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THE ROLE OF INTERPERSONAL PROCESSES IN FACILITATING SCHOOL CONSULTATION

by

NANCY B. BERKSON

A dissertation proposal submitted to the Graduate Faculty in Educational Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

2001

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This manuscript has been read and accepted for the Graduate Faculty in Educational Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

4/24/01
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Abstract

THE ROLE OF INTERPERSONAL PROCESSES IN FACILITATING SCHOOL CONSULTATION

by

Nancy B. Berkson

Adviser: Professor Carol Kehr Tittle

Evaluating teachers' acceptance of interventions developed through consultation has been highlighted in the school consultation research during the last 15 years. Attention has focused on the effects of the type of intervention and behavior problem severity on ratings of acceptance. However, the effects of specific variables, such as empathy of the school psychologist, on teachers' acceptance of interventions have received little attention in the school consultation literature.

This study used a particular methodology, case studies (treatment protocols), in which the two independent variables, the type of intervention (positive, a token reinforcement system, or negative, a time-out procedure) and the presence or absence of empathy in the verbal interactions between teacher and school psychologist were embedded. The case studies included a description of a severe behavior problem, a description of the type of intervention proposed (positive or negative), and a description of the verbal interactions between teacher and psychologist, indicating the presence or absence of consultant empathy. The case studies (treatment protocols) were based on two pilot studies in which they were developed.

The procedures included two data collection periods. During the first data collection, 93 participants (89 female, 4 male) who were regular elementary school

teachers from two northeastern suburban public school districts, signed consent forms and completed a demographic form and the Consultant Effectiveness Scale (CES) (Knoff, Vines, & Kromrey, 1995). During the second data collection two weeks later, participants received the case studies (treatment protocols) and completed the IRP-15. Teachers were randomly assigned to a case, varying on the independent variables (2x2 design).

The following hypotheses were tested: First, negative interventions (a time-out procedure) will be rated as more acceptable than positive interventions (a token reinforcement system); second, responses with empathy present in the verbal interactions between teacher and psychologist will be rated as more acceptable than responses which do not contain empathy. Empathy is defined as being nonjudgmental, listening actively, and repeating what the other person says (Rogers, 1975). For both hypotheses one and two, the dependent variable is teachers' ratings of acceptance of interventions, as measured by the Intervention Rating Profile (IRP-15) (Witt & Martens, 1983); and third, teachers' overall perceptions of the effectiveness of consultants may influence their ratings of acceptance of consultation interventions. The covariate, teachers' perceptions of consultant effectiveness, as measured by the Consultant Effectiveness Scale (CES), was examined for its relationship to the independent and dependent variables.

The results of a 2x2 Analysis of Covariance indicated that teachers' acceptance of interventions, as measured by scores on the IRP-15, was not affected by their overall perceptions of consultants, as measured by total scores on the CES, the type of intervention, or perceived empathy of the school psychologist. Discussion

focuses on teachers' understanding of the case study methodology and its effect on the participants' ratings of acceptance. An alternative method of videotaped presentations of interactions between teachers and psychologists, depicting empathic and non-empathic responses, is suggested as a more direct and concrete presentation of the desired treatments.

Acknowledgments

The completion of this dissertation could not have been accomplished without the support and assistance of many individuals. I am sincerely grateful for the incredible patience Dr. Tittle showed me from start to finish. She kept me focused and determined on numerous occasions when I thought I could not handle one more revision. Her support throughout the process went above and beyond the call of duty. I hope to demonstrate the same patience with my graduate students in the future. My heartfelt appreciation goes out to my committee members, Dr. Fish and Dr. Gross, and Dr. Saigh and Dr. Flugman who volunteered their time to be my outside readers.

I am eternally grateful to all of the teachers who took time out of their busy days to participate in this study. Without them, this study would not have been possible.

I could not have made it through this without my friends who listened to me complain endlessly, understood all of the "excuses" I made for missing appointments, and always reminded me that some day I would graduate. Thanks to all of those incredibly patient individuals who proofread and edited this paper endlessly. A special thanks goes to Ed who was there for me during the stage when I had forgotten what this paper was about. His calm demeanor and straightforward wording put me back on track. Laura, thanks for listening to me complain, proofreading, and cheering me on throughout the entire process, from start to finish. I want to thank Rich, who joined me in this process near the end, but whose encouragement kept me going in the final stages.

Finally, to my parents, who made sacrifices in their lives to support me financially and emotionally throughout my entire graduate school career. I can only say thank you. My degree and my future success are products of your love.

TABLE OF CONTENTS

List of Tables

List of Figures

CHAPTER 1: INTRODUCTION

The purpose of the current study is to examine teachers' acceptance of classroom interventions developed through consultation with a school psychologist. The focus of this study is on the process of consultation and the relationship between teacher and psychologist, rather than on outcome variables, which have received much attention in the school consultation literature. The effects of two variables, the type of intervention and behavior problem severity, on teachers' acceptance of interventions have been studied in the school consultation literature. This study extends the research in this area, to include the effects of the presence or absence of empathy of the school psychologist in verbal interactions between the teacher and psychologist. Although the impact of empathy on the relationship between client and therapist has been studied extensively in the counseling psychology literature, few studies have examined its effect in the school consultation literature.

The variables examined in this study have been defined in different ways in the literature. For the purposes of this study the following definitions were used:

1. Consultation - " a collaborative problem-solving process in which two professionals (i.e., a teacher and a school psychologist) engage in efforts to benefit another person (i.e., a student) for whom they bear some level of responsibility" (Curtis & Meyers, 1985, p.80).
2. Consultant – the school psychologist.
3. Consultee – the teacher.

4. Behavior problem severity – the type of behavior problem exhibited by the student. An example of a severe problem is fighting.
5. Type of intervention (treatment) – the intervention that is developed by the teacher and psychologist during consultation to treat students' behavior problems. The intervention may be positive, such as reinforcement, or negative (reductive), such as time-out.
6. Positive intervention – an intervention which is designed to increase appropriate (target) behavior. Rewards are given when the student exhibits the behavior.
7. Negative intervention – an intervention which is designed to decrease inappropriate behavior. An undesirable consequence, such as time-out is implemented when the behavior is displayed.
8. Treatment development process – the process that the teacher and psychologist engage in to develop the intervention.
9. Analysis of verbal interactions – examination of the conversation between the teacher and psychologist that occurs during consultation.
10. Empathy - "entering the private perceptual world of the other and becoming thoroughly involved in it...being sensitive to the changing meanings...(of his/her responses)...temporarily living in his/her life...without making judgments...It includes communicating your sensings of his/her world...frequently checking with him/her to the accuracy of your sensings, and being guided by the responses you receive" (Rogers, 1975, p.4). An empathic person is one who is

nonjudgmental, listens actively, repeats what the other person says and communicates his or her understanding of these responses (Rogers, 1975).

11. Perceptions of consultant effectiveness – teachers' views of the characteristics of psychologists that make them more or less effective within the context of consultation.

Two fields of literature are being examined together in this study, the school consultation and counseling psychology literatures. First, in the school consultation literature, studies are reviewed that have examined the effects of the severity of students' behavior problems, and the type of proposed intervention on teachers' acceptance of interventions. There is consistent research support indicating that the severity of the behavior problem presented affects teachers' acceptance of interventions. Specifically, negative interventions are rated as more acceptable when developed in response to a severe, rather than a mild behavior problem. Because of this research, only a severe behavior problem is used in this study. The studies on the type of intervention found that overall, teachers rated positive interventions as more acceptable, however, when a severe behavior problem was presented, negative interventions were rated as more acceptable. To support the research on the type of intervention, in this study both positive and negative interventions are presented with severe behavior problems. Many of the studies reviewed used a case study methodology, therefore, the same methodology will be used in the current study.

In addition, within the acceptability literature, studies that have examined variables which focus on the relationship between the consultant and consultee are

reviewed. These include the treatment development process and analysis of verbal interactions. Due to the limited research in the area of the teacher-psychologist relationship, two pilot studies were conducted by the investigator to gain a better understanding of this relationship, to develop an operational definition of empathy, and to validate the case study methodology in assessing the effects of empathy on teachers' acceptance of interventions. The first pilot study consisted of interviews with teachers. It was found that teachers consistently discussed the importance of specific personality characteristics of psychologists. The search for a term which included these characteristics brought the investigator to the term of empathy. In the second pilot study, a definition of empathy was taken from the counseling psychology literature and used to develop case studies depicting conversations in which the psychologist responded with empathic and non-empathic comments. Teachers rated these case studies to construct an operational definition of empathy using terms which were familiar to, and utilized often by teachers. These pilot studies provided evidence to support the use of the case study methodology in the current study.

The second area of literature is the counseling psychology literature, in which the relationship variable, empathy is reviewed. The studies on empathy clearly show the impact of empathy on the relationship between client and therapist, however, this relationship has not been studied extensively in the school consultation literature. Therefore, it is important to extend this research to examine the effect of empathy in the teacher-psychologist relationship, on teachers' acceptance of interventions. Further, there are few valid measures that assess the effect of empathy on the

relationship between teacher and psychologist. Evidence of the importance of empathy in this relationship has been identified through research on the perceived effectiveness of the consultant as measured by the Consultant Effectiveness Scale (CES) (Knoff, Vines, & Kromrey, 1995).

In this study, the Consultant Effectiveness Scale (CES) is used to measure teachers' overall perceptions of effective consultants. This scale, in addition to measuring empathy, measures interpersonal skills, problem solving skills, consultation process and application skills and ethical and professional practice skills of the consultant.

The current study aims at exploring ways to enhance the relationship between the teacher and school psychologist by examining three variables that may affect teachers' acceptance of interventions. It was anticipated that the type of intervention (positive or negative) and empathy (presence or absence) would have a significant impact on teachers' acceptance of interventions. It was also anticipated that teachers' overall perceptions of consultant effectiveness would have a moderating effect on these variables. The following hypotheses were tested: First, negative interventions will be rated as more acceptable than positive interventions; second, responses with empathy present in the verbal interactions between teacher and psychologist will be rated as more acceptable than responses which do not contain empathy; and third, teachers' overall perceptions of the effectiveness of consultants may influence their ratings of acceptance of consultation interventions.

The participants were 93 (89 female, 4 male) regular elementary school teachers from two northeastern suburban public school districts. Three measures were used; a demographic form which reported gender, age, highest degree obtained, grade currently teaching, and number of years experience; the Consultant Effectiveness Scale (CES), a measure of teachers' perceptions of effective consultants; and the Intervention Rating Profile (IRP-15) (Witt & Martens, 1983), a measure of teachers' acceptance of a proposed intervention. The independent variables were embedded in a case study (treatment protocol) which included a description of a severe behavior problem, the type of intervention (positive or negative), and a conversation between a teacher and psychologist, which contained either empathic or non-empathic responses from the psychologist.

The procedure consisted of two data collection periods. During the first data collection, participants signed consent forms and completed a demographic form and the Consultant Effectiveness Scale (CES). During the second data collection two weeks later, participants received the case studies (treatment protocols) and completed the Intervention Rating Profile (IRP-15).

Analysis of Covariance is conducted to examine the effects of the type of intervention and presence or absence of empathy on the dependent variable, scores on the IRP-15, as a measure of teachers' acceptance of interventions. Scores on the CES, which indicate teachers' perceptions of the effectiveness of consultants, are used as the covariate. Findings from the current study were expected to make a contribution to both the school psychologists' and teachers' understanding of the

consultation process. Figure 1 below presents the major variables reviewed in Chapter 2. The highlighted terms are examined in this study.

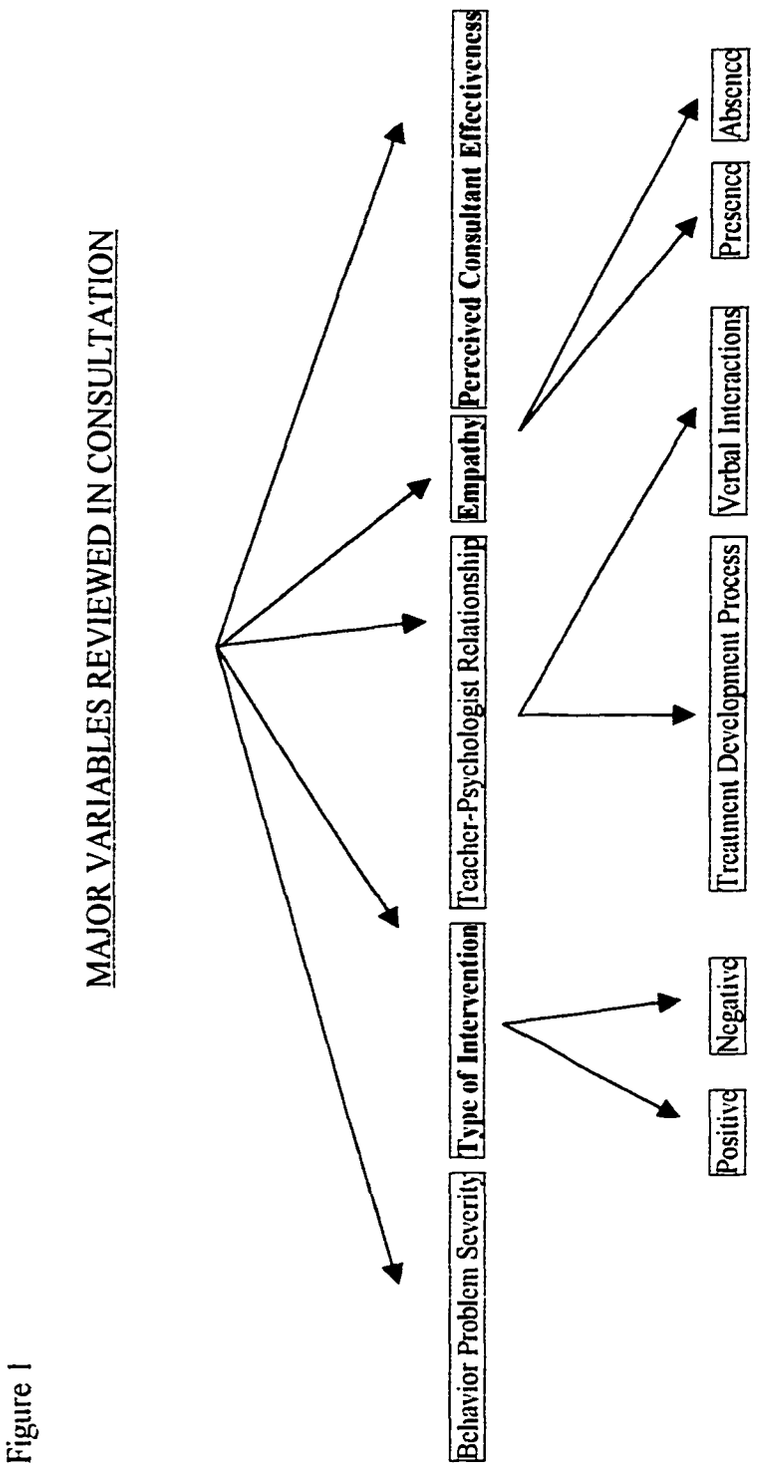

Figure 1

CHAPTER 2: REVIEW OF THE LITERATURE

Consultation

There are three widely accepted models of consultation including mental health consultation, behavioral consultation, and process consultation (Conoley & Conoley, 1992). The prevailing model utilized in educational settings is behavioral consultation and is used in this study.

