

PSY 727 - Psychological Consultation

Fall 2006

Thursdays 11:30 am – 2:15 pm

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Mondays 2:30 - 3:30
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Description

The purpose of this course is for students to acquire knowledge and skill in psychological consultation, a recognized process of inter-professional communication. It is important to note that PSY 727 deals with consultation; it is *not* a course on assessment, intervention, response-to-intervention, etc., even though these and other topics relate directly to consultation. Because PSY 727 is required for graduate students in school psychology, the primary emphasis is on the school as a setting for consultation. Historically, PSY 727 has been considered to be of value to psychologists, counselors, and special educators. Students also should be aware that the course is designated "2-2," which means that a significant portion of PSY 727 consists of laboratory exercises, role plays, etc. designed to facilitate acquisition of consultation skills.

Prerequisites

All PSY 727 students must be matriculating graduate students at NC State who have completed at least nine graduate hours in Psychology or an area of education. With prior permission, individuals with a graduate degree in a human services field (who are currently not enrolled in an NC State graduate degree program) may be allowed to take PSY 727. All enrolled students must possess advanced knowledge in a particular content area (e.g., mental retardation, child development, behavioral intervention, substance abuse counseling, etc.). It is also important that enrolled students have work experience and/or supervised field experience that will allow them to complete the setting analysis paper.

Objectives

1. To define consultation and thereby distinguish it from other potential helping roles available to educational and mental health professionals.
2. To understand several models of consultation and to identify their similarities and differences.
3. To acquire skill in the practice of consultation and to increase awareness of one's individual strengths and weaknesses as a consultant.
4. To analyze the process of consultation as it progresses from entry to termination.
5. To become aware of the interpersonal and system variables that have an impact on the role and behavior of the consultant.

6. To understand principles of human and organizational change and apply these to the practice of consultation.

Readings

Brown, D., Pryzwansky, W. B., & Schulte, A. C. (2006). *Psychological consultation and collaboration: Introduction to theory and practice* (6th ed.). Boston: Pearson/Allyn & Bacon, Inc. (BPS)

Erchul, W. P., & Martens, B. K. (2002). *School consultation: Conceptual and empirical bases of practice* (2nd ed.). New York: Springer/Kluwer. (EM)

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

Witt, J. C., Daly, E. M., & Noell, G. (2000). *Functional assessments: A step-by-step guide to solving academic and behavioral problems*. Longmont, CO: Sopris West. (WDN)

Eight other required, copyrighted readings are on reserve in the Learning Resources Library (Poe 400). In addition, DVD's of interviews conducted by the instructor with Gerald Caplan (mental health consultation) and Thomas Kratochwill (behavioral consultation) will be distributed in class for later viewing outside of class.

Course Requirements

1. Attend class. Students are expected to attend class and participate in activities. More than two unexcused absences may result in an IN with the requirement that you attend those classes missed when the course is offered again, or a grade of F.
2. Complete all readings. Part of most class meetings will be devoted to the discussion of the readings so it is important that students keep up with the assigned reading.
3. Complete a brief setting analysis paper (see attached description). This assignment counts about 16% toward the final grade, and is due in class on 9/21.
4. Complete and receive a satisfactory grade on an in-class midterm exam, which is likely to contain short answer, short essay, and multiple choice questions. The exam counts about 33% toward the final grade and will be given on 10/12.
5. Meet with a school psychologist on several occasions to discuss and observe the practice of school consultation, and write a brief, 4-5 page paper describing the experience. Some suggested questions for your consultant interview are attached (along with a confidentiality agreement), and other procedural details will be given in class. The information you obtain will be shared via a class discussion on 11/2. This paper (also due on 11/2) counts about 16% toward the final grade.
6. Complete and receive a satisfactory grade on a consultation case project (see attached description). This assignment, due by 3:00 p.m. on 12/7, counts about 33% toward the final grade.

Other Issues

1. By enrolling in PSY 727, the student agrees to accept and abide by NC State's *Code of Student Conduct*.

2. The use of cell phones, pagers, and beepers is prohibited during class time. Please turn these units off or set to vibrate mode while class is in session.

3. The instructor will employ the "plus/minus" grading system for the reporting of final grades. Borderline grades will be decided on factors such as class attendance and participation.

