

An Exploratory Study in School Counselor Consultation Engagement

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Abstract

Consultation, an indirect school counselor service, is provided by 79% ($n = 998$) school counselor currently. Most frequently consultation occurs with teachers, parents, and principals. MANOVA and post hoc analysis indicate differences in consultation practices across academic levels. Choosing a consultation model based on the type of service recipient (i.e., administration, faculty, parents, other mental health professionals) may improve the benefits of this common school counselor service. Future directions for research and limitations of the study are provided.

Keywords: school counselors, consultation, models of consultation

An Exploratory Study of School Counselor Consultation

Consultation is an indirect service rendered by school counselors that may empower stakeholders within a school system to provide enhanced services to students. Comprehensive school counseling practice (American School Counseling Association [ASCA], 2005), strived for by school counselor professionals today, entails delivery of both direct and indirect services to improve the academic achievement of all students. Various components (i.e., system support, guidance curriculum and responsive services) of the current ASCA National Model (ASCA, 2005) emphasize indirect services to support the efforts of school personnel and of parents when interacting with students. Consultation is listed under both responsive services and system support. Under responsive services, school counselors are called to advocate for students by finding “strategies to help students and families” (ASCA, 2005, p. 42) indicating the need to engage in consultation. Under system support, school counselors are directed to provide “information to support the school community and to receive feedback on the emerging needs of students” (ASCA, 2005, p. 43), hence using consultation for accountability purposes. Therefore, consultation is an integral part of a comprehensive school counseling program and of school counseling services.

Consultation is a triadic helping relationship where a consultant (professional) facilitates the development of knowledge and skills in a consultee (professional, paraprofessional, or non-professional), who in turn interacts directly with the client or client group (Brown, Pryzwansky, & Schulte, 2006). In a school setting, the school counselor may act as consultant to the principal, the consultee, who wants to reduce the rate of absenteeism with the identified clientele, the students. As consultants, school

counselors in the above example may determine the ratio of absenteeism, identify causes of absenteeism, propose solutions to address the causes, and present multiple solutions to the principal and other school stakeholders. Such supportive services empower the entire school community.

Literature on consultation, specifically as it relates to school counseling, is available from varied points of view. Some scholars focus on pedagogy of consultation, equating it to and differentiating it from counseling (Davis, 2003). Others suggest using consultation in lieu of supervision for school counselors (Blackman, Hayes, Reeves, & Paisley, 2002; Logan, 1997; Thomas, 2005). Some suggest specific theory-based consultation frameworks for school counselors, including family systems consultation (Nicoll, 1992; Mullis & Edwards, 2001), group consultation (Otwell & Mullis, 1997), solution-focused consultation (Kahn, 2000), developmental counseling and therapy consultation (Clemens, 2007), and systemic consultation (Moe & Perera-Diltz, 2009). Furthermore, literature also provides practical tips on how to consult with teachers (Fall, 1995; Otwell & Mullis, 1997), and with parents (Mullis & Edwards; McFadden, 2003).

Although scholarship from varied viewpoints supports the use of consultation, empirical literature on actual consultation practices performed by school counselors is lacking. This lack of information is problematic given findings indicating that a discrepancy exists between ideal and real practices of school counselors (Burnham & Jackson, 2000; Perera-Diltz & Mason, 2008; Scarborough & Culbreth, 2008). Although this literature on discrepancies does not specifically address consultation practices, it does indicate that school counselors are engaging in both professionally endorsed and non-endorsed duties in their daily work. Knowledge of actual consultation practices may

be useful to determine future directions for refinement of current training and professional practice as well as more efficient use of consultation. This research sought to describe existing school counselor consultation practices.