Behavioral consultation is considered an indirect service delivery model because the school psychologist does not provide direct services to the client. Rather, the school psychologist provides a service to the teacher, who in turn, provides the direct service to the client, or student. For example, a school psychologist may be asked to lead a committee to develop new curricula which meet the state education standards. The recommendations of the committee, of which the school psychologist is a member, will then affect many students. Another type of indirect service is collaborating with a teacher to develop an intervention for one or many students in the classroom. Consultation is one model of indirect service delivery through which classroom interventions can be implemented.

The results of the consultation can lead to a number of outcomes including further indirect service (e.g., continued discussions between the psychologist and the people involved in the child's life), or direct services such as observations or assessment, if deemed appropriate. With both forms of service, the psychologist acts as the coordinator or manager of these services. At times, the teacher provides the direct service to the child or children, based on the recommendations and continued

guidance of the psychologist. For example, if the teacher and psychologist decide that a behavior modification program is an appropriate response to the problem for which the teacher sought assistance, the psychologist may develop a program independently or collaboratively with the teacher. The teacher is then the direct service provider of the program, while the psychologist continues to "consult" or provide assistance throughout the program's implementation.

The role of the school psychologist in the educational system has been changing, and there is a greater emphasis on consultation (Gutkin & Curtis, 1990). As the demands on school psychologists increase, they are forced to spend less time delivering direct services, such as individual student counseling, and more time on the delivery of indirect services, such as consultation with teachers or administrators (Gutkin & Curtis, 1990).

A great deal of research on school-based consultation has focused on the effectiveness of the outcomes of consultations, such as improved behavior or skills of the consultee, while fewer studies have been conducted on the process of consultation, or the variables that represent what is occurring during consultation (Erchul, 1993). Research has shown that teachers' ratings of the acceptability of interventions are affected by the behavior problem severity (Elliott, Witt, Galvin & Peterson, 1984), the type of intervention (Witt & Martens, 1983), and the treatment development process (Kutsick, Gutkin & Witt, 1991). In addition, interpersonal skills or relationship variables are an essential component in the relationship between

teacher and psychologist. Little research has been conducted on the effect of these skills on the acceptability of consultation interventions.

As consultation has become more widely accepted as a service delivery model in schools, there has been a growing interest in research on intervention acceptability. The importance of understanding the consumers' acceptance of interventions has become increasingly apparent. The consumers' acceptance is an integral component of social validity (Kazdin 1980a; Kazdin, 1981; Wolf, 1978). Research exists on the objective measurement of treatment outcomes; however, little research has focused on the social validity of consultation interventions. This would provide an empirical base for treatment selection in consultation. With the growing emphasis on the provision of indirect services in the field of school psychology, it is important to focus on the acceptability of treatment procedures as part of social validity, in addition to treatment outcomes (Elliott, 1988a).

Social Validity and Acceptability

The framework for understanding treatment acceptability research was developed from Wolf's (1978) conception of social validity. Social validity is thought of as subjective measurement, the social importance of a program or goal. Until the 1970s, the subjective connotation of "social importance" was not readily accepted in the field of applied behavior analysis, which was known for objective, scientific measurement. Wolf (1978) described social validity as the evaluation of treatments by consumers. Social validity consists of three components: the social significance of the goals; the social appropriateness of the procedures, (ethics, cost,

and practicality of the intervention, as well as the process); and the social importance of the effects, for example, consumer satisfaction with results, or the outcome.

Social validity is considered when selecting and evaluating treatments. Wolf (1978) emphasized the importance of bringing consumers into the equation by examining their views on behavioral treatments. By measuring consumers' views, one can determine not only the perceived effectiveness of the treatment, but any socially significant problems which may arise with the treatment. The first component, the social significance of the goals, forces the researcher to question if the behavioral goals of the treatment are really what the consumers want. The second component, the social appropriateness of a treatment, is also important. Here, the researcher examines if the consumers perceive the treatment to be acceptable and worthy of the time and effort required to implement it. In other words, what is the cost in relation to the benefit of the treatment? Research shows that the cost, in terms of time required, significantly affects the acceptability of treatments (Witt, Elliott & Martens, 1984). The third component, the social importance of the outcome, or effects of the treatment must be assessed as well. This has been measured in consultation outcome research, but will not be addressed in this study. This study focuses on the second component, the social appropriateness of the procedures, or the process of developing interventions. Specifically, the perceived empathy of the school psychologist and the effects on the acceptability of interventions are examined.

The study of the acceptability of treatment procedures can be conceptualized as social validity research. This research is integral to the understanding and development of behavioral consultation models (Elliott, 1988b).

Acceptability of Consultation Interventions

Acceptability of consultation interventions has been examined in three ways. The first way is examining the effects of behavior problem severity. The second way is examining the effects of the type of intervention, and the third way is examining the relationship between consultant and consultee (Elliott et al., 1984; Kutsick et al., 1991; Witt & Martens, 1983; Witt et al., 1984). The effects of behavior problem severity and the type of intervention are reviewed below.

Severity of Problem Behavior

The behavior problem severity refers to the student's behavior. A series of studies have examined the effects of behavior problem severity and intervention complexity on teachers' acceptability ratings of consultation. These studies have all used the Intervention Rating Profile (IRP). The IRP was developed by Witt and Martens (1983) to assess teachers' perceptions of the acceptability of particular interventions. These studies all use a case study methodology. This format consists of a description of a behavior problem and proposed intervention(s). To increase generalizability of the results, samples from naturalistic settings, or those involved in actual consultation sessions, would need to be collected. Another limitation is the use of preservice teachers who have had less experience working with school psychologists and implementing interventions (Witt & Martens, 1983).

In a two-part study, Elliott et al., (1984) studied the effects of behavior problem severity and intervention complexity on teachers' acceptability ratings of consultation. Seventy-one regular and special education teachers in a graduate teaching course in a large, Midwestern university whose experience ranged from one to 21 years, participated by reading one of nine case studies depicting different levels of intervention complexities and behavior severities, and then completed the Intervention Rating Profile (IRP). Interventions depicted were categorized as positive in the first experiment and negative in the second. The results of the first part of this study showed that acceptability was higher for less complex interventions. Teachers rated the least complex intervention (praise) as the most acceptable treatment for the least severe behavior problem (daydreaming). Further, the most complex treatment (token economy) was rated as most acceptable for the most severe behavior problem (destroying property).

The results of the second part of the study showed that positive interventions were more acceptable than negative (reductive) ones. Positive interventions are designed to increase appropriate behavior while negative interventions are designed to decrease inappropriate behavior. Negative interventions involve the removal of a privilege from a student as a consequence for inappropriate behaviors. For example, a response cost technique is considered negative (reductive). Here a reinforcer, which could be something tangible or a privilege, is taken away from the student when the behavior, which is the focus of the intervention, occurs. The acceptability ratings for negative (reductive) interventions varied significantly with the severity of the target

behaviors. The negative (reductive) intervention, response cost lottery, where rewards are removed from the student for displays of inappropriate behaviors, which is considered to be of medium complexity, was rated as more acceptable than ignoring (least complex) and time-out (most complex). Ignoring (least complex) was rated as the most acceptable intervention for the least severe behavior problem (daydreaming). A limitation of this study is that teachers were sampled from a graduate education course, however, the participants were all teaching at the time of the study. Although participation was voluntary, there was possibly a response bias from those choosing to participate. The authors noted that very little research to date has been done on the negative (reductive) intervention of response-cost lottery. This type of intervention has not been utilized frequently in classrooms. It is possible that the response-cost lottery was rated higher by teachers due to its novelty (Elliott et al., 1984). Again, the case study methodology limits the generalizability of the findings. More research is needed in naturalistic settings.

VonBrock and Elliott (1987) also examined the effects of the behavior problem severity and intervention complexity. They surveyed 216 (81% regular education, 18% special education) graduate teacher trainees, most of whom had more than seven years teaching experience. Teachers were provided with descriptions of the following: a) a behavior problem, either mild or severe, b) an intervention, a token economy, response cost, or time-out, and c) information on the effectiveness of the intervention, either research based outcome information, information on consumer satisfaction or no information about the effectiveness of the interventions. The

Behavior Intervention Rating Scale (BIRS), a scale developed for this study, was used to assess perceived acceptance and effectiveness of the intervention. The BIRS consists of the IRP-15 (Witt & Martens, 1983) and 9 additional items assessing treatment effectiveness. A higher rating means greater acceptance on the BIRS. Results show that teachers' ratings were higher for the token economy and response cost interventions, indicating better acceptance of these interventions. Further, teachers rated interventions as more acceptable when they were provided with research based outcome information on the effectiveness of the intervention, as compared to no information, however, this did not affect their ratings when a severe behavior problem was presented. Rather, ratings on the BIRS were higher for severe problems when no information about the effectiveness of the intervention was provided (VonBrock & Elliott, 1987). This supports previous findings, where the severity of a behavior problem significantly affected teachers' acceptance of interventions. The token economy, a positive intervention, and response cost, a negative (reductive) intervention, were rated similarly, while time-out, another negative (reductive) intervention, was rated as less acceptable and effective. This is in contrast to Witt et al, (1984), where positive interventions were consistently rated as more acceptable.

As discussed earlier, studies have shown that the type of problem the student displays, whether behavioral or academic, affects teachers' willingness to seek help from a school psychologist and follow through with their suggested interventions.

In support of this research, Hughes, Grossman and Barker, (1990) also found teachers were more likely to seek consultation for behavioral rather than academic problems. It is possible that teachers feel more prepared to handle academic problems in the classroom, without seeking assistance, while a psychologist is seen as the one who can provide assistance for a behavioral problem.

Gavrilidou, deMesquita & Mason (1994), surveyed both preservice and experienced teachers in an urban area in Greece. The first group consisted of 65 teachers sampled from 18 schools, and the second group consisted of 55 undergraduate students from a Greek University. Utilizing a similar survey method, teachers rated school psychologists more favorably and were more willing to follow through when a conduct disorder problem was depicted rather than learning or attention problems. Similar to Elliott (1988a), no significant differences were found between preservice and experienced teachers' ratings on the IRP-15. In addition, the results indicated that when school psychologists were perceived as useful, teachers placed more confidence in, and were more likely to follow through with their suggested interventions (Gavrilidou et al., 1994). The authors suggest that a structured interview of the teachers would help in providing more information about their perceptions and acceptance of school psychologists. In addition, they propose more research is needed to understand teachers' views of school psychologists, which in turn could enhance the interpersonal communication in the consultation process (Gavrilidou et al., 1994). Although this study was conducted in Greece, the findings are similar to studies conducted with teachers in the United States.

One study conducted in the United States is Alderman and Gimpel (1996). In this study, the authors examined teachers' perceptions of school psychologists. They surveyed 122 teachers in four school districts in a southeastern state. Both general and special education teachers participated. The questionnaire, which was developed for this study, consisted of 18 items. Teachers were asked the following six questions: a) list the two most disturbing behavior problems they encountered on a regular basis; b) choose from a list of eight behavior problems, two problems which would cause them to seek assistance from a school psychologist, school counselor, another teacher or handle it themselves; c) indicate which behavior problems were not given enough attention in in-service training courses; d) rate the effectiveness on a 7-point scale of consulting with school personnel; e) rank the three most effective sources of support; and f) list the two most effective and two least effective actions of the consultant.

The results indicated that teachers would seek help outside the classroom most often for aggressive behaviors, as opposed to excessive talking, disruptive behaviors, and inattentiveness. Teachers were most likely to handle these latter behaviors by themselves, rather than seek assistance outside the classroom. Teachers also indicated they would choose the school psychologist to assist them with this problem. However, they also felt the most effective way to handle a problem was by themselves. If they did decide to seek assistance, they would choose a colleague first, then the principal. Seeking out the school psychologist was rated as sixth out of seven possible choices provided on the survey.

Overall, these studies report that teachers rated the least complex interventions as more acceptable than the most complex. However, they rated the most complex interventions as more acceptable when the behavior problem was considered severe (Elliott et al., 1984). Teachers perceived school psychologists more favorably and were more willing to follow through with their suggested interventions when a conduct or behavior problem was presented, rather than a learning or attention problem (Gavrilidou et al., 1994). In addition, teachers rated interventions as more acceptable and effective for severe problems, even if no information about the effectiveness was presented. Teachers were most likely to seek assistance for aggressive behaviors, as compared to disruptiveness or inattentiveness. Further, if teachers chose to seek assistance outside the classroom, they rated the school psychologist as sixth out of seven possible choices of school personnel that they would seek assistance from (Alderman & Gimpel, 1996).

Type of Intervention

The second way of studying the acceptability of consultation interventions is examining the effects of the type of intervention. This variable has been shown to affect treatment acceptability. There are two types of interventions generally discussed in the literature, positive and negative (reductive). The goal of a positive intervention, such as reinforcement, is to increase a positive or desirable behavior. The goal of a negative (reductive) intervention, such as time-out, is to decrease an undesirable behavior. Witt and Martens (1983) examined acceptability ratings of consultation services related to the type of intervention. One hundred and eighty

preservice and student teachers enrolled in graduate teaching courses voluntarily participated. Ten teachers evaluated each of the 18 case studies. The case studies consisted of descriptions of a boy with a behavior problem and a choice of one out of six possible interventions. The interventions described were praise, ignoring, home-based reinforcement, response cost lottery, or time-out. The authors developed the Intervention Rating Profile (IRP) to evaluate consultees' perceptions of the acceptability of these interventions. Using the IRP, the authors reported that intervention acceptability depended on the type of problem behavior. Positive interventions which required a low amount of teacher time, (as compared to a medium or high amount of time), applied to a mild behavior problem were rated as most acceptable.

Kazdin (1981) utilized a similar case study methodology which focused on undergraduate students who were not directly involved in the delivery of services to students. The author studied 112 (76 female, 36 male) undergraduates from introductory psychology courses to assess the acceptability and perceived efficacy of treatments. Subjects heard audiotapes including one of two descriptions of a problem child, an aggressive 8-year-old girl, and a 10-year-old boy with Attention Deficit Hyperactivity Disorder. Also included in the tape was a description of the prescribed treatments. After listening to the tape, subjects completed the Treatment Evaluation Inventory (TEI), which is an overall evaluation of the intervention. It consists of 15 items. A factor analysis provided support for the construct validity of the TEI (Kazdin, 1980a).

Positive treatments, including reinforcement and positive practice (described as practicing correct, or positive behaviors immediately after inappropriate behaviors are displayed) were rated as more acceptable than time-out or medication. Acceptability did not vary as a function of the type of case presented. The cases consisted of a choice of a description of an eight-year-old girl diagnosed with Conduct Disorder or a ten-year-old boy diagnosed with Attention Deficit Hyperactivity Disorder. Both cases are examples of severe behavior problems. In a second experiment the author included an additional sample of 112 psychology undergraduates to examine the effect of reported side effects of the treatment on the acceptability ratings. Again, reinforcement and positive practice were rated as the most acceptable treatments. In addition, treatments were found to be more acceptable when paired with weak, rather than strong side effects (Kazdin, 1981). Although this study and Kazdin's related work (1980a; 1980b) were criticized due to the use of college students as subjects, subsequent studies have not reported significantly different results (Elliott, 1988a).

Witt et al., (1984) also examined the effects of the type of intervention; however, they surveyed 180 preservice and student teachers, rather than college students. Ninety percent of the participants were seniors and 25% of the total sample was declared special education majors. They were provided with case descriptions of the behavior problem and intervention. The behavior problem variables had three levels: daydreaming, identified as a "low" problem; use of obscene language, a "moderate" problem; and destroying property, a "high" problem. The intervention

variable also had three levels: an intervention which required no preparation time and less than 30 minutes per day to maintain was identified as a "low" intervention; a "moderate" intervention required one to two hours of preparation time and 30 minutes to one hour each day to maintain; and an intervention requiring one to two hours to prepare and one or more hours per day to maintain was a "high" intervention. Interventions were further classified as positive, in which the goal was to increase incompatible behaviors or negative, where the goal was to reduce the target behavior. Similar to the findings of Kazdin (1981), the authors found positive interventions were rated as more acceptable than negative ones, and were viewed as less risky. No significant effect for the type of behavior problem was found.

