicts related to past interpersonal problems or power struggles must be discussed and resolved if the group is to be effective (Anderlini, 1983).

In effective teams the problem-solving and decision-making techniques are clear, operational, and accepted by all participants. Use of semistructured interview forms can assist consultants to proceed through the conjoint consultation process in a focused and systematic manner. However, there is also a need for all members to be educated about the stages of problem solving (i.e., problem identification, problem analysis, treatment implementation, treatment evaluation) and decision making (i.e., open communication and consensus) (Elliot & Sheridan, 1992; Kabler & Genshaft, 1983). Likewise, to optimize team functioning, all team members must be clear about personal roles and responsibilities, and the roles and responsibilities of other participants. In fact, it has been suggested that this is an important prerequisite to other team activities (Huebner & Hahn, 1990).

Johnson and Johnson (1987) also describe essential elements of effective teams, including positive interdependence, individual accountability, and collaborative skills. Positive interdependence is defined as linkage among group members such that each individual's work is beneficial and necessary for individual and group success in meeting specific goals. Individual accountability implies that each team member's contributions to the group effort are identifiable, and they must fulfill their responsibilities for the group and themselves to be successful. Collaborative skills that are important to team functioning include cohesion, trust, openness, and norm building.

With these considerations in mind, parents and teachers should be informed of the purpose, procedures, and potential benefits and limitations of conjoint behavioral consultation. It is important to establish the roles and responsibilities of all parties and review procedural details. For example, joint simultaneous meetings with the parent(s), teacher(s), and consultant are the cornerstone of parent-teacher behavioral consultation, and the importance of working collaboratively in problem-solving sessions should be highlighted. The need for data collection, for home and school observations, and possibly for consultee training should also be addressed. Of equal importance, however, is the need to emphasize

shared ownership of identification and resolution of the problem, open and increased communication between the two parties, and consistency in interventions between home and school.

Stage I: Problem Identification

In the problem identification stage, the consultant, parent(s), and teacher(s) work together to identify clearly the problem(s) to be targeted. Because ecological considerations are of central importance, the "target behavior" is identified in the context of situational conditions surrounding its occurrence across settings, with particular emphasis placed on the identification of setting events (Wahler & Fox, 1981). These are environmental events that are temporally or contextually removed from the target behavior but are nevertheless related to its occurrence. For example, early morning child-parent interactions in the home may serve as antecedent events to child behaviors manifested later at school. Although temporally and contextually removed from the school setting, these setting-specific events may be clearly related to the occurrence of the target behavior at school. Likewise, events at school may clearly trigger certain behavioral patterns at home. Given the simultaneous involvement of persons across settings throughout problem identification it may prove particularly feasible to identify ecological conditions and setting events within the context of conjoint problem-solving.

The Problem Identification Interview (PII) provides a format for guiding consultees through the steps of problem identification. It is recommended that the consultant actively direct the interview to allow equal input from both parties. Through careful discussion, strategic questioning, and consultant guidance, pertinent information can be elicited from both parties in a focused, systematic fashion. One practical way to ensure participation is to present open-ended questions, encourage mutual discussion, and explore behavioral similarities and differences across settings. This discussion will provide opportunities for parents and teachers to discuss issues and observations among themselves, and it can be followed up with direct questions by the consultant when necessary. Throughout this discussion, the consultant should encourage consultees (implicitly or explicitly) to work together as a special unified subsystem, rather than two separate systems working in parallel.

It is important to emphasize accurate and precise problem identification and definition in the consultation process. In parent-teacher consultation, the scope and focus of what is considered a target is broadened. Likewise, an expanded contextual base of assessment (i.e., incorporating larger sources of information across settings) may assist in a more complete functional analysis of the problem. Because data will be collected by several individuals across settings (i.e., parents, teachers, and possibly the child), differential patterns of responding under various environmental conditions can be highlighted, and important ecological and setting events can be identified systematically.

Stage II: Problem Analysis

During the problem analysis stage of conjoint behavioral consultation, the consultant assists consultees in identifying factors across settings that might influence the attainment of problem solution. Together, the consultant and consultees utilize the immediate and distal

factors that have been identified to design a plan to achieve problem solution across settings.