Consultation: A Brief Overview

The two main styles of consultation are a collaborative-process model (Idol, Nevin, & Paolucci-Whitcomb, 1995) and an expertise-driven method, with the former being the more popular form today (Amatea, Daniels, Bringman, & Vandiver, 2004). In the collaborative form, the consultant works with others as a co-expert or partner; whereas in the expertise-driven model, the consultant is the sole expert on the topic (Amatea et al., 2004). Collaborative consultation focuses on rapport building, problem-solving, and individual, group, or systemic-organizational capacity building to benefit an identified client or client population (Brown, 1993; Kampwirth, 2006). A school counselor using the collaborative consultation process might, for example, involve the principal and other members of the school system (e.g., teachers, bus drivers) as co-experts in identifying contributing factors and generating possible solutions to the problem of student absenteeism. The final solution to be implemented will be determined by the stakeholders involved in the process. In the expertise-driven process, the school counselor (i.e., the consultant) would undertake the entire process by him or herself and determine and provide the best solution to the principal (i.e., the consultee).

Practitioners are influenced in their choice of consultation framework based on the theoretical paradigms governing their viewpoint (Brack, Jones, Smith, White, & Brack, 1993). Support for consultation frameworks is varied; certain model premises are easier to test using the linear-empirical method than others. Therefore, it is necessary

for school counselors to investigate which framework supports their effective practice. Of the developed consultation frameworks, three prominent frameworks in the consultation literature are mental health consultation (Brown, 1993; Erchul, 2009), behavioral-eclectic consultation (Brown et al., 2006), and systemic-organizational consultation (Brown, 1993; Moe & Perera-Diltz, 2009). The mental health consultation framework is focused on building the capacities of individual practitioners to work with a client, a client issue, or an organizational context (Erchul, 2009). The behavioral-eclectic consultation model is focused on changing clearly articulated problem behaviors engaged in by identified clients (Brown et al., 2006); the process that leads to behavior change in clients may or may not improve the capacities of individual consultee. The systemic-organizational consultation is focused on changing the culture of an organization or workplace (i.e., system) in order to improve the attainment of the organization's goal; individuals may change as a result of the improvement in organizational functioning (Moe & Perera-Diltz, 2009).

Although the foci and philosophy of each consultation model may differ, some common processes exist (Erchul, 2009; Kurpius, Fuqua, & Rozecki, 1993) among consultation models. These processes are: a) entry/joining, a rapport building phase where consultants establish a collaborative environment, b) problem-identification, where the consultant facilitates definition and assessment of the goal or problem by the consultee; c) intervention planning, where the consultant facilitates identification of strategies to influence or resolve a problem, d) implementation of intervention and re-grouping, where the strategies are tested and the consultant and the consultee reflect

on the process, and e) evaluation, termination, and follow-up, where the outcome of the consultation is assessed and future assessment contacts are negotiated.

For a school counselor, the entry phase involves role clarification and orientation to educate parents, teachers, administrators, and other stakeholders on the process of consultation and how best to engage with a school counselor in that process. The components of the remaining phases are influenced by the model or perspective that the school counselor adopts (e.g., behavioral, mental health, systemic-organizational) relative to the identified problem or need that the consultation is supposed to address. A school counselor practicing from the mental health framework might be satisfied with the input from only one consultee or a few consultees when clarifying the problem, such as a new teacher demonstrating low self-efficacy beliefs related to the teacher's ability to work with acting out students. The same school counselor practicing from a systemic-organizational framework would seek to interview key stakeholders from across the departments and sub-units of the school in order to create a problem definition based on school-wide functioning (such as lack of mentorship from senior teachers or lack of professional development opportunities for all teachers).

There are many benefits that emerge from school counselors engaging in appropriate consultation. A main benefit is improving functional communication between the disparate members of a school system. The ripple effect suggests that changes in one system member's behavior will affect the system (Mullis & Edwards, 2001) in group, family, school, and community contexts. For instance, positive changes brought about by consultation with a teacher could affect most students in the teacher's classroom, the parents of those students, how the parents interact with other school staff, and how the

staff interacts with the teacher. Such consultation also is time efficient, serving a larger clientele with minimal time (Otwell & Mullis, 1997). Similarly, positive changes in parents including improved parental involvement would benefit the child (McFadden, 2003) and the entire family system. In addition, improving and maintaining parent-teacher relationships would benefit the child (McFadden, 2003; Amatea et al., 2004), the school, and the family system at any academic (i.e., elementary, middle or high school) level.

