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ABSTRACT

The study examined the preferences of 701 regular elementary teachers and 65 special education resource teachers for four school-based consultation models (collaborative, expert, medical, and mental health). Each model was assessed at each of five stages of the consultation process; (1) consultant goal; (2) problem identification; (3) intervention recommendations; (4) intervention implementation; and (5) nature/extent of follow-up. A hypothetical situation involving a regular classroom and resource teacher consulting with each other regarding a student with learning and behavioral problems was used as a reference for responding to a 20-item questionnaire. Results suggested a strong preference by regular and special educators for a collaborative model for problem-solving. Implications for training and practice are discussed in the context of perceived limitations of the study with relation to such factors as the sample itself, the instrumentation, and the design of the study. Respondents also provided information on personal background, current professional employment, and training/experience in consultation. The data revealed that regular and special educators are receiving little or no preservice or inservice training in consultation skills. Nine data tables are provided in an appendix. (JW)

REGULAR AND SPECIAL EDUCATORS' PREFERENCES FOR SCHOOL-BASED CONSULTATION MODELS: A STATEWIDE STUDY

Technical Report No. 101
October, 1985

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Introduction

During the last decade, increasing emphasis has been placed on educating handicapped students in the regular classroom. This change has required both regular and special educators to communicate concerning the educational programs of handicapped students for whom they share responsibility. Many professionals have expressed increased concern about the quality and quantity of communication and problem-solving between regular and special educators. This study focused on the critical issue of interaction between regular and special educators. Specifically, this investigation examined the preferences of regular classroom and resource teachers for models of school consultation at various stages of the consultation process. This report includes a brief background introduction to this investigation and a discussion of the results as well as the limitations of the study. Finally, implications for training and practice and further research prompted by this study will be addressed.

The history of education for handicapped students has been characterized in terms of one steady trend: progressive inclusion into the mainstream of society. In the school setting, this movement and subsequent public policy and special education service delivery system has significantly increased the number of handicapped students educated in the regular classroom for a majority of the school day. In order to provide appropriate educational programs for handicapped students in mainstream settings, effective consultation between regular classroom and resource teachers on matters regarding students for whom they share responsibility appears to be essential.

Consultation is receiving increased attention in the literature of various educational professionals such as special educators, school psychologists, and counselors. One area investigated in the consultation literature suggests that initial preference of the consultee should be considered in the decision regarding which consultative model or style is to be used by the consultant (Table 1). Yet such preferences are frequently not considered (Babcock and Pryzwansky, 1983). Further, degree of congruence between consultant and consultee expectations has been found to be related to satisfaction with and use of consultation (Mann, 1973; Noy, DeNour, & Moses, 1966; Van Syckle, 1984).

At least four consultation models or styles of consultation have been discussed in the literature. The four models or styles include: (a) expert, (b) medical, (c) mental health, and (d) collaboration. These models/styles have been conceptualized in terms of five commonly acknowledged stages in the consultation process: consultant goal, problem identification, intervention recommendations, implementation of intervention recommendations, and nature/extent of follow-up (Table 2).

The preferences of regular classroom and resource teachers for a particular consultative model or style in consulting with each other on educational matters concerning handicapped students have not been addressed. Similarly, the possibility of interactive effects between preferences for consultative models/styles within different stages of the consultation process has not been addressed in the special education literature. Only one study could be located that has addressed the preferences of regular classroom and resource teachers for consultation model across stages of the consultation process. That study focused on consultation by teachers and administrators with a school psychologist

(Babcock & Pryzwansky, 1983). The study confirmed, for the most part, teachers' and administrators' preferences for a collaborative model of consultation. This finding was similar to previous studies where a collaborative model of consultation was involved (Coleman, 1976; Wenger, 1979). Babcock and Pryzwansky also suggested that preferences for consultation model could be affected by various consultee characteristics and situational variables present during or prior to consultation.