4. All assignments are due on dates indicated. Late assignments will lose one letter grade for each day late. Following NC State policy, a final grade of "incomplete" (IN) will be considered only in cases of documented serious events not due to the student's own negligence that prevents completion of specific assignments.

5. Students with a disability who require instructional accommodations should identify themselves as soon as possible. With appropriate documentation, the instructor will attempt to achieve equal access to the course.

Course Outline

<u>Date</u>	<u>Topic</u>	<u>Readings</u>
8/24	Introduction	EM, Ch. 1 BPS, Ch. 1 Schulte & Osborne (2003) (#1*)
8/31	Social Power and Consultation; Changing Behavior	EM, Ch. 2 Dr. Smith Case Study [attached; (from Erchul & Raven (1997; pp. 161-164)]
9/7	Social Psychology of Organizations; Setting Issues	EM, Ch. 3; plus pp. 89-96 BPS, Ch. 5 Iscoe (1993) (#2*)
9/14	Interpersonal Skills and Consultation	BPS, Ch. 6, pp. 148 – 163 only
	Lab: Interpersonal Communication	
9/21	Mental Health Consultation ; Consultee-Centered Consultation	BPS, Ch. 2 Kelly (1993) (#3*) Knotek et al. (in press) (#4*) G. Caplan interview on DVD+
	Setting Analysis due in class	
9/28	Behavioral Consultation	BPS, Ch. 3 EM, Ch. 4 Martens & DiGennaro (in press) (#5*) T. Kratochwill interview on DVD+
10/5	Consultation Process I: Entry & Contracting Issues; Problem Identification	EM, Ch. 5 Conoley & Conoley (1982) (#6*) BPS, Ch. 6, pp. 129 – 148 only KB, Ch. 1, 2
10/12	Lab: Problem Identification Interview I ***Midterm Exam***	
10/19	Exam Feedback; Continuation of PII	
	Lab: Problem Identification Interview II	
10/26	Functional Assessment I	WDN, Ch. 1, 2, 3

- 11/2 Functional Assessment II; WDN, Ch. 7, 8, 9
 Discussion of consultation in
 the schools
- ***Consultant Interview Paper due in class***
- 11/9 Consultation Process II: EM, Ch. 6
 Problem Analysis, BPS, Ch. 7
 Intervention Development, & KB, Ch. 3, 4
 Implementation Noell (in press) (#7*)
- Lab: Problem Analysis Interview
- 11/16 Consultation Process III: EM, Ch. 9
 Followup, Evaluation, & BPS, Ch. 11
 Termination KB, Ch. 5
- 11/23 ***NO CLASS - Thanksgiving Holiday***
- Lab: Problem Evaluation Interview
- 11/30 Consultation with Teachers; EM, Ch. 7, 8
 Consultation with Parents; BPS, Ch. 9, 10
 Conjoint Behavioral Consultation Sheridan et al. (in press) (#8*)
- 12/7 ***NO CLASS but Case Project due to instructor by 3:00 p.m.***

* On reserve in the Learning Resources Library (Poe 400)

+ DVD available from instructor; view before class meeting

Additional readings on all topics are available from the instructor upon request.

Suggested Questions for School Psychologist Consultant Interview

1. How would you define "consultation"? What specific activities do you engage in when consulting?
 2. What do you think are the most important skills needed by a consultant?
 3. Describe the model(s) of consultation that you regularly use. What are the advantages and disadvantages of the model(s)?
 4. How do you deal with consultee attitudes and affect when you believe they are interfering with the progress of consultation?
 5. What are typical problems that you have encountered when implementing consultation? How did you deal with them?
 6. When necessary, how do you convince a teacher that participating in consultation and following through on a classroom intervention are worth her time and effort?
 7. What factors have you found that make a consultee "difficult to work with"?
 8. Do you see yourself as an "internal" consultant or an "external" consultant? Why?
 9. What mistakes does a beginning consultant tend to make?
 10. What distinguishes a successful consultation from a less-than-successful consultation?
 11. How does consultation fit with response-to-intervention? What skills are most important to successfully implement response-to-intervention?
 12. How is consulting with groups of consultees different from consulting with a single consultee?
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Confidentiality Agreement

I am enrolled in Dr. William P. Erchul's course, PSY 727 - Psychological Consultation, at NC State University. For one course assignment, I will be observing the activities of a Wake County Public Schools psychologist. Through this experience I understand that I may learn the names of actual clients (children, adolescents, parents) who are or will be receiving psychological services in the WCPS.