The school counseling profession recommendations (ASCA, 2005) and literature on consultation (Davis, 2003; Dinkmeyer & Carlson, 2001; Kampwirth, 2006) suggest that school counselors utilize consultation as a beneficial indirect service in a school system. In addition, effective consultation may provide school counselors the opportunity to demonstrate their specialized expertise, thus stabilizing their position within the school system. At present, the literature does not indicate how prevalent a service consultation is among school counselors. To address this gap in basic knowledge, this study sought to address; a) how often school counselors report engaging in consultation; b) which groups of stakeholders school counselors consult with; and c) whether consultation practices differed across identified variables such as school academic level. The specific survey questions inquired if participants engaged in consultation, with whom they consulted, and how often they engaged in consultation. The school academic levels were determined by demographic data gathered.

We hypothesized that most school counselors engage in consultation with teachers, parents, and principals, because consultation is one of the original services (Baker, 2000) supported by the field and because the school counselor is the only resident mental health specialist in most schools. We also expected that frequency of

consultation will differ by school academic level due to varied academic, career, and personal/social needs and services at the different levels. This hypothesis is supported by previous research (Monteiro-Leitner, Asner-Self, Milde, Leitner, & Skelton, 2006; Perera-Diltz & Mason, 2008) that indicated differences in services among academic levels.

Method

Participants

All members of ASCA with a listed email ($N = 13,805$) on the membership page were invited to complete The School Counselor Survey described below. Of those who consented to participate ($n = 2,092$), 1,704 met the inclusion criteria, current employment as a school counselor. Of these eligible participants, 1440 reported engaging in consultation and 264 reported not engaging in consultation. From the pool of participants who reported engaging in consultation, we eliminated any participant whose survey was incomplete.

The demographics of the participants who reported engaging in consultation considered for this study ($n = 998$) are as follows: The gender distribution of participants was 16.5% male and 83.3% females. The ethnic composition included 83.9% European American, 6.4% African American, 5.8% Hispanic American, 0.7% Native American, 0.8% Asian American, and 2.4% who indicated as other. The mean age was 40.9 years ($SD = 11.4$, range = 44). Eight hundred and fourteen (81.4%) had trained in the ASCA National Model.

The demographics of those who did not consult ($n = 264$) are as follows: 19.7% ($n = 52$) were males and 80.3 % ($n = 212$) were females. The ethnic composition of

those who indicated ethnicity ($n = 226$) included 69.3% ($n = 183$) European American, 6.4% ($n = 17$) African American, 6.1% ($n = 16$) Hispanic American, 1.4% ($n = 1$) Native American, and 3.4% ($n = 9$) who indicated as other. The mean age ($n = 254$) was 41.09 years ($SD = 11.236$, range = 39). Two hundred and twelve (80.3%) had training in the ASCA National.

Instrument

The School Counselor Survey explored actual practices of school counselors in many different areas such as supervision, consultation, accountability, and other endorsed duties by the school counseling profession. The survey also gathered relevant demographics (i.e., gender, ethnicity, age, academic level, etc.). Ideal to real duties and accountability practice related components of this survey can be found in Author and colleague (2008; 2009).

The consultation related portion of the survey discussed here included three questions: First, the participant was asked if he or she engaged in consultation. This question provided a forced answer choices of yes or no. Second, the participant was asked to indicate with whom they consulted. This questions included forced choices of principal, teacher, parent/guardian, school psychologist, school nurse, school occupational therapy assistant (OTA), school speech pathologist, another school counselor, community mental health provider, and an 'Other' category. Third, the participant was asked to indicate the frequency of consultation on a Likert type scale of not applicable = 0, never = 1, rarely = 2, sometimes = 3, often = 4, always = 5.