The present study sought to examine the preferences of regular and special educators for four models of school-based consultation at each of five stages of the consultation process. Specifically, this investigator addressed the following research questions:

1) Do regular classroom and resource teachers differ in their preferences for school consultation models when jointly communicating and problem solving in educational matters concerning handicapped students?

2) Do regular classroom and resource teachers differ in their preference ratings for school consultation models at various stages of the consultation process?

Procedures

The statewide sample surveyed in this study consisted of 701 elementary regular classroom and 65 resource teachers from thirteen urban, suburban and rural school districts and co-ops throughout the state of Texas (Tables 3 and 4). In each participating school, all regular classroom and resource teachers were asked to complete a consultation questionnaire. The instrument used to assess the preferences of participants for models of school consultation was an adapted version of the Consultation Model Preference Scale (Babcock & Pryzwansky, 1983). The instrument included twenty statements, each describing one of four models of consultation at each of five stages of the consultation process. The four consultation models included in the instrument are: (a) collaboration, (b) expert, (c) medical, and (d) mental health. The five stages of consultation depicted include: (a) the goal of the consultant, (b) problem identification, (c) intervention recommendations, (d) implementation of recommendations, and (e) nature/extent of follow-up. A hypothetical situation involving a regular classroom and resource teacher consulting with each other regarding a student with learning and behavioral problems was presented as a reference for responding to the twenty statements. Each respondent rated on a five point Likert-type scale (ranging from strongly disagree to strongly agree), the degree to which he or she would prefer a particular model of consultation at each of five stages of the consultation process included in the scale. A separate section of the consultation questionnaire requested participants to provide relevant demographic characteristics information. The demographic information was divided into three general categories: personal background data, current professional employment information, and training/experience in consultation.

Principal statistical analyses conducted in this study included the use of descriptive statistics to calculate the demographic characteristics of the study sample. In addition, a 2 x 4 x 5 design (educator group X model X stage) repeated measures ANOVA was used to examine results of regular classroom and resource teacher group preference ratings for four school consultation models at each of five stages of the consultation process. The statistical design included one between-group (regular classroom and resource teacher) and two within-group factors (consultation models by consultation stages). Finally, correlated t-tests were employed to determine differences in within-group mean ratings of regular classroom and resource teachers for each of the four consultation models and for each of five stages in the consultation process. The correlated t-tests were conducted as post hoc analyses following a significant F-test on the two within-group factors (consultation models by consultation stages).

Results and Discussion

The results of this study provided additional support for the use of the collaborative model of consultation in school settings. Several additional findings relating to demographic characteristics of regular classroom and resource teachers proved worthy of discussion. The results of this study will be discussed in four general categories: (a) demographic characteristics, (b) instrumentation, (c) preferences for consultation models and stages, and (d) limitations of this study.

Demographic Characteristics

Data collected regarding demographic characteristics of regular classroom and resource teacher participants in this study yielded several noteworthy findings (Table 5). First, the findings indicated that the resource teachers in this study had less than half as much total years teaching experience as their regular classroom colleagues (six years

experience compared to 13.2 years). Yet, resource teachers are often called upon to serve as a consultant to the regular classroom teacher regarding students with learning and behavioral problems. This situation would appear to place the resource teacher at a potential disadvantage in professional interactions with considerably more experienced colleagues. On an encouraging note, however, results indicated that 42% of the resource teachers surveyed had been a regular classroom teacher for one or more years. This fact may assist resource teachers in joint communication and problem-solving with regular classroom teachers.