In completing this course assignment, I will uphold the highest standards of confidentiality. This means I will neither use the real names of clients nor describe what I observed in ways that reasonably could lead to the identification of clients. To further maintain this confidentiality, I will discuss client issues only with my assigned WCPS psychologist, faculty members associated with the NC State School Psychology Program, and/or other students enrolled in PSY 727.

Printed Name

Signature

Date

Setting Analysis Paper

In this brief paper (approximately 3-4 pages) you are to analyze a school, human service agency, or other organization in which you work or have worked. As some have pointed out, we often explain the outcome of a program or a new idea in terms of the individuals involved and ignore the impact of setting variables. The purpose of this paper is to allow you to look at a setting in an objective and detached way, and to analyze how different aspects of the setting may affect your behavior and the behavior of those who interact with you while in the role of consultant. Re-reading Iscoe's (1993) chapter may be helpful in completing this assignment.

The paper must address the following 3 topics:

1. Location: general neighborhood appearance, population, etc. Given these characteristics, how is the mission of the organization affected? How are the organization's staff members affected? How would the consultant's role be affected?
2. Physical plan: attractiveness, maintenance, general impressions. Are there aspects of the physical plan that could affect the consultant's behavior and/or staff members' behavior? For example, if there is no teachers' lounge and teachers have found no place to congregate, this may contribute to a feeling of alienation among teachers. You may include a floorplan if you feel it would be helpful.
3. Organizational structure: To the best of your knowledge, prepare an formal organizational chart, indicating hierarchical relationships (e.g., subgroups of workers headed by supervisors). Also, does an informal organizational structure exist? Are there groups or persons with more power, more decision-making prerogative than indicated in the formal organizational chart? Knowing the formal and informal organizational structure, indicate some behavioral implications for staff members and you, if you were a consultant in this setting.

In addition, please choose 2 of the following 5 topics and comment further on them:

4. Head administrator: Describe the primary administrator in terms of interpersonal style, administrative style, attitude toward his or her organization and its clients, strengths, weaknesses, etc. What is the administrator's attitude toward you, understanding of your role as consultant?
5. Secretary: length of tenure, relationship to staff and clients, status, response to you.
6. Staff: atmosphere in meetings, subgroups, primary concerns, communication patterns, attitude toward clients, attitude toward you, understanding of your role, etc.
7. Client population: demographic data, attitudes, special strengths and weaknesses, how strengths and weaknesses affect the organization, etc.
8. Organizational history: Are there aspects of the history of the organization that affect how you are perceived, the role you play or consultees' response to you? For example, if the person previously in your role was extremely well-liked, this would probably affect how you are viewed and treated.

The emphasis of this paper is to be on *how* setting variables affect social roles and behaviors. *Do not merely describe characteristics of the setting.* Instead, be sure to link these characteristics to possible implications for the success or failure of a consultant and the daily functioning of staff members who work in the setting.

Consultation Case Project

I. **GENERAL INSTRUCTIONS:** You and two (or three) classmates are to work together as a team with three rotating roles: consultant, consultee, and evaluator. Your team should meet together and determine how you will proceed. In addition to the attached rating scale, you should decide on a second rating scale, either of your own design or one selected from Chapter 11 in BPS. You are to film your consultation sessions, one consultant per VHS videotape or DVD.

II. **ROLE DIRECTIONS:**

A. **Consultant:** You are to conduct an initial consultation interview with one consultee using principles of behavioral consultation, mental health consultation, and interpersonal communication as presented in PSY 727. The interview should be long enough to cover the goals and objectives associated with the PII. Interviews typically run 20-30 minutes.

B. **Consultee:** You and the consultant will select one of the following three roles for you.

1. You are a 5th grade teacher. One of your students is considerably behind the others. She was referred for resource help this past year, but did not qualify. You're concerned about her self-concept because work is so difficult for her and you're also wondering about ways to help her academically. However, you feel somewhat ambivalent because this child presents more work for you. You've never worked with this consultant before.