The School Counselor Survey was created by the first author based on existing school counselor literature, especially the components of the ASCA National Model

(ASCA, 2005) and anecdotal comments from school counseling interns. The instrument was reviewed by the third author who practiced as a school counselor. Prior to launching the survey, both first and third authors completed the survey to determine accuracy of information requested, ambiguity in wording of survey items, and time needed to complete the survey.

Procedure

Upon gaining approval from the first author's University Human Subjects Review Board, The School Counselor Survey was launched through an online survey program (i.e., Zoomerang). The potential participants' email addresses ($N = 13,805$) were collected from the ASCA membership page and loaded to Zoomerang. All recipients were provided information on how to remove themselves from the survey and/or from future reminders. A reminder was sent through Zoomerang two weeks after the initial distribution of the survey. Those who provided consent by agreeing to take the survey (question 1 of the survey) were provided access to complete the survey. The return rate of this survey was 12%.

Results

From the 1,262 (i.e., $n = 998$ consulted and $n = 264$ did not consult) participants who completed surveys, approximately 79% of respondents reported engaging in consultation. Results on the type of professional involved and the frequency of consultation with specific groups are provided in Table 1. Some of the highlights include that approximately 30% school counselors "always" consulted with other mental health professionals and another 40% "sometimes" consulted with this group of service providers. Approximately 27% of school counselors reported "always" consulting with

other school counselors, and another 38.5% reported “often” consulting with their professional peers. Half (55.5%) of the participants reported consulting “often” with parents, while another almost half (46.4%) reported consulting “often” with principals. One fourth of school counselors reported consulting “often” with school psychologists and speech pathologists while another 40.5% consulted the school nurse “often”. Approximately a third of school counselors consulted “sometimes” with school psychologists (36.4%), speech pathologists (34.9%), principals (32.6%), and parents (28.7%). Consultation with OTAs was minimal compared to other groups.

Table 1

School Counselor Engagement in Consultation With Others (n = 998)

	Never	Rarely	Sometimes	Often	Always	N/A
Principal	12 1.2%	107 10.7%	325 32.6%	463 46.4%	89 8.95	2 0.2%
Teacher	0	21 2.1%	189 18.9%	618 61.9%	169 16.9%	1 0.1%
Parent/Guardian	3 0.3%	16 1.6%	286 28.7%	554 55.5%	138 13.8%	1 0.1%
School Psychologist	91 9.1%	187 18.7%	363 36.4%	255 25.6%	64 6.4%	38 3.8%
School Nurse	18 1.8%	54 5.4%	227 22.8%	404 40.5%	212 21.2%	83 8.3%
School OTA	162 16.2%	211 21.1%	144 14.4%	31 3.1%	3 0.3%	447 44.8%
Speech Pathologist	11 1.1%	158 15.8%	348 34.9%	264 26.5%	61 6.1%	156 15.6%
Other School Counselors	10 1%	63 6.3%	197 19.7%	384 38.5%	272 27.3%	72 7.2%
Mental Health Counselor	34 3.4%	276 27.7%	403 40.4%	222 22.2%	30 30.1%	33 3.31%

Consultation by academic level

A multivariate analysis of variance (MANOVA) was conducted to test the research hypothesis that participants will differ in frequency of consultation by academic (i.e., elementary, middle, high, or mixed) level of job placement at an α level of .05. The independent grouping variable was the academic level at which the participants indicated performing their school counseling duties. The multivariate dependent variable consisted of the linear combination of participant ratings of how frequently they engaged in consultation with different types of professionals. The authors also computed an overall frequency rating based on summing participants' scores over all of their ratings. Results (see Table 2) indicated that school counselors differed in a multivariate sense in their rating of frequency of consultation by academic level (Wilks' $\lambda = .823$, $p \leq .0001$).