In another study that looked at the effects of the type of intervention, Martens, Witt, Elliott and Darveaux (1985) surveyed 54 regular and special education teachers. Utilizing a questionnaire, the authors examined the effects of behavior problem severity, the person responsible for implementing the intervention (teacher or principal) and modality of case presentation (written or videotaped case description). They found interventions were rated as more acceptable when applied to more severe behaviors. In addition, teacher-implemented interventions were rated as more acceptable than principal-implemented. The mode of presentation did not significantly affect teachers' ratings of acceptance.

While Martens et al., (1985) studied the effects of the person responsible for implementing the intervention, among other variables, Broughton and Hester (1993) studied a similar variable, the effects of administrative and community support on

treatment acceptability. In addition, they studied the effects of the type of intervention (positive or negative). Eighty-four (38 male, 46 female) teachers with varying levels of experience participated. Teachers read case descriptions of interventions and completed a rating scale measuring acceptability. Results indicated that higher levels of both administrative and community support, coupled with positive interventions lead to higher treatment acceptability. Overall, positive interventions were rated as more acceptable than negative ones.

Overall, teachers rated positive interventions as more acceptable than negative (reductive) interventions (Elliott et al., 1984; Witt et al., 1984). The former study also found that acceptability of interventions was dependent on behavior problem severity. Both types of interventions were rated as more acceptable when the behavior problem was considered severe, while positive interventions were rated as more acceptable when applied to a mild behavior problem (Martens et al., 1985; Witt & Martens, 1983). Positive treatments, such as reinforcement and positive practice, were rated as more acceptable than time-out or medication. Acceptability did not vary as a function of the type of problem presented. This may be due to the fact that all problems presented were examples of severe behavior problems. As stated earlier, treatments were rated as more acceptable when paired with a severe behavior problem (Elliott et al., 1984).

Teacher-Psychologist Relationship

An essential component of any relationship is the interpersonal skills of both parties involved. The relationship between client and counselor/therapist has been

examined in the clinical and counseling literature; however, little research has been done on the relationship between consultee and consultant in the school psychology literature and how it might affect the acceptability of consultation interventions. There are two ways that the consultant/consultee relationship has been studied: first, the treatment development process and second, analysis of verbal interactions between the consultant and consultee.

Treatment development process.

One of the ways the relationship between teacher and psychologist has been examined in the educational consultation literature is the treatment development process. This is defined as, "The process by which a treatment was developed...either collaboratively between teacher and psychologist, solely by teacher, or solely by psychologist (Kutsick et al., 1991, p. 327). These authors examined the effects of the type of treatment development process on teachers' acceptability of interventions, using these three levels of the variable. Six hundred and four teachers were randomly selected from 1,500 teachers of the total elementary teaching staff of an urban school district in the Midwest. Out of the 604 surveys sent to these teachers, 204 were returned and included for analysis. Eighty-five percent of the final subject group was female. Approximately equal numbers of teachers were included from the six elementary schools and grade levels. Each participant was mailed a case description including a behavior problem, a treatment plan chosen, and description of the process used to develop the plan, either by a teacher and

psychologist collaboratively, a teacher alone, or a psychologist alone. Interventions were either positive (reinforcement) or negative (reductive) (response cost system).

A significant interaction was found between the treatment development process and type of intervention. Negative (reductive) treatments were more acceptable when they were developed in collaboration rather than alone. Interventions developed with the collaborative process were more acceptable than those developed by the psychologist alone or teacher alone. In accordance with previous research, overall, positive interventions were found to be more acceptable than negative (reductive) interventions. Positive and negative (reductive) interventions were rated equally acceptable when they were developed in a collaborative process (Kutsick et al., 1991). This contrasts with previous research where negative (reductive) strategies were found to be less acceptable (Elliott et al., 1984; Elliott, 1988b; Witt et al., 1984). This study found support for the hypothesis that interventions are more acceptable when developed collaboratively. This finding was not affected by the type of intervention, whether positive or negative (reductive). No significant effect was found for the type of behavior problem.

In a more recent study that looked at the effects of the treatment development process, Freer and Watson (1999) compared the acceptability ratings of parent and teacher for conjoint, or collaborative consultation. One hundred eleven parents of elementary school children and 61 elementary and secondary teachers participated in the study. Participants read a list of 17 academic, behavioral, and social/emotional problems selected from the literature and descriptions of behavioral consultation and

the three approaches to behavioral consultation. The three approaches consisted of parent-only, teacher-only, and conjoint. They were asked to choose one of the three consultation approaches which they felt was most appropriate for each of the problems presented. Then, they rated the overall acceptability of each approach. Kutsick et al., (1991) had surveyed teachers to examine the effects of the treatment development process, among other variables. Freer and Watson (1999) extended the research in this area by surveying parents and teachers of elementary school children. Similar to the findings of Kutsick et al., (1991) the authors found conjoint consultation was rated as most acceptable from both parents and teachers for all types of problems presented (Freer & Watson, 1999).

Analysis of verbal interactions.

The second way that the relationship between teacher and psychologist has been examined is by analyzing the verbal interactions of the psychologist and teacher to ascertain who had "control", or who was leading the verbal interaction after each statement. By analyzing the type and amount of control exerted by each participant, the effects of the control on the relationship were studied (Busse, Kratochwill & Elliott, 1999; Hughes & DeForest, 1993; Witt, Erchul, McKee, Pardue & Wickstrom, 1991).

Witt et al., (1991) examined the verbal interactions between eight consultant-consultee dyads. Consultants were doctoral students in school or counseling psychology, and consultees were teachers. Consultation sessions were audio taped, transcribed and coded. Results indicated a significant effect for the role the

participants play in the conversation, with consultants having significantly more topic determinations (78%) than consultees (58%). In other words, consultants made more leading comments than the consultees. The number of topic determinations varied across interviews, suggesting that during different stages of consultation verbal interactions varied. Specifically, the amount of "control" exerted by each person varied. In these dyads, consultees' control increased across interviews from 43 % during the problem identification stage to 65% in the problem analysis and problem evaluation stages. Further, a significant correlation between the level of consultant control and outcome variables was found. The consultees were more likely to implement the treatment, were more willing to collect baseline data, and perceived the consultation as being more positive, according to their ratings on the Consultant Evaluation Form (CEF) (Erchul, 1987), when the consultant took control of the interviews.

In another study that looked at verbal interactions, Hughes and DeForest (1993) analyzed the verbal interactions between 17 consultant-consultee dyads to examine the effects of language on the consultative relationship. Dialog was coded as elicitor (questions) or emitters (statements). Verbalizations were also coded as supportive (agreement, acceptance) or nonsupporitve (negative evaluation, demand). Five consultation sessions were audio taped and coded. They reported that consultees rated consultants as more effective on the CEF (Erchul, 1987) when they emitted supportive statements. Further, consultees' ratings on the CEF were lower when consultants used closed ended questions (Hughes & DeForest, 1993).

While Hughes and DeForest (1993) examined verbal interactions, Rhodes and Kratochwill (1992) studied the effects of the type of language on the acceptance of consultation interventions. Sixty teachers (53 female, 7 male) from 15 public elementary schools in a Midwest metropolitan area were utilized to examine the acceptability of interventions. Participants were introduced to the concept of consultation, viewed a videotape depicting a school psychologist and a teacher in a consultative relationship and rated the acceptability of interventions with the IRP. Teachers rated interventions with the highest acceptability when consultants used technical language and teachers had little involvement in the process. This finding may be in contrast with practical judgment, where it is proposed that clear statements should be easier to understand. The authors concluded that use of technical language might enhance the credibility of the consultant, therefore increasing the ratings of acceptance. Previous research identified the type of language the consultant used as a variable which significantly affects acceptability. In contrast to previous research, differences in consultant language did not cause significant differences in teachers' acceptability ratings (Rhodes & Kratochwill, 1992).

In a more recent study, Busse et al., (1999) analyzed the verbalizations between 26 consultant-consultee dyads. Again, responses were coded as elicitors or emitters. Both parties made more emitting than eliciting statements. This finding supports that of Hughes & DeForest (1993). Consultants exhibited more control, guiding the process by eliciting information from the consultee, however, consultees made more verbalizations overall.

While useful and informative, these two methods of analyzing the relationship between teacher and psychologist failed to explore the teachers' views of the psychologist and how their perceptions of the psychologist affect their acceptance of interventions developed through the consultation process. Further, this research failed to answer one of the questions which drove the current study: what are the essential components of the relationship between teacher and psychologist; and which characteristics of a school psychologist are important to teachers?

An ongoing debate exists in the school consultation literature as to the efficacy of collaborative consultation. Collaboration between the people involved in consultation was seen as an integral part of the indirect service model (Gutkin & Curtis, 1982). Witt (1990b) refuted this by stating that directive, rather than collaborative consultation is more effective. The studies discussed here refute Witt's position, providing evidence for the efficacy of collaborative consultation. These findings support the hypothesis that the important variable is not necessarily control, but rather cooperation. Gutkin (1999) agrees with this position, stating that the collaborative model is more effective than the directive model of consultation. He posits that consultants do not control all consultation sessions, but rather guide the sessions. Therefore, the collaborative model is depicted in the case studies/treatment protocols used in this study.

The previous studies discussed have examined the relationship between client, consultee and treatment development process variables on consultees' acceptability of consultation. In general, consultees are more likely to seek consultation for severe

behavior problems, rather than mild or moderate ones. Positive interventions are rated as more acceptable than negative (reductive) ones, however, this finding was dependent on the severity of the behavior problem. When the behavior problem was severe, negative interventions were rated as more acceptable. Consultees rate interventions which require less time as more acceptable, however, are more willing to engage in time-consuming interventions if the behavior problem is severe, rather than mild. Regarding the treatment development process, negative (reductive) treatments were rated as more acceptable when they were developed in collaboration rather than alone. Positive and negative (reductive) interventions were rated as equally acceptable when they were developed in a collaborative process.

Analysis of the verbalizations between consultant and consultee indicate that the consultant tends to make more eliciting statements, and has more control over the sessions in an attempt to guide the process. In general, consultees were more willing to implement a treatment and perceived them to be more effective when they exhibited control over the sessions in a supportive manner.

Empathy

As mentioned earlier, the research in the school consultation literature did not answer the question about the relationship between teacher and psychologist. Two pilot studies were conducted by the investigator to gain a better understanding of the relationship between teacher and psychologist, to develop an operational definition of empathy, and to validate the use of the case study methodology in assessing the effects of empathy. The first pilot study consisted of informal interviews with

teachers. Teachers consistently discussed the importance of specific personality characteristics of psychologists. The search for a term which included these characteristics brought me to the term empathy. In the second pilot study, a definition of empathy was taken from the counseling psychology literature and used to develop vignettes depicting empathic and non-empathic responses of the consultant. Teachers rated vignettes as empathic if they contained elements of empathy. This pilot study helped to develop an operational definition of empathy, and provided evidence to support the use of the case study methodology in the current study. For a detailed description of these pilot studies, see Appendices A and B. The following discussion of the literature on empathy highlights the importance of extending this research into the school consultation literature.

Examining the treatment development process in the educational literature is one way in which the relationship between consultant and consultee has been examined. As discussed earlier, Gavrilidou et al. (1994) stated the importance of studying this relationship further. A similar type of relationship, the one between client and therapist, has been studied extensively in the counseling psychology literature. In this literature, variables such as empathy, client/therapist relationship, trust, willingness to continue therapy after initial meeting, and client/therapist control have been studied. Evidence of the effect of empathy in the counseling psychology literature gave reason to believe there would be an effect in the educational consultation literature as well.

While considerable research has been conducted on empathy and its importance in the therapeutic relationship, this work has not been applied to the consultant (school psychologist) and consultee (teacher). There are similar components in these two types of relationships. First, one participant (the consultee) is seeking help from the other participant (consultant). Second, one participant is often viewed as the expert in the field of behavior management and interpersonal skills (the consultant). Third, one participant (the consultant) attempts to understand the framework within which the consultee (the teacher) works or feels most comfortable, so the consultant can communicate most effectively with the consultee. Fourth, the emotions experienced during this relationship affect the process and outcome. Fifth, the consultant must be aware of these emotions in order to facilitate the interaction. However, many differences exist as well. For example, the consultant is not a therapist and the focus of consultation is not on the intrapersonal issues of the consultee. Further, the teacher has the role of providing the intervention directly in the classroom and is responsible for the teaching and learning processes, which take place in the classroom. Finally, consultation is a more direct, goal-oriented, focused process than counseling or therapy.

The effects of empathy on the acceptability of consultation interventions has not been studied, therefore, it was of particular interest for this study. In this study, the relationship between teacher and psychologist is studied by examining teachers' perceived empathy of psychologists and its effects on their acceptance of consultation interventions.

Alcorn and Torney (1982) examined the clinical relationships of 14 male and 26 female social workers and their clients. First, participants listened to excerpts from client interviews, which included descriptions of the clients' emotions. They were asked to identify the clients' emotions by choosing from a list of descriptive words. Then they wrote descriptions of their own experiences of emotional states, including fear, anger, happiness, contempt, and depression. The authors found that participants who could describe their own emotions were better at understanding the emotions of others.

In another study that looked at the relationship between client and therapist, Jackson (1984) conducted a study with 30 undergraduate social work students in a practicum course on "Interpersonal Practice." They completed the Kagan Affective Sensitivity Scale (KASS) before and after the seven-week training course on sensitivity. The KASS measures the "perceptual sensitivity to emotions" (Jackson, 1984, p.107). It taps the ability to detect, decode and describe emotional communications. It consists of a film containing 27 vignettes of interpersonal communications and a test booklet where the participants are asked to pick from three choices, the alternative that best describes what the people in the video would say they were feeling and thinking. The authors found that the ability to sense the emotions of others and follow their meanings was related to actual skills in interpersonal communication. The ability to sense the emotions and thoughts of others is an integral component of empathy as defined by Rogers (1975).

While Jackson (1984) examined the effects of the ability to sense the emotions and thoughts of others, Peabody and Gelso (1982) examined the effects of clients' perceptions of the therapists' empathy in particular. Twenty-two male doctoral students in counseling psychology or clinical psychology programs, acted as the counselors, and 22 female undergraduate volunteers from an introductory psychology course, acted as the clients. The participants engaged in one one-hour counseling session and then the volunteers completed the Barrett-Lennard Relationship Inventory (BLRI). They found that counselors who were rated higher in empathy, were perceived as more open to the feelings of the client and less likely to react negatively to them.

Another interpersonal skill which affects perceptions of empathy, is active listening. It is described as an action which is derived from the construct of empathy and is an integral part of empathy (Miller, Hedrick & Orlofsky, 1991). White and Pryzwansky (1982) conducted a study with 12 resource room teachers (acting as consultants) in an elementary school in a large school district in North Carolina. Half of the teachers received training in communication skills including active listening, "I" messages, and behavioral goal setting. The other half received a two-hour workshop on the underlying assumptions of the collaborative model of services. Regular education teachers, with whom the resource teachers were consulting, rated their relationship. The authors found teachers' perceptions of consultants' empathy was higher when consultants had received training in active listening (White & Pryzwansky, 1982).