2. You are a 2nd grade teacher. You have witnessed two incidents where a student became upset and seemed to really "lose control." You've never seen a child this upset and you're puzzled about how to handle these incidents. You're not sure this is a legitimate concern for a consultant and you're a bit nervous.

3. You are the owner/manager of a small business. You have an employee who is a good worker, but who is always 10-15 minutes late each morning. Everything you've tried has failed, and your level of frustration has risen to the point of calling in an outside consultant. You have reason to believe the consultant also may be able to help you with a larger problem--low employee morale that has led to a higher turnover rate.

Other scenarios are possible, but must be approved in advance by the instructor.

C. **Evaluator:** You are to assist the consultant and consultee by conducting the two required evaluations.

III. **PAPER INSTRUCTIONS:** Review your tape, and respond to the following general topics and specific questions in a double-spaced, word-processed paper of about 17 - 18 pages.

A. **Overview of Process:** How did the consultation session proceed? What stages were present in your consultation session? What would your next step be in dealing with this consultee? (Suggested Length: 2 pages)

- B. Consultation Models: What specific elements did you incorporate from behavioral consultation? From other models of consultation? How well were elements of these recognized models integrated in your overall approach? (2 pages)
- C. Identified Problem: What was the identified problem? Who defined the problem? Were any goals for consultation established? What were they? (1 page)
- D. Consultee: What aspects of the consultee's behavior affected your consultation style? How were social support and social power/interpersonal influence displayed in the relationship? (1-2 pages)
- E. Consultant: What do you see as key statements you made that facilitated the consultation? Select portions of your recorded interview (18-20 verbatim statements) and analyze them in the manner of Conoley & Conoley's (1982) chapter "What Do We Say When We Say, 'Consultation'?" (3 pages)
- F. Group Evaluation: Briefly summarize the evaluation results, and attach copies of the two instruments as appendices. (1 page, plus appendices)
- G. Personal Evaluation: Using the PII of behavioral consultation as a basis for comparison, which PII goals and objectives did you achieve? Which ones did you partially, or fail to, achieve? Do you think this interview is a representative sample of your consultation style? If not, how does it differ? What do you see as your strengths and weaknesses on this tape? What would you do differently if given another opportunity? (4-5 pages)
- H. Style of Consultation: Critically analyze behavioral consultation and mental health consultation relative to your personal style, philosophy, chosen field, work setting, etc. Which elements of each model work for you? Why? Which do not? Why? (2 pages)

This assignment counts about 33% toward your final grade in PSY 727. In grading it, I will pay much more attention to how you have described and critiqued your actions as a consultant than to your consulting skills exhibited during the interview.

Evaluation of Initial Consultation Interview

Consultant: _____

Consultee: _____

Observer: _____

Today's Date: _____

Using the rating scale below, please provide your critique of the consultant's performance in the initial consultation interview:

Rating Scale				
1	2	3	4	5
Strongly Disagree	Disagree	Neutral/No Opinion	Agree	Strongly Agree

The consultant:

	Rating
1. Appropriately structured roles in the relationship by explaining limits of confidentiality, consultee responsibilities, nature of consultation, etc.	_____
2. Helped the consultee identify the problem in specific, concrete terms.	_____
3. Used the following listening skills:	
Nonverbals (SOLER, proximity, etc.)	_____
Acknowledging	_____
Reflecting	_____
Paraphrasing/Clarifying/Elaborating	_____
Summarizing	_____

4. Used interpersonal skills as described by Carkhuff:
 - Empathy/Warmth/Respect _____
 - Concreteness _____
5. Helped consultee to describe the problem(s) in precise, objective terms (behavior specification) _____
6. If more than one problem behavior was mentioned, helped the consultee to establish a priority _____
7. Helped consultee to describe the setting(s) in which the problem occurs (behavior setting) _____
8. Conducted a thorough functional analysis by eliciting descriptions of events occurring:
 - before the problem behavior _____
 - during the problem behavior _____
 - after the problem behavior _____
9. Helped consultee to determine the severity of the problem behavior, in terms of frequency, intensity, and/or duration _____
10. Helped consultee to tentatively define goals for the consultation _____
11. Inquired about client's strengths/assets _____
12. Inquired about consultee's current procedures _____
13. Provided rationale/explanation for baseline data collection procedures _____
14. Sought agreement from consultee on type of baseline data collection procedures to be used _____
15. Established date to begin baseline data collection _____
16. Established a time and date for the next interview _____
17. Other comments regarding the consultant's performance: _____

Dr. Smith Case Study from Erchul & Raven (1997)

Dr. Smith is a school psychologist working for a suburban school district. One of her schools is Garden Elementary. Dr. Smith has 14 years experience as a psychologist and has worked for the past 7 years at Garden. She feels comfortable at Garden--she knows many of the teachers, has had many successful cases there, and the principal, Mr. Skidmore, was a classmate at her undergraduate institution. She has worked hard to be sure she is seen as a part of the Garden staff, sometimes volunteering to be a member of school committees and being sure to compliment teachers when she sees innovative practices or special efforts to help students.

Dr. Smith's newest consultation case concerns an overly active third grader named Tommy. Tommy has recently been diagnosed as exhibiting mild Attention-Deficit/Hyperactivity Disorder. His teacher, Ms. Hamilton, requested assistance in dealing with Tommy because he often calls out, bothers classmates, is out of his seat, and fails to complete his assigned work. Ms. Hamilton has talked to Tommy's parents about her concerns. They see similar problems at home and are working with a local psychologist to address these problems through a contingency management program. They are strongly opposed to drug treatment, but have told Ms. Hamilton that they will support any intervention plan to help Tommy be successful in her classroom that does not include medication.

Dr. Smith has worked with Ms. Hamilton before. Although they do not know each other well, they occasionally converse in the teachers' lounge. Dr. Smith has observed a number of times in Ms. Hamilton's class when students have been referred for special education. She has recommended that other teachers observe Ms. Hamilton's class to see her innovative approach to teaching writing skills to low achievers.

Dr. Smith approaches this case in her usual manner. She and Ms. Hamilton talk briefly about how this school year is going, and then Dr. Smith turns the conversation toward Ms. Hamilton's concerns about Tommy. Dr. Smith listens carefully to Ms. Hamilton's concerns, summarizes them, and then lists the behaviors of concern and asks Ms. Hamilton to prioritize them. Ms. Hamilton finds Tommy's behavior most disruptive during reading and math when she is trying to work with others. Dr. Smith observes in the classroom during those periods and verifies that Tommy is moderately disruptive during those periods. Dr. Smith and Ms. Hamilton then devise a daily report card system where Tommy must (a) follow class rules concerning not calling out, (b) follow class rules about not leaving one's seat without permission, and (c) complete the assigned work during math and reading. Dr. Smith makes up a card with a grid that has the three behaviors listed down the side and the two periods across the top. Ms. Hamilton only has to circle "Yes" or "No" in the appropriate column for the three target behaviors after reading and math periods. Tommy earns a special treat at home each night if he brings home a report card with at least four out of six "Yes's" circled for the day. If he has earned fewer than four, he loses television viewing privileges that evening. Tommy also earns a weekly reward if he has met the daily criterion for at least three days.

During the first week of implementing the plan, Dr. Smith calls Ms. Hamilton. Ms. Hamilton says that the plan seems to be going fine. Tommy is excited and earned his points for two days. On the third day, however, she had forgotten to rate him after math period.

During the third week of implementation, Dr. Smith meets with Ms. Hamilton. She learns that Ms. Hamilton has changed the plan so that Tommy is rated only weekly and can

earn a weekly reward, explaining that it was just too much to remember to rate Tommy twice a day. The plan has produced no changes in Tommy's behavior and Ms. Hamilton is wondering if a special education class might be a better place for Tommy. Faced with this situation, Dr. Smith wonders how to proceed.

Case Study Analysis

Why this consultation did not yield intended results may be explored using various perspectives. We offer an interpretation and possible resolution based on Raven's (1992, 1993) power/interaction model of interpersonal influence.