Table 2

MANOVA for the Effect of Academic Level on Participants' Frequency of Consultation (n = 998).

	Wilks' λ	df	F	p
Academic Level	.823	27, 3660	9.05	.000***
Consultation frequencies by groups				
Principals			13.76	.000***
Teachers			2.33	.073
Parents			2.13	.095
School Psychologists			2.68	.046*
School Nurses			4.91	.002**
School OTAs			1.03	.379
Speech Pathologists			35.43	.000***
School Counselors			27.80	.000***
Community Counselors			1.69	.167
Overall Frequency			5.20	.000***

* $p \leq .05$, ** $p \leq .01$, *** $p < .001$

The strength of association (i.e., effect size) between academic level and the linear combination of consultation frequency was $\eta^2 = .177$, indicating that 17.7% of the combined variance in consultation frequency is associated with the participants' academic level of job placement (Tabachnik & Fidell, 2004). Therefore, the null hypothesis was rejected and the research hypothesis was affirmed.

Post-hoc analyses using the Scheffe test for significance indicated that elementary school counselors reported engaging in significantly less frequent overall consultation when compared to other groups of school counselors (i.e., middle school counselors, high school counselors, and counselors indicating they served mixed academic levels; See Table 2). This difference in elementary school counselor consultation included less frequent consultation with principals, school psychologists, school nurses, and speech language pathologists. Elementary school counselors reported significantly more consultation with other school counselors when compared to the other participant groups. An additional MANOVA was conducted to determine if either training in the ASCA National Model or living in a state with some form of mandate for school counseling related to consultation practice of school counselors. The results did not indicate a significant difference. A discussion of these results is provided below.

Discussion

Consultation, an indirect service to students and recommended by ASCA National Model (2005), is provided by a majority (79%) of school counselors who participated in the study. School counselors most often consult with teachers (99.9%), parents (99.6%), and principals (98.4%) as hypothesized. A high number of school

counselors also consulted with mental health counselors (93.3%) and other school counselors (91.8%). The high number of school counselors consulting in rendering school counseling services was assumed as an indication of the influence of the profession's recommendations for and benefits of consultation in performing school counselor duties. It may be necessary to further explore the reason for minimal consultation with OTAs. A possible explanation is that the schools in which most of the participating school counselors worked did not have OTAs.

Consultation varies across academic levels as hypothesized. In comparing school counselor practices at different academic levels there were two main differences in consultation practices among elementary and secondary school counselors. First, elementary school counselors reported significantly less consultation with principals, school psychologists, school nurses, and speech language pathologists than did school counselors at the secondary (i.e., middle, high, or mixed school academic) levels, although overall they consulted more. One explanation for this finding is the possibility that elementary school counselors consult less with other professionals because issues may be simpler at the elementary level, or issues may be more resolvable via consultation with parents and teachers. Second, elementary school counselors reported significantly higher frequency of consultation with peer school counselors than all other school counselor participant groups. We surmise that higher incidence of consultation with peer school counselors may be for determining effective programming for the elementary age students who are limited in their ability to verbalize needs.

Considering that school counselors consult with different stakeholders at various academic levels, it may be useful to identify specific consultation services that may

enhance services. For example, consultation initiation and assessment evaluation practices may differ if the consultee is not a mental health provider, such as a school nurse or a speech language pathologist. It may also be prudent to pay more attention to the role of peer-to-peer consultation, especially for elementary school counselors who appear to engage more in consultation with peer counselors. Peer consultation may also be useful with mental health counselors and school psychologists, who are other mental health specialist groups supporting the school systems (See Table 1). Such consultation may be related to the role of the school psychologists as performance assessor (Bradley-Johnson & Dean, 2000) and the role of the school counselor as provider of follow up services. Consultation with mental health counselors may be due to the school based mental health programs implemented in various schools and the easy accessibility for referrals. These findings suggest that an understanding of different consultation models may be helpful in providing optimum consultation services.

This study only establishes that a majority of the school counselors surveyed engage in consultation, and provides some detail as to with whom and how often such consultation occurs. In the absence of information on what types of consultation models are preferred by school counselors, the question remains if school counselors are utilizing a theoretically based consultation model and if these consultation experiences are deemed successful.

Limitations and Future Directions

This study was designed to explore and describe actual consultation practices of school counselors because there is a discrepancy that exists between ideal and real duties of school counselors (Perera-Diltz & Mason, 2008; Scarborough & Culbreth,

2008). Based on the results of this study, a majority of school counselors engage in the indirect service of consultation in alignment with ideal recommendation for consultation practice in the ASCA National Model. Although we provide evidence for responsive service related consultation practices and some directions for consultation refinement for school counselors, this study is not without limitations. From our data, we are unable to determine the model of consultation that is most useful to school counselors engaging in consultation. Understanding what models are used may be useful for future training of school counselors in consultation. Such knowledge is also useful to determine limitations that may be experienced when using consultation. For instance, if a school counselor is utilizing the same model of consultation with teachers, parents, other school counselor, and principal, there may be issues of effectiveness of consultation with certain groups. In general, we suggest the use of a collaborative style when working with other professionals. An expert-driven style may be useful when consulting with parents on a particular case where the school counselor's expertise is necessary for a student's progress. It is necessary to further research how these apply to specific situations.

Some design related limitations include: first, the sample gathering method exclude school counselors who do not have an email address and who do not belong to ASCA. Although we have no evidence to believe that those who were unintentionally excluded due to sampling method differed from our sample, their absence in our sample is duly noted. Our sample ($n = 998$) exceeds the recommendation 375 for a population of 15, 000 (Krejcie & Morgan, 1970).

Next, we are unable to provide a definitive response rate due to the method of distribution of the survey. It is possible that some did not open their email or that the email was directed to junk mail preventing participants from having access to the survey. There is some controversy on an ideal response rate for surveys. While some claim that the response rate of 10% is low others have argued that response rate of electronic surveys is not comparable to traditional-mail surveys due to technical difficulties (i.e., slow modem speeds, unreliable connections, low-end browsers, spam filters, incorrect or expired email addresses, and servers unable to handle mass emails) which may discourage participation (Couper, 2002) and that response rates have a minimal impact on the results (Curtin, Presser, & Singer, 2000; Keeter, Miller, Kohut, Groves, & Prosser, 2000).

Third, due to the wording of the survey, we are only able to provide actual school counselor case consultation practices related to responsive services and are unable to ascertain if the school counselor's role was that of consultant or consultee. It is possible that at times, the school counselor is the consultee seeking assistance with a case rather than the consultant providing services. We are also unable to provide information on system support consultation which is related to accountability.

Addressing these limitations and gaining more specifics on actual practices of consultation may provide further insight related to which type of consultation and consultation with which group of stakeholders need further improvement. Investigating the consultation related educational needs of school counselors, which we did not gather, may also be useful in determining exact training needs for the future. Next, we are unable to determine the rationale of the 264 participants who did not engage in

consultation, whether the lack of consultation practice was due to a lack of usefulness, a lack of educational training, or perhaps both. Finally, although there was no mention of confusion in responding to the survey, the lack of piloting the instrument is duly noted. These limitations warrant replication and further research on existing consultation practices of school counselors.

Conclusion

The results of this exploratory study suggest that a large number (79%) of school counselors consult. Most of these school counselors consult with teachers, parents and/or guardians, and principals. Some differences do exist between elementary and secondary school counselors in their consultation practices. Our results suggest the appropriateness of using interdisciplinary consultation methods. Further research on specifics of consultation such as the models used, training received, and impact of consultation will enhance the understanding of and provide direction for consultation practices of school counselors.

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