In summary, individuals who are able to describe their own emotions are better at understanding the emotions of others (Alcorn & Torney, 1982). The ability to sense the emotions of others and active listening are considered to be integral parts of empathy (Jackson, 1984; Miller et al., 1991). Individuals perceived as having more empathy are perceived as being more open to the feelings of others (Peabody & Gelso, 1982). Finally, when consultants receive training in active listening, they are perceived as more empathic by consultees (White & Pryzwansky, 1982).

Perceived consultant effectiveness

The most frequently used method to measure empathy has been observer ratings (Miller et al., 1991). While many scales have been developed to measure the verbal responses in therapist/client relationships, few scales have been developed measuring the perceived effectiveness of the consultant in the consultative relationship. Evidence of the importance of empathy in this relationship has been identified through research on the Consultant Effectiveness Scale (CES). In addition to measuring empathy, this scale measures interpersonal skills, problem solving skills, consultation process and application skills and ethical and professional practice skills of the consultant. The development and psychometric properties of the CES will be discussed later in the Measures section.

Rationale for Study

This study extends the research on consultees' acceptance of consultation interventions by examining three variables related to teacher acceptance of interventions: two independent variables, type of intervention and perceived presence

or absence of empathy in the verbal interactions between school psychologists and teachers; and one moderating variable, perceived consultant effectiveness. It has been shown that the type of intervention plays a role in the acceptance of consultation interventions. Although the effects of empathy on the relationship between the client and therapist have been studied extensively in the counseling psychology literature. few studies have examined its effect in the school consultation literature. Therefore, the current study extends this research. Case studies (treatment protocols) are presented in which two variables are manipulated, the type of intervention (positive or negative), and the presence or absence of empathy in the verbal interactions between teacher and school psychologist. The effects of these manipulations are examined with a measure of teachers' acceptance of interventions, the Intervention Rating Profile (IRP-15). There is also some evidence that teachers' ratings of acceptance may be influenced by their overall perceptions of consultant effectiveness. Therefore, the Consultant Effectiveness Scale (CES) is used to examine whether teachers' overall perceptions of consultants may moderate the influence of the other two variables.

Hypotheses

Based on this rationale and review of the literature, three hypotheses are tested:

H_1: Negative interventions will be rated as more acceptable than positive interventions. The case studies (treatment protocols) vary by containing a positive or

negative intervention. The positive intervention is a token reinforcement system and the negative intervention is time-out.

H_2: Responses with empathy present in the verbal interactions between teacher and psychologist will be rated as more acceptable than responses which do not contain empathy. Empathy is defined as being nonjudgmental, listening actively, repeating what the other person says and communicating your understanding of these responses (Rogers, 1975).

For both hypotheses one and two, the dependent variable is teachers' ratings of acceptance of interventions, as measured by the Intervention Rating Profile (IRP-15).

H_3: Teachers' overall perceptions of the effectiveness of consultants may influence their ratings of acceptance of consultation interventions.

Teachers' perceptions of consultant effectiveness are measured by total scores on the Consultant Effectiveness Scale (CES).

CHAPTER 3: METHODS AND PROCEDURES

In this chapter, the methods and procedures for this study are presented. The participants, measures utilized, procedures for data collection, and the method of data analysis are discussed.

Participants

The sample consisted of 93 regular education teachers from public elementary schools in suburbs of New York City. The schools consisted of kindergarten through grade five in two middle to upper-middle class communities.

Two hundred and fourteen surveys were distributed to seven elementary school faculties. These schools were selected when each districts' Superintendent invited the investigator to conduct research in their school district. One hundred and five (49%) participants completed and returned Part I of the survey and were then administered Part II of the survey. Finally, 94 participants (44%) completed and returned Part II of the survey. One incomplete survey was excluded from the analyses with the resulting total sample of 93 participants.

Descriptive statistics on demographic data were obtained. The results revealed that the sample consisted of 4 (4.3%) male and 89 (95.7%) female teachers. Twenty four (25.8 %) participants were between the ages of 21-30; 23 (24.7%) participants between 31 and 40; 20 (21.5%) participants between 41 and 50; 22 (23.7%) participants between 51 and 60; one (1.1%) was 61 or older; and three (3.2%) participants did not report their age (see Figure 2). Data on the highest degree obtained (see Figure 3) indicated that four (4.3%) participants held a B.S. or B.A., 26

(28.0%) held a master's degree, and 63 (67.7%) held a master's degree plus advanced credits. Data on the current grade level taught (see Figure 4) showed that 13 (14.0%) teachers taught kindergarten, 14 (15.1%) taught first grade, 20 (21.5%) second grade, 19 (20.4%) third grade, 17 (18.3%) fourth grade, and ten (10.8%) taught fifth grade. Data on the number of years of experience (see Figure 5), showed that 19 (20.4%) teachers had been teaching between one and five years, 30 (32.3%) between six to ten years, 13 (14.0%) between 11 and 15 years, 10 (10.8 %) between 16 and 20 years, and 21 (22.6%) teachers indicated they had taught more than 20 years.

Independent Variables

There are two independent variables, which are embedded in the case studies (treatment protocols). The first independent variable is the type of intervention, either positive or negative (reductive). The positive intervention, designed to increase target behaviors, involves token reinforcement. Here, a token is used as a reinforcer when positive behaviors are displayed by the student. At the end of a time period (e.g., a day), the student can "cash" the tokens in to receive a tangible reward (e.g. pencils, notebooks or free time in class). The negative (reductive) intervention, designed to reduce undesirable behaviors, consists of time-out. Each time the student exhibits the targeted, undesirable behavior, he or she is placed in a secluded area (e.g., the corner of a classroom) for a specified period of time (one minute per year old).

The second independent variable is the presence or absence of empathy in the verbal interactions between the teacher and school psychologist depicted in the case studies (treatment protocols) (See Appendices B and C for examples).

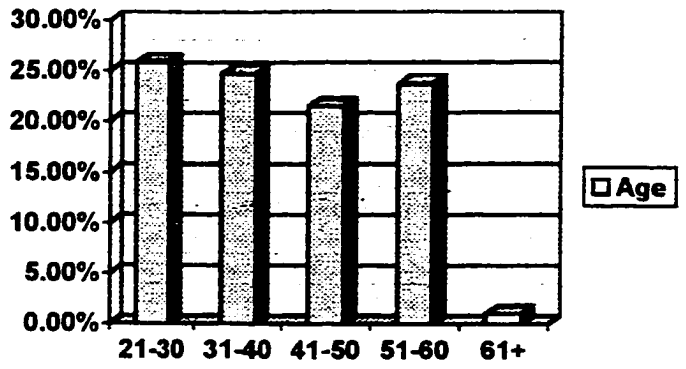

Figure 2. Age of participants.

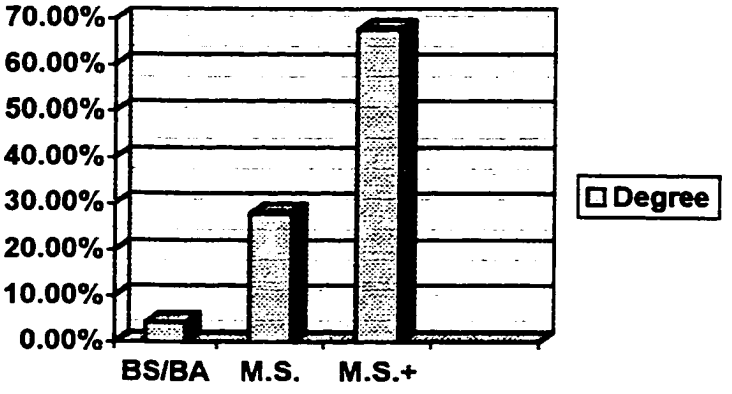

Figure 3. Highest degree obtained by participants.

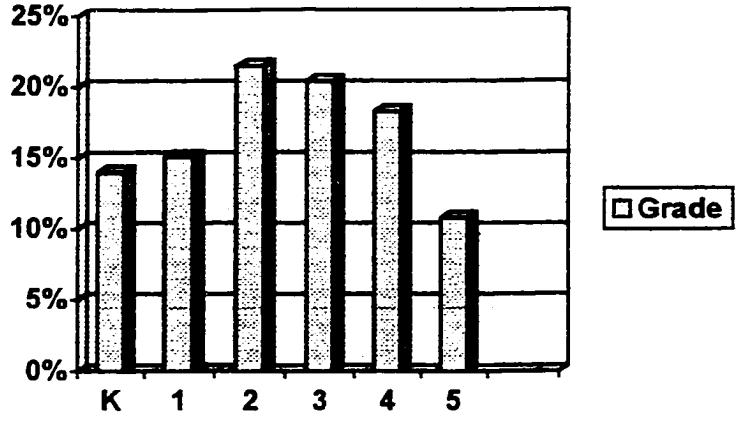

Figure 4. Current grade level taught by participants.

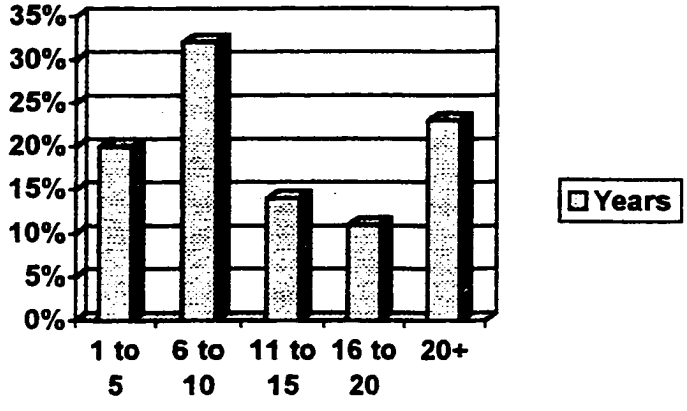

Figure 5. Number of years of experience teaching of participants.

Development of Case Studies/Treatment Protocols

The case studies were constructed to manipulate the independent variables of type of intervention and presence or absence of empathy. Two pilot studies were conducted to begin the development of the case studies (treatment protocols). The first pilot study consisted of interviews with teachers, where the purpose was to develop an understanding of teachers' views of a school psychologist. In the second pilot study teachers rated case studies which had been developed for the current study. The purpose of this pilot study was to develop an operational definition of empathy using terms which were familiar to, and utilized often by teachers. For a detailed description of the development, pilot studies, and components of the case studies (treatment protocols), see Appendix C.

Measures

The measures used in this study are: the demographic survey, which measures identifying information of the participants; the Consultant Effectiveness Scale (CES), which measures the covariate; and the Intervention Rating Profile-15 (IRP-15), which measures the dependent variable of teachers' acceptability of the variables manipulated in the case studies (treatment protocols).

Demographic Form

The demographic form (See Appendix D) asked teachers to report their gender, age, highest degree obtained, grades taught in the past, grade currently teaching, whether the position is regular or special education, and number of years

experience. Teachers were also asked if they had consulted with a school psychologist in the past and if yes, how often?

First, these questions were used to assure the inclusion of regular education teachers only in the analysis. Second the information was used to provide descriptive information about the participants' age, gender and level of experience in the discussion of the results.

Perceived Consultant Effectiveness (Covariate)

The interactive effects of perceived general consultant effectiveness on the type of intervention and the perceived empathy of the school psychologist were studied. Overall perceptions of the effectiveness of school psychologists as consultants were measured using a total score on the Consultant Effectiveness Scale. It was hypothesized that the effects of the independent variables may have less of an impact on teachers who have lower perceptions of consultants. For example, teachers who did not perceive empathy as an important characteristic of the psychologist would rate empathic and non-empathic case studies similarly.

The Consultant Effectiveness Scale (CES) developed by Knoff, McKenna and Riser (1991) assesses the perceived characteristics and skills of effective consultants. Knoff et al. (1991) originally identified characteristics and skills of consultants by conducting standardized interviews with school psychologists in the Tampa, Florida area and reviewing the consultation literature. Content analyses of the interviews were conducted, resulting in a list of descriptors describing an effective consultant. From this, an experimental survey was developed, consisting of 75 items using a 7-

point Likert scale ranging from Extremely Unimportant (1) to Extremely Important (7).

Knoff, McKenna and Riser (1991) designed a study to empirically validate the CES. The sample consisted of school psychological/consultation experts from 209 school psychology programs in the country (university-based trainers and faculty members who teach consultation courses) and 634 practitioners (randomly selected from the mailing list of the National Association of School Psychologists). One hundred and seventy-seven usable surveys were collected from the expert sample and 307 usable surveys from the practitioner sample. Five factors were found for the practitioner sample: Consultation Process Skills; Expert Skills; Intrapersonal Characteristics; Interpersonal Skills; and Consultant Directiveness. The factors for the university sample were identified as: Consultation Process Skills; Expert Skills; Personal Characteristics; Interpersonal Skills; and Professional Respect.

A second study was conducted to validate and further develop the CES (Knoff, Sullivan & Liu, 1995). The authors surveyed 324 teachers in a public school district in central Florida utilizing the CES. Two factors emerged: Consultant Knowledge, Process, and Application Skills (Factor I); and Consultant Interpersonal and Problem-Solving Skills (Factor II). The items rated as most important were: maintains confidentiality, trustworthy, knowledgeable in the area of expertise, skillful in the area of expertise, practices in an ethical manner, attentive, an active listener, emotionally well adjusted, and objective. The authors further investigated the effects of teachers' professional and demographic characteristics on their CES responses.

They found teachers with higher degrees and those with more teaching experience rated Factor I items as more important to effective consultation, possibly indicating that more experience may have a positive impact on teachers' perceptions of the importance of consultation. In addition, no significant differences were found between teachers with more teaching experience on Factor II . This may indicate that interpersonal skills are considered important, regardless of age or educational level.

Finally, Knoff et al., (1 995) conducted a third validation study on the CES. Two hundred and twenty five school psychologists who were participating in school psychology conferences were subjects. They were randomly assigned to two groups in which two CES forms were presented in a counterbalanced format. Participants were asked to think about the least *or* most effective consultant they had worked with, and then complete the CES items. The final CES consists of 52 items organized into four factors: Interpersonal Skills; Problem-Solving Skills; Consultation Process and Application Skills; and Ethical and Professional Practice Skills. These factors were chosen based on the results of the factor analyses, and their relationship with the existing consultation literature.. In addition, the items significantly discriminated between more effective versus less effective consultants. Empathy was rated as having the highest loading on the Interpersonal Skills factor, which consists of 24 items. In addition, showing respect, being trustworthy, approachable, encouraging, pleasant and having a positive attitude received the highest ratings on this factor.

Further evidence for the validity of the CES was demonstrated in this study. Positive interfactor correlations among the four factors were found. The correlations were as follows:

	Factor 2	Factor 3	Factor 4
Factor 1	.35	.17	.22
Factor 2		.39	.39
Factor 3			.23

These positive correlations indicate that the factors reflect separate, but related components of consultation (Knoff et al., 1995). Although the scale consists of four factors, the total score was used in this study. Further, internal consistency reliabilities were calculated using Cronbach's Alpha Coefficient. The internal consistency reliabilities for the four factors were as follows: Factor I (.95); Factor II (.89); Factor III (.88); and Factor IV (.81). These suggest a high degree of response consistency among items within factor scales. In addition, the reliability, using Cronbach's alpha, was calculated for the total scale using the responses from the current study. Strong evidence for the reliability of the total scale was found, α = .96. It should be noted that the item measuring empathy loaded on Factor I, indicating that this scale adequately measures perceptions of this variable.

An analysis of the demographic form showed 92 (98.9%) participants had engaged in consultation with a school psychologist, while 1 (1.1%) teacher had not engaged in consultation. This provided further evidence that the teachers had prior

experience, and therefore, some knowledge of the consultation process presented in the CES.

Dependent Variable

Teachers' acceptance of interventions is measured as the dependent variable. Acceptability is assessed by the Intervention Rating Profile-15 (IRP).

Acceptability

The Intervention Rating Profile (IRP) was developed by Witt and Martens (1983), to assess teachers' perceptions of the acceptability of particular interventions. It was originally a 20-item scale (IRP-20). The original factor analysis resulted in five factors. Further exploration suggested the presence of one primary factor, accounting for 41% of the overall variance. This factor reflected a general concern for the appropriateness of the intervention. Four secondary factors were found reflecting concerns for the amount of imposed risk for the child, amount of teacher time required for implementation, the effect of the intervention on other children, and the amount of teacher skill needed for successful implementation of the intervention. This scale was then revised to consist of 15 items (IRP-15), eight of which are new and 7 of which are from the IRP-20 (see Appendix E). These items assess the appropriateness, time constraints, risk, and adverse effects, if any, of interventions. They are scored on a 6-point Likert-type scale with responses ranging from "Strongly Disagree" to "Strongly Agree." This alternate version has a simplified factor structure, with factor loadings ranging from .82 to .95 on a single factor reflecting general acceptability. Martens et al., (1985) found teachers differentially rated two

interventions utilizing the IRP-15. Reliability of the IRP-15 was found to be .98 (Witt & Martens, 1983).

Procedures

The procedure consisted of the following three steps:

Step 1:

An explanation of the study was provided to the district Superintendents (See Appendix D), permission was obtained to approach elementary school teachers in the district, and a district consent form was signed (See Appendix D).

Step 2:

Once permission was obtained from the district Superintendent, the investigator met individually with the principals in the elementary schools to discuss the purpose and requirements of the study. Again, an oral presentation and a written summary of the study were provided. The time required for the data collection and the survey were discussed. The investigator arranged with the principals to meet with the teachers on two occasions.

Step 3:

During the first faculty meeting in each school, a brief summary of the study was presented and informed consent forms were disseminated (Appendix D). Teachers were instructed to sign the consent forms if they agreed to participate. Then, consent forms were collected and an identification number was assigned and written on the top right hand corner of the consent form. This was done to assure matching across the two data collection meetings. To assure confidentiality of the

participants, this was the only place where the participants' names and identification numbers were on the study materials. The consent forms were kept separately in a locked file cabinet after the first data collection meeting.

Step 4:

Teachers who agreed to participate were handed an envelope with an identification number on it. This contained a demographic form and the CES, which both had the same number on them (See Appendix D). These took approximately 15 minutes to complete. When the participants completed the forms, the investigator collected the envelopes and thanked them again for their participation.

Step 5:

After the first data collection meeting, the investigator compiled a master list consisting of participants' names and identification numbers. Participants' names were written on pieces of paper which were attached to the outside of the envelope containing the materials for the second data collection meeting. Participants were randomly assigned within schools to treatment conditions using a table of random numbers. The appropriate treatment protocol was placed in each envelope in preparation for the second data collection. Participants were included in the analysis if they completed and returned both parts of the survey. As discussed in the Participants section, 214 surveys were distributed, however, 93 surveys were returned with complete data. This resulted in an unequal number of participants in each treatment condition in the total sample.

Step 6:

In order to minimize carry-over effects between the two data collection meetings, the investigator returned two weeks later to complete the second part of the data collection. At this time, teachers were handed the envelope with the matching identification number from the previous session. As the investigator handed the envelopes to the participants, the pieces of paper with their names on it were removed from the envelope and thrown away. In the envelope were the treatment protocol and the IRP–15 which both had the same identification number on them (See Appendix E). Again, the investigator collected the envelopes after the participants completed the forms.

Method of Data Analysis

The effects of the two independent variables, type of intervention and empathy, were examined for their effects on the dependent variable, scores on the IRP-15, as a measure of teachers' acceptability of the intervention. The covariate, teachers' perceptions of consultant effectiveness, as measured by total scores on the Consultant Effectiveness Scale (CES), was examined for its relationship to the type of intervention and empathy. A 2x2 Analysis of Covariance (ANCOVA) was used to investigate the relationships among the scores on the CES as the covariate, the two independent variables of empathy and type of intervention, and the IRP-15 as the dependent variable.

CHAPTER 4: RESULTS AND DISCUSSION

Results

Hypotheses

In the current study, three hypotheses were tested. The first hypothesis was:

H_1: Negative (reductive) interventions will be rated as more acceptable than positive interventions. This hypothesis was tested by contrasting teachers' ratings of acceptance of interventions, as measured by the IRP-15, for positive and negative interventions. The results of the ANCOVA showed no significant differences in teachers' ratings for type of intervention.

The second hypothesis was:

H_2: Responses with empathy present in the verbal interactions between teacher and psychologist will be rated as more acceptable than responses which do not contain empathy. This hypothesis was tested by contrasting teachers' ratings on the Intervention Rating Profile (IRP-15), for interventions with the presence or absence of empathy in the verbal interactions between teacher and psychologist. The results of the ANCOVA showed no significant differences in teachers' ratings for the presence or absence of empathy.

The third hypothesis was:

H_3: Teachers' overall perceptions of the effectiveness of consultants may influence their ratings of acceptance of consultation interventions. This hypothesis was tested by using the Consultant Effectiveness Scale (CES) as a covariate in the ANCOVA.

The results of the ANCOVA showed there was no significant effect of the CES as a covariate.

Analysis of Covariance

Analysis of Covariance was performed to determine whether the type of intervention and presence or absence of empathy had an effect on teachers' acceptance of interventions. An alpha level of .05 was used for all statistical tests. Scores on the CES, which indicate teachers' perceptions of the effectiveness of consultants, were used as the covariate. Table 1 summarizes the 2-way ANCOVA, showing the effects of the type of intervention, empathy, and the interaction of the type of intervention and empathy, controlling for CES. The F values for these three effects are: Empathy $F(1,88) = 1.401$, $p = .240$; Type of Intervention $F(1,88) = .445$, $p = .507$; Empathy x Intervention Interaction $F(1,88) = .549$, $p = .461$. None of these effects were significant.

The first hypothesis that negative interventions would be rated as more acceptable due to the fact that a severe behavior problem was presented was not supported. No significant effect for the type of intervention was found. Overall mean intervention ratings for the positive intervention were slightly higher than ratings for the negative (reductive) intervention. The nonadjusted means are shown in Table 2. The second hypothesis that empathic responses would be rated as more acceptable than non-empathic responses was also not supported. The mean ratings for empathic responses were slightly higher than the ratings for non-empathic responses (see Table 2). The third hypothesis, regarding the interactive effects of the overall perceptions

of the effectiveness of consultants, was not supported. The covariate (CES) was only marginally related to the dependent variable, having an F value of 2.535, p = .115. An ANOVA performed without the presence of the covariate also was not significant (See Table 3). In addition, for the total sample, scores on the covariate (CES) ranged from 192 to 260, with a M of 238.22 and a SD of 18.13. Scores on the IRP-15 ranged from 23 to 89, with a M of 58.45 and a SD of 17.30. The correlation between the CES and the IRP for the total sample was r = .147, p = .16.

Table 1

Analysis of Covariance for Teachers' Ratings of Acceptance

Source	df	MS	F	p
Empathy	1	418.396	1.401	.240
Type of Intervention	1	132.866	.445	.507
CES	1	757.287	2.535	.115
Empathy x Intervention	1	164.137	.549	.461
Residual	88	(298.728)		

Note. Values enclosed in parentheses represent mean square errors.

Table 2

Descriptive Statistics for Teachers' Ratings of Acceptance by Type of Intervention and Empathy Conditions*

	Empathy		
	Presence	Absence	Total[a]
Type of Intervention			
Positive	M = 59.54 SD = 17.14 n = 24	M = 59.13 SD = 18.46 n = 30	M = 59.31 SD = 17.72 n = 54
Negative (Reductive)	M = 60.47 SD = 16.31 n = 19	M = 54.20 SD = 17.19 n = 20	M = 57.26 SD = 16.85 n = 39
Total[b]	M = 59.95 SD = 16.59 n = 43	M = 57.16 SD = 17.95 n = 50	

[a] Combined across type of intervention conditions.
[b] Combined across empathy conditions.
* Means are nonadjusted.

Table 3

Analysis of Variance for Teachers' Ratings of Acceptance

Source	df	MS	F	p
Empathy	1	251.359	.827	.366
Type of Intervention	1	90.133	.297	.587
Empathy x Intervention	1	193.672	.637	.427
Residual	89	(314.543)		

Note. Values enclosed in parentheses represent mean square errors.

Discussion

Analysis and Interpretation of Results

This study examined the effects of the type of intervention and empathy of the school psychologist on teachers' acceptance of interventions. In addition, the effect of teachers' perceptions of effective consultants on their acceptance of interventions was examined. The present results indicate that teachers' acceptance of interventions was not affected by their overall perceptions of consultants, the type of intervention, or empathy of the school psychologist.

The first hypothesis stated that teachers would be more accepting of negative interventions, and therefore, rate them higher when a severe behavior problem was presented. Previous studies found that teachers' were more accepting of negative interventions when a severe behavior problem was presented. (Elliott et al., 1984; Witt & Martens, 1983). This finding was not supported in the present study. In this study, a severe behavior problem was presented using a case study method, as had been done in previous studies (Elliott et al., 1984; Kutsick et al., 1991; Witt & Martens, 1983). In addition, the behavior problem description was piloted to provide evidence for its content validity. Despite these efforts, it is possible that the description of the behavior problem was not detailed enough to create a clear picture for the teachers. Therefore, the teachers might not have identified the behavior problem as being severe.

It could be implied from this finding that teachers may not be more accepting of interventions when a severe behavior problem is presented. It is possible that

individual differences exist within teachers' perceptions of behavior problems. For example, teachers' prior experiences with children's behavior problems may affect their perceptions of severity and in turn, affect their perceptions of appropriate interventions for such problems. In addition, teachers' prior experiences with different socioeconomic groups may affect their perceptions of behavior problem severity. Much of the research on the behavior problem severity discussed earlier sampled graduate teacher trainees from Mid-western states. Information regarding the socioeconomic status of their students was not provided.

The second hypothesis stated that teachers would be more accepting of scenarios which depicted empathic, rather than non-empathic responses of the school psychologist. Previous research on empathy has been conducted in the counseling and clinical psychology literatures. This research showed that empathy was an integral aspect of the client/therapist relationship. In addition, when empathy or elements of empathy existed in an interaction, clients perceived therapists as having better interpersonal skills and were less likely to react negatively to them. The current study attempted to extend the research on the client/therapist relationship in the clinical and counseling psychology literatures to the school psychology literature. Although studies have shown that empathy is an important element in the client/therapist relationship, this study did not support the hypothesis that this would extend to the teacher/psychologist relationship. The present results indicate that teachers' acceptance of interventions was not higher when an empathic response from the psychologist was presented in the scenario.

There are many interpretations of this finding. First, it is possible that the case study (treatment protocol) was not sensitive enough to convey the construct of empathy in a concrete manner. In order to develop an operational definition and determine how to translate the components of the definition of empathy into a case study format, the empathy scenarios were piloted. Strong evidence was found for the validity of the scenarios as an appropriate method of assessing empathy. Despite this, it is possible that the treatment protocols did not clearly discriminate for the participants, between empathic and non-empathic responses. Teachers may not have had a clear understanding of what an empathic response consisted of. They may have viewed an empathic response as concrete help. Individual differences in their preconceived understanding of this construct may have confounded these results.

Second, although there are many similarities in these two types of relationships, the teacher/psychologist relationship does not completely parallel that of the client/therapist. While most teachers reported that they had consulted with a psychologist in the past, many of them said they had done so infrequently. It would be difficult for a teacher to build a trusting relationship with a psychologist if they were not working together frequently.

Third, research has shown that teachers do not rely on psychologists as their first source of assistance for problems in the classroom (Alderman & Gimpel, 1996). If teachers do seek assistance from a psychologist, it appears to be on an infrequent basis. This is likely to make it difficult to form the same type of secure bond which is

formed between a client and a therapist who work together on a weekly basis to solve a problem.

Fourth, in examining the items on the CES, one item in particular may shed some light on the study results. Responses to item number two showed that teachers believe that empathy was a very important characteristic of a psychologist in consultation. Teachers did not, however, transfer these beliefs into their ratings of the treatment protocols. There is often a difference between individuals' knowledge, beliefs, and behavior.

The third hypothesis stated that teachers' overall perceptions of consultants would have an interactive effect with the type of intervention and empathy, on their acceptance of interventions. This finding was not supported. Teachers' overall perceptions of consultants, as measured by total scores on the CES, did not have an effect on ratings of acceptance when the type of intervention and empathic response were varied. It is possible, that due to the exploratory nature of the CES, a clear relationship between teachers' perceptions and the independent variables was not found. This study attempted to extend the current literature on the CES to examine teachers' perceptions of school psychologists as effective consultants. Based on teachers' ratings of acceptance, it appears there was no discrimination between empathic and non-empathic responses embedded in the treatment protocol.

Limitations of the Study

Since the inception of inclusion in the educational system, the importance of consultation has been highlighted. It has been seen as an essential method of service

delivery in a time when more services for students and teachers are needed from fewer psychologists (Bradley-Johnson, Johnson, & Jacob-Timm, 1995)). Research has shown, that although scientists continually posit the importance of consultation, individual differences in practitioners' views of consultation varies (Reschly, 1988). Reschly posited that consultation consists of a problem-solving approach, utilizing rapport, empathy and problem clarification, while some practitioners posit that consultation consists of psychologists developing behavior charts for teachers to complete and return to them for analysis. In this study, teachers were instructed that the purpose of this study was to "...examine the interpersonal relationship between regular education elementary teachers and school psychologists involved in consultation..." It is possible that due to the lack of a clear definition, individual differences within teachers' views of consultation may have confounded their ratings of acceptance.

Another limitation of this study is the use of a case study methodology. Specifically, both variables were embedded in a case study (treatment protocol). The contrived nature of this format limits the generalizability of the results. It is possible that the addition of a post-treatment manipulation check would permit some evaluation of the validity of the case studies (treatment protocols). This would be used to ascertain whether or not the participants had read the case study (treatment protocol) in its entirety, and if so, their level of understanding of the information presented. Methodologically, this would help strengthen interpretations of the results. Although the interventions used in this study were previously used in the literature as

well as in practice, upon reflection, it is possible that teachers' perceptions of token reinforcement (as burdensome and not feasible in a regular classroom setting) may have affected their ratings of acceptance. There could also be a post-treatment manipulation check on teachers' acceptance of the particular intervention presented in the case studies (treatment protocols). Here teachers would be asked if they would implement the suggested intervention in their classroom, and if not, why?

Further, as is often true with survey research, the return rate of 44% may have resulted in a biased sample. Due to the voluntary nature of this study, participants' responses may have varied from individuals who chose not to participate or did not complete the survey.

Revisions to the presentation of the case study (treatment protocol) might enhance the manipulation of the independent variables. This was in contradiction to the pilot data. During the second pilot study, teachers were directly asked to indicate if a response was empathic, and if so, to indicate the degree of empathy on a scale from one to five, with one indicating "Little Empathy" and five indicating "Very Empathic" (See Appendix B). In this pilot study teachers were able to discriminate between empathic and non-empathic responses depicted in case studies when they were directly asked to rate both types of responses. However, in the current study where teachers were not directly asked to rate the presence or absence of empathy, it appears there was no discrimination between empathic and non-empathic responses embedded in a treatment protocol based on their ratings of acceptance. For example, one teacher in the pilot study who had read a description of a non-empathic response

from the school psychologist, commented that the school psychologist was "mean and rude," indicating an understanding of a non-empathic response.