In consultation, behavioral data are collected by a number of persons. Several variables can be highlighted, including cross-setting antecedents, situations during which the behavior does not occur, and consequences operating to maintain behavior. Environmental variables operating regularly within the home and school must also be identified and analyzed. Additionally, the attitudes and expectations of significant others within and between settings, as well as daily classroom, school, and home routines, can be explored. Finally, because parents and teachers are working collaboratively, all resources that potentially could be used in the development and implementation of interventions can be identified. Again, the parameters of the intervention should not be limited solely to behaviors of the child. Because the scope and focus of the target is broadened, interventions may occur at several levels (e.g., home-school communication, manipulation of setting events, environmental restructuring). And because the child is situated in overlapping ecological systems, changes in one system can influence other systems. In developing the intervention, the potential of behavioral side effects and contrast effects should be considered and assessed directly in treatment implementation.

It is the role of the consultant to elicit and identify the factors that are operative and assist in developing a plan that will be consistent across settings. The Problem Analysis Interview (PAI) provides an opportunity to discuss all of the operative and procedural details of the intervention. As with the PII, strategic interviewing skills on the part of the consultant should ensure equal participation and ownership of the intervention.

Stage III: Treatment (Plan) Implementation

Stage III of consultation involves the implementation of the treatment strategy agreed upon during problem analysis. An expanded (i.e., cross-setting) contextual base in behavioral interventions is desirable to promote consistency across settings (Kratochwill & Sheridan, 1990). Furthermore, cross-setting interventions should enhance setting generality and minimize the probability of unintended side effects.

Kelley and Carper (1988) reviewed several studies that utilized home-based reinforcement programs. They cited several advantages of such programs: they (a) help establish communication between parents and teachers; (b) are time- and cost-efficient; (c) are likely to be more effective if a wider variety of reinforcers are available in the home; (d) increase parents' praise of a child, and possibly increase the child's self-esteem; and (e) may enhance generalization of treatment effects. "School-home notes" have been found to be especially effective with individuals and groups of students with a variety of academic and behavioral problems (Budd, Leibowitz, Riner, Mindell, & Goldfarb, 1981). Other interventions suggested by Kelley and Carper (1988) include token economy, behavioral contracts, response cost, and self-control procedures.

Several components of effective home-school programs have been identified, including an acceptable cost-return ratio, minimal intrusion in terms of time and facilities, and ease in implementation (Nye, 1989). Relatedly, the issue of treatment integrity is important. With the added complexities of cross-setting interventions and multiple treatment agents,

adherence to treatment components at home and school is critical. Integrity can be maximized with the use of treatment manuals that specify clearly and operationally the objectives and procedures of treatment programs—for example, as in previous consultation research with socially withdrawn children (Sheridan, Kratochwill, & Elliott, 1990). At the very least, written information, specific training materials, and self-monitoring procedures should be used to increase adherence to the specifications of home-school interventions.

Stage IV: Treatment (Plan) Evaluation

The purpose of treatment evaluation is to determine the attainment of the goals of consultation and the efficacy of the treatment across settings. The data provided through formal treatment evaluation allow the parents, teachers, and consultant to determine further action. The Treatment Evaluation Interview (TEI) helps the consultant structure the process of data analysis and determine the future of the consultation relationship (continuation, termination, or planning for maintenance and follow-up).

To gauge maintenance of the treatment effects attained through conjoint consultation, systematic methods of parent and teacher follow-up assessment are necessary. This follow-up includes assessment of the child's behavior change, and the parent-teacher relationship. Direct and indirect behavioral assessments (e.g., behavioral observations, behavioral interviews, and checklists or rating scales) may be used to assess both of these areas objectively. If behavioral regression occurs, further problem analysis and treatment programming across settings may be appropriate.

Depending on several case-related factors (e.g., parent and teacher variables, severity of the problem, recurrence or nonrecurrence of the target behavior), consultees may or may not have continued their interactions and joint problem-solving efforts. Methods for reestablishing lines of communication and parent-teacher partnerships should be implemented.

Research Considerations

Several effective behavioral technology parent training programs have been developed (e.g., Dinkmeyer & McKay, 1976; Forehand & McMahon, 1981; Patterson, Reid, Jones, & Conger, 1975); however, very few structured models of parent consultation are available (Bergan & Kratochwill, 1990). Furthermore, studies of parent consultation in the literature are plagued with methodological concerns. A detailed review of the parent consultation literature is beyond the scope of the present article. In general, previous research has failed to control for the effects of individual consultants, to describe experimental procedures sufficiently to allow for cross-study comparisons, and to use broad dependent variables (both immediately and at follow-up), tapping a range of parent and child behaviors (Cobb & Medway, 1978).

Behavioral technology parent training research has suffered from similar methodological limitations, although this area is considerably more advanced. Extensive reviews of the literature have found problems in such areas as outcome evaluations, reliability of observations, and clinical utility assessment (cost effectiveness). Few studies provide information on treatment procedures, therapist characteristics, and costs to the trainer and

parent. Likewise, assessment of the generalization and maintenance of treatment effects, of family variables that may affect treatment outcome, and of contiguous covariation in parents' and children's behavior is not often carried out (Dembo, Sweitzer, & Lauritzen, 1985; Kramer, 1990; Medway, 1989).

Research Agenda in Parent-Teacher Consultation

Relative to behavioral technology training, there are few behavioral case consultation research studies focused on parents or parent-teacher consultees. Preliminary investigation supports the efficacy of conjoint behavioral consultation with parents and teachers of socially withdrawn children. Sheridan et al. (1990) studied conjoint behavioral consultation and teacher-only consultation for socially withdrawn children and found that both forms of consultation were effective in increasing the amount of initiations that withdrawn children made toward peers at school. However, changes in the home environment and maintenance of treatment effects were apparent only in the conjoint consultation condition. Variables that accounted for the findings were believed to include (1) the conjoint home-school problem-solving consultation focus; (2) a specific behavioral program (i.e., goal-setting, self-monitoring, positive reinforcement) instituted both at home and at school; and (3) increased communication and follow-through on the part of parents and teachers in the conjoint condition. However, additional research questions remain to further understand the effects of conjoint behavioral consultation empirically.

Clinical Replication

Replication studies with diverse subject populations and consultee characteristics are necessary to validate the treatment effects found previously. For example, the model should be investigated with a broader range of child subjects (such as behavior-disordered, academic underachievers, or preschool populations) and consultees (such as resistant or unmotivated). Likewise, a larger subject sample across greater demographic, geographic, and socioeconomic conditions should be considered.

Generalization of Treatment Effects

Assessment of the generalization of treatment effects under different, nontreatment conditions is important to investigate across settings, behaviors, and time (Drabman et al., 1979). In parent-teacher behavioral consultation, generalization of parent-teacher problem-solving efforts is also desirable and should be assessed in future investigations. For example, as a result of consultation experiences, parents may initiate future involvement with their children's teachers, and teachers may seek out parents to request their involvement in their child's social and/or educational difficulties.

Process Issues

Process issues in conjoint behavioral consultation pose some interesting research questions. It is important to empirically analyze verbal behaviors, communication styles, and patterns of interactions (i.e., between parents and teachers and between consultants and the consultee subsystem) to promote understanding of complex process and relationship issues. In the behavioral consultation literature, the Consultant Analysis Record (CAR) is

available to examine verbal exchanges between a consultant and consultee in regard to message source, content, and process (Bergan & Kratochwill, 1990). Other systems include the Consultant Verbal Analysis System (CVAS) (Curtis & Zins, 1988), Relational Communication (RELCOM) (Fisher & Drecksel, 1983; Rogers & Farace, 1975), and Social Information Processing Analysis (SIPA) (Fisher, Drecksel, & Werbel, 1979). The most heuristic way to examine process variables in parent-teacher consultation has not been identified; it may or may not include some components of these systems. Review of several interview excerpts, investigating variables such as parent or teacher resistance, and direction and flow of communication within the consultee subsystem, may begin to demonstrate important factors that enhance or impair consultation outcomes. Especially important is an evaluation of communication patterns in conjoint behavioral consultation in comparison with those practiced in traditional behavioral consultation (i.e., where a single consultee, representing only one microsystem within a child's life, is involved).

Outcome Evaluation

Traditionally, child behavior change is considered the most important outcome variable that determines the effectiveness of consultation. However, several indirect consultation effects may be identified that are independent of the child's behavior change. For example, collaborative problem-solving between parents and teachers may alter perceptions that parents and teachers have about each other, and of the problem context. Likewise, increased active involvement of parents at school, enhanced parent-teacher relations, shared understanding of broader problem contexts, heightened interest in collaborative home/school programs, and reciprocal education of parents and teachers by each other are possible (Conoley, 1987b). Conjoint behavioral consultation may also impact on home factors that are important for school achievement, such as weekly routine, structure and use of time out of school, homework practices, and family attitude toward the child's education (Christenson, 1990). Each of these are alternative ways to conceptualize behavioral consultation outcome and are high priorities in empirical investigation.

The Parent-Teacher Attitude Questionnaire (*PTAQ*) (Power, 1985) addresses some of these possible indirect outcomes of consultation, including attitudes parents and teachers have about each others' competence. The Home Rating Scale (*HRS*) (Christenson, 1990) uses information collected in semistructured family interviews to measure various home factors, including predictable routine, adequate security, realistic parental expectations, valuing of education by family members, and support for academic work. These measures may be useful in future research to evaluate the effect of consultation on teachers' and families' attitudes and perceptions. Direct assessment methods are also possible to examine parents' and teachers' behavioral change as a result of their involvement in consultation. Whatever measure is used, psychometric research focused on improvement of these devices is a priority.

Consumer Satisfaction/Treatment Acceptability

Along with the assessment of indirect effects, evaluation of consultees' satisfaction with consultation services may be conducted (i.e., satisfaction with consultation services and

effectiveness of the consultant, as perceived by the consultee). For example, the Consultation Services Questionnaire (CSQ) (Zins, 1984) is a 25-item rating scale that can be used to assess consultee perceptions of conjoint behavioral consultation. It is likewise important to assess the degree to which the process of conjoint behavioral consultation is accepted by the participants (i.e., consultants, consultees, and clients). Clinical utility is dependent on several factors, including acceptability of treatment (Elliott, 1988). However, acceptability research to date has focused on the acceptability of behavioral interventions, with little or no emphasis given to the process of service delivery (the process by which interventions are developed and recommended). Issues surrounding time and cost requirements, interest and availability of parents and teachers, collection of behavioral data across settings, and other practical and logistical considerations should be investigated. Methods of reducing empirically identified barriers can then be developed.

Consultee Characteristics/Relationship Variables

Recent research in consultation has identified teacher variables that appear to contribute to the outcome of consultation. Among the characteristics of consultees that have been found especially influential in the consultation process are consultees' expectations and preferences (Gutkin, 1980), experience (Gutkin & Bossard, 1984), ethnic background (Morrison, 1970), perception of consultants (Gutkin, 1983), perceived sense of control (Gutkin & Ajchenbaum, 1984), and emotional state (Brown, Pryzwansky, & Schulte, 1987). Given the nature of the role of the consultee in parent-teacher consultation and the presence of a consultee dyad, complex interaction and relationship variables are likely to be of critical importance. Variables such as the outcome of prior parent-teacher meetings and problem-solving efforts, parents' and teachers' perceptions of each other, consultees' comfort in a dual problem-solving role, and the history of the relationship between parents, teachers, and other school personnel may be critical to the outcome of conjoint consultation. These and other consultee characteristics should be investigated empirically in parent-teacher consultation. Analysis of interview transcripts with a scale developed to assess consultees' responses and resistance (e.g., Chamberlain, Patterson, Reid, Kavanaugh, & Forgatch, 1984) may address these and other relationship issues empirically.

Consultee Training

The systematic training of treatment agents has recently been identified as an important consideration in the behavior technology training literature (Vernberg & Repucci, 1986). Group training has been found to be effective in training parents of oppositional and defiant children (Patterson et al., 1975). Likewise, teacher in-services have been suggested as effective teaching mechanisms in the schools. Similar group training models may be implemented to train parents and teachers to assist jointly in the process of problem identification, behavioral analysis, treatment implementation, and plan evaluation. Parent-teacher consultation services can then be implemented with teachers and parents as needed to individualize treatment components, which are dependent upon the complexity of the case issues at both the individual and systemic levels.

Variations

Variation within the conceptual model of parent-teacher behavioral consultation should be considered in future research. First, empirical investigation of alternative roles of parents in consultation is necessary. Although the active, collaborative participation of parents is recommended, alternative levels of involvement are also likely for both scientific and practical reasons. Specifically, it is possible that different treatment goals may be desired, and their attainment may be dependent upon different levels of parent involvement (Kelley & Carper, 1988; Lahey et al., 1987). For example, parents might be present for only the problem identification phase to examine their role in selection of problem behaviors by teachers. Parametric variation of levels of involvement are likely to address questions of the strength of treatment and maintenance, a tentative finding in teacher-only behavioral consultation (Fuchs & Fuchs, 1989).

A second variation of conjoint behavioral consultation involves the role of the client (the child) in the problem-solving process. Case-specific considerations will determine the degree to which the child can be involved in the identification of the problem, selection of target behaviors, development of an intervention, and evaluation of outcome. It is possible, however, that the participation of the client throughout the entire process may be related to increased ownership, self-efficacy, and degree of treatment effectiveness.

Additional research questions related to model variations and parents' roles can also be raised. For example, what effect does the involvement of both parents (versus one parent only) have on the home-school relationship? What effect does this involvement have on the power structure and decision-making practices of participants in conjoint consultation? What is the effect of parental disagreement regarding target selection, treatment development, or other procedural details? What is the effect on consultation outcome if behavioral interventions are carried out inconsistently between parents? How can parental involvement and commitment throughout the entire process be enhanced?

Contraindications

Although parent-teacher behavioral consultation has potential in quality psychological services, there are several conditions under which the approach may not be viable in school psychology practice. For example, there may be instances when intervention is necessary in one setting only. Furthermore, like all forms of consultation, the approach assumes that consultees are willing to engage in the process. This "willingness" subsumes a number of factors that may militate against consultation generally, but may be magnified in the expanded framework. These factors include time, personal resources, acceptability, and institutional sanction, among others. For example, although involvement of both parents is desirable, varying family characteristics may make it difficult or impossible to achieve. Likewise, some parents may be overwhelmed with other realities of their lives, including work and family commitments, competing responsibilities, and various personal issues. For these parents, the high level of active involvement required in this potentially lengthy four-stage consultation process may be unrealistic. In these cases, alternative models of parent involvement should be investigated, such as structured home-notes or weekly phone calls by the school psychologist or teacher.

Clinical case considerations also contribute to the advisability of conjoint versus other forms of consultation (e.g., parent-only or family consultation). For example, in cases in which severe family dysfunction exists, inclusion of the teacher may be inefficient and actually impede the potential progress of the family. Likewise, families may be unwilling to disclose sensitive or personal issues to their child's teacher. In other cases, teachers' characteristics may preclude opportunities for conjoint parent-teacher consultation. For example, Hoover-Dempsey et al. (1987) found that a teacher's sense of self-efficacy is a critical factor in the degree to which parents are involved. Specifically, teachers who doubt their own abilities often see parents as threatening and are more resistant to working with them to solve learning and behavior problems. Finally, the interaction between family and school characteristics, and the history of specific parent-teacher relationships may determine the degree to which conjoint consultation should be pursued. In any case, both school *and* home symptoms are important to address, and the school psychologist may be in a good position to provide parallel consultation services and act as a liaison between home and school personnel.

Other potential difficulties with this model are related to training issues. Specifically, unless consultants have specific training in behavioral techniques, the process of behavioral consultation, and the ability to conduct consultee training, the approach will clearly be compromised. Likewise, the ability of the consultant to engage in parent and/or teacher training in both the process and content of behavioral consultation is a critical factor when consultee skill level is low. The strength and integrity of treatments will be greatly compromised when treatment competencies are low or minimal. These issues represent a research agenda in training behavioral consultants (see Kratochwill et al., *in press*).

Conclusions

The major theme throughout the present article is the importance of joining parents and teachers in collaboration and problem-solving. Several conceptual benefits of parents' participation and cooperation were identified. Despite the value placed on improved parent-teacher relations and increasing support for parent participation, actual involvement of parents is often quite low. Although several restraining forces may be operating at various levels, the necessity of encouraging home-school work relations is apparent. Behavioral consultation provides one means through which home and school systems can be joined to bridge the communication and problem-solving gap between home and school settings, and to maximize the potential of positive cross-setting treatment effects. It can provide one avenue to strengthen schools and families as effective, productive contributors to children's development. Of central importance is the recognition that school psychologists can be proactive in helping to establish meaningful, productive bridges between families and schools in the best interest of children.

Semistructured interview forms with detailed instructions, objectives, and definitions are available from the first author to assist consultants to proceed through the conjoint consultation process.

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