Secondly, results of demographic data collected regarding consultation training and experience revealed that regular classroom and resource teachers are receiving little or no training in consultation skills at the preservice or inservice levels. Preservice coursework including the topic of consultation had been completed by only 16% of regular classroom and 43% of resource teachers surveyed. This finding is discouraging, especially in light of least restrictive environment requirements of public policy and recent data indicating that a majority of handicapped students are spending most of their school day in the regular classroom (Friend & McNutt, 1984). Further, resource teachers are often taught in preservice courses that along with assessment and student instruction, consultation with other colleagues and parents is one of their primary roles. Yet this study indicated that more than half of the resource teachers surveyed had no preservice training in consultation skills. Together, these findings point out a significant need for preservice training coursework to provide regular classroom and resource teacher trainees ample exposure to consultation models and skills in their teacher preparation programs. Another finding was related to inservice training of regular classroom and resource teachers. The results showed that these professional educators

are receiving minimal inservice training in consultation skills. Forty-six percent of regular educators and 55% of resource teachers reported attending inservice workshop(s) on this topic. Thirty-one percent of the respondents reported receiving information on consultation from principals, supervisory or other support staff. Overall, (pre- and in-service) resource teachers had received an average of 9.6 clock hours consultation training, while regular classroom reported a mean of only 4.4 clock hours training in consultation.

A more discouraging finding of this investigation related to the amount of communication and problem-solving between regular classroom and resource teachers. The results of 701 regular classroom teachers surveyed indicated that they averaged 5.5 consultation contacts with resource teachers during the entire 1984-85 school year. This is particularly disturbing in light of the fact that classroom teachers surveyed averaged 2.4 handicapped students in their mainstream class(es). Resource teachers indicated a mean of 46.1 consultation contacts with regular classroom teachers during the same period. This finding also indicates little communication by resource teachers and regular educators in view of the average resource teaching caseload of 23 handicapped students reported in this study.

Instrumentation

Since no reliability studies of the Consultation Model Preference Scale were located in the literature, this investigator determined the internal consistency reliability of this instrument (Table 6). Alpha coefficients were calculated for each of the nine scales relating to the four consultation models and five stages of the consultation process. The Alpha coefficients for the four consultation models were: collaboration

0.71, expert 0.58, medical 0.70, and mental health 0.47. According to Salvia and Ysseldyke (1985), with group data used for administrative or research purposes, a reliability of 0.60 should probably be the minimum. Guilford and Fruchter (1978) indicate, however, that tests with lower reliabilities can be useful for research. It appears that, for the most part, the internal consistency reliabilities of the four models of consultation approach or exceed adequate reliability standards for research purposes. The five stages of the consultation process failed to meet minimum internal consistency reliability standards: 0.29 for consultant goal, problem identification 0.16, intervention recommendations 0.22, intervention implementation 0.23 and nature/extent of follow-up 0.02. There are several possible explanations for the low internal consistency of the consultation stages. First, the low Alphas could be reflecting a lack of stability and consistency over time. Due to the nature of this study, test re-test reliability studies were not possible. A second possible explanation relates to the two-dimensional nature of the Consultation Model Preference Scale. It may be possible that the reliability of a scale in which Likert-type ratings are required suffers when a second dimension (stages) is added. In conclusion, since only one measure of reliability of the Consultation Model Preference Scale was studied, results indicate that the five stage scales may not be reliable. Thus, the reader should interpret the results of this study (especially model by stage interaction effects) with caution.

Preferences for Consultation Models and Stages

The first null hypothesis examined in this study stated that there would be no differences between regular and special educators in their preferences for consultation models. Results of this investigation

confirmed the null hypothesis. The repeated measure ANOVA indicated no significant differences between the overall group mean ratings of the two groups for the four models of school consultation at each of five stages of the consultation process (Table 7). Overall group mean ratings indicated that the collaborative model was rated highest at all five stages in the consultation process (Table 8). This finding is consistent with previous consultation preference studies where the collaborative model has been included. In addition, this finding indicated that the preferences of regular classroom and resource teachers for consultation models are complementary. The overall group mean preference ratings showed that the medical, mental health, and expert models followed the collaborative model in order of preference. There seemed to be general disagreement by respondents with statements representing the expert model of consultation.