In the current study, one teacher made a comment on the clarity of the behavior problem description. She commented that the behavior problem description was not lengthy enough. She further stated that she would require a more detailed discussion between the teacher and school psychologist before she implemented an intervention. It is possible that more in-depth descriptions of both independent variables would have increased the treatment protocol's sensitivity. In addition, another format such as videotapes, to present the independent variables, might make the presentation more concrete and enhance their content validity.

There were also some difficulties with the data collection. The author of this study collected the data. A double blind methodology would have increased the validity of the results. It is possible that participants reported socially desirable responses based on the fact that the investigator presented herself as a school psychologist conducting research on the relationship between teachers and school psychologists involved in consultation. The social desirability may have confounded teachers' responses. Further, the sample consisted of selected faculties from two school districts. A small amount of attrition occurred between the first and second parts of the data collection. As stated earlier, 105 participants returned the first part of the survey, while 93 participants returned completed surveys used in the analyses. Future research should include the collection of data from randomly selected schools from different geographic regions, conducted by double blind experimenters.

The population may not be representative of the populations used in previous studies in which significant results were found. Many of the studies sampled graduate teacher trainees or in-service teachers, rather than experienced teachers. It was unclear as to whether the graduate students were full-time students or were currently teaching while attending graduate courses. It is possible that the results of these earlier studies are not generalizable to experienced teachers.

Educational Implications

Results of this study have implications for school psychologists and teachers. Existing research has focused on teacher variables involved in school consultation, while only limited research has focused on the relationship between the teacher and psychologist in consultation. Survey research has been conducted by school psychologists, assessing the essential elements of consultation and characteristics of effective consultants. Research considering teachers' views of the psychologist is limited. This study attempted to assess the impact of the type of intervention and a relationship variable, empathy on teachers' acceptance of consultation interventions. In addition, it attempted to assess the interactive effects of teachers' perceived effectiveness of the consultant on these variables.

In order to engage in productive consulting relationships, the consultant and consultee should be aware of factors which enhance the effectiveness of the relationship. It was the goal of this study to further the understanding of these processes. This study highlighted the need for further examination of the relationship between teacher and psychologist in consultation and its effects on the acceptance of

interventions. Teachers reported that empathy was an important characteristic of a consultant, however, it appears that they did not perceive the presence or absence of empathy in the case studies. Based on this, further research into the relationship between empathy and the acceptability of proposed interventions in a consultative relationship is also needed. Furthermore, measures to assess empathy and its impact on relationships within the school setting, should be developed. Results of this study support the view that the teacher/psychologist relationship differs from traditional therapeutic relationships. As a result, additional insight into interactive relationships within the school setting would enhance the school psychologist's effectiveness in consultative relationships.

There are also implications regarding the definition of consultation. Research has shown that confusion exists surrounding the role definition of a school psychologist. In order to rate the perceived importance of characteristics of a consultant, a teacher must have a clear understanding of the role the consultant plays in the educational system. Teachers are educated to teach and deal with problems in the classroom in a concrete, task analysis manner. Psychologists are educated to be understanding and empathic; to decipher underlying behaviors. Research has chronicled the gap between these roles and the efforts undertaken by the field of school psychology to bridge this gap. It is possible that differing views of consultation and consultants confounded teachers' perceptions of effective school psychologists.

As previously stated, research has shown that when teachers seek assistance outside of the classroom, they do not rely on psychologists as their first source of help. If teachers do seek assistance from a psychologist, it appears to be on an infrequent basis. It could be assumed that when teachers finally seek the help of a consultant, they want the problem "fixed." They may be less concerned with how it is done and more concerned with being provided concrete, applicable strategies to help "fix" the problem. This demands more of an emphasis on the outcome, rather than the interactive process, or relationship between the teacher and psychologist.

Further, the educational system has not created a climate in which clinical relationships, such as the one between client and therapist are encouraged. It has been posited that forming a clinical relationship is not the task of the school psychologist. Rather, they should focus on more task-oriented activities. For example, school psychologists conduct counseling, rather than therapy. The practice of school psychology in general, and consultation in particular, is much more concrete and task-oriented, while the practices of clinical and counseling psychology are more therapeutic and relationship-oriented. Herein lies the basic difference between these fields of psychology. In order to be an effective consultant, the school psychologist must create a delicate balance between the task-oriented field of education and the relationship-oriented field of psychology. Additional research is needed to compare relationships in these fields and provide insight into the needs of teachers.

Implications for Future Research

As stated earlier, future research is needed in the applied setting to examine the interpersonal relationship between the teacher and psychologist. Significant findings may result from the assessment of this relationship in a naturalistic setting, perhaps presented by a videotape of the treatment development process between teacher and school psychologist, rather than using a case study format. In addition, a naturalistic setting would enhance the generalizability of the results.

It is possible that teachers do not have faith in psychologists as effective developers and implementers of acceptable strategies. Teachers were able to identify which characteristics of a consultant were important to them, however, the survey did not indicate if the psychologist working with them had any or all of these qualities. Therefore, it is possible that the teachers imparted their perceptions of previous interactions with psychologists on their responses to this survey. In other words, if they had positive perceptions of psychologists in general, they may have rated the interventions as more acceptable. On the other hand, if their preconceived perceptions were negative, they would have rated the interventions suggested by the psychologist negatively. The measure used in this study, assessed perceptions of effective consultants in general, rather than measuring teachers' perceptions of specific consultants they have worked with. Future research should examine the effects of previously held perceptions by obtaining more information about teacher's individual interactions with school psychologists. For example, the type and frequency of consultation should be examined with respect to the effects on their

overall acceptance of interventions. Further, teachers' acceptance of specific interventions, which are developed in response to different behavior problems and their willingness to implement these strategies in the classroom should be examined.

As stated in previous research (Kutsick et al., 1991; Kutsick, 1985), understanding the acceptability of interventions will enhance psychologists' ability to develop effective interventions. As the demands placed upon school psychologists continue to increase, there will be a continued need for consultation as a method to develop and implement effective interventions. Knowledge of teacher's perceptions of consultants, behavior problems and interventions will increase the probability that the consultation will be successful with regard to both the outcome and interactive process. The importance of consultation is highlighted in the field of school psychology. Due to the demands placed upon the educational system, the requests from teachers and administrators for consultative services will continue. As a result, there is a continued need for research in this field. In particular, there is a need to examine teachers' views of consultation in general and their acceptance of specific interventions.

Appendix A

Pilot Study Interviews

Q. What is the role of the School Psychologist (SP)?

Special Education Teachers

R. Assist teacher; behavior management, a support system; a team member; good communication; someone whose opinion I trust; has experience with classroom management; ...for behavior issues; someone who could deal with a student when I'm having a particularly difficult time with the student (be objective);

Regular Education Teachers

R. To give insight into the background of the student; to help deal with certain types of children I haven't been trained to deal with; help with strategies, it blends with the role of the guidance counselor. Somebody who the kids could go to one on one to discuss a situation, for behavior issues. To play a role when you're having difficulty with the children. They can give me insight into the background of the child, help with strategies...I was never trained to deal with certain types of children, I've never known how hard to push kids who are having trouble.

Q. Why would you seek help from a SP?

Special Education Teachers

R. Behavior management; a kid needed to talk; conference on progress of students; when a kid is disruptive that the situation impacts on the other kids; when I've tried a variety of approaches and nothing worked; sometimes there is a power struggle between the teacher and psychologist (why?) ..because the teacher does not want to take the advice of the school psychologist or vice versa. Some people are not open to suggestions.

Regular Education Teachers

R. I handle a lot by myself...I don't like to be perceived (by the kids) as losing control; if they were to service a kid they would play a role in that.

Q. For what type of problem would you seek help?

Special Education Teachers

R. Behavior, neurological signs, to use the school psychologist as a sounding board, rather than for curriculum advice.

Regular Education Teachers

R. When a student is so disruptive that I can't continue with my lessons. When the student is constantly interrupting myself and the other students. When I feel the student is not learning up to his/her potential due to intellectual or emotional difficulties.

Q. What makes a good SP?

Special Education Teachers

R. Frankness, being open, good relationship with kids, understanding and compassion how hard it is to teach; not getting annoyed when you ask for help often, being consistent with his/her obligations (counseling), sharing information with the teacher about a parent, the family, etc., eagerness, compassion for the teacher, good rapport with the age group they are working with, outgoing, energetic, not afraid, good testing background, trust, practical experience with classroom management, knowledge of group interactions.

Regular Education Teachers

R. Someone who is willing to help me when I ask for it. Someone who will spend time in my class and develop ideas which are helpful and realistic.

Q. What are SP lacking?

Special Education Teachers

R. Real knowledge of kids, they should spend time in the classroom and observe the interactions of the kids; understanding of instructional time; basic instructional knowledge on how to modify and develop interventions which fit the classroom.

Regular Education Teachers

R. The opportunity to spend more time in the classroom, to learn about group dynamics and daily routine; observations are not adequate time to observe. They're isolated from the day-to-day routine, processes and interactions. They observe the kids if they have to do an evaluation....that's not sufficient time.

Q. What would make you more likely to accept an intervention from a SP?

Special Education Teachers

R. With prior experience; the teacher's perceptions of the SP understanding of the situation affects willingness to accept interventions; more likely to accept intervention of SP with teaching experience.

Regular Education Teachers

R. More likely to accept intervention which was the least invasive approach; I would have a problem if they told me to do something inappropriate or unrealistic; they can be insensitive...don't know what's going on in the classroom; they don't want to do the paperwork or get involved with the parent.

Q. From whom would a teacher most likely seek help?

Special Education Teachers

R. If not the psychologist, the principal.

Regular Education Teachers

R. A fellow teacher; the school psychologist is often the last resort if nothing else has worked.

Appendix B

Pilot of Case Studies/Treatment Protocol

Directions:
Please read the following discussions between a teacher and school psychologist.
1. Circle YES if you perceive the psychologist as demonstrating empathy and NO if you perceive that he/she does not. If you have circled YES, please indicate on a scale of 1 to 5 how empathic the psychologist is.
2. Please indicate if you feel the behavior problem described is SEVERE or MILD.

As discussed, the final vignettes/case studies consist of the elements on which there was the greatest amount of consensus among those surveyed.

The ratings of the empathy cases were as follows:

Case 1

Response 1 (Empathic)	Response2
1. 4	no
2. 4	no
3. 3	no
4. 4	no
5. 4	no
6. 4	no
7. 4	no
8. 4	no

Case 2

Response 1	Response 2 (Empathic)
1. 5	4
2. 3	5
3. 3	4
4. 1	5
5. 3	5
6. 1	5
7. 3	5
8. 2	4

Case 4

Response 1	Response 2 (Empathic)
1. 4	5
2. 3	4

3. 2	4
4. 2	4
5. 2	3
6. 1	3
7. 2	4
8. no	3

Case 5

Response 1(Empathic)	Response 2
1. 3	2
2. 3	2
3. 3	no
4. 4	2
5. no	4
6. 3	no
7. 4	no
8. 2	no

Case 6

Response 1	Response 2 (Empathic)
1. 3	4
2. no	4
3. no	5
4. 2	3
5. 5	no
6. no	3
7. 1	4
8. no	no

Case 8

Response 1	Response 2 (Empathic)
1. 2	4
2. 1	5
3. no	5
4. 1	3
5. no	5
6. no	3
7. no	5
8. no	4

Case 1
Anthony is a third grade boy who has been having difficulty paying attention in class. He is easily distracted by little noises and other's comments and questions. As a result, he talks constantly and is unable to complete a task without adult assistance.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:

Response 1:
Teacher: Mr. Sutton, I have tried everything I can, but Reed will not stop talking in class. It has become very disruptive to my class.
Psychologist: Mrs. Roth, I understand that these behaviors must be very disruptive to your class, so let's try and come up with some ideas as to how we could reduce or stop them.
Teacher: Reed can only pay attention for a few minutes without adult assistance.
Psychologist: Mrs. Roth, you said that Reed is able to sustain his attention with adult assistance. What kind of assistance have you attempted?
Teacher: I have tried talking to him, placing flags on his desk to remind him to stop talking, and reprimanding him. He is so distractible and talks constantly despite everything I've tried.
Psychologist: It sounds like your major complaints are Anthony's distractibility, constant talking and lack of independent working.

YES NO

1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:
Teacher: Mr. Sutton, I have tried everything I can, but Reed will not stop talking in class. It has become very disruptive to my class.
Psychologist: Mrs. Roth, is it possible that Anthony's talking seems so disruptive because the other students are relatively much quieter.
Teacher: No. The other children are normal third graders. I know the difference between a normal attention span and what I see in Reed.
P: Does he talk more during certain activities?
T: No, he talks constantly, during all activities.
Psychologist: It seems like talking is the worst problem you mentioned. I'm glad this is your most difficult problem. Other teachers are working with much more difficult children this year.
Teacher: I understand that but it would be helpful if you could suggest some ways I could address Reed's difficulties.

Psychologist: I hope I can be of some assistance but you may have to learn to accept that these behaviors are manifestations of a significant emotional problem which you may have to learn to adjust to. Of course, I will be available to help you understand the symptoms of his disorder if we ultimately find this to be the problem.
Teacher: If I accept Reed's behaviors he will not learn anything this year.
Psychologist: His parents reported to me that he is a very bright, verbal child who expresses his intelligence best in an unstructured environment. Because of this, I would suggest that you do not attempt to thwart his talkativeness, but rather encourage this expression. I'm sure with the child's best interests in mind, you would agree that we must accommodate different learning styles of students.
Teacher: I would appreciate some suggestions for classroom behavior management techniques which you think would work for Reed.
P: Would you like me to talk to him first?

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Case 2:

Two students in Mrs. Roy's class disturb the whole class by frequently getting out of their seats. This behavior interrupts the teacher's lessons in addition to interfering with their and other students' class work. The teacher has tried to warn them to stop this and remain seated, but they continue to do this.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:

Response 1:
T: I don't know what to do with these students. No matter what I do, they will not stay in their seats.
P: What have you done in the class, before coming to me?
T: I've tried talking to them and ignoring them.
P: I'll assume that neither has worked.
T: Sometimes ignoring them works but it takes a lot of time to stop the lesson and get the other kids refocused.
P: Do you have control over the other students?
T: Yes. These two students won't respond to anything I've tried.
P: Give me a list of what you've tried.

YES			NO	
1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:
T: I don't know what to do with these students. No matter what I do, they will not stay in their seats.
P: This behavior sounds like it is very disruptive to your classroom. Can you tell me more about when and how often they get out their seats.
T: They get out during every academic activity after about three minutes. Sometimes they walk to the back of the room, sharpen their pencil, get a drink, whatever they can do to get up.
P: It sounds like they will do whatever they can to get out of their seat.
T: Yes. And when I ask them to sit down, they just keep doing what they want, walk around a little and then sit down.
P: Do they talk back or act rudely when you ask them to sit down?
T: No, they just ignore me and keep walking. They are never rude, but it takes away from so much instructional time, stopping each time they get up.

P: It could be frustrating watching a kid walk around the room, knowing that if you make a big deal out of it, you're giving him what he wants...attention. Keeping calm and continuing with your lesson has got to be tough.
T: Should I ignore them? What kind of message is that sending to the other kids.
P: I think these behaviors are a cry for attention, and maybe letting us know that they are having difficulty concentrating. Lets look into this further and come up with some interventions to assist you in the classroom.

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Case 3:

Matt, a third grade student in Ms. Tate's class, has been falling asleep at his desk every day for the past two weeks. When you attempt to wake him, it is obvious that he is physically exhausted and is actually napping, not just putting his head down. When she spoke to the parents, she was informed that Matt goes to sleep late because he likes to watch television late at night. According to his mother, despite her attempts, Matt refuses to go to sleep and she is tired of fighting with him about it. It has been determined that this problem is not due to any physical problems.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:

Response 1:
T: I am at a crossroads here. I can't keep this kid awake if his parents refuse to work with me.
P: It certainly will be difficult to help Matt without his parents' involvement. Did you get a sense from the mother that she would be willing to let us help her with this problem?
T: Yes, but she sounds worn out. Matt can be really stubborn.
P: Stubborn will make it difficult for us to work with him, but we've worked through crossroads like this one before.
T: I've asked Matt why he stays up so late and he admits he likes to watch Jay Leno. I think he's gotten into a pattern so that he's not tired at 9:00 when he should be sleeping.
P: Do you think he would respond to using television as a reward on certain nights rather than every night?
T: He's a good kid. I think he would be willing to try.
P: Would it be OK with you if I spoke with his parents before we continue?

YES NO

1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:
T: I am at a crossroads here. I can't keep this kid awake if his parents refuse to work with me.
P: What have you said to the parents?
T: I just explained that Matt was not doing his work because he was sleeping in class. His mother said he gets bored easily and that's why he's sleeping.
P: Do you think that could be true?

T: This kid is not just bored, he's totally exhausted.
P: Is he bored?
T: No he's not bored.
P: Have you tried varying your activities so he's not bored?

YES			NO	
1	2	3	4	5
Little				Very
Empathy				Empathic

Case 4:
Kaysha has been cursing loudly at both students and staff for the past week. She seems to curse without being provoked and continues to curse until she is removed from the classroom. If a student curses back at her, she becomes irate and her cursing escalates. When angered, she will stand up and approach the person she is cursing at. This behavior interrupts not only her instructional time, but that of the entire class until she is either calmed down or removed from the classroom.
SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:
Response 1:
T: I am very concerned about Kaysha's behavior. I'm afraid she will get hurt or hurt someone else.
P: Why is she cursing?
T: I don't know, that's the problem.
P: Maybe you're pushing her buttons and getting her to the point where she can't hold it in.
T: I would never purposely upset a child.
P: You may not even be aware you're doing it.
T: How could I help her stop cursing. It's very disruptive.
P: If you try not to upset her, she may stop cursing.

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Response 2:
T: I am very concerned about Kaysha's behavior. I'm afraid she will get hurt or hurt someone else.
P: Can you identify some specific people or things that seem to set her off?
T: She doesn't like Kelly and Tom but her behavior is so unpredictable, it just happens.
P: It must be uncomfortable not knowing when or what will set her off.
T: Yes. I'm almost afraid that it might be something I say sometimes in my lessons that sets her off but her anger isn't directed at me.
P: Anger is the key word there. We have to figure out where hers is coming from.
T: It started a week ago when there were try outs for the school play.
P: That's a good place to start. What other events have been happening in the past week?

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Case 5:

Shaun is teasing other students in class. He begins by making comments and teasing under his breath until a student becomes angered or responds to Shaun. Once another student responds to Shaun, he engages in a hostile interaction, teasing and name calling with the other student, until both students are enraged. At this point, a physical fight breaks out, where Shaun hits and kicks others. This escalation often happens quickly before a teacher can get involved.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:

Response 1:
T: I am so concerned about Shaun because he is going to get hurt.
P: Your concern is understandable. It sounds like these behaviors need to be addressed immediately.
T: I agree. He has threatened to hit three students in my class and has teased many more.
P: Tell me more about the teasing.
T: It happens for no reason. Often no has teased him, he just starts up.
P: You say it happens for no reason. Do you think Shaun teases to get someone's attention?
T: Possibly. He may also be trying to get back at kids who teased him in the beginning of the year.
P: In the beginning of the year, Shaun was teased. Did he stick up for himself or tease back?
T: No. He just took it and cried sometimes.
P: Would it be OK with you if I observed the class to help understand?

YES			NO	
1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:
T: I am so concerned about Shaun because he is going to get hurt.
P: Has he hurt another student yet?
T: No but I think it's going to lead to that if we don't do something about it.
P: Can you control the others?
T: Yes. Until he hits one of them and they decide to hit back.
P: There has to be some reason why he starts. Do the other kids tease him?
T: They used to tease him in the beginning of the year, but they stopped months ago.

P: Why didn't you tell me about it then?

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Case 6:

Marty is a smart child who is very capable. He participates in classroom activities and discussions. He is well liked by his peers and makes friends easily. In the last two weeks, he has not completed any homework and has handed in very little of the class assignments.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:

Response 1:

T: Marty is a good kid who has always done his work but now, he refuses to do his homework.
P: How much homework do you give?
T: He is more than capable of completing the 30 minutes of homework.
P: Did he do his homework in the past?
T: Yes. He won't tell me why he's not doing it now. When I ask him, he just shrugs his shoulders and doesn't answer me.
P: Sometimes refusing to work is a way for kids to exert control over their environment.
T: He's going to be upset when he gets his report card because the missing homework will affect his grades.
P: Let me talk to him and find out why he's not doing it.

YES			NO	
1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:

T: Marty is a good kid who has always done his work but now, he refuses to do his homework.
P: He is not doing his homework but he is doing his class work?
T: Correct. The change is concerning me.
P: Your concern is understandable. These sudden changes often indicate something worse.
T: He participates in discussions and does work in class, but not the homework.
P: Can you identify anything that has changed in Marty's life in the past month or so.
T: There must be some changes at home because his mother is not returning my calls as quickly as she used to.

P: Let's find a time today to look further into this.

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Case 7:

Samantha has poor organizational skills in class. Her papers are shoved into her desk, rather than in her notebooks where they belong. Each day she is late for dismissal because she is looking for her homework papers. Each morning she has trouble finding her homework from the night before, handing it in and beginning her morning work, often taking up to 30 minutes to get settled in and begin working. During the day she is constantly reminded to take out her book, find the assignment or put something where it belongs. As a result, her work production is poor and below her academic ability.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:

Response 1:
T: I have tried everything, but Samantha is so unorganized, she can't do her work without my help. She needs me to prompt her before each activity. There has to be a better way.
P: The prompting sounds like a good idea but it must take up a great deal of your time.
T: Yes and it isn't working. If the prompting worked, I would keep doing it, but she needs someone looking over her shoulder at all times.
P: You noted that she is late for dismissal because she is looking for papers. Do you think it would help to have her put the papers she needs for homework in her bag as the day goes along?
T: That's a good idea. I can't always do that for all subjects though.
P: I understand that some homework is contingent upon completion of daily work. Have you seen a decline in her organizational skills or were they always poor?
T: They were always an area of concern but it seems since she hit third grade she is falling apart.
P: Let's think more about what pressures she is facing this year and see if we can come up with more ideas about why this has become more of a concern.

YES			NO	
1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:

T: I have tried everything, but Samantha is so unorganized, she can't do her work without my help. She needs me to prompt her before each activity.

P: Don't you prompt every student before a lesson?
T: Yes but it takes up too much of my time to single her out before each activity. There are 29 other kids who need help.
P: Before you start the lesson do you make sure that everyone understands the lesson?
T: Of course I do. She seems to understand but still can't get started.
P: How long does it take you to realize she needs extra help?
T: She just sits there, going through her desk, looking for the correct book until someone helps her.

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Case 8:

James has been caught stealing things from other students in class. He has taken inexpensive items such as pens, pencils, key chains and yo-yos. Other students have blamed him for the thefts, but no proof has been presented. When confronted, James denies any wrongdoing and gets defensive about being accused. Students are getting upset because they are afraid that their belongings will get stolen as well.

SEVERE MILD

While discussing the problem, the following conversation takes place between the psychologist and teacher:
Response 1:
T: In all my years teaching, I've never seen such a sneaky kid. He will lie right to my face and steal two seconds later.
P: What kind of lies does he tell?
T: He blames the missing items on someone else in the class, even when I have proof.
P: Do you sound accusatory when you show him the proof?
T: I try not to. I just state the facts that the other children have brought to my attention. You have to understand that this upsets the other children and I am responsible for their safety.
P: Let's stay focused on James for now. Maybe someone else should call him on it and see how he responds.
T: That's fine but what will I do every time it happens in class, call that person in?
P: Let's try it and then we'll take it from there.

YES			NO	
1	2	3	4	5
Little				Very
Empathy				Empathic

Response 2:

T: In all my years teaching, I've never seen such a sneaky kid. He will lie right to my face and steal two seconds later.
P: This sounds like a problem which is having a negative impact on your entire class.
T: It certainly is. I can't promise the safety of other kids' possessions if I can't control this kid's stealing.
P: Tell me a little more about how James lies when you've confronted him.
T: He denies stealing anything and blames each act on other kids. He's actually very convincing. I wish he could use some of those smarts on his math work.
P: He's a bright kid. I can imagine he would have an answer for everything. It sounds like the problem runs deeper than the classroom.

T: He was never a troubled kid before this started happening.
P: That's important to know. Tell me more about when this started happening.

YES			NO	
1	2	3	4	5
Little Empathy				Very Empathic

Appendix C

Case Studies/Treatment Protocols

Case studies/treatment protocols distributed consisted of the following:

1. A description of the behavior problem identifying a severe behavior problem. Each treatment protocol depicted the same type of problem, which was selected from the second pilot study. The general format of the case studies was modeled after previous research on severity of problem behavior and type of intervention (Kutsick, 1985) (see Pilot Study in Appendix B).

2. A description of the type of intervention proposed. The intervention description depicted either a positive or negative (reductive) intervention. Research has shown teachers respond more favorably to and rate positive interventions as more acceptable (Kutsick et. al., 1991). For example, a positive intervention may consist of a token economy, positive reinforcement, praise, or earned privileges. A negative (reductive) intervention may consist of punishment, a response cost lottery, or time-out. For the purposes of these case studies, the positive intervention consisted of a token reinforcement system (token economy), while the negative (reductive) intervention consisted of a time-out system.

3. A description of the interactive process between psychologist and teacher prior to treatment implementation, indicating the presence or absence of consultant empathy. All case studies/treatment protocols depicted a collaborative treatment development process. Research discussed in Chapter 2 has shown teachers rate both positive and negative (reductive) interventions as more acceptable when they are developed in a

collaborative process (Kutsick et. al., 1991). The definition of empathy was taken from the counseling psychology literature. Empathy consists of being nonjudgmental, active listening, repeating what the other person says and communicating your understanding of these responses (Rogers, 1975). The operational definition of empathy which was used to create the case studies depicting an empathic or non-empathic person were developed in the second pilot study discussed in the next section.

Development of Case Studies

Two pilot studies were carried out to begin the development of the case studies/treatment protocols. In the first pilot study, four (4) teachers with varying levels of experience (ranging from six to 25 years; two regular education and two special education) were interviewed. The interviews lasted approximately ten minutes, and were audio taped. The purpose of these interviews was to develop an understanding of teachers' views of a school psychologist, his/her role in the school, and the circumstances in which a teacher would seek help from a school psychologist. The most significant finding was the similarity of responses. All teachers conveyed very similar concerns and attitudes about the school psychologist, although their teaching experience varied in terms of both years and type of experiences. Their responses indicated a willingness to seek the help of a school psychologist after they had attempted to solve the problem themselves. In addition, they felt communication, compassion, and openness were qualities valued in a good school psychologist. See

Appendix A for a complete summary of the questions and responses from both special and regular education teachers.

In the second pilot study, eight (8) teachers (four regular education and four special education) were asked to rate vignettes. The purpose of this pilot study was to develop an operational definition of empathy using terms which were familiar to, and utilized often by teachers. Due to the subjective nature of this variable, it was necessary to determine how to translate the components of the definition of "empathy" into a vignette. In addition, it was necessary to determine if the teachers' ratings of vignettes would be sensitive to this variable. A second purpose was to pilot the use of the empathy variable in a questionnaire format in order to further develop the survey instrument to be used in this study. A third purpose was to pilot the use of the "severity" variable to provide further support for the sensitivity of the survey method in assessing this variable.

Eight "empathy scenarios" were piloted (See Appendix B). Teachers read a short description of the presenting problem, after which they circled either "SEVERE" or "MILD", indicating their perception of the severity of the presented problem. Following were two responses (discussions between a school psychologist and a teacher), one containing empathic comments and one void of empathic responses. Four scenarios depicted conversations between a school psychologist and teacher, where the school psychologist displayed empathy. For example, the school psychologist made comments such as " I understand that these behaviors must be very disruptive," in response to a teacher's initial explanation of the presenting

problem. Four scenarios depicted conversations in which the school psychologist was not empathic. For example, the school psychologist responded, "...you may have to learn to adjust to...these problems." The presence of "empathy" was determined by the investigator based on the definition of empathy in the counseling psychology literature. The control scenarios did not contain any verbalizations which were identified as empathic according to the literature.

Teachers completed a total of 16 responses, indicating the presence or absence of empathy. From the eight teachers, there were a total of 128 responses. Eight of these responses were incorrect. In other words, a response was identified as empathic when it was not, or vice versa. This indicates that .9375 or 94% of the responses were correct, providing evidence that this variable can be studied using a case description or vignette method. Further, five of the eight vignettes described a severe problem, while three described a mild problem. Eleven of the 64 responses were incorrect, indicating 83% correct. This also provides evidence for the appropriateness of the case study method in assessing problem severity.

As a result of the pilot study findings, the scenarios containing the manipulation of the "empathy" variable were modified to eliminate confusing language. In addition, the depictions of the extremes (ones which were obviously empathic or not) were deleted and substituted with more subtle descriptions of discussions between teacher and psychologist. Further analysis of the piloted empathy scenarios was conducted. The scenarios were analyzed for each element, including descriptions of type of response and problem severity. Elements with the highest

degree of consensus among the respondents were selected for use in the study. The final treatment protocols therefore contained the elements which were found to be most consensually valid in this pilot study.

The following cases are samples of the definitions which were randomly mixed to create the four different combinations of the two variables (2x2) (positive or negative intervention and empathic or non-empathic response) in the treatment protocols included in the survey.

Severe Problem

Gregory is a fourth grade boy who is exhibiting a behavior problem. He is constantly teasing other students under his breath during class lessons. He continues to do so until another student responds. Recently, these behaviors have resulted in a quick escalation from name calling, to yelling, to fighting between the students. These behaviors result in disruption to the entire class as well as Gregory's work.

Positive Intervention

To address Gregory's disruptive behavior, his teacher Mrs. Starr meets with the school psychologist, Mrs. Gardner, to develop and implement an intervention. Together, they decide to utilize a token reinforcement system. Each time Gregory remains in his seat during a lesson, he receives a "token" which he will place in a container in his desk. At the end of the day, the tokens are counted. Each Friday afternoon, Gregory will "cash in" his tokens for a tangible reward, such as pencils, notebooks, or use of the "free time area" in the class.

Negative (reductive) Intervention

To address Gregory's disruptive behavior, his teacher Mrs. Starr meets with the school psychologist, Mrs. Gardner, to develop and implement an intervention. Together, they decide to utilize a time-out system. Each time Gregory exhibits the target behavior (the problem behavior), he will be placed in time-out for 10 minutes. At the end of the time-out period, Mrs. Starr or Mrs. Gardner will discuss the inappropriate behavior with Gregory.

Empathic Response

T: Mrs. Gardner, I have tried everything I can, but Gregory will not stop teasing and fighting with other students. It has become very disruptive to my class.
P: Your concern is understandable. Can you identify some specific people or things that seem to result in his teasing?
T: He doesn't like some of the students but his behavior is so unpredictable, it just happens.
P: I'm sure it must be uncomfortable not knowing when or what will set him off exactly.
T: Yes it is. I'm worried that he cannot control his anger.
P: Anger is the key word there. We have to determine where the anger is coming from.
T: It started a week ago when there were try outs for school teams.
P: Would it be acceptable with you if I observed the class to help understand the situation?

Non-Empathic Response

T: Mrs. Gardner, I have tried everything I can, but Gregory will not stop teasing and fighting with other students. It has become very disruptive to my class.
P: Does Gregory tease and fight more during certain activities?
T: The activity doesn't seem to affect his behavior. He teases constantly during all activities.
P: Maybe the other student is pushing his buttons to the point where he can't handle it.
T: The other students seem relatively innocent. It's obvious that Gregory is starting it. I'm also concerned about the safety of the other students.
P: Let's stay focused on Gregory for now. Have you observed this or are you going on other student's reports?
T: I've observed it and I've heard other students complain about him.
P: Let me talk to him and find out why he's doing this.

Ph.D. Program in Educational Psychology

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Appendix D

Superintendent's Letter

March 23, 2000

Dr.——
Superintendent of Schools

Dear Dr.——:

My name is Nancy Berkson and I am a doctoral candidate in the Educational Psychology Department at the Graduate School and University Center of the City University of New York. My dissertation project is entitled "The Role of Interpersonal Processes in Facilitating Classroom Interventions." This research examines teachers' views of school psychologists in consultation. I chose this area of research because the current research focuses on school psychologists' views, leaving open the views of teachers. I hope to use this research to further school psychologists' understanding of teachers' perceptions of consultation and their needs in the classroom. I am requesting permission to give surveys to the regular education elementary teachers in your district.

The procedure involves handing out surveys to teachers which should take approximately 20-30 minutes to complete. Participation is voluntary and participants may request to discontinue their participation at any time. The data collected will be kept confidential at all times. At the conclusion of the study, I will inform participants of the results, if so desired. If building administrators would like a more detailed report of the results or additional information regarding this topic, which may be used for professional development, I will provide this as well. The completed surveys will be kept in a locked file cabinet in my office that only my advisor, or I will have access to.

If you have any questions about this research, you can call me at (516) 897-7062 or my advisor, Dr. Carol Kehr Tittle at (212) 817-8288. If you have any questions about participants' rights in this study, you can contact Hilry Fisher, Office of Sponsored Research at (212) 817-7523.

If permission is granted to discuss my research further with the building administrators, please sign the attached permission letter.

Sincerely,

Nancy Berkson

Appendix D (continued)

District Consent Form

Nancy Berkson has my permission to contact school administrators and teachers for possible participation in her study.

_____
Superintendent of Schools

Date_____

_____
Investigator's signature

Date_____

Appendix D (continued)

Introduction of Study to Participants

Thank you for allowing me to speak with you today. I would like to take a few minutes of your time to give you a brief summary of my study and explain what would be required, if you agree to participate.

In this study, I am examining the interpersonal relationship between regular education elementary teachers and school psychologists involved in consultation. In addition, I am interested in studying student behaviors and classroom interventions.

Let me say from the beginning that participation is voluntary and you may withdraw without penalty, at any time. This study consists of two parts. Those of you who agree to participate will complete the first part today.

If you agree to participate, I will ask you to sign the consent form I have handed out. Then, I will ask you to complete a form with some identifying information and complete a scale about characteristics and behaviors of school psychologists in consultation. In total, this should take about 15-20 minutes today.

Your responses are completely anonymous. The only form which will have your name on it is the consent form. All forms which contain your responses will be identified with numbers. My University advisor and myself will be the only people who are aware of the names which match the identification numbers. At no time after the data collection will your names be used for any purpose.

The second part of this study will take place when I return in two weeks. At that time I will hand you an envelope. In the envelope will be a short vignette to read and then you will be asked to respond to a scale about classroom interventions. This should take you about 10-15 minutes to complete.

If you are willing to participate, please sign the consent form I have given you and I will collect them. If for any reason you are not able to participate, I thank you for taking the time to listen to me today.

Ph.D. Program in Educational Psychology

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Appendix D (continued)
Informed Consent

Dear Teacher:

My name is Nancy Berkson and I am a student in the Educational Psychology Department at the Graduate School and University Center of CUNY and principal investigator of this project, entitled, "The Role of Interpersonal Processes in Facilitating School Consultation." In this study, I am examining the interpersonal relationship between regular education elementary school teachers and school psychologists. In addition, I am interested in studying student behaviors and classroom interventions.

The enclosed scale should take approximately 15-20 minutes to complete. Working in the schools, I am aware of how important your time is and thank you in advance for your time and effort. If you agree to participate, please sign the consent form. I will collect it and hand you an Identifying Information sheet and a rating scale to complete now. I will return in two weeks. At this time, I will ask you to read one vignette (case study) and complete a brief rating scale. This will take only 10-15 minutes.

The only risk involved in this study is that you may experience some discomfort in answering questions pertaining to consultation. The benefits of your participation is that, in the future, there will be more information in how to help people understand the relationship between teacher and school psychologist in consultation.

All of your responses to this survey will be kept strictly confidential and be used solely for the purposes of this study. As your participation in this study is voluntary, you may withdraw at any time without penalty. If you would like to receive a brief summary of the findings, please provide me with your address and I will send you a copy.

If you have any questions about this research, you can call me at (516) 897-7062 or my advisor, Dr. Carol Kehr Tittle at (212) 817-8288. If you have any questions about participants' rights in this study, you can contact Hilry Fisher, Office of Sponsored Research at the Graduate Center at (212) 817-7523.

Thank you for participating in this important part of my professional training. You can contact me at Nanshee14@aol.com or (516) 897-7062.

Please be sure to sign and return the consent form below.

I give my permission to participate in this study. I understand I may withdraw from this study at any time without penalty.

_____ _____ _____ _____

Participant's Signature Date Investigator's signature Date

Appendix D (continued)

Demographic Form

Directions:

Thank you for taking the time to participate. In order to help in the interpretation of the data collected, please complete the following identifying questions.

IDENTIFYING INFORMATION

1. Gender
___ Male ___Female

2. Age _____

3. Highest degree obtained:
___B.S./B.A. ___ M.S./M.A. ___M.S./M.A. +_____ Ph.D./Psy.D./Ed.D.___

4. Grade currently teaching _____

5. Is this position in regular ____ or special education ____?

6. Number of years working as a teacher ____.
1-5 ___ 6-10 ___ 11-15 ___ 16-20 ___ More than 20 ___

7. Have you consulted with a school psychologist regarding a student's behavior in the past?

____Yes ____No

8. If yes, how often? _____

Appendix D (continued)
Consultant Effectiveness Scale

Your assistance is needed to collect data on characteristics and behaviors of school psychologists that you, as a teacher, perceive to be most important to effective consultation. Please rate the consultant characteristics/behaviors below according to their importance to effective psychological consultation.

	Not at all Important	Of little Importance	Somewhat Important	Important	Extremely Important
The school psychologist should (be)					
1. Skillful	1	2	3	4	5
2. Empathic	1	2	3	4	5
3. Expresses affection (Be supportive)	1	2	3	4	5
4. Interested	1	2	3	4	5
5. Trustworthy	1	2	3	4	5
6. Encourage ventilation	1	2	3	4	5
7. Skilled in questioning	1	2	3	4	5
8. Able to overcome resistance	1	2	3	4	5
9. Open-minded	1	2	3	4	5
10. Tolerant	1	2	3	4	5
11. Attentive	1	2	3	4	5
12. Accepting (Non-judgmental)	1	2	3	4	5
13. Show respect for the Consultee	1	2	3	4	5
14. Pleasant	1	2	3	4	5
15. Tactful	1	2	3	4	5
16. Warm	1	2	3	4	5
17. An active listener	1	2	3	4	5
18. An effective user of time	1	2	3	4	5
19. Give clear understandable directions	1	2	3	4	5
20. Have a clear sense of identity	1	2	3	4	5
21. Emotionally well-adjusted/stable	1	2	3	4	5
22. Collaborate (Share responsibility)	1	2	3	4	5
23. Encouraging	1	2	3	4	5
24. Give and receive feedback	1	2	3	4	5
25. A team player	1	2	3	4	5
26. Document for clear communication	1	2	3	4	5
27. An astute observer/perceptive	1	2	3	4	5
28. Effective at establishing rapport	1	2	3	4	5
29. Willing to get involved	1	2	3	4	5
30. Clarify his/her role	1	2	3	4	5
31. Review client records	1	2	3	4	5
32. Specific	1	2	3	4	5
33. Active	1	2	3	4	5
34. Maintain an "I'm OK- you're OK" position	1	2	3	4	5
35. Flexible	1	2	3	4	5

36. A good facilitator	1	2	3	4	5
37. Approachable	1	2	3	4	5
38. Skilled in conflict resolution	1	2	3	4	5
39. Good at problem-solving	1	2	3	4	5
40. Have a positive attitude	1	2	3	4	5
41. Practice in an ethical manner	1	2	3	4	5
42. Maintain confidentiality	1	2	3	4	5
43. Have feelings and behaviors that are consistent	1	2	3	4	5
44. Self-disclose	1	2	3	4	5
45. Anticipate possible consequences	1	2	3	4	5
46. Employ appropriate personal distance	1	2	3	4	5
47. Take risks/be willing to experiment	1	2	3	4	5
48. Identify clear goals	1	2	3	4	5
49. Evaluate/focus ideas	1	2	3	4	5
50. Specify the contract (Time,Effort,Cost)	1	2	3	4	5
51. Aware of relationship issues	1	2	3	4	5
52. Pursue issues/follow through	1	2	3	4	5

Appendix E

Teacher Survey

Directions:

Thank you again for your participation.

Step 1: Please turn to page 2 and read the following vignette.

Step 2: Please turn to page four and answer the 15 questions.

Step 3: Place forms in envelope and return to Ms. Berkson.

Thank you again for your time. I appreciate your help by participating in my project.

Gregory is a fourth grade boy who is exhibiting a behavior problem. He is constantly teasing other students under his breath during class lessons. He continues to do so until another student responds. Recently, these behaviors have resulted in a quick escalation from name calling, to yelling, to fighting between the students. These behaviors result in disruption to the entire class as well as Gregory's work.

To address Gregory's disruptive behavior, his teacher, Mrs. Starr meets with the school psychologist, Mrs. Gardner, to develop and implement an intervention. Together, they decide to utilize a token reinforcement system. Each time Gregory remains in his seat during a lesson, he receives a "token" which he will place in a container in his desk. At the end of the day, the tokens are counted. Each Friday afternoon, Gregory will "cash in" his tokens for a tangible reward, such as pencils, notebooks, or use of the "free time area" in the class.

While discussing the problem, the following conversation takes place between the psychologist and teacher.

T: Mrs. Gardner, I have tried everything I can, but Gregory will not stop teasing and fighting with other students. It has become very disruptive to my class.
P: Your concern is understandable. Can you identify some specific people or things that seem to result in his teasing?
T: He doesn't like some of the students, but his behavior is so unpredictable, it just happens.
P: I'm sure it must be uncomfortable not knowing when or what will set him off exactly.
T: Yes it is. I'm worried that he cannot control his anger.
P: Anger is the key word there. We have to determine where the anger is coming from.
T: It started a week ago when there were tryouts for school teams.
P: Would it be acceptable with you if I observed Gregory in class to help understand the situation?

Gregory is a fourth grade boy who is exhibiting a behavior problem. He is constantly teasing other students under his breath during class lessons. He continues to do so until another student responds. Recently, these behaviors have resulted in a quick escalation from name calling, to yelling, to fighting between the students. These behaviors result in disruption to the entire class as well as Gregory's work.

To address Gregory's disruptive behavior, his teacher, Mrs. Starr meets with the school psychologist, Mrs. Gardner, to develop and implement an intervention. Together, they decide to utilize a time-out system. Each time Gregory exhibits the target behavior (the problem behavior), he will be placed in time-out for 10 minutes. At the end of the time-out period, Mrs. Starr or Mrs. Gardner will discuss the inappropriate behavior with Gregory.

While discussing the problem, the following conversation takes place between the psychologist and teacher.

T: Mrs. Gardner, I have tried everything I can, but Gregory will not stop teasing and fighting with other students. It has become very disruptive to my class.
P: Your concern is understandable. Can you identify some specific people or things that seem to result in his teasing?
T: He doesn't like some of the students, but his behavior is so unpredictable, it just happens.
P: I'm sure it must be uncomfortable not knowing when or what will set him off exactly.
T: Yes it is. I'm worried that he cannot control his anger.
P: Anger is the key word there. We have to determine where the anger is coming from.
T: It started a week ago when there were try outs for school teams.
P: Would it be acceptable with you if I observed Gregory in class to help understand the situation?

Gregory is a fourth grade boy who is exhibiting a behavior problem. He is constantly teasing other students under his breath during class lessons. He continues to do so until another student responds. Recently, these behaviors have resulted in a quick escalation from name calling, to yelling, to fighting between the students. These behaviors result in disruption to the entire class as well as Gregory's work.

To address Gregory's disruptive behavior, his teacher, Mrs. Starr meets with the school psychologist, Mrs. Gardner, to develop and implement an intervention. Together, they decide to utilize a token reinforcement system. Each time Gregory remains in his seat during a lesson, he receives a "token" which he will place in a container in his desk. At the end of the day, the tokens are counted. Each Friday afternoon, Gregory will "cash in" his tokens for a tangible reward, such as pencils, notebooks, or use of the "free time area" in the class.

While discussing the problem, the following conversation takes place between the psychologist and teacher.

T: Mrs. Gardner, I have tried everything I can, but Gregory will not stop teasing and fighting with other students. It has become very disruptive to my class.
P: Does Gregory tease and fight more during certain activities?
T: The activity doesn't seem to affect his behavior. He teases constantly during all activities.
P: Maybe the other student is pushing his buttons to the point where he can't handle it.
T: The other students seem relatively innocent. It's obvious that Gregory is starting it. I'm also concerned about the safety of the other students.
P: Let's stay focused on Gregory for now. Have you observed these behaviors, or are you going on other student's reports?
T: I've observed it and I've heard other students complain about him.
P: Let me talk to him and find out why he's doing this.

Gregory is a fourth grade boy who is exhibiting a behavior problem. He is constantly teasing other students under his breath during class lessons. He continues to do so until another student responds. Recently, these behaviors have resulted in a quick escalation from name calling, to yelling, to fighting between the students. These behaviors result in disruptions to the entire class as well as Gregory's work.

To address Gregory's disruptive behavior, his teacher, Mrs. Starr meets with the school psychologist, Mrs. Gardner, to develop and implement an intervention. Together, they decide to utilize a time-out system. Each time Gregory exhibits the target behavior (the problem behavior), he will be placed in time-out for 10 minutes. At the end of the time-out period, Mrs. Starr or Mrs. Gardner will discuss the inappropriate behavior with Gregory.

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T: Mrs. Gardner, I have tried everything I can, but Gregory will not stop teasing and fighting with other students. It has become very disruptive to my class.
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P: Maybe the other student is pushing his buttons to the point where he can't handle it.
T: The other students seem relatively innocent. It's obvious that Gregory is starting it. I'm also concerned about the safety of the other students.
P: Let's stay focused on Gregory for now. Have you observed this or are you going on other student's reports?
T: I've observed it and I've heard other students complain about him.
P: Let me talk to him and find out why he's doing this.

PLEASE TURN TO THE FOLLOWING PAGE (4) AND ANSWER THE 15 QUESTIONS

The purpose of this questionnaire is to obtain information that will aid in the selection of classroom interventions. Based on the vignette that you just read, please circle the number which best describes your agreement or disagreement with each statement.

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

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