A Social Power Interpretation

At the outset of the consultation, Dr. Smith assesses her available power bases in working with Ms. Hamilton to be: personal forms of coercive and reward power; legitimate power; positive forms of expert and referent power; direct form of informational power; and, through her professional and personal relationship with Mr. Skidmore, the potential to invoke the power of a third party. However, Dr. Smith recognizes that she is unlikely to use all these types of power available to her. For example, even though she could invoke the power of Mr. Skidmore if needed, it would be a costly mistake from the standpoint of compromising both the voluntary nature of consultation and the understanding of confidentiality of communication within consultation (Caplan, 1970). Dr. Smith could also exercise expert and informational power, but from her past experience in working with Ms. Hamilton, she has sensed that she prefers a consultant who de-emphasizes "expert opinions" and who instead engages in active, joint problem solving.

On the basis of her analysis, Dr. Smith decides that the personal form of reward power and the positive form of referent power are probably the best ones to emphasize. She bases this decision largely on the fact that she and Mrs. Hamilton have worked together professionally for the past seven years. Even so, an obstacle to relying on these forms of relational power is that Dr. Smith has had more formal training and more professional work experience, and thus may be perceived as more of an expert than a collaborator.

During sessions with Ms. Hamilton, Dr. Smith tries to strengthen referent power by emphasizing points of commonality, such as mentioning her two years as a third grade teacher and her experiences in Ms. Hamilton's school. She also has attempted to dress somewhat more casually, though still professionally, when meeting with Ms. Hamilton (i.e., establishing referent power, de-emphasizing legitimate power). To strengthen their working relationship, Dr. Smith has offered compliments regarding Ms. Hamilton's work (i.e., establishing personal form of reward power) and in general has permitted her the opportunity to speak freely about her professional endeavors.

After the first week of the intervention, Dr. Smith compliments Ms. Hamilton on the initial positive results (personal form of reward power), and has offered further support by acknowledging her difficult instructional situation. In addition, Dr. Smith has related a story of a similar student with whom she worked who was helped through a plan very much like the one devised for Tommy (positive form of referent power).

A Resolution Based on Social Power Principles

During the third week, Dr. Smith learns that the intervention plan is not succeeding. Because an influence approach based on the personal form of reward power and the positive form of referent power has not been successful in establishing treatment integrity, Dr. Smith decides to proceed using expert power, legitimate power, and the personal form of coercive power. She takes several actions based on this new tack. First, Dr. Smith explains to Ms. Hamilton that students with moderate attentional problems (like Tommy)

have great difficulty in delaying gratification, and thus a weekly rather than daily report card intervention is very unlikely to be effective (expert power and informational power). She also tells Ms. Hamilton that Tommy's level of behavior problems is far from the range requiring a special class placement and that if the problem is to be addressed, it will need to be in her classroom (expert power). Dr. Smith also advises that Ms. Hamilton have her teaching assistant rate Tommy each day, and assures Ms. Hamilton that when Tommy is successful with the daily report card, they can work toward reducing the number of times Tommy is rated.

Ms. Hamilton agrees that she is still interested in helping Tommy. Dr. Smith makes arrangements to come the next day to listen to Ms. Hamilton explain the new plan to Tommy and her aide (personal form of coercive power). Dr. Smith also asks that Ms. Hamilton keep copies of the daily report cards (legitimate power) for her to check (personal form of coercive power, with surveillance). A week after the new plan is implemented, Dr. Smith meets with Ms. Hamilton to review the daily report cards. Tommy's behavior has improved considerably and they agree to meet the next week. If Tommy's behavior has continued to improve, they will discuss moving to a single rating at the end of the day.

Dr. Smith realizes that monitoring Ms. Hamilton's implementation of the intervention plan in this manner may invite resistance (cf. Wickstrom & Witt, 1993) and may produce short-term effects due to the socially dependent nature of expert and legitimate power (Raven, 1992, 1993). However, because the earlier approach did not succeed, a new strategy seemed warranted at this time. But in developing the new strategy, Dr. Smith takes cognizance of the fact that she experiences some frustration and annoyance with Ms. Hamilton for not fully carrying out the carefully developed plan. Such motivations could lead Dr. Smith to use stronger forms of coercive and legitimate power than would be appropriate and productive. Being aware of personal motivations that might lead to her toward inappropriate power strategies allows Dr. Smith to choose her strategies more rationally. Similarly, she can operate more effectively if she is aware of Ms. Hamilton's personal motives and feelings that might lead Ms. Hamilton to resist suggestions that would otherwise be seen as desirable.

References for PSY 727

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