The second null hypothesis studied stated that there would be no significant consultation model by stage interaction effects as rated by regular classroom and resource teachers. This hypothesis was rejected, as the results of this 2 X 4 X 5 research design (educator group X model X stage) indicated four significant interaction effects. Three significant first order interaction effects were reported: model by group, stage by group, and model by stage. One significant second order three-way interaction effect was indicated involving consultation model by stage by educator group (Table 7). Correlated t-tests were employed in post hoc analyses to determine differences between all four consultation models and all but two stage comparison pairs (stage 3 by stage 4 and stage 2 by stage 1). Together these findings seem to suggest that regular classroom and resource teachers may prefer one consultation approach or style at one

stage in the consultation process and another approach at other stages. Therefore, as previous studies have suggested ([illegible] & [illegible], 1986, [illegible]), special education teachers serving as consultants in school settings should consider the initial preference of school personnel for consultation models at various stages of the consultation process. In this manner, school-based consultants may more accurately respond to the perceived needs of professional colleagues in joint problem-solving situations. Finally, it should be noted that respondents in this study rated only their preferences for consultation models at stages in the consultation process. Since little or no communication is taking place between regular and special educators, as evidenced in this study, there is virtually no data to predict how these two educator groups would respond in an actual consultation situation in a school setting.

Limitations of This Study

Several limitations regarding this study should be noted. First, in considering sample bias, the respondents in this investigation were limited to elementary level school personnel. Therefore, results of this study are not generalizable to secondary level situations. The findings of this study should also be viewed in light of the characteristics of the sample. All educators included in this study were from urban, suburban school districts in the state of Texas. Thus, the reported results are most applicable to that state and to school districts similar to those studied.

Secondly, the instrumentation used for this investigation imposes limits on the validity of the findings. While the internal consistency reliability of the consultation models scales of the Consultation Model Preference Scale approached or exceeded minimum standards, the consultation stages dimension of the scale failed to meet internal consistency reliability

standards. Therefore, although internal consistency is only one measure of reliability, the results of this study must be viewed with caution. Another possible limitation of this investigation relates to the format of the instrumentation in this study. The consultation preference instrument involved a forced-response, self-report format which contained built-in limitations on the nature and scope of information collected when studying a topic as complex as the consultation process.

A fifth limitation of this study lies in its design. This study only assessed the preferences of regular and special educators for models of school consultation. No data was collected on how subjects would actually respond in consultative interactions in actual school situations.

Implications for Training and Practice

Given present public policy on educating handicapped students in the least restrictive environment, several implications for training and practice of regular and special educators may be drawn from this study. First, the data from this investigation revealed that regular and special educators are receiving little or no preservice or inservice training in consultation skills. Preservice regular and special education teacher trainers should probably build in coursework material covering awareness of consultation models and allowing students to experience actual consultative problem-solving situations with each other. Similar experiences are needed at the inservice level to encourage the development and use of consultation skills for regular and special education practitioners. Secondly, if the preference findings in this and previous studies involving collaborative consultation are predictive of actual educators' responses, then teacher educators should train professionals in basic communication and joint problem-solving skills

using a collaborative approach along with other consultative models.

Implications for professional practice from the results of this study should be viewed with extreme caution. As with training, one is tempted to suggest that regular and special educators practice a collaborative approach to communication and joint problem-solving. However, the data gathered in this research reflects preference only. There is no data available at present to predict how regular and special educators will respond in actual consultative interactions in real-life school settings. This fact is confirmed by the findings indicating that the mean number of consultation contacts between the 766 regular and special educators in this study throughout the entire 1984-85 school year was 8.9 contacts.

Given the above conditions, the results of this study suggest a strong preference by regular and special educators for a collaborative model for problem-solving concerning students with special needs. The major implication for the use of this consultation model in the school setting involves time. Time would need to be alloted for such activities as problem identification, intervention development and implementation and follow-up, all stages in the collaborative consultative process. This shift in school personnel scheduling and job role would need the support of the building administrator to ensure any level of success.

In addition to preference for consultation model, it appears that other factors may affect the success of consultation outcomes. One such factor is the nature of the problem presented for consultation. For example, a classroom teacher may prefer a collaborative approach to consultation with the resource teacher in situations perceived as "non-crisis" in nature. However, in situations perceived as "crisis" in nature, the classroom teacher may feel a need for a "quick solution" to the problem (e.g.,

out-of-control student behavior). In such situations, an expert approach may be the preferred consultation model (Eglsaer, 1979).

Further Research

Consultation appears to be a complex process. The findings of this study indicating significant interaction effects among consultation models, stages, and groups lend additional support to this viewpoint. It seems reasonable, at this point, to hypothesize that consultation outcomes are influenced by the interaction of several variables. Preference for consultation model appears to be one important input variable to be considered in school consultation situations. Further research is needed which assesses the influence of variables across dimensions of school consultation (e.g. input, process, situational, and outcome variables). First, research is needed to improve instrumentation to measure variables affecting all dimensions of school consultation. Second, studies are needed which determine the personality and professional knowledge and skills profiles of regular classroom and resource teachers related to successful consultation outcomes involving teacher and student change. Additional research is also recommended to determine the content (e.g., verbal interactions) of successful vs. unsuccessful consultation interactions between regular and special educators. Finally, research is needed to determine if regular and special educators' preferences for consultation models are commensurate with their responses in actual school consultation situations.

APPENDIX

TABLES

TABLE 1

DIMENSIONS OF SCHOOL CONSULTATION RESEARCH

INPUT VARIABLES	PROCESS VARIABLES	SITUATIONAL VARIABLES	OUTCOME VARIABLES
Consultee characteristics -age -years of teaching experience -number of years at current school -resistance to consultation -knowledge/understanding of consultation -locus of control -tolerance for ambiguity -readiness of consultation -dogmatism -irrational attitudes -professional involvement/concern -preference for consultation model/style **Consultant characteristics** -three categories: -skills, expertise -personality factors/self awareness -attitudes/expectations -competency/skills -specificity/focus on problem -efficiency -involvement -theoretical orientation -academic degrees -concern, warmth, empathy understanding -facilitativeness -follow-up -preference for consultation model/style **Nature of problem presented** -academic → severity -behavioral → severity -crisis/non-crisis	**Consultation model used** -mental health -behavioral -medical -collaboration -process -organizational -education/training -ecological -advocacy **Consultation techniques/style Used** -style matched to model -supportive expertise -leadership control -leader emphasis on content -humanist orientation **Consultation stage** -problem identification -intervention recommendations -implementation of intervention recommendations -nature/extent of follow-up (including evaluation) **Individual vs. group** -group environment -task orientation -anger/agression -cohesion -innovation -leader support -independence	**Time** -amount of time allotted -amount of time spent -when consultation performed **Location** -where consultation performed (setting) **Organizational** -school climate -principal leadership behavior -urban, suburban, rural -school size **Learning environment** -joint consultant/consultee student observation prior to consultation -consultant diagnostic teaching session with student prior to consultation	**Teacher behavior/attitudes** -teaching skills (academic & behavioral) -problem identification -plan implementation -use of task analysis -problem resolution -tolerance for deviance -attitude toward consultation -attitude toward consultant -evaluation of consultation model/style -teacher verbalizations -teacher use of consultation **Student behavior/attitudes** -academic achievement -behavioral change (decrease inappropriate behaviors) **Organizational change** -school climate -number of referrals to special education -principal behavior

TABLE 2

SUMMARY OF FOUR CONSULTATION MODELS AT FIVE STAGES OF THE CONSULTATION PROCESS

	Collaboration	Expert	Medical	Mental Health
Consultant Goal	work with cee[a] to identify problem, plan and carry out recommendations	plan and carry out recommendations for problem identified by cee	identify problem and develop recommendations for cee to carry out	increase the cee ability to deal with similar problem in the future
Problem Identification	both cee and cst[b] identify problem	cee identifies problem	cst identifies problem	cst helps cee identify problem by clarifying his or her perceptions of it
Intervention Recommendations	cee and cst suggest intervention recommendations	cst plans intervention which he or she will implement	cst offers recommendations for cee to implement	cee plans intervention with cst acting as facilitator
Implementation of Recommendations	cee and cst may each implement some recommendations	cst implements his or her recommendations	cee implements recommendations developed by cst	cee implements recommendations he or she developed
Nature and Extent of Follow-up	cee and cst engage in continuous follow-up to modify intervention if necessary	none	cst may offer further advice to cee	further consultation may be initiated at request of cee

[a] cee = consultee
[b] cst = consultant

NOTE: Adapted from Babcock & Pryzwansky (1983)

TABLE 3

Summary of LEA Characteristics

LEA	Location in Texas	Approximate Enrollment	Type*
01**	West	4,839	Rural
02	West	63,552	Urban
03	East	2,837	Suburban
04**	North	3,327	Rural
05	East	5,074	Suburban
06	Southeast	5,007	Suburban
07	Central	4,920	Suburban
08	South	38,258	Suburban
09	Central	4,608	Suburban
10	North	4,682	Suburban
11	Southeast	15,562	Suburban
12	South	4,312	Suburban
13	Southeast	23,095	Suburban

*According to Texas Education Agency (1984)
**Denotes multi-district co-op

TABLE 4

Summary of Sample by School District

	Respondent Characteristics			Surveys Returned	
LEA	No. of Reg. Class. Teachers	No. of Resource Teachers	Total Sample	No.	Rate (%)
01	126	7	133	82	61.7
02	90	6	96	64	66.7
03	40	3	43	21	48.8
04	73	13	86	57	66.3
05	106	7	113	90	79.6
06	94	5	99	72	72.7
07	65	9	74	45	60.8
08	87	6	93	78	83.9
09	108	10	118	74	62.7
10	50	5	55	40	72.7
11	134	11	145	86	59.3
12	47	5	52	52	100
13	20	3	23	5	21.7
Totals	1,040	90	1,130	766	67.8

TABLE 5 (continued)

Training/Experience in Consultation

	Regular Classroom Teachers	Resource Teachers	Total Sample
*How Trained in Consultation Skills			
No Training	43%	28%	41%
Coursework	17%	43%	19%
Inservice Workshop(s)	46%	55%	47%
Information From Principal	31%	22%	31%
Information From Supervisor/Other Support Staff	30%	40%	31%
Other	2%	0%	1%
Mean Total Clock Hours Training in Consultation Skills	4.4	9.6	4.8
Mean No. of Consultation Contacts During 1984-85 School Year	6	46	9

*When percentages do not total 100, teachers could mark more than one response.

TABLE 5 (continued)

Mean Number Handicapped Students in Mainstream Class(es)	
None	28%
1-2	36%
3-4	22%
5-6	9%
7-8	3%
9 or more	2%
***Other Position(s) Held in Education**	
None	35%
Regular Classroom Teachers	42%
Special Ed. Classroom Teacher (other than resource)	25%
Counselors	0%
School Psychologist	0%
Teacher Aide	2%
Other	8%
Mean Total No. Students in Caseload (Resource Teachers)	23
Mean Total No. Students Taught Each Day (Resource Teachers)	23

TABLE 5 (continued)

Professional Employment Information

	Regular Classroom Teachers	Resource Teachers	Total Sample
Mean Years Teaching Experience	13.2	6.0	11.9
Mean Years in Current School Assignment			6.3
Mean Years Contact With Resource Programs (Regular Classroom Teachers)	8.2		
*Types of Special Education Certification Held (Regular Classroom Teachers)			
None	90%		
Generic	2%		
LD	4%		
MR	3%		
ED	1%		
VH	0%		
AH	1%		
SH	1%		
Other	2%		
Years Special Education Teaching Experience (Regular Classroom Teachers)			
None	89%		
1-3	5%		
4-6	3%		
7-9	1%		
10-12	0%		
13-15	1%		

TABLE 5

SUMMARY OF SAMPLE DEMOGRAPHIC INFORMATION

Personal Background Data

	Regular Classroom Teachers	Resource Teachers	Total Sample
Sex			
Male			9%
Female			91%
Highest Degree Held			
Bachelor's			67%
Master's			33%
Doctoral			0%
Mean Age at Highest Degree			27 yrs.
Ethnicity/Racial Background			
Asian			0%
Black			2%
Hispanic			11%
White			87%
Other			0%

TABLE 6

Internal Consistency Reliability of the Nine Scales in the Consultation Model Preference Scale

Scale	Mean	SD	Alpha
Collaboration Model	21.62	2.46	.71
Expert Model	13.44	2.94	.58
Medical Model	16.51	3.47	.70
Mental Health Model	15.56	2.87	.47
Stage 1-Consultant Goal	13.47	2.31	.29
Stage 2-Problem Indentification	13.55	1.96	.16
Stage 3-Intervention Recommendations	13.89	2.18	.22
Stage 4-Intervention Implementation	13.97	2.01	.23
Stage 5-Nature/Extent of Follow-Up	12.25	1.65	.02

TABLE [illegible]

[illegible] Analysis of Variance for
[illegible] Groups by Consultation Models and Stages

Source	Sum of Squares	DF	Mean Square	F-ratio	p
Between Groups					
[illegible]	57754.[illegible]	1	57754.[illegible]	25134.01	.0001*
[illegible]	.93	1	.93	.40	.5269
[illegible]	1730.[illegible]	753	2.30		
Within Groups					
[illegible]	[illegible]	[illegible]	[illegible]	677.90	.0001*
[illegible] × Group	[illegible]	[illegible]	[illegible].11	9.57	.0001*
[illegible]	[illegible]	[illegible]	1.00		
[illegible]	[illegible]	[illegible]	[illegible]	227.18	.0001*
[illegible] × Group	[illegible]	[illegible]	[illegible]	6.02	.0001*
[illegible]	[illegible]	[illegible]	.[illegible]		
[illegible] × [illegible]	[illegible]	[illegible]	67.00	176.00	.0001*
[illegible] × Group	[illegible]	[illegible]	1.[illegible]	2.67	.0001*
[illegible]	[illegible]	[illegible]	.[illegible]		

*p < .0001

TABLE 8

Mean Ratings of Combined Professional Educator Groups for Consultation Models at Five Stages of the Consultation Process

Consultation Stage	Consultation Model							
	Collaboration		Expert		Medical		Mental Health	
	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD	$\bar{X}$	SD
Consultant Goal	4.45	.71	2.59	1.12	2.91	1.15	3.51	1.05
Problem Identification	4.36	.73	2.33	.90	3.15	1.12	3.71	.89
Intervention Recommendations	4.19	.81	3.32	1.08	3.36	.96	2.99	1.12
Intervention Implementation	4.20	.68	3.56	.91	3.27	1.03	2.93	.99
Nature/Extent of Follow-Up	4.39	.65	1.65	.77	3.82	.87	2.38	1.02
Total $\bar{X}$ Rating	4.32	.72	2.69	.96	3.30	1.02	3.10	1.01

TABLE 9

t Values for the Bonferroni Multiple Comparison Test Between Means for All Pairs of Consultation Models and Consultation Stages

Models

	Collaboration	Expert	Medical
Expert	-54.00***		
Medical	-34.32***	21.26***	
Mental Health	-48.01***	16.01***	8.04***

Stages

	Stage 1	Stage 2	Stage 3	Stage 4
Stage 2	1.19			
Stage 3	5.28	-4.41***		
Stage 4	5.21***	-4.80***	-.76	
Stage 5	-14.28***	16.52***	18.85***	19.40***

*** $p \leq 0.001$

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