

AN ABSTRACT OF THE DISSERTATION OF

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The use of consultation as a means of delivering educational instruction to students with disabilities in the general physical education setting is becoming increasingly prevalent in the United States and is most frequently operationalized in a triadic model. In this model the adapted physical educator serves as the consultant, the general physical educator serves as the consultee, and the student serves as the target, or the one who receives the intervention. The purpose of this phenomenological study was to answer the following questions. What are adapted physical education specialists' perceptions about consultation as a delivery model for individuals with disabilities? How do adapted physical education specialists define an effective consultation model for adapted physical education? How do adapted physical education specialists define their role in the consultation process?

Six adapted physical education specialists participated in this study. Analysis included two in-depth individual interviews, a one-day field observation with each participant, researcher notes, and a final focus group

including, definition, situational context factors, effectiveness, skills, training, consultation model preferences and roles. It was apparent from these participants that consultation interactions on behalf of students with disabilities varied greatly based on the multidimensional and dynamic nature of the educational environment. Results showed that the use of consultation was more prevalent with middle and high school students. It was also found that adapted physical education (APE) consultation could be presented on a continuum from proximal to distal, dependent on the degree of interaction between the APE specialist, the general education teacher and the student. The effectiveness of consultation was dependent upon the general education teacher's attitude, the APE specialist's skills, and the degree of administrative support. Finally, five roles of the APE consultant were delineated from the participants' descriptions of their job-related interactions. These roles were; advocate, educator, courier, supporter/helper, and resource coordinator.

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Adapted Physical Education Specialists' Perceptions
and Role in the Consultation Process

by

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Rebecca K. Lytle, Author

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ADAPTED PHYSICAL EDUCATION SPECIALISTS' PERCEPTIONS AND ROLE IN THE CONSULTATION PROCESS

INTRODUCTION

Over the last three decades, the education of children with disabilities has undergone many changes. Prior to 1975, 1 million children with disabilities were excluded from school altogether, and another 3.5 million did not receive appropriate programs within the public school. Many others were housed in institutions, which failed to address their educational needs (Individuals with Disabilities Education Act Amendments, 1995). However, the passage of the Equal Education for All Handicapped Children's Act (PL94-142) in 1975 had a major impact in creating equitable education for children with disabilities (Sherrill, 1998). It stated that all children had a right to a free and appropriate public education.

Within the original mandates of Public Law 94-142, it was described that each child who qualifies for special education services would have an individual education plan (IEP) created by the team of professionals. This IEP team was instrumental in initiating a more collaborative approach to educating individuals with disabilities in that it required all goals and objectives to be written and implemented by this multidisciplinary team.

PL94-142 also stated that, to the maximum extent possible, students with disabilities should be educated alongside their non-disabled peers in the least restrictive environment. This caused a shift regarding where

students were placed and marked the beginning of changes in how adapted physical educators and other special education personnel met the needs of individuals with disabilities (National Information Center for Children and Youth with Disabilities, 1995).

The shift from educating students in segregated facilities in homogeneous groups to educating students in inclusive settings in heterogeneous groups has caused a shift in how educational services are provided. Special educators and general educators no longer work in isolation from each other; they are now, frequently, responsible for educating all children in the same classroom. This has created the need for special educators to work in a consultative role with general educators (Friend, 1988; Stainback, Stainback, & Aryes, 1996; Villa, Thousand, Nevin, & Malgeri, 1996), and for both special and general educators to take ownership of the intervention strategies affecting students with disabilities (Pugach & Johnson, 1995). No one teacher is expected to have all the expertise to meet the needs of such a diverse student population. Rather, individual teachers must have the resources available to them to create successful learning environments for all children through collaborative cooperative problem solving. Physical education programs were no exception. General education teachers were finding the need to call upon adapted physical education (APE) specialists to assist with program considerations, thus creating a new consultative relationship.

The use of adapted physical education consultation is most frequently operationalized in a triadic model (Friend & Cook, 1996; Idol, Nevin & Paolucci-Whitcomb, 1994). In this model, the adapted physical educator serves as the consultant, or the one who possesses the "knowledge" to solve a problem while the general education teacher serves as the mediator, or the one who implements the intervention. The student acts as the target, or the one who stands to benefit from the intervention. The intervention is designed to facilitate learning for the student with a disability. The triadic model of service delivery is becoming increasingly prevalent in the United States. Kelly and Gansneder (1998), in their national survey of adapted physical education (APE) specialists' job demographics and preparation, found that 59% of specialists provided indirect services to general education teachers and their students with disabilities. Indirect services were defined as, "...itinerant or consultant...you provide information, assessment, or other assistance but do not teach the children directly. The actual physical education services are taught by another person" (Kelly & Gansneder, 1998, p. 146).

In its preparation of APE specialists, the State of California has recognized the growing use of indirect service as a means of providing educational services to students with disabilities. In the recently published Framework for Physical Education in California (California Department of Education, 1994) the adapted physical educator's job in indirect service is defined as either consultation or collaboration. This document describes

three APE placement options, adapted physical education direct service, adapted physical education collaboration, and adapted physical education consultation. Adapted physical education consultation is defined as, "Ideas and suggestions for individualizing physical education instructional strategies, equipment, and curriculum," while adapted physical education collaboration is defined as, "Physical education services provided and/or implemented jointly with parents and other staff " (California Department of Education, 1994, p. 79). This suggests that consultation and collaboration are two separate entities. The APE specialist either works with parents and professionals to provide services jointly, or serves as the "expert", making suggestions for instruction that someone else implements. This approach contradicts the collaborative consultation model as defined by Friend & Cook (1996) who describe collaboration as a way in which consultants interact with others rather than as a separate service. Are consultation and collaboration two separate ways of interacting with others or is collaboration a method of interaction in the consultation process? To examine this, we need to look more closely at the role of the APE consultant.

The role of the consultant in adapted physical education remains unclear with varying sources defining consultation roles differently (Block & Conatser, 1999; Dougherty, 1995; Dougherty, Tack, Fullam, & Hammer, 1996; Hanft & Place, 1996; Sherrill, 1998). Sherrill (1998) describes in general the many roles of an APE specialist including planning, assessment, prescription/placement, teaching/counseling/coaching, evaluation,

coordination of resources and consulting, and advocacy. Dougherty (1995) describes the roles of human service consultants as advocacy, expert, trainer/educator, collaborator, fact finder, and process specialist. While Dougherty et al., (1996) in a later article describe process specialist, facilitator, validator, coach, and collaborator as the roles consultants play. Finally, Block and Conatser (1999), in the first article that specifically addresses the roles of APE consultants, describes four specific roles derived from the literature. These include (a) advocacy, (b) trainer/educator, (c) fact finder, and (d) process specialist.

The advocacy role is to promote services or tries to change attitudinal barriers. This might include advocating for changes in structural barriers in the environment or instructional barriers in the classroom. The trainer/educator's role is to share knowledge derived from his or her specific training in adapted physical education. This knowledge could include information on a specific disability, instructional strategies, or adaptations to accommodate a student. The fact finder's role involves finding and delivering information to others such as teachers or instructional assistants. This might include information on new equipment, materials, techniques or web sites to visit. Finally, the process specialist looks at how instruction is being implemented rather than what curriculum is implemented (Block & Conatser, 1999). For example, a teacher may have trouble integrating a student into physical education because of the nature of the instructional methods the teacher has selected. It is the role of the process specialist to

identify how education for the student is being implemented and to assist in facilitating change to create a more successful environment, if needed.

This shift in the job description of the APE specialist from providing direct service to students to providing services through consultation has created a need to examine more closely this consultative role. The purpose of this study is to answer the following questions. What are the APE specialists' perceptions about consultation as a delivery model for individuals with disabilities? How do APE specialists define an effective consultation model for adapted physical education? How do APE specialists define their role in the consultation process?

Review of Models of Consultation

The terms consultation and collaboration have both been discussed in the literature. Consultation is typically defined as a triadic model where one professional assists another professional about a problem with a third party. This triadic model indicates an unequal relationship between individuals, with the consultant serving as the expert (Coben, Thomas, Sattler & Morsink, 1997). Collaboration, however, involves the process of two coequal parties defining and solving a problem, resulting in equality in the relationship.

Bishop, Woll, and Arango (1993) have typified collaboration as, "...a way to humanize the service delivery system. It improves the outcomes for children with special health needs and their families. Collaboration

facilitates satisfying and effective relationships" (Bishop et al., 1993, p. 11). This need for more collaborative relationships in the consultation process emerged in the 1980's and the term collaborative consultation became prevalent in the special education literature (Coben, Thomas, Sattler, & Morsink, 1997).

Collaborative consultation, as a model, evolved from three previous models. Conoley and Conoley (1988) describe these commonly used models as mental health consultation, behavioral consultation and process consultation, also known as organizational consultation.

Mental health consultation is concerned with relationships among people. In this model, the consultant focuses on the teacher's needs and does not work directly with the student except to model a possible instructional strategy or technique for the teacher. Premises of this theory include equal status of participants, voluntary participation, supportiveness, and interactions based on consultee needs. The role of the consultant is to be supportive and to use the strategy of "one downmanship" to prevent coming across as the expert. This is accomplished by seeking the consultee's input, not taking credit for ideas, and emphasizing equal status. Additional strategies used by the consultant might include discussion, use of parables, confrontation, and exploration of feelings. The focus of this model is on teacher attitudes and behaviors and establishing a trusting relationship.

Behavioral consultation was developed by school psychologists out of the need to assist teachers in dealing with behavioral problems in the

classroom (Gutkin & Curtis, 1982). The focus of this model is to change the student's behavior by changing the teacher's behavior. The behavioral approach to consultation is directive in nature and is focused on identifying the problem behaviors of students and designing strategies for remediation through the teaching of new skills and knowledge to the teacher. The behavioral consultation approach is linear and involves the following steps: (a) problem identification, (b) data collections, (c) solution selection, (d) intervention, and (e) evaluation (Dustin & Ehly, 1984; Conoley & Conoley, 1988; Friend & Cook, 1996; Gutkin & Curtis, 1982; Gutkin, 1996a). Included in this process is systematic data collection for problem identification and evaluation done by either the consultee or the consultant. Because of the documented evidence of positive change through systematic data collection, behavioral consultation is the most widely used model of consultation in the schools (Conoley & Conoley, 1988).

The process consultation model is different from the previous two models in that it focuses on the system or group (Friend & Cook, 1996; Conoley & Conoley, 1988). This model comes from organizational effectiveness and social psychology theory and focuses on the process rather than on a specific product or outcome. Process consultation stems from the need for teachers to interact on many levels including leading groups, setting agendas, solving problems, managing conflict, communicating, and giving feedback. Success in these interactions is largely based on effective communication skills.

The process-oriented consultant is interested in group dynamics and how groups function as well as interpersonal skill building. This approach requires administrative support and the belief that better interactions will result in better student learning environments. Example strategies in the process consultation model include; needs analysis, data collection and feedback, and simulations. A possible advantage of the process consultation model is the fact that it is a systems approach and focuses on the entire group rather than an individual teacher or student. By impacting the group as a whole you are impacting a greater number of students. However, this model may fail to remediate a specific individual student issue.

These are the most frequently used models of consultation. They are described briefly because they represent the foundation from which the collaborative consultation model stems. Friend and Cook (1996) define collaboration consultation as "...a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal" (p. 6). This model of consultation is based on several assumptions. These include (a) each individual engages in collaboration voluntarily, (b) all parties have equal parity (equal power and equal value), (c) individuals agree on a common goal, (d) all share in responsibility and decision making, (e) resources and information are shared freely between participants, and (f) participants are equally accountable for outcomes (Friend & Cook, 1996; Idol et al., 1994).

Pugach and Johnson (1995) state that effective collaborative consultants recognize that the input of several individuals allows for greater creativity regarding solutions and acknowledge the complexities of setting goals. Collaborative consultants are reflective about their own personal practices and enjoy the social interactive process. In addition, they do not judge others, but are open, receptive, and value the thoughts and ideas of others. Information brought by all professionals is equally valued and has equal status in addressing students' individual needs (Friend & Cook, 1996).

In conclusion, collaborative consultation is a model of consultation that combines elements of three other models, mental health, behavioral, and process consultation. Elements of the mental health model included the need for equal status, trust, establishing positive relationships, and the modeling of strategies for change. In addition, the stages of consultation as defined by the behavioral model are also included in the collaborative consultation model. These include problem identification, data collection and analysis, solution selection, implementation, and evaluation (Bradley, 1994; Friend & Cook, 1996; Idol et al., 1995; Pugach & Johnson, 1995).

Finally, collaborative consultation takes from the process consultation model the need for effective communication and interpersonal skills. Because of the inclusive nature of the collaborative consultation model and its predominant use in special education literature, the collaborative consultation model was used as a theoretical framework for analysis of data

in this study. Following is an overview of current research in the area of consultation.

Overview of Research on Consultation

Researchers have examined several aspects of consultation as a service delivery option. These include content in the following areas; (a) preferences of specific models by profession, (b) the effect of training on consultation, (c) consultant and consultee interactions, and (d) factors that effect the consultation process.

In their review of the literature Heron and Kimball (1988) state that models of consultation can be differentiated across professions. For example, while psychologists prefer the mental health model, teachers prefer the behavioral and collaborative models. Babcock and Pryzwansky (1983) found that teachers preferred the collaborative model across all stages of consultation (i.e., goal setting, problem identification, recommendations, implementation, and follow-up).

However, the selection of a particular model to match the professional's preferences is not sufficient. In order for consultation to be effective individuals must possess the necessary communication skills. Bradley (1994) suggests that professionals who are to be successful collaborative consultants must have formal training in consultation. Echoing this statement, Gersten, Darch, Davis, & George (1991) found that teachers who are not adequately trained tended to avoid collaborative interactions.

Further research, with counselors and psychologists, on consultation effectiveness in the schools shows that training has a positive effect on the process skills of consultants (Curtis & Zins, 1988). Process skills included the level of questioning, the quality of verbalizations, and the degree to which consultants were descriptively specific rather than inferential. In addition, Costenbader, Swartz & Petrix, (1992) found that the more training an individual had, the higher their perceived ability in the consultation. Finally, training in interview skills and problem identification has a significant positive effect on service efficiency and effectiveness (Bergan & Tombari, 1976).

Clevin and Gutkin (1988) in their study of school psychologists expanded training in the behavioral model alone and added training in task analysis. They found that the combination was even more effective than the behavioral model alone in teaching effectiveness.

Researchers have also examined the consultant/consultee relationship and it appears that in studies of psychologists and teachers, consultants tend to dominate the interview process with consultees taking a more passive cooperative role (Erchul & Chewning, 1990; Gutkin, 1996b). This is interesting in light of Babcock and Pryzwansky (1983) findings that teachers prefer a more collaborative model. If a collaborative model was used, one would expect to find more equal participation and an equal sharing of ideas, suggestions, and questioning. However, their findings do support Heron and Kimball's (1988) assertions that psychologists prefer the

behavioral model. The behavioral model lends itself more to the psychologist dominating the interaction.

Finally, factors that affect the consultation process have been examined. Karge, McClure and Patton (1995) found the problems most likely to hinder effective consultation included the teacher's attitude toward the process, lack of time, teacher personality and lack of training. Effective consultation interactions were associated with consultation process skills, expert skills, personal characteristics, interpersonal skills, and professional respect between participants (Knoff, McKenna, & Riser, 1991). Expert skills included such characteristics as knowledge, good communication, good observation skills, and positive rapport.

Generally, previous studies have examined the consultative relationship between psychologists and teachers with a few studies examining the relationship between resource teachers and classroom teachers. These studies have examined preferences towards specific models; the effect of training on consultation; consultant and consultee interactions; and factors that effect the consultation process.

In the area of adapted physical education there has been only one study (Heikinaro-Johnson, Sherrill, French & Huuhka, 1995) examining the use of consultation, even though this is an important and recognized role that adapted physical education specialists serve (Auxter, Pyfer, & Huettig, 1997; California Department of Education, 1994; Conatser & Block, 1998; Conner-Kuntz, 1998; Helm & Boos, 1996; Kasser, Collier, & Solava,

1997; Kelly & Gansneder, 1998; Maguire, 1994; National Consortium, 1995; Sherrill, 1998).

Heikinaro-Johansson et al., (1995) collected data from classroom teachers, paraprofessionals, and students over a two-month period to determine if consultation was an effective means of service delivery. Results from videotaped observations, journals, interviews, and interdisciplinary team meetings revealed that students with disabilities did benefit from consultation services. Based on this research, consultation is a valid method of service delivery for students with disabilities. This study is the first research of its kind in the area of consultation in adapted physical education.

To date, no studies have examined the specific roles adapted physical education specialists play within the context of consultation, the competencies needed for this aspect of the job, or how effective consultation is compared to direct service. For these reasons this study looked further into the process of consultation by answering the following research questions. What are the APE specialists' perceptions about consultation as a delivery model for individuals with disabilities? How do APE specialists define an effective consultation model for adapted physical education? How do APE specialists define their role in the consultation process?

METHODS

Participants

Six adapted physical education specialists representing five counties and two districts participated in this study. Participants were selected based on purposeful sampling using the maximum variation technique (Patton, 1990). Purposeful sampling involves soliciting “information rich” cases for in-depth study. This researcher strove to get the most diverse group possible based on the criteria of gender, years of experience, number of schools served, urban vs. rural setting, grade levels, disabilities served, and types of placements for their students. A participant information sheet was used to gather these data from potential participants (Appendix A). Maximum variation allows for the widest possibility of readers to connect with the results (Seidman, 1991). The names of potential participants were gathered from coordinators of adapted physical education programs at state universities and from county special education offices in Northern California.

Participants had to meet the following criteria: (a) hold a current adapted physical education specialist credential from the State of California, (b) hold at least a 50% APE teaching position in the public school system, and (c) provide some indirect service to students with disabilities via consultation with general education teachers even though they may be also providing direct service to students. These criteria ensured that participants in the study had experienced formal training in the area of APE and

that their job as an APE specialist was their primary job responsibility. A total of 12 potential participants were solicited. Six were selected to participate in the study.

Each participant served students with disabilities on general education campuses and worked with students with all types of disabilities. Most students from their caseloads were placed in either special day classes, resource specialist programs or within general education classrooms or general physical education (GPE) environments. All participants held current APE specialist credentials from the State of California. Names used for these specialists are pseudonyms.

Grace has been teaching APE for 18 years. During the past year she has started a new job with a 50-50 split between APE and general PE. She teaches in an urban school district that serves students from preschool through grade twelve. As an APE specialist she serves 14 students in 5 schools. During the course of a week she teaches approximately 214 students between her two job responsibilities. Grace became interested in adapted physical education during college when she roomed with an individual who was blind and participated actively in sports. During this same time frame, her university had started a new APE teacher education program. She became fascinated with adapted physical education and was in the first graduating class.

Tisha has been teaching APE for 19 years. She has been with the same school district in an urban northern California setting for the past 18

years. She holds a 100% position and works with students in preschool through high school. Tisha serves 21 school sites with 52 students on her APE caseload. During a given week she works with approximately 250 students total. During the 1970's Tisha was having difficulty finding a job in general physical education. A friend told her about an opening in APE and she became very interested. Tisha had taken courses in special education as electives and was working at a recreational program for individuals with disabilities. Tisha took the APE job and subsequently returned to school to complete her coursework for the specialist credential.

Bob is a full-time APE teacher for a county in rural northern California. He has been teaching in adapted physical education for 21 years. In his current position he works with students from preschool through eighth grade. He provided APE services to 5-10 schools (depending on where his students are placed each year) and has a caseload of approximately 50 students. In addition to his full-time position, he serves part-time as an APE consultant for a neighboring county. In this capacity, he completes motor assessments, IEP's and designs programs, which are implemented by others within the county on a regular basis. Bob became interested in APE during college when he worked with students with disabilities in an aquatics program. Bob went on to get a master's degree from an institution on the East Coast in "Physical Education for the

Handicapped". He was then hired in California by a segregated school, located in an urban setting, where he taught for five years before moving to his current job.

Jane taught part-time as an elementary physical education specialist and science teacher for four years before becoming an APE specialist. She was offered a part-time APE position and worked under an emergency credential while completing her APE specialist credential. She has currently been a full-time APE specialist for a rural northern California county for the past 4 years. Jane works with students from preschool through age 21, serving 17 schools with an APE caseload of 65. Jane has a part-time instructional assistant who assists with her program.

Steve has been teaching APE full-time for 14 years within the same county in a rural/suburban northern California setting. He currently works with 25 schools and his caseload includes 110 students. Steve also has a full-time instructional assistant who assists with his program. He notes that when he first started working for the county, all the special education students were at one separate school site. His role has evolved over the years from totally direct service to increasingly more consultation. Now, the majority of his students are placed on general education campuses. Steve became interested in APE during his physical education teacher training courses and while taking an introduction to adapted physical education class he "fell in love with the kids and didn't look back".

Sally taught as a substitute for two years and then became a sixth grade classroom teacher. She taught for five years before returning to school obtain her APE credential. Sally became interested in teaching APE because of seeing an advertisement in the paper for an APE specialist in her county and she thought it would be a fun and interesting job. Finally, after some investigating, she enrolled in an extension program through a northern California university and was able to begin her job on an emergency credential. Sally has been teaching APE full-time for the past three years in a rural northern California county. She serves 15 schools and has a caseload of 30 students between the ages of three and 21 years. Table 1 summarizes the demographic data.

Table 1

Demographic Summary

Gender	Age	Years APE	Urban Rural	Grade/ Year	Number Schools	Caseload	% APE
F	46	18	U	K-12	3	24	50
F	43	18	U	Pre-12	20	40-50	100
F	45	3	R	K-12	15	30	100
M	38	14	R	Pre-20yr.	25	110	100
F	35	4	R	Pre-21yr.	17	55	100
M	44	21	R	Pre-8	5-10	50	100

Data Collection

The methods used for this study were qualitative in nature and based on phenomenological theory. Phenomenological theory seeks to

reveal the nature of a person's experience with a phenomenon which, in this case, was the APE specialist's experience with the consultation process (Strauss & Corbin, 1990). Phenomenology refers to,

...the study of how people describe things and experience them through their senses...we can only know what we experience by attending to perceptions and meanings that awaken our conscious awareness. Initially all our understanding comes from sensory experience of phenomena, but the experience must be described, explicated, and interpreted...There is no separate (or objective) reality for people. There is only what they know their experience is and means. (Patton, 1990, p. 69)

The purpose of this study was to examine three questions:

1. What are adapted physical education specialist's perceptions about consultation as a delivery model for individuals with disabilities?
2. How do adapted physical education specialists define an effective consultation model for adapted physical education?
3. How do adapted physical education specialists define their role in the consultation process?

This study used a multi-method approach in order to understand the nature of the consultation process. Data collection included, two audio-taped in-depth interviews with each participant, a demographic data form, interview notes, one day of field observations with each participant, and a focus group meeting with all the participants which concluded with a reflective writing session. Each part of the data collection methodology made a unique contribution to the overall study (Morgan, 1997) and also served as a means for triangulation of data. Triangulation refers to the validation

of content by means of comparing information with at least one other source of data collection (Lincoln & Guba, 1985).

In-depth Interviews with APE Specialists. For this study, a phenomenological interview process as described by Patton (1990) was used. A three series interview was utilized including background information from the participant, details of their experience with consultation, and a reflection of the meaning of consultation. In the current study the first two interviews were individual interviews and the third interview was held as a focus group. Prior to each interview participants were called to confirm the time and location of the interview. The first two interviews were held at a location that was convenient for the participant. This was usually at the participant's job site. The focus group was held in a conference room that was located within a one and a half to two hour drive for each of the participants.

Each in-depth individual interview lasted between 45 and 75 minutes and included standardized open-ended questions designed to explore the participants' experiences with the consultation process. The interview questions were developed based on a review of the literature on consultation. In addition, two experts in qualitative design, two experts from adapted physical education and two experts from the field of pedagogy reviewed questions for the interviews. All interviews were tape recorded and transcribed for later coding and analysis.

The first interview included a standardized introductory statement to the participants regarding the purpose of the study and an explanation and signing of the consent form (Appendix B). This was followed by questions relating to demographic information, how they became interested in adapted physical education, the process of consultation, and how they perceive others feel about the use of consultation (Appendix C). At the close of the first interview, the participants were given a data form to complete, and to return during the second interview. In addition, possible dates for the second interview and the on site field observation were discussed.

Prior to the second interview, each participant was sent a copy of his or her first interview transcript for review and accuracy. If there were any discrepancies or errors in the transcript, they were corrected prior to the second interview. Following analysis of the first interviews, the second interview and field observation were scheduled. After the second interview, transcripts again were sent to each participant for review and accuracy.

The second interview delved more deeply into the process of consultation and included discussion of the requisite skills of the APE specialist, the role of the APE specialist, and future training for APE specialists. Also, advantages and disadvantages of consultation were discussed. At the conclusion, participants were given the opportunity to ask any questions and share any additional information about consultation.

Demographic Data Form. As noted, during the first interview a demographic information data form was given to each participant to be completed between the first and second interview. This form gathered information about each APE specialists', age, gender, location, caseload, sites served, number of students receiving consultation, as well as additional general information pertaining to the individual's job and responsibilities. The data sheet was collected during the second interview, thus allowing the participants time to review their responses to insure that the information was accurate (Appendix D).

Interview Notes. Following each interview, the researcher made notes of any factors that might not be indicated on the audiotapes (e.g. the environment, postures, gestures, or facial expressions). In addition, interview notes included the date, time, location, who was present, and reflections of the researcher such as, feelings, insight's, questions, interpretations or beginning analyses as information emerged from the data (Patton, 1990).

Field Observations. The purpose of the field observation was to gather information about the consultation process by directly observing interactions between the APE specialist and others involved in consultation. The researcher gathered the following information from the field observation: date, location, who was present, physical setting, activities, examples of dialogue between adapted physical education specialists and general education teachers, and miscellaneous information deemed

pertinent. An example of miscellaneous information included copies of any forms that the APE specialist used in the consultation process.

One full day of field observation was conducted with each participant at his or her job site. The field observations were scheduled after the first round of interviews were completed and reviewed. This allowed the researcher to ask for clarification of any questions from the first interview. The observation day was based on when the participant did the most consulting as opposed to direct service, as well as consideration of the researcher and participant's schedules. A day before the field observation the participant was contacted by phone to confirm the time and location.

Upon meeting with the participant at his or her site, a standardized written explanation was read explaining the purpose of the field observations and the researcher's role (Appendix E). Any questions were addressed at this time. The researcher remained slightly removed from the participant, although within listening range, so as to hear interactions but not to interfere with the process. Data were collected via hand written field notes. Specific attention was paid to interactions between the APE specialist and the general education teacher or other individuals the adapted specialist consulted with during that day. Once the observation was finished, there was a debriefing time for both the researcher and participant to make comments or ask questions for clarification. During direct service activities the researcher offered to help with anything the participants needed. This

was done to help make the participants feel more comfortable with the researcher's presence and as a courtesy to the participants.

The content from the field observations and the individual interviews were examined for consistency and differences in order to triangulate information. If there were discrepancies between what was said during the interviews and what was observed in the field, the researcher discussed these differences during the second interview and/or during the final focus group meeting for clarification and accuracy.

Focus Group Meeting. The use of a focus group is "...a technique that collects data through group interaction on a topic determined by the researcher" (Morgan, 1997, p. 6). This technique allows for a large amount of interaction on a specific topic to take place in a short amount of time. It also elicits different aspects of behavior that are not revealed in the individual interviews. Morgan (1997) suggests that the following components are important in a focus group: (a) maximizing the range of relevant topics, (b) eliciting data that are as specific as possible, (c) providing a forum for interactions that explore feelings in-depth, and (d) recognizing the personal context of each participant in generating their responses.

In this study, the focus group was held several weeks after the two individual interviews and field observations. This allowed the researcher to examine how the APE specialists felt, thought, and spoke about the consultation process prior to holding the focus group. In addition, data from the first two interviews and field observations were analyzed prior to the

focus group. This allowed the participants to view the preliminary data summaries and to check the data interpretations for accuracy.

During the focus group, each participant shared detailed information about his or her individual experiences and perceptions. By hearing others' point of view, participants were allowed to share in the full range of possibilities of the consultation experience. Issues discussed during the focus group came directly from the information shared in the individual interviews and field observations (Morgan, 1997).

The focus group agenda (Appendix F) included the following components; (a) debriefing time and introductions, (b) review of data analysis to this point, (c) predetermined questions based on individual interviews and field observations, (d) issues that came up for the participants, and (e) a time for reflective writing by each participant. The following predetermined questions were included:

1. What is your role as a consultant?
2. What makes consultation effective?
3. What factors make someone willing to implement your suggestions?
4. How do you get people who might be resistant to implement your consultation ideas?

Possible times for the focus group were discussed during the second interview. Participants were asked for days, times and locations that would work into their schedule. Following this, the researcher confirmed the

time and location by phone with each participant. A letter was then sent to each participant stating the time, date, location, and directions to the focus group meeting (Appendix G). The meeting was scheduled at a location that was central to all participants.

The debriefing time took place at the beginning and allowed participants to talk freely with each other in an unstructured manner. Results from the interviews were posted on the walls. At this time participants reviewed the data and were asked to vote by placing a sticker next to their top 5 choices in each of the categories including what makes a great consultant, consultant skills, consultant attitudes, consultant knowledge, and who they consult with most frequently. Following debriefing, the researcher discussed the purpose and direction of the focus group and the participants briefly introduced themselves. After the introductions there was an icebreaker activity (Appendix H) followed by the predetermined structured questions. The questions were based on an analysis of each participant's two individual interviews as well as the field observation. These questions were based on the major themes and categories that emerged from the initial data as well as gaps that appeared from the analysis. Participants responded to the same questions. In this manner each participant was able to hear what the others had to say.

This process stimulated additional information for individuals to add to their initial responses and allowed individuals to consider their own views in relationship to others (Patton, 1990). Following the

structured questions, the discussion was opened up to questions or comments that may have arisen from the focus group, individual interviews, field observations, or other sources.

Finally, the participants were asked to write freely in a reflective journal for approximately 20 minutes answering the following questions. Which consulting model best fits your preferences? What have you learned from this process? And how will you use this information? Participants were also encouraged to share any comments related to consultation or the research process (Appendix I). The purpose of this writing was to allow participants to reflect on what they gained from participation in this study and to share information that they might not have wanted to share during the group interview. The writing also served to add insight into people's perceptions and thoughts regarding consultation. These insights helped to reveal the participant's frame of reference in processing information and in this way supplemented the existing data.

During the focus group, participants asked to receive copies of the summary data and ideas that were shared during the meeting. This information, along with a thank you note to the participants, was sent following the focus group meeting (Appendix J). The focus group interview was audiotaped for future analysis and for triangulation with the individual interviews and field notes.

In-depth Interview, Focus Group and Field Note Validation

The validation process included a review of the transcripts and notes for each individual interview, field observation, and for the focus group. Validation for the interviews and focus group took place after the transcripts had been typed and the content reviewed by the participants. Participants were contacted by phone after they had had a chance to review the transcripts and make any necessary corrections. In addition, any immediate questions that arose during the interview or field observations were addressed at that time. If inaccurate information existed, the necessary corrections were made so that the final analysis was accurate.

Apparatus

Apparatus for this study included a Panasonic microcassette transcriber/recorder model no. RR-930, and Maxwell 60 minute microcassettes. The tape recorder was placed so that it recorded both the participants and the interviewer for the duration of each interview and focus group. A back-up portable microcassette recorder was taken to each interview in case of power failure or electronic problems. Extra batteries were available during each session. A Power Macintosh 7600 computer and a qualitative data analysis program, Non-numerical Unstructured Data Indexing, Searching and Theorizing (NUD*IST), version four, were used for transcriptions and analysis.

Analysis of the Data

Data were collected during a 5-month period. Participants began the study in September 1998 and terminated their involvement in January 1999. The schedule of data collection is included in Appendix K. Final data analysis took place during Spring 1999.

Data were captured via audiotape recordings during individual interviews and the culminating focus group meeting. These data were then transcribed from the audiotapes into NUD*IST for coding. Additional data included the researcher's field observations, interview notes, and the participant's reflective writing from the focus group meeting. Patton (1990) describes seven steps to phenomenological data analysis:

1. Epoche is the process of becoming aware of one's own bias in order to understand more clearly the researchers view of the subject matter.
2. Phenomenological reduction is a four-step process, which includes:
 - a. Locate within the personal experience, or self-story, key phrases and statements that speak directly to the phenomena in question.
 - b. Interpret the meaning of these phrases, as an informed reader.
 - c. Obtain subjects' interpretation of these phrases, if possible.
 - d. Offer a tentative statement, or definition, of the phenomenon in terms of the essential recurring features identified in Step 4. (Patton, 1990, p. 408)
3. Data are organized into meaningful clusters.
4. Data are delimited. This involves deleting any irrelevant, repetitive or overlapping data.
5. Invariant categories are identified.

6. Extracting content from the data for illustration completes a textual portrayal of these categories.

7. Finally, a synthesis of the resulting content with the current literature is completed. In this fashion the essence of the phenomena is revealed.

A constant comparative method of analysis was also used throughout this phenomenological study (Lincoln & Guba, 1985). In this approach, data were analyzed continually throughout the collection process. Each time new data were collected, they were compared with previous data. Categories were created based on initial data from the semi-structured questions, and new categories, perhaps with subcategories, were established as new data were compared with existing data. For example, one category created was "how the specialists became interested in adapted physical education". This category included historical information shared by participants in regard to how their interest in the profession developed. An example of a category with subcategories was, "what makes a great consultant", which included the subcategories of skills, attitudes, and knowledge. Eventually, through this process all possible categories were defined. As additional data were collected, it was fit into the existing categories. However, if new data did not fit into an existing category, a new category was created. "It is this dynamic working back and forth that gives the analyst confidence that he or she is converging on some stable and meaningful category set" (Lincoln & Guba, 1985, p. 342).

As categories became finalized, the theoretical content began to emerge from the data, for example, the development of specific roles of an APE consultant. This theoretical content emerged from the descriptions of consultation interactions by the participants. It is through this theory building that the researcher began to reveal, through the phenomenological approach, the true nature of the consultation process for each of the APE specialists. This approach is consistent with phenomenological theory in that:

...there is an essence or essences to shared experience. These essences are the core meanings mutually understood through a phenomenon commonly experienced. The experience of different people are bracketed, analyzed, and compared to identify the essences of the phenomenon, for example, the essences of loneliness, the essence of being a mother, or the essence of being a participant in a particular program. (Patton, 1990, p. 70)

Trustworthiness

Lincoln and Guba (1985) describe trustworthiness as the ability of the researcher to convince the reader or audience that the information is worth paying attention to. The following aspects of trustworthiness, credibility, transferability, dependability and confirmability are comparable, respectively, to the following aspects of experimental design internal validity, external validity, reliability, and objectivity. Each area of trustworthiness will be discussed with evidence of how it will be met for this study.

Credibility. Credibility is established through prolonged engagement, persistent observation, and triangulation (Lincoln & Guba, 1985).

Prolonged engagements and persistent observations allow for sufficient time to understand the culture and to test the accuracy of information. Prolonged engagement allows for time to build trust with the participants and to identify elements of the environment that are pertinent to the study. For the purpose of this study, credibility was met through two in-depth individual interviews with each APE specialist, a field observation with each APE specialist, and a focus group with all participants.

The purpose of triangulation was to increase the probability that the findings were credible. Triangulation involved the process of cross checking each piece of evidence, as it unfolds from the data, with at least one other source (Lincoln & Guba, 1985). Because a multiple method approach was used in this study, the following sources of data were used for comparison: individual interviews, field observations, researcher notes, focus group interviews, and participants' reflective writings. Comparisons for consistency were made with each form of data with every other form of data. For example, individual interviews were compared to field observation notes, focus group interviews, and both participant and researcher reflective writings. This cross comparison method took place for each method of data collection.

Peer debriefing is another means by which credibility was established for this study. Peer debriefing refers to "...exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only

implicit within the inquirer's mind" (Lincoln & Guba, 1985). The peer debriefing for this study served several purposes. First, peer debriefing kept the researcher "honest" by sharing the information with another professional. Second, the researcher was allowed to test working hypotheses that emerged from the data. Third, possible upcoming procedures and questions were evaluated. Finally, peer debriefing allowed the researcher to think aloud with an objective professional and reflect on the feelings and perceptions from the researcher that emerged through the process. This served to clear the mind of the researcher. Peer debriefing occurred following the first week of interviews and approximately every three weeks throughout the study.

Member checks were also used in the study to enhance credibility. This process involved verifying with the participants any interpretations, categories or conclusions reached throughout the process of the study. Member checks were completed following each individual interview and field observation. Transcripts of data were sent to each participant for review and clarification following each individual interview. In addition, summary data were presented during the final focus group meeting for participants. Any inaccuracies were corrected.

Transferability. Transferability, also known as user generalizability, is the extent to which the reader can evaluate the findings and determine what applies to his or her situation. Transferability is based on the "thick descriptions" (Denzin, 1989) taken from the data. Thick descriptions allow

the reader to hear the participant's experience in their own words, and, thus, allows the reader to make their own interpretations from the data (Hutchinson & Buschner, 1996). This is also known as user generalizability. In order to present the widest possible range of information, purposeful sampling was used. Purposeful sampling involves using a diverse group of participants thus allowing a significant number of people to connect with the data. It is through rich individual and group descriptions that the reader decides if the information presented relates to them (Lincoln & Guba, 1985; Locke, 1989).

Dependability and Confirmability. Both dependability and confirmability are based on an audit trail (Appendix L). Just as an auditor is used to evaluate financial records for accuracy, an auditor may be used in qualitative design to evaluate the accuracy of the data collection process via a paper trail (Lincoln & Guba, 1985). The audit trail for this study included: the raw data, such as the original transcripts; the reduced data such as write ups of field notes, theoretical notes, working hypotheses or concepts; the data reconstruction including categories and definitions; the final report with connections to the literature and interpretations; process notes including methodology notes, researcher reflection notes, and audit trail notes; materials relating to intentions and dispositions such as the proposal, personal notes and expectations; and finally the instrument development information including preliminary schedules, observation formats, questionnaires or forms (Lincoln & Guba, 1985).

The auditor for this study was a professor and researcher in higher education with expertise in the use of qualitative design. She examined both the process and product throughout this study to insure that it was supported by the data and was “internally coherent” so that conclusions may be accepted (Lincoln & Guba, 1985). The schedule and timelines of the audit process were determined between the auditor and the researcher with audits taking place a minimum of every three weeks. The purpose of completing the audit throughout the research process was to correct any errors in the audit trail. Specifically, upon completion of the audit the auditor wrote a verification letter (Appendix M) in regards to the process and product of the study, as suggested by Lincoln & Guba (1985).

RESULTS

Data from the individual interviews, demographic data, focus group, field observations, and researcher notes revealed several categories of information. These categories included consultation as defined by the participants, situational context factors, consultation effectiveness, consultation skills, consultation training, model preferences of APE specialists, roles of the consultant, and teaching territory. Each of these categories will be presented in detail and discussed, highlighting specific examples using the words of the participants.

Consultation as Defined by the Participants

Consultation is most frequently operationalized as a triadic model. Friend and Cook (1996) define it as "...a voluntary process in which one professional assists another to address a problem concerning a third party" (p. 22). Participants in this study had a similar and consistent understanding of consultation as they defined it in their own words.

Steve:

It's kind of serving kids in a way where you can't be there physically so that you work with teachers, instructional assistants, different types of individuals that are working with the kids to kind of pass on services.

Jane:

Consultation means that I give the teacher or the person responsible for the student the tools necessary to achieve the adapted physical education goals and objectives.

Grace:

To me it means keeping in touch with everything that goes on in the general PE program and making sure that it's accessible and growthful and successful. Each time a student goes to regular PE they are going to be full participants in the class and the consult...the consulting specialist needs to make that happen.

In this triadic model of consultation, APE specialists described interactions with a host of individuals including, classroom teachers, instructional assistants, physical education teachers, parents, principals, occupational therapists, speech therapists, physical therapists, special day class teachers, superintendents, peer tutors, psychologists, doctors, nurses, and students. When asked to select the top three consultees, based on a list generated by the participants and through field observations, they selected, GPE teachers, instructional assistants and classroom teachers. The individuals that APE specialists interacted with and how and where this interaction took place were based on various situational context factors.

Situational Context Factors

Situational context relates to factors that influence decisions that are made about the use of consultation and how it is implemented. For example, the age of the student, the general education teacher's training and skills in physical education, the APE specialist's caseload, and distance to serve the student are all considered. The findings revealed some general trends across subjects. First, students in the preschool and elementary schools were more likely to get direct service in order to work on specific

skills so that they would not need services later on. Participants reported that at this age the students were excited to see them. As students moved toward middle and secondary school, they were more likely to prefer consultation as they did not want to be stigmatized by having the APE specialist work with them individually. Tisha gave an example of this:

I had a student with cerebral palsy and I had seen him through elementary and he got to seventh grade and he was making good progress and he was like, "You know, I think I don't need you anymore." And I've heard that more and more when my students get to middle school, because they don't want to be pulled out into a small group. And ever since then I've been advocating more for inclusion with our kids and on a secondary campus. And helping classroom teachers to feel comfortable with our kids because even though they can do very little, they want to be with the kids...I really feel that they really want to pull away.

Grace gave another good example:

Well, you know it's interesting because if you come in and the people that the student body knows you serve...it's a disabilityism thing. The student body has seen you working with severely disabled developmentally disabled students. They know you're the lady with the bowling pins. You're the lady with the fat wiffle bat and you're the one who works with "those kids". If the school hasn't had any disability consciousness-raising sessions...and then you come in and you work with this kid who is really trying to pass...it can be stigmatizing for them. And I try to back off and talk with them, and ask them if they want me. And ask them what they want help with, and if I should just come for certain units. You know by the time they're secondary age, I feel they can help make these decisions.

Second, the knowledge and skills of the regular education teacher influenced the adapted physical education placement choice for the student with a disability. If a student was integrated into a general education class and the elementary teacher had no background in physical education and did not like physical education, the APE specialists were more inclined to

directly teach the student or go into the class and work with all the students. Usually this took the form of instructing the entire class in physical education. If the school had an elementary physical education specialist there was a greater chance of using consultation. The fact that most middle and secondary schools had physical education teachers influenced the decision to place students with disabilities in GPE with consultation. Bob discussed the issue of general education teacher skills in physical education:

The kid that's getting pulled from his regular classroom to do PE with the APE person is getting a far better program than one that's hit or miss because the classroom teacher's not doing 200 minutes of PE every ten days like they're supposed to. And so typically APE becomes a better service than GPE... it's sort of ironic. Because it's a classroom teacher who's taken one class in PE 37 years ago and you know they are still playing "duck, duck, goose".

Finally, time and distance influenced the decision about how students were placed. If an APE specialist's caseload was already full, and a student was referred in the middle of the year, there was a greater chance that student would receive consultation. If the student lived in a rural area that required a full day of driving to provide service, that student might be placed on consultation. In addition, some counties used only consultation due to a lack of funding and a lack of students, thus not warranting a full time specialist. Steve described the problem of numbers:

No, just that I think it has its place (referring to the use of consultation). But I don't think it should be a model used to serve kids. I mean a total model. I think that it should be part of a model, which it is in our county, but I think that it is abused. And again, that is because of, you know, the lack of APE teachers. And you know that comes down to financial and priorities and I understand where it's at. And you know consultation is more effective than nothing.

Sally stated:

The numbers of our caseload is increasing that mean's we have to find short cuts as far as time I think. Which is very unfortunate, so looking at all those little parts of the job, I think helps make that determination.

In summary, the use of consultation should be determined based on student need and the principle of placement in the least restrictive environment, as described in Public Law 105-17 (1998). The first situational factor, the age of the student, addresses the individual needs and maturity level of the student in making the most appropriate placement choice. Additionally, the skills and interests of the general education teacher in physical education also play a role in finding the best services for the student.

Although issues of student age and teacher skills relate to finding the best educational placement for the student with a disability, factors that may not be based on the best interest of the student also influenced placement decisions. These included the APE specialists having too many students on their caseloads, the travel distance required to serve students in remote areas, and lack of funding to hire APE specialists to provide direct service.

Consultation Effectiveness

Several issues related to consultation effectiveness were revealed from these data. These include advantages and disadvantages of

consultation, frustrations of consultation, how APE specialists know if consultation is working, and the documentation of student progress.

Participants described six primary advantages to the use of consultation over other placement options. First, students were able to learn in their natural setting with age appropriate peers and role models. Second, by assisting teachers with curriculum issues the APE specialist helped to build a stronger program for all students. Third, consultation allowed students with disabilities to get services beyond direct, on-site intervention from the APE specialist. Fourth, consultation allowed for more flexibility in scheduling. Because they did not have to be at a physical education class at a specific time each week, APE specialists and teachers could meet at lunch, during prep periods, after school or between classes. Fifth, consultation gave parents and teachers a sense of security by having the APE specialist available to answer questions or concerns if needed. Finally, APE specialists felt that when communication was effective between all the services (occupational therapists, physical therapists, APE specialists, teachers and nurse) it helped to build a stronger program for the student. Tisha gave an example of how consultation can build a stronger program:

The advantage is that you're helping teachers that are doing classes to run, hopefully, more effective programs for kids. How to include kids with disabilities into the program. How to help them build a stronger program. How to show them that there's more than just playing a ball game to a PE program.

Steve discussed as example of how teacher collaboration can create better programs for children:

I think getting, you know, making sure that the child's in a class that has PE curriculum. Whether there is some physical activity going on, and I mean some real curriculum. Not just kind of throwing out the ball and letting them do whatever. I think that is a disadvantage. But, if you have a dynamic teacher somebody that's enthused about it and they see the child as just another kid in their class. I think that a huge advantage to the child. So they're getting the best of both worlds. Because that teacher will follow through with the suggestions that I use.

The participants described four specific disadvantages of consultation. First, participants shared that in some districts consultation was used inappropriately as the only placement option or to overload APE specialist's caseloads. Many administrators felt that consultation was a way to serve more children not recognizing the fact that effective consultation takes as much time as direct service. In these cases, participants felt that the use of consultation was being abused. Second, many teachers or instructional assistants were not willing to change their curriculum to make it more effective for the student with a disability even though, in some cases, a change in curriculum would have made the program more effective for all students. The participants noted that some teachers were not receptive to ideas and did not have the skills or desire to implement suggestions. Third, the APE specialist was not always at the site to see if suggestions and ideas were implemented. It was particularly frustrating when the APE specialist knew ideas and suggestions were not being carried out and teachers were not following through with activities. Finally, in rural areas, the distance between schools can be challenging for itinerant specialists. One

participant did not feel like part of the team at some school sites because she was only there once a week.

Jane gave a good example of what happens when the follow through wasn't there:

I guess one disadvantage would be that if the teacher is not willing to follow up on the activities, you know kids cannot learn skills. Whereas, if you were there teaching the kid they would be learning the skills. So that can be a disadvantage. And it's something that you might not be able to correct for a year!

Bob described his concerns about general education teacher's skills and follow through:

What I'm really saying is when you provide direct service, I think ultimately that's the way in which kids learn motor skills the best. When you're consulting with somebody, you have expectations for them to be doing what you do and how can you compare somebody who has five or six years of university units towards one field versus somebody who has had a class or you're telling them to do one thing. They just don't have the knowledge to do so. If they do have skills, then consultation's really advantageous because it piggybacks on the things that you're doing and allows people to continue to do them.

Participants were also asked to describe any frustrations they experienced when using consultation. Their collective response included concerns about scheduling students for services, lack of time, excessive paperwork, lack of quality physical education in general education classrooms, too many students, not enough follow-through, resistance by teachers, and difficulty contacting people because of scheduling conflicts. Lack of quality physical education instruction in general education classes and not enough follow through were considered by participants to be both disadvantages and frustrations of consultation.

Bob gave an example of how difficult it can be to get in touch with individuals, in this case a parent:

I actually couldn't get an assessment plan on a kid so I went and sat outside the school parking lot and I was watching him the other day. And so my peers say that I'm doing "drive by assessments."

Finally, in relation to consultation effectiveness, participants described the ways in which they document the process of consultation and how they know if the process is working. They described the use of log-books, lesson notes, lesson plan books, informal notes placed in teacher's boxes, teacher consultation forms and signing in and out of schools to document their presence. During field observations copies of any forms were collected from participants. These revealed the additional use of curriculum ideas, record sheets for progress on goals and objectives, modification suggestions, and a consultation survey. Two participants used progress forms including the student's name, school, program and goal, as well as the headings of date, description of activity, materials used, trials and performance or comments.

One participant, to interview teacher's satisfaction with consultation, used a consultation survey form. It included the following sentences to be completed by teachers:

1. I found the following activities, suggestions, etc., most effective...
2. I needed more assistance in the following areas...
3. I liked how you...
4. I would offer the following suggestions...

This same participant used an additional form called a consultation plan. This included a description of what the APE specialist was responsible for in the consultation. Two examples from this form included, the APE instructor will provide the following equipment: big bat, pty feet, batting T, fitness activity cards. And the APE instructor will notify parents when the Challenge League sign-ups begin in spring.

Participants were asked about the effectiveness of the process. Jane described how she knew if consultation was working:

I guess it would be progress on the goals and objectives. And content parents and students and teachers...how everybody is doing overall. The contentedness of the situation...I think if they are repeating activities and interested in, you know, if they're kind of following through and looking for new ideas and wanting equipment then I think it's working.

Sally said:

I guess I've just kinda been assuming that it's working...it's almost determined by the teacher's attitude towards the student...Inner frustration, that's my red flag, it's not working here, let's try something else...I know when it isn't working because I'm frustrated and people are complaining and that's when you know it's not working and let's make some changes.

Bob described the use of observation:

I mean, I KNOW, because I walk by that little room and I see them doing it. You know, that's another way...I'm always peeking...I mean if the kid improves then you know it's either growth, maturation, or practice.

In summary, participants used observation, teacher or parent attitude as measured by verbal interactions, and re-evaluation of IEP goals and objectives to determine if consultation was effective. However, this is not to say that APE specialists were not completing paperwork as an integral

part of their jobs. Participants shared that they wrote assessment reports and IEP's, they kept descriptive lesson notes, used lesson plan books, and kept logs on what activities were completed with each student as well as discussions with teachers.

Consultation Skills

During the individual interviews participants were asked to discuss what makes someone a great consultant as well as what skills, attitudes and knowledge were important for APE consultation. The participants generated over 111 descriptors to explain the necessary skills for an APE consultant. Total descriptors for each subcategory of consultation skills included what makes a great consultant (19), skills (35), attitudes (25), and knowledge (32). During the summary focus group interview each participant was asked to make a forced choice by selecting the five most important descriptors in each of these categories. Table 2 shows a listing of these results. It is important to note that although a particular item may have only received one vote in this forced choice, it may have been discussed frequently during the individual interviews. In addition, some descriptors were repeated as they were considered important in more than one category. For example, communication skills were listed in both the "great consultant" and "skills" subcategories.

Although the forced choice narrowed the list of skills from 111 to 57, the diversity of these skills was still dramatic. The most highly rated

descriptors received five or six votes. These included people skills, communication skills, and content knowledge about APE and GPE. The next most highly ranked descriptors included the ability to modify and adapt activities, disability awareness, professionalism, and assessment.

All of the descriptors of a great consultant, with the exception of using humor, being consistently there, and trust, were included in one of the other three subcategories. It was clear from these participants that very specific and discrete skills, attitudes, and knowledge were necessary for effective consultation.

Consultation Training

Consultation is currently recognized as an important aspect of the adapted physical education specialist's job (California Department of Education, 1994; Kelly & Gansneder, 1998; National Consortium, 1995). A recent study of special educators by Yocom and Cossairt (1996) revealed that 63% of special education teacher training programs offered a course in consultation with the majority of courses focusing on the collaborative consultation model. In addition, research has shown that training has a positive effect on consultation skills and effectiveness (Bradley, 1994; Costenbader et al., 1992; Curtis & Zins, 1988; Gersten et al., 1991). To date there has not been research examining this aspect of APE teacher training programs.

Table 2

Top Rated Descriptors of APE Consultants and Number of Votes

Great Consultant	Skills	Attitude	Knowledge
People skills (5)	People skills (5)	Disability awareness (4)	Content in GPE/APE (6)
Communication skills (5)	Can modify/adapt (4)	Professionalism (4)	Assessment (4)
Knowledge of APE and motor skills (4)	Organizational skills (3)	Flexible (4)	Writing goals and obj. (3)
See others point of view, how they are thinking/feeling (3)	Problem solver (2)	Self motivated (2)	Program planning (3)
Sense of humor (3)	Communication skills (2)	Enthusiastic (2)	IEP process (2)
Good listener (2)	Big bag of tricks (2)	Teamwork (2)	California Framework (2)
Respect (2)	Smile/be pleasant (2)	Cooperative (2)	Task analysis (2)
Positive (2)	Quick thinker (1)	Personality (2)	Motor skills (2)
Flexible (1)	Punctual (1)	Collaborative attitude (1)	Understand law (1)
Easy going (1)	Time management (1)	Be able to let things go not bother you (1)	Knowledge about disability (1)
Consistently there (1)	Respect (1)	Even tempered (1)	Know what is feasible (1)
Gain trust (1)	See others point of view (1)	Reflective (1)	Professional library (1)
	Adapt how you approach people (1)	Approachable (1)	Developmental skills (1)
	Physical skills (1)	Diplomatic (1)	
	Attention to detail (1)	Positive (1)	
	Know where to find information (1)		
	Perspective (1)		

In order to get a clearer picture of an APE specialist's background in consultation, participants were asked about their formal and informal training. All participants reported that they had no formal training in consultation during their adapted physical education preparation for their specialist credential. However, some participants reported having courses that dealt with skills related to consultation from other academic areas. These included psychology, business, educational administration, and special education. These courses were taken as either an elective for other majors or for personal interest but were not required as part of their APE credential. Sally stated:

Way back in life I had a P.E.T. class, parent effectiveness training...that dealt a lot with communication and that was, I think, my first introduction into, "Oh, there's this thing called communication!" And the different types of communication that there are...and then I took an individual analysis class that dealt with communication on a deeper level.

Jane described her previous experience as a business major as adding to her consultation skills:

If I had any formal training it would have been as a business major. I did take a class in small group dynamics...and there was a class in personal management.

Participants then described informal training they had experienced since graduating from college. Besides on the job experience, they mentioned workshops, staff development, books, conferences and discussions with other professionals (such as APE specialists or speech therapists) that use consultation. Additionally, participants were asked to describe any life

experiences they thought contributed to their abilities as a consultant. The experiences shared by the participants included working with the public in previous jobs, meeting diverse people in college, experiencing personal or marriage counseling, coaching, dealing with death in the family, traveling, and teaching a leadership group for students with disabilities. Bob discussed how experiences related to death assisted him in developing his communications skills:

I think I've been faced with a number of deaths in my family. Either, actually children and adults, and some of the books I've read on those kinds of things...almost like the grieving process...I think those kinds of things have assisted me too, in being gentle and tender and not just ram-rodging your feelings down someone's throat.

Steve described a life experience related to travel:

Well, my dad was in the service so we traveled around a lot. And in doing so, I had to meet new people all the time. So I kind of had to deal with a lot of different people from different regions of the country. So I think that helped me, just with being tolerable of people and understanding people's differences.

Finally, participants were asked what they wish they had known before beginning their consulting job. Participants shared several important principles.

1. Be flexible.
2. Leave time at each site for communication.
3. Listen and ask good questions.
4. Don't get emotional if people don't follow-through with suggestions.
5. Know there is great diversity in the job.

6. Gain more knowledge about academic content in physical education.

7. Recognize the evolution of the job from direct service to more consultation.

The concluding question asked regarding effectiveness was, how would participants train future APE specialists to be effective consultants? All participants described the use of mentoring or job shadowing and discussed the importance of seeing first hand the many different types of consultation interactions experienced each day. Participants also consistently mentioned effective communication skills training. This might include the use of role-playing and how to use forms or handouts effectively with teachers. One participant added that skills for training peer tutors were important and another added that modifying activities was important.

Model Preferences of APE Specialists

Data were examined from individual interviews relative to the participants' preferences for a specific model of consultation. To confirm a participants' preferences, they were asked specifically to select their model preference during the final focus group meeting. During this meeting, participants were given a paragraph describing each of the following models: mental health, behavioral, collaborative and process consultation (Conoley & Conoley, 1988). They were asked to place an "X" next to the model that they preferred. Two participants selected the mental health model while

four participants selected the collaborative model. These findings were consistent with participants' descriptions of an effective consultant. Participants were concerned with teacher's needs, equal status, and respect or establishing positive relationships, all consistent with both the mental health model and collaborative models of consultation. In addition, participants had shared the need for effective communication skills, again congruent with the collaborative model.

During the individual interviews, participants gave insight into their perceptions about models. When discussing what makes a great consultant, participants shared the following key points, all consistent with the collaborative consultation model; (a) seeing the other person's point of view, (b) gaining respect, (c) sharing equally in participation, and (d) communicating effectively. The ability to see the other person's point of view related to understanding and empathy for the other person's job and responsibilities. Steve mentioned this issue:

I think you've got to have a feeling for what people are thinking and how they're feeling.

Jane gave a similar response:

Being flexible, easy-going. You know, seeing it from the other person's view, you know they are busy in teaching a class. Or not always expecting them to drop things to talk with you and trying to meet their schedule.

Participants also described the need for respect between people. They felt this was important for effective interactions between participants in the

consultation process whether with teachers, instructional assistants, students or parents. Tisha described the importance of respect for every individual worked with:

I think to respect each person you're dealing with. Whether it's the student or a para-professional, teaching assistant, or another certificated person or parent. When you talk to them, if you talk to people with respect and dignity, I think even though you're saying things they might not agree with, you don't antagonize people and you don't open up a can of worms that could have been avoided in the first place by just being tactful and cooperative when you interact with people.

Bob described the need for respect of both student needs and programs:

Rapport with people. I think it's simply that you must have a respectable program and people also must respect the need for students to be involved in some form of physical education.

Additionally, participants discussed the issue of equality. One participant described the importance of both parties having input into the consultation process and that the knowledge of others added significantly to the consultation interaction. Equality meant valuing the importance of others' knowledge, whether that was a teacher, parent, student, or peer, as well as one's own and providing time for both parties to share equally.

Grace gave this example:

Coming into the situation and doing more of an observation at first. Instead of showing up with an agenda, you make sure you've got an equality in your communication...I think it's a bad idea to show up as the expert and tell people what they should be doing. But rather to...work collaboratively...It looks like sharing. It's a balance. It's somebody who kind of shows up and tells the truth as they see it. And listens to somebody else's truth, as they see it.

An additional area discussed by participants was communication.

Participants described the need for good listening and questioning skills as

well as the importance of non-verbal communication. Sally described how she used body language to perceive others' needs:

I think subtleties are really important. So I think that the perception, non-verbal perception is a skill that not everybody has and I think that that's probably not touched on a lot because I think it's a hidden skill. I think that's when a person can sense the needs.

Grace described the importance of listening and questioning as well as body language:

Well, you remember to be quiet and have eye contact and ask people...A good listener is somebody who asks good questions and then can shut up long enough to hear what's being said...That's the hardest part.

The skills of understanding another point of view, giving respect, creating equitable interactions, and communicating effectively are described in the literature on effective collaborative consultation (Bradley, 1994; Idol, Paolucci-Whitcomb, Nevin, 1995). Participants confirmed their preferences for the collaborative consultation model from their responses during the final focus group meeting.

Role of the APE Consultant

It is apparent from the literature that there is a lack of agreement as to what are the specific roles of APE consultants (Block & Conatser, 1999; Dougherty, 1995; Dougherty, et al., 1996; Hanft & Place, 1996; Sherrill, 1998). For the purpose of this study, participants were given this definition of roles.

Roles are comprised of expectations concerning appropriate conduct. These expectations are derived from a number of sources, including

societal norms, other participants in a social interaction, and various audiences who may not even be present. (Stephan & Stephan, 1990, p. 32)

An example given by the principal investigator was of a principal at a school who has to manage budgets, interact with teachers, and arrange inservices (Shaw, 1976). Following this brief explanation of roles, participants were asked to respond to the following question. What are the different roles you play as an APE specialist within the context of consultation? Based on descriptive narratives by the participants the roles of advocate, educator, courier, supporter/helper, and resource coordinator emerged from the data.

Advocate. An advocate is defined as one who pleads another persons' cause (Merriam-Webster, 1974). Participants in this study described being advocates in several ways for both the students and for the parents. In times of transition, for example a move from preschool to kindergarten or from elementary school to high school, the APE specialist may be the only consistent person on the IEP team besides the parent. Times of transition can be extremely anxiety provoking for parents and students alike. The APE specialist as a familiar support for parents and students may help prevent this anxiousness.

In another example, the APE specialist was familiar, from their training and experience, with strategies that worked with specific learning issues for other students who had similar needs. In this case, the APE specialist was an advocate for the parent and student regarding a specific

intervention or instructional strategy. Grace gave two good examples, one advocating for students and one for parents:

I also think as I.E.P. team members, we serve a consultative role, because a new Special Day Class teacher may get a blind student for the very first time, and meanwhile we've had six over at this other setting. And so, we might be the person who says, "Oh yes, you know it's a good idea to make sure you've got a working tape recorder that travels with the student...I think we have ideas because we've seen so many different settings. We know what's worked in the past or it's worked for another similar student. Because we're everywhere.

A lot of times I ask a question when jargon is used, even though I know what is meant. But I kind of like to be the person who is kind of down to earth at these meetings, and say, "I'm not sure what you meant about that," because I could tell the parents are intimidated by the level of professionalism...but I think that we do serve a role with parents that's different than an academic teacher's role.

Bob described how the APE specialist serves as an advocate for parents during times of transition:

And I think when a parent is apprehensive about a child moving from one program to the next, that we become the liaison between the parent and the new teacher to make sure things go smoothly, especially if we can foresee that the parents could be troubled by the next transition.

In the focus group meeting, Jane added to this and explained the importance of having good relations with parents:

I'm the only one there that has knowledge of the prior program or the next program, or what they are doing across the county...

We're the only team members that continually...and that's a must to get along with parents. I mean, if I have them from 3-21 and then don't get along with one of those parents...boy!

Educator. In this role, the APE specialist gives information to others, teachers, instructional assistants, or parents, based on their discipline specific training and expertise. Examples given by the participants included

curricular ideas, sample lesson plans, curricular modifications, adapted equipment, or the demonstration of a teaching episode of complete lesson to help an individual student. This role also includes sharing their expertise with an entire group in such formats as physical education inservices or disability awareness training. This role includes the informal interactions that take place between APE specialists and teachers in the hallway, on the playground or at the barbershop after school. Tisha gave an example of this professional role:

I've spent a lot of time talking with the general PE teachers, the Special Day Class teachers that are doing specially designed physical education, and the assistants in the classroom... So consulting is, in addition to talking, I think you have to model the lesson so that they can do implementation. So I always schedule some time to do the lesson for them and to support whatever their curriculum is.

Jane described her educator role in relation to inservice training:

I think that disability awareness is a very important point, because I find I'm the only one that does it out on all the...I mean, I have a team, now I have a team that comes and helps me...but before I came nobody did it. So, I think that's really important.

Courier. In this role, the APE specialist gets information about a specific child from sources outside of their domain and brings it to the consultee. For example, medical information about possible contraindications is obtained from the doctor or behavioral information is obtained from the special education teacher, this content is then shared with the general education teacher. Sally described the role of courier:

...making contact with OT's and PT's and nurses and answering the questions that the teachers might have and being the person, in between person, that relates communication that is for the best interest of the child and the program that the child is in.

Grace supported Sally's comment:

I think that when you were talking about OT's and PT's and nurses, I think that we very often are a bridge between the medical and the educational community...when it come to the "physiological stuff".

Resource Coordinator. This role involves the APE specialist getting services or coordinating facilities (e.g., providing information to parents in regards to community programs or activities). Participants discussed bringing professional disability dance groups or wheelchair basketball teams into the schools for assemblies. Participants also discussed how they needed to work closely with custodians and secretarial staff in order to get facilities or information. Bob described this coordinating role:

...often times the people that come to you are seeking your knowledge about a respective thing. It might be, where can their child go to summer camp? Where can they seek out a good after school swim program? ...or is there a private physical therapist they can go to. You're a resource for those people.

Supporter/Helper. In this role, the APE specialist asks how they can help within an existing program. Types of support include giving positive feedback to the GPE teacher, helping with equipment and helping with general education students beyond those on the APE caseload. All participants agreed that this role was used most frequently when APE specialists were making initial contacts with teachers and establishing rapport. It was also used frequently with teachers that were resistant to the APE specialist's presence in their class. The following focus group discussion described this quite well. Tisha said:

A nice extra pair of hands, and I compliment. Compliment! Compliment! "Very nice idea!" And that goes on for a period of time.

And then, after you get a rapport, then you can start making maybe simple suggestions, mild, mild suggestions. But first of all, even though you know they're resistant, and they like snarl when they see you, and you go and you smile and you're just there as smiley extra hands...You have to have a lot of humility. You got to go in, not as the expert, but as the servant...

Bob responded:

Oh yea, yea, yea! I do that all the time. Oh I hate that. Its called eating crow.

Steve agreed with Bob and Grace:

Yes, give food and eat crow! (Participants laugh)

Grace added another example of supporting:

...If you get some extra carpet squares and you can see they can use some, give it to them. If you've got a source, "Here, look! Keep these carpet squares..." And you know, you become like Santa Claus.

Some participants dislike this role. This researcher felt that this role stemmed in part from a territorial issue related to teachers having someone else on their instructional environment.

These data suggest that the role of the APE consultant is multidimensional. The participant's quotations are a testament to the multifaceted nature of their work. Although this may not be a comprehensive list of roles, and cannot be generalized to other APE consultants, it is a beginning examination of roles based on research rather than theory or speculation from other fields.

Teacher Territory

Most general education teachers work within a single environment every day and this becomes their territory. The itinerant APE specialist is a "guest", invited or not, in another teacher's territory or instructional environment. Participants shared several examples of this territorial issue.

Steve gave an example related to territory in regard to resistant teachers:

I think the examples that come to mind most are the teachers that don't really want you there. You feel like you are being brushed aside or your job's not important. I always try to give those people a couple of opportunities. But the next time I approach them I'm real careful. I don't just come into their class and say, "Here I am." You know, I write them a note and I say I'd like to meet with you and that type of thing.

Bob gave another good example related to territory when discussing skills of APE specialist:

They need to be flexible to change ...Because often times you're not at a place where you're the number one citizen, you're the guy or girl that comes a couple of times a week, or one time per week, or one time per month. So you have to have those flexibility skills: don't let it upset you.

Tisha gave an example that illustrates how territory influences initial interactions.

But I'm not going to go in there and tell them what to do. I might tactfully suggest something...I've spent like three or four months before I say something I didn't really like going on, before I approached the teacher about it. Because they had to build that trust up first...I have to be real, what's the word, not just tactful, but diplomatic.

These examples, being brushed aside, not being the number one citizen, and establishing rapport in order to assist a teacher in changing the curriculum, are all example of how territory influences interactions

between APE specialists and general education teachers. The issue of teacher territory came up indirectly several times throughout the individual interviews and focus group meeting. This indicated that this was a consistent issue for all participants.

DISCUSSION

There is no question that the role of the APE specialist has changed over the past few decades. With the shift from segregated placements to teaching students with disabilities in inclusive classrooms, it is clear that the use of consultation is now a critical aspect of the APE specialists' job. Whether a specialist provides direct service to all their students, is hired purely as a consultant, or does both, the need for an effective adult to adult interaction is imperative. For the direct service APE teacher there is a need to work effectively with the IEP team in writing goals and objectives, coordinating services, and developing programs for students. For the itinerant APE consultant, communicating and working collaboratively with teachers, instructional assistants, and parents is an even greater need.

This study examined the perceptions and role of APE consultants through a phenomenological approach. The following is a discussion of the results in relation to each of the research questions.

Perceptions About Consultation as a Delivery Model

Participants in this study tended to give similar definitions of the term consultation; however, how they implemented consultation services in practice varied considerably. In discussing the placement options written on students' IEPs, it was revealed that the APE specialists used the placements described by the California Framework for Physical Education

(1994), direct service, collaboration, or consultation. For example, one specialist used direct service on IEPs almost exclusively while two other participants wrote in all three types of placement, direct service, collaboration, and consultation. The other three participants only wrote of direct service or consultation.

This led the researcher to assume that what would be seen in field observations would differ across participants. However, when the researcher observed participants they delivered services quite similarly. They each used all three placement options regardless of what they reported on the IEPs. For example, one participant demonstrated lessons referring to this as consultation, while a second participant also demonstrated lessons and referred to this as collaboration.


In many cases, a variety of methods were used with a single student. For example, the participant might do some direct service and then consult with the teacher and/or instructional assistant. However, IEP's generally did not reflect this multidimensional approach. This researcher found that consultation had many forms and ranged from the most proximal to the most distal regarding contact with the student.

In many cases, participants used a combination of student contact options. It was apparent that for these participants, the placement of students was more dynamic than the options of direct service, consultation, or collaboration outlined in the Physical Education Framework for California Public Schools (California Department of Education, 1994). There were a

number of reasons for this. First, participants implemented direct service, consultation, and collaboration differently. Second, the nature of providing service was not as straight forward and consistent as written guidelines make them appear.

Table 3

Proximal to Distal Interactions in the Consultation Process

Proximal	1. APE specialist provides direct service with the student then shifts to consultation.
	2. APE specialist is in GPE with the student and peers. APE specialist is modeling or team teaching with the GPE teacher or instructional assistant.
	3. APE specialist is in GPE class and has limited or no interaction with the student. The APE specialist talks with the GPE directly during class. In some cases the APE specialist may merely observe or wave to acknowledge their presence.
	4. APE specialist talks with the GPE outside of the physical education setting/context. This might be before or after the class, during lunch, recess, prep time, or passing in the halls.
	5. APE specialist talks with the GPE or assistant without any visual contact (i.e., a phone conversation or notes).
Distal	

The types of services given were dependent on both the APE specialist and upon the fluid and ever changing nature of the educational environment. Physical education environments changed daily based on many factors such as curriculum, physical environment, instructional strategies, student groupings, personalities, knowledge and comfort level of general

education teachers, etc. Within the context of APE consultation these factors were reflected in the following way. First, a student received direct service within the context of GPE with the specialist for the first few weeks of the year. Following this, the participant modeled some lessons with the classroom teacher and later assisted the classroom teacher as she took over instruction. The participant then spent his/her time making modifications for the student, followed by training the instructional assistant to take over in assisting the student. At this point, the participant periodically observed to insure that programming suggestions were effective for the teacher, the student, and the instructional assistant.

These interactions generally reflect what is defined in the current literature as direct service, consultation and collaboration. Over the course of a year or a semester, all three approaches were used for a single student. The prior example illustrates the complexity of the role of the consultant. This complexity was revealed during field observations and lead to a discussion during the second interview of the how participants perceived and implemented consultation, collaboration, and direct service.

Some participants perceived collaboration and consultation as synonymous, in alignment with the collaborative consultation model. Sally stated:

When you are consulting with someone you are collaborating,
and when you are collaborating you are consulting.

Others perceived consultation and collaboration as two separate types of services, in alignment with the California Department of

Education (1994). While another felt that collaboration was part of direct service. Grace described:

I don't think there is anything on my IEPs that isn't about direct service. Sometimes I say on minutes of instruction, I say 30 to 90 minutes per month as needed. And that's on a kid that's going to be included in general PE, and I leave myself some flexibility about how many times my body is actually going to be on the campus looking at this kid or talking to their teacher.

This researcher felt that the differences in participant's perceptions about consultation, collaboration, and direct service were in part a reflection of the ever-changing educational environment and in part to a lack of professional training in consultation models and methodologies. For example, in relation to the ever-changing environment, the documentation process for student services on IEPs lends itself to writing one type of placement. However, in reality students may need a host of different interventions or placements. For these participants, the most important issue was that students received the best educational services possible regardless of what was written on the IEP. Steve sums up this issue with an example from his county:

I've also had consultation written down where I worked directly with a kid. And I've had consultation down where I'm working in collaboration with another teacher and we're team teaching a class...I don't care really what's down on the IEP, really. I'm more concerned with the services the kids are getting...it just leaves me a little bit more leeway. Where the other way, if you put "direct service", then you're locked into that.

For Steve, writing consultation on the IEP allowed him more flexibility to meet the needs of students in a dynamic educational

environment. There was considerable variability between participants in what they wrote on IEP's and how the implemented.

An additional finding was that consultation interactions varied significantly depending upon who was engaged in the process. Data from the interviews, focus group and field observations suggested that consultations could be classified into three categories: primary, secondary and tertiary interactions. Primary consultations took place in the physical education context about a student, usually with the teacher, instructional assistant or peer. Secondary consultations took place in a non-physical education context, but still in regard to a specific student. For example, an APE specialist was discussing with a physical therapist an issue related to positioning for a particular student. Finally, tertiary consultations were not directly related to any specific student. These interactions were usually related to general APE content knowledge. An example of this included a superintendent asking the APE specialist about inservicing instructional assistants about safe lifts and transfers. Another example included questions from the principal about playground structures.

It was apparent from this research that there is much to learn in regard to APE specialist's perceptions about the consultation process. Participants in this study shared similar definitions of the term consultation, definitions that were consistent with the literature. However, during actual service delivery to students with disabilities there seemed to be great variability. This variability was related to how participants perceived and

implemented consultation, collaboration and direct service. This is cause for concern, and brings to question whether we really have a common language within the discipline of adapted physical education regarding consultation and collaboration.

Defining an Effective Consultation Model

Data indicated that participants felt consultation could be an effective way to provide services to students with disabilities. Participant's comments revealed the following areas related to consultation effectiveness: benefits, barriers, situational context factors, skills, documentation, and models.

Benefits. Participants described four primary benefits of using consultation with students. First, students were educated in their natural environment and had age appropriate role models. These same benefits are described in the literature on inclusion (Block, 1994). Second, consultation provided parents and general education teachers with a sense of security in knowing that they had professional support services. Third, in a broader context, participants were helping to create better physical education programs for all students by helping general education teachers with curricular ideas. Participants felt that effective consultation took just as much time as providing good direct service and, in some cases, more. This was consistent with previous findings (Hanft & Place, 1996; Idol, 1988). Finally,

participants responded that consultation was a good way to provide students with added services in addition to their direct service time.

Barriers. Participants eloquently described the barriers that frequently prevent effective consultation. Several of these barriers related to the general education teacher's role in the consultation process. First, it was difficult for participants to consult with general education teachers who did not have a physical education curriculum or whose curriculum was inappropriate (i.e. playing dodgeball every week). Second, some teachers were resistant to making changes in their current curriculum or to implementing modifications. Finally, in some instances, it was difficult to get general education teachers to follow through with suggestions.

Participants speculated that this was because their requests represented another task for the general education teacher to handle. Other barriers related to the lack of time. These included completing all the necessary paperwork, traveling long distances between school sites, scheduling time to see all students during their general physical education program and finally, meeting with teachers. These two primary barriers, teacher attitudes and lack of time, were consistent with the findings of Karge et al., (1995).

Situational Context Factors. Situational context factors included such things as the age of the student, the APE teachers' caseload, the general education teacher's training and skills, and distance. Several disconcerting issues were revealed in relation to situational context factors. These

factors influenced the decision to place students on consultation versus direct service, regardless of what would be most effective for the student's learning. First, because one county did not have enough money to hire a specialist, a consultant was used for all students who received adapted physical education. Second, consultation was used when the distance to the student's school site was too great. Finally, when caseloads were too full to provide direct service to students, consultation became the only option.

This is troubling in light of the fact that consultation requires as much time as direct service (Hanft & Place, 1996; Idol, 1988). These issues cause one to question whether students with disabilities and their parents are getting the appropriate services they need. Additionally, these placement decisions were being based on district or county needs rather than on student needs as required by the guidelines of Public Law 101-476 (<http://www.nichcy.org/pubs/newsdig/nd26txt.htm>).

Chandler and Greene (1995) note that placement decisions should be based on such considerations as the severity of the disability, safety, and the recommendations from the APE specialist, GPE teacher, and parents. Unfortunately, it was apparent from these participants that money, distance and caseloads were too frequently the deciding factors for placement.

Skills. Participants in this study described a plethora of skills needed to be an effective consultant. However, those skills rated as the most important included having good people skills, using effective communication

skills, knowing general and adapted physical education content, seeing others point of view, and having a sense of humor. Knoff et al., (1991) found comparable categories in their survey, completed by school psychologists, on consultation effectiveness skills. These included interpersonal skills, process skills, expert skills, and professional respect. Horton and Brown (1990) also discussed the importance of interpersonal skills for effective consultation in their review of the literature.

Participants in this study had to learn to be effective consultants on the job and from their life experiences. It is apparent from the literature that most special education programs have begun to add coursework in consultation (Yocum & Cossairt, 1996). From the abundance of skills described by the participants, and their relative lack of formal training, it is warranted for the profession to examine APE teacher training programs. Specifically, preservice training programs should be addressing adult learning theory, interpersonal communications skills, models of consultation, and learning style preferences.

Documentation. In addition to the specific skills necessary for effective consultation, it is important to track whether students are effectively learning through the use of consultation. Participants in this study documented progress through informal observation of teachers and students, subjective evaluation of teacher attitudes, and reassessment of IEP goals and objectives. Although these measures may give some general

information about consultation effectiveness, this researcher felt that there should be more specific documentation. For example, the literature consistently identifies problem identification, data collection and analysis, solution selection, solution implementation, and evaluation as important steps in consultation (Bradley, 1994; Friend & Cook, 1996; Idol et al., 1994; Pugach & Johnson, 1995). It appeared from the participant's descriptions that although problem identification, solution selection, and solution implementation were generally utilized in the consultation process, data collection and analysis, as well as evaluation were utilized less frequently. These appeared to be more challenging aspects of the consultation process. It was apparent that the clear documentation of student progress needs further investigation.

As noted, participants determined whether or not the process of consultation was working by teacher and parent attitudes as well as through observation of the student. Although teacher and parent attitudes are important, these individuals could have a very positive attitude and be content while the student was still not making motoric gains. In addition, while observation of the student may indicate whether the student is involved in the activity, participants did not mention any specific observation instruments or methods of data collection that might indicate such things as academic-learning time or time on task. Participants did mention logbooks, objective record sheets, and other types of notation that documented what was taking place in the environment. In addition,

participants shared copies of any paperwork that was utilized in the consultation process. Development of additional specific methods of data collection for APE consultants may be warranted.

Models. Finally, in examining which models of consultation were preferred, participants selected both the mental health (two participants) and collaborative models (four participants). Both these models include elements from the collaborative model (equal status, respect, and valuing others thoughts and ideas). In revisiting the literature, Heron & Kimball (1988) found that models could be differentiated across professions with psychologists preferring the mental health model, and teachers preferring the behavioral or collaborative models. Babcock and Pryzwansky (1983) also found that teachers preferred the collaborative model of consultation.

The participants in the current study also preferred the collaborative consultation model and the mental health model. The researcher of this study felt that participants selected the collaborative and mental health models because they both focus on the importance of building positive relationships. Participants consistently expressed the importance of teacher attitude in providing successful consultation for students. Therefore, establishing a trusting relationship based on mutual respect as well as valuing each others professional experience was critical for these participants in establishing positive rapport.

In summary, the effectiveness of consultation is influenced by many factors, factors related to APE specialists, general education teachers and to

administrators. Adapted physical education specialists can contribute to effective consultation by developing their skills and knowledge as well as improving their documentation skills. General education teachers can contribute to effective consultation by having a developmentally sound physical education curriculum, by welcoming APE specialists into their environments to work cooperatively, and by following through with ideas and suggestions from APE specialists. However, for both the APE specialist and the general education teacher to be effective, administrative support is necessary.

Administrative decisions influence caseloads and placement options, which directly effect paperwork load, scheduling issues, and the contact time to provide quality adapted physical education to students with disabilities. In addition, administrators need to recognize the fact that consultation takes as much time as direct service. Sufficient monies and or time must be provided to allow the full spectrum of placement options for students with disabilities. Time can be created for general educators to meet with APE specialists by providing inservice days, using rotating schedules, or combining classes periodically to allow teachers time to meet. These are just a few examples of possible solutions to the problem of time.

Defining the Specialists' Role in the Consultation Process

Consultation is a recognized role for adapted physical education specialists (Auxter et al., 1997; National Consortium, 1995; California Department of Education, 1994; Conatser & Block, 1998; Heikinaro-Johansson et al., 1995; Kelly & Gansneder, 1998). However, the specific roles within the actual consultation context still remain unclear. In fact, there is little discussion of the details of this aspect of the job in the APE literature.

In their review of literature Block and Conatser (1999) describe consultation roles from the fields of APE, special education and psychology. They used the terms advocate, trainer/educator, fact finder, and process specialist. There was some support from the present study to support Block and Conatser's terms. The advocate and educator roles found in this study were consistent with Block and Conatser's (1999) investigation. However, in reviewing the participant's descriptions, the additional roles of courier, supporter/helper, and resource coordinator emerged. The courier role, as outlined by the participants, was similar to Block and Conatser's fact finder role. Participants spoke of their function as a "bridge" or "go between". While the first three roles of advocacy, trainer/educator, and fact finder were relatively consistent with this study, the last role of process specialist was not represented. Block and Conatser (1999) defined the process specialist role as "...focusing on how things are being done and problems being solved rather than what is being done" (pg. 17).

Results from this study revealed that this role could fall under educator. It is the role of the educator to examine the how of what is being done within the context of the GPE environment and based on the APE specialists' knowledge about effective practice, facilitate changes in the environment.

Two additional roles emerged from this study, supporter/helper and resource coordinator. Supporter/helper was a primary role that specialists found important given that they were working in another teacher's environment and attempting to establish rapport with teachers they had not worked with before or who were resistant to the APE specialist's presence. The resource role included making referrals for parents or teachers to community agencies or programs. This role was used less frequently than the other roles.

Shaw (1976) states that roles are expected behaviors that are generally agreed upon by members of a group and, often, of society as a whole. For this reason it is important to examine the roles APE consultants play. This gives us a better understanding of their job and allows for the development of a working language to describe what they do. In addition, by developing a better understanding of these roles, professionals in higher education can assist future APE specialists in developing the skills necessary to be effective. Finally, it is also important to examine general education teachers' expectations of APE consultants because agreement between both parties is foundational to effective consultation interactions.

Summary

Adapted physical education specialists experienced consultation interactions on a daily basis. It was apparent from these participants that their consultations varied greatly because of the multidimensional and dynamic educational environments. In addition, consultation interactions could be conceptualized on a continuum from proximal to distal, depending on the degree of involvement of the APE specialist with the general education teacher and the student with a disability. Challenges to the effectiveness of consultation interactions, regardless of their proximity, were based on the receptivity and skills of the general education teacher, skills of the APE consultant, and the degree of administrative support. Finally, participants revealed five roles of the APE consultant. These included advocate, educator, courier, supporter/helper, and resource coordinator. The identification of these roles gives insight into the responsibilities of APE consultants and significantly has potential impact for APE teacher training programs.

The results of this study revealed to the researcher that there is a critical need to examine teacher-training programs in adapted physical education. Regardless of whether an APE specialist's job description is full-time direct service or full-time consultation, specialists in both situations need communication skills for effective adults to adult interactions. All participants in this study indicated that the most gratifying part of their job was working with children. However, the role of the APE specialist has

shifted to working more with adults. This study revealed that none of the participants had any formal training in consultation as part of their pre-service APE teacher education. Therefore the adapted physical education profession should provide more training relative to adult learners as well as more emphasis in adult learning theory and strategies for adult interactions.

LaMaster, Kinchin, Gall and Siedentop (1998), found that highly effective elementary physical education specialists did not feel "...adequately prepared to cope with the challenges of inclusion" (1998, p. 78). Higher education needs to examine the dual system of teacher preparation in which GPE teachers are not getting adequately trained in APE and APE specialist are not be getting adequately trained to work with adults. This is particularly important as roles shift and there is movement toward more inclusive environments for children.

In conclusion, with consultation being used increasingly as a model for service delivery (Kelly & Gansneder, 1998) it is critical for our profession to use and benefit from research in psychology, counseling, and special education. Adapted physical education specialists in this study described the perfect consultation scenario as working with teachers who love physical education, are trained in, and value, developmentally appropriate activities for children, and who know how to adapt and modify activities. There would be small caseloads, plenty of time, and lots of follow-through.

Finally, general education teachers would be eager and excited about additional suggestions to help the student. The real challenge for our profession is to make this a reality and advocate for quality physical education for all children.

FUTURE DIRECTIONS

This study examined APE specialists' roles and perceptions of the consultation process. Many potential directions for future research have come from the data. These include examination of situational context factors, improving consultation effectiveness, consultation training and skills, as well as a more precise definition of consulting roles.

With respect to situational context factors, future research should examine to what extent consultation is used more frequently in secondary schools versus primary schools and at what grade level is consultation more effective? If general education teachers who are unskilled in physical education receive strong consultation services, can they provide effective programs for students with disabilities? Additionally, how can general education teachers be motivated to follow through with suggestions and ideas? How might time and distance issues be overcome in order to provide effective programs for students in more rural, outlying areas? Finally, in what situations is consultation an effective means of service delivery and if so how can we train and assist APE specialists to be highly effective in the many facets of this aspect of their job.

Further investigation in the area of consultation should examine the effectiveness of consultation contrasted with direct service or the effectiveness of consultation combined with direct service. Although this study examined APE specialist's perceptions about consultation effectiveness,

future research should examine the general education teachers' perceptions about the effectiveness of consultation to serve students with disabilities. How can the advantages of consultation be supported and the disadvantages overcome? Specifically, how can we increase follow-through? How can we find creative ways to create time for APE specialists and general education teachers to plan and develop systems to document consultation effectiveness?

With regard to specific skills for effective consultation, future research should examine what is currently being taught in APE teacher training programs. Are we adequately preparing APE specialists with the necessary skills to be effective consultants? Can APE consultation skills be improved through intervention strategies? How might communication and interaction skills vary with different people or personalities? To what extent is adult learning theory being infused into preservice teacher training programs in adapted physical education? What types of inservice training might be most effective for teachers already in adapted physical education specialist jobs?

Finally, we should examine in more depth the various roles of the APE consultant. Researcher might also examine role expectations of specialists compared to general education teachers. In addition, do specialists utilize different roles dependent upon their years of experience in the field? For example, does a newer teacher spend more time being a courier vs. being an educator?

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APPENDICES

APPENDIX A
PARTICIPATION INFORMATION SHEET

Participant Information Sheet

Date:

Name:

Address:

Phone Home:

Phone Work:

Gender. M F

DOB:

Ethnicity:

_____Caucasian

_____African American

_____Hispanic American

_____Asian American

_____American Indian/Alaskan Native

_____Other (please specify) _____

Years teaching:

Years teaching APE:

Number of schools served:

Total number of caseload:

Grade levels served:

Urban Rural Suburban

Types of students served:

Types of placements of students: Inclusion SDC Separate school other

APPENDIX B
PARTICIPATION CONSENT FORM

Date

Dear Adapted Physical Educator,

I am currently enrolled in the Movement Studies in Disability doctoral program at Oregon State University. Having thoroughly researched my dissertation topic I am now ready to conduct my study and collect data. I am writing to tell you about the study I would like to do in adapted physical education and ask your permission to participate. The purpose of this study is to develop a greater understanding of APE teachers' perceptions about the use of consultation for individuals with disabilities in adapted physical education. In addition, this study will seek to determine how APE specialists define effective consultation.

If you agree to be a part of this study you will be required to participate in three interviews and one half-day observation at your teaching site. There will be two individual interviews and one group interview. Each individual interview will last approximately one hour and will be held at a time and location that is convenient for you. The third interview will be a group interview and will last approximately two hours. This final interview will be held at a location that is central to all participants in the study. Individuals will be reimbursed for any travel expenses incurred during the final group interview. In addition, each subject is invited to a complimentary dinner after the final group interview. All individual interviews will be audiotaped and the group interview will be videotaped. This will allow for later transcription. Participants will also be asked to review the transcriptions from their individual interviews for accuracy of content. It is estimated that the total time involved for this study will be approximately six hours, not including travel time for the final interview.

Anonymity will be maintained throughout the study. The audiotapes will be used for transcription purposes and will only be heard by the research transcribers. Neither first nor last names will be used. When transcriptions are made from interviews, all names will be changed. You will be identified by a pseudonym to provide for consistency in this investigation. Your participation in this study is voluntary. Your help will greatly enhance the value of this research project, and if you consent you may withdraw at any time from the study without penalty or discrimination.

Dr. Douglas Collier of Oregon State University will supervise this study. If you have any questions please feel free to contact me at (530) 894-5028 or (530) 898-4298. If you are willing to participate in this study, please sign the enclosed informed consent form. It can be returned to me in the self-addressed stamped envelope provided. Please return it by August 15, 1998. Again I sincerely appreciate your cooperation and I look forward to working with you.

Sincerely,

Rebecca K. Lytle
Doctoral Candidate, Oregon State University

INFORMED CONSENT

I have read and understand the purpose of this study.

I give my permission to be a participant:

(name)

Statement of Investigator:

I have explained the purpose and procedures of this project to the participant and provided answers to all questions asked. I have given a copy of this informed consent to the participant.

Principal Investigator

Date

Dr. Douglas Collier, Ph.D.

Assistant Professor of Exercise and Sport Science

Oregon State University

Corvallis, OR 97330

(541) 737-3402

Investigator

Date

Rebecca K. Lytle, M.A.

Coordinator, Adapted Physical Education

Department of Physical Education and Exercise Science

California State University, Chico

Chico, CA 95929-0330

(916) 898-4298

APPENDIX C
INTERVIEW QUESTIONS

Interview with APE Specialists #1

I want to thank you for participating in the study and for making time to meet with me today. I would just like to share with you briefly again the purpose of this study and to give you a chance to ask any questions before we get started. The purpose of this study is to find out what adapted physical education teacher's perceptions are about the consultation process as a model of service delivery for individuals with disabilities. There are no right or wrong answers because the intent is to find out about your perceptions and what is going on in your district or county. Please answer the questions as honestly as you can, and feel free to take as much time as you like to think about the questions. If ideas or thoughts come up from a previous questions as we have move on feel free to add anything you like. Also, if you are not clear about what the question is asking feel free to ask for clarification. At this time do you have any questions before we get started?

Questions for Participants

Demographics during oral interview

Name:

How many years have you been teaching?

How many years have you taught adapted physical education?

What grade levels do you teach?

How many students are on your caseload?

What kind of sites do you work with? General Ed, special school, etc.

Tell me about the types of placements you have students in that you consult on? SDC, FI, RSP

How often do you consult with teachers, or others for those receiving consultation?

Opening Questions

How did you get interested in adapted physical education?

What are the most gratifying parts of your job? Rank?

What are the most frustrating parts of your job? Rank?

What does consultation mean to you? How would you define it?

How is it determined whether to place a student on consultation vs. direct service in your district or county?

Process of Consultation

What does the process on consultation look like in your county, district?

Could you describe a scenarios of what this looks like?

Who are you usually consulting with, teacher, parent, aid, peer tutor...?

How do you determine if the process is working?

Do you use any special forms?

Does the consultation process change at all over the course of the year?

If you could create the perfect consultation scenario what would it look like?

Consultation as it relates to others involved

How do you think the student feels about consultation services?

In your opinion how do you think your administrator feels about APE consultation services?

If you were a parent how do you think you would feel about consultation services?

How do you think teachers feel about the consultation services?

To what extent do you think others implement suggestions from consultation discussions?

Closure

Is there anything else you would like to add?

Do you have any questions?

Thank you for participating today. I will be sending you a transcript of our discussion about a week before the next interview so that you can review it for accuracy of information. When would be a good time for you during the weeks of _____? Thank you and I look forward to our next meeting.

Interview with APE Specialists #2

Thank you for coming to meet with me today for our second interview. After reviewing the transcripts from our first meeting are there any changes, corrections, or clarifications you would like to make before we go on to the second interview questions? Is there anything you would like to add about what was discussed after reviewing the transcripts?

Questions for Interview #2

Skills of the APE specialist

What do you think makes someone a great consultant?

What kinds of formal training have you had to help you in your job as a consultant? School, workshops?

What types of informal training have you had? Mentors? On the job?

What life experiences have you had that might have helped you as a consultant? Ex. Counseling, mediating in your family, etc.

What skills do you think they should have?

APE specialists Role as a consultant

If you were going to write a job description for an APE consultant position what would you say?

If you were an administrator and you were going to hire an APE consultant what would you look for in a person?

What knowledge should they have? What skills? What attitudes? Other elements about them?

Future directions

What did you have to learn on the job that you wish you had known before?

How would you train future APE teachers for this aspect of the job?

Closing Questions

What do you see are the advantages and disadvantages of consultation?

What is the hardest part of doing APE consultation for students?

What is the easiest part of doing APE consultation for students?

Could you draw me a picture of what the consultation process looks like?

What are the bumps in that process?

Is there anything else you can think of that you would like to share in relation to consultation?

Is there anything else you would like to share in general before we close?

Thanks again for your participation in the study. Your insights and perceptions are extremely valuable. Just like last time I will be sending you a copy of the transcripts from this interview prior to our last meeting at the group interview. Please review them carefully for any incorrect information or

clarifications you would like to make. When are you available for a final group interview with the other APE participants? Where would be a good location for you? I will call you to confirm the time and place after I speak with the other participants. I will also send you a letter to confirm. Be sure to keep track of our mileage for this last meeting so that I can reimburse you. Also, dinner will be provided for you after the meeting. Thank you again and I look forward to our last meeting.

1. Pick up Demographic Data Form
2. Give consent form for general education teachers.
3. Review transcripts.
4. Discuss times and days for the final focus group.
5. Samples of forms or paperwork you use in the consultation/collaboration process.

APPENDIX D
DEMOGRAPHIC DATA FORM

Consultation in Adapted Physical Education Research Study

Demographic Information Form

Thank you for your participation in this study. To assist in the gathering of information I would appreciate your filling out the following form during the next few weeks prior to our second interview. These data will help in the examination of the consultation process in northern California.

Name: Date of Birth: Gender:

Title of job:

Percentage of position (full time or if part-time how much):

Number of sites (schools) served:

Total number of students on caseload:

Total number of students served:

(if inclusion setting, how many students do you teach)

Grade levels served:

Disabilities served:

Number of students served by consultation as stated on the IEP and frequency if indicated? Please include their placements such as SDC, RSP, Full Inclusion, special school?

In your district do students who have consultation listed on their IEP for APE have attached goals and objectives?

In your district are there students who are receiving consultation services that are not included on the IEP for that student? If so approximately how many?

Does your district use any special forms to gather information for the APE consultation process?

How much time do you spend in consultation per week? Number of hours and approximate percentage of job?

How much time would you like to spend in consultation?

Other information you feel would be helpful:

APPENDIX E
FIELD OBSERVATION EXPLANATION

Field Observation Explanation

(This information will be shared with each participant prior to the observation)

The purpose of the field observation is to provide me with a chance to be a part of your district or county for the day. This will give me a better insight into your job and responsibilities as an APE consultant. The field observation will add to the interview information that you have already provided. This observation day will allow me to see how your district works, what types of facilities you use, the environments your students are in, and the teachers you work with. It will be my job today to write as much as I can about your environment. I would like you to go about your day as if I was your shadow. I will try to stay out of your way but in an area where I can observe. If people are curious about why I am here you can tell them that I am learning about your job today. At the end of the observation time we will have an opportunity to talk about anything you like that went on during the day. I may also have questions for clarification of things that I saw during my observation. At this time I can also answer any questions you might have about the observations. Do you have any questions at before the observation begins?

APPENDIX F
FOCUS GROUP LETTER

January 18, 1999

Dear

The final group interview has been scheduled! As per our conversations it will be held on Wednesday, January 27, 1999 from 11:15- 2:30 p.m. I am excited about seeing all of you together for our final meeting. The session will be held in Colusa at the Morris Conference Room in the Colusa County Office of Education Building. Attached you will find directions to the Colusa County Office of Education. It is in the heart of beautiful historic downtown Colusa.

Also, enclosed you will find a copy of your transcript from your second interview. Please review it as before, checking the content for accuracy of your perceptions and thoughts.

The agenda of the meeting will be as follows:

1. Social time and introductions
2. Review of the findings.
3. Questions for the group.
4. Questions, ideas, comments from participants.
5. Brief reflective writing.

****Lunch, refreshments, and surprises will be provided.****

Please be sure to bring the following items with you:

1. Transcripts from your second interview with any changes.
2. Any other forms that you might have to share that we have discussed or that have come to mind since the last interview.
3. Your favorite party hat.



Once again, I can't thank you enough for your time, consideration and flexibility in making this project a success. I look forward to seeing you.

Sincerely,

Rebecca Lytle

APPENDIX G
FOCUS GROUP AGENDA

Focus Group Agenda
Adapted Physical Education Teachers' Perceptions
and Role in the Consultation Process

January 27, 1999

- I. *Snacks and welcome.* Name tags.
 1. Gallery Walk – Review of results. Butcher paper sheets of summary results from interview questions. Vote on your top five.
 2. Hall of Fame – Snap shots of each person on a piece of paper. Each person will get three quotes and will have to find the person that quote belongs to.

- II. Review ground rules for group.
 1. All thoughts are welcome. There are no right or wrong responses.
 2. These are your thoughts and perceptions about the questions.
 3. Only one person speaking at a time for courtesy to others.
 4. I will give each of you an opportunity to answer each question. If someone says something that makes you think of something else you would like to add please feel to add after they are finished.
 5. Please keep in mind that everyone needs to have time to speak.
 6. Any other ideas you feel are important?

- III. Questions for Focus Group
 1. What is your role as a consultant?
 2. What makes consultation effective?
 3. What factors make someone willing to implement your suggestions or not?
 4. How do you get people who might be resistant to implement your consultation suggestions?

- IV. Reflective writing
 1. Which of the following models matches your personal style or preference?
 2. What percentage of time do you spend with adults vs. kids in a week?
 3. What have you learned from being a part of this study?
 4. How will you use this information?
 5. Comments or final thoughts?

- V. Close
Thank you's.
Gift baskets

APPENDIX H
ICE BREAKER ACTIVITY

Ice Breaker Activity

Wall of Fame – Words of Wisdom

Upon arriving at the focus group meeting each participant had their picture taken, wearing their favorite party hat, with a Polaroid camera. These pictures were then placed on an 8 1/2 x 11 sheet of paper and taped to the wall. After reviewing data posted on the walls, participants were asked to pull two slips of paper from a hat. Each slip of paper had a quote from one of the participants on it. These quotes were pulled from the individual interviews by the researcher. (Prior to the focus group meeting participants were called and each gave their permission to share specific quotes during the focus group meeting for the activity.) After each participant read their quotes they had to find out who said those words of wisdom. Once they found out who said the quote they were to place the quote under the picture of the appropriate participant. Following is a list of the quotes drawn from the transcripts for this activity.

Steve

On attitudes... Be positive. Be enthusiastic. It's easy to complain about your work and it doesn't matter what field you're in. There's always a lot worse than what you have...even if it's raining and windy...You know, when we were out there today and its windy and the weather is terrible and it's like, I've got a great job! Really, I'm out here playing...playing handball! You know there are a lot worse things.

On teachers who are not excited about you being there... It's not like I can say, "Well, I'll take my business elsewhere."

Sally

I think I could work 30 years and something new would come up and I'd deal with it.

On writing a job description for APE... (chuckling) I'd really write a book or just say, "Here's your job. Go for it!"

Grace

I think it's important to remember that you're not always the expert. That actually the people who see the kids a lot more often than you do probably have a lot of insights. So it's a good idea to ask them what they think.

A good listener asks good questions...then can shut up long enough to hear what's being said.

Jane

*On disadvantages to consultation...*if the teacher is not willing to follow up on the activities kids cannot learn skills...And it's something that you might not be able to correct for a year!

*In regards to a north state meeting of APE specialists discussing consultation...*I thought that was really interesting that you can have this group that does the same job and have so many different perceptions of it.

Bob

Sometimes I think if you let something be unsaid, you're better off...For example if a parent has unrealistic expectations...you know, sometimes they've been right...

The diversity is unbelievable...you can end up in a broom closet. I've tested kids in the room where they kept the flour and rice...I've had kids throw beanbags into cow patties...the diversity... you just need to be ready for that.

It's a people, people, people thing.

Tisha

I think that we always want to... always carry ourselves in a way that's dignified and professional. Even though people around us are not.

You have to follow the unit plan or the lesson plan of the teacher. Now you might see this lesson going a whole different way... Like all they do is kickball...But if that's their starting point then you have to work around that.

APPENDIX I
REFLECTIVE WRITING

Reflective Writing

Adapted Physical Education Consultation Study

Name:

Please answer the following questions on the attached paper

1. Which of the following models matches your personal style or preference?
2. What percentage of time do you spend with adults vs. kids?
3. What percentage of individuals follow-through with consultation suggestions?
4. What have you learned from being a part of this study?
5. How will you use this information?
6. Any final thoughts or comments you would like to share?

Please put an X next to the model that best fits your personal preference.

Mental health consultation model focuses on relationships among people. Premises of this theory include equal status of participants, voluntary participation, supportiveness, and interaction based on consultee needs. The mental health consultant also recognizes that individuals interact from different reference points, histories, or backgrounds and that not all behaviors are based on rational thought. The role of the consultant is to be supportive and to use the strategy of "one downmanship" to prevent coming across as the expert. This is accomplished by such strategies as seeking the consultee's input, not taking credit for ideas, and emphasizing equal status. Additional strategies used by the consultant might include discussion, use of parables, confrontation, and exploration of feelings. In this model the consultant focuses on the teacher's needs and does not work directly with the student except to model a possible interaction of methodology for the teacher. The focus of this model is on teacher attitudes and behaviors and establishing a trusting relationship.

Process consultation model focuses on the system or group. This model stems from organizational effectiveness and social psychology theory. The focus of this model is on the process rather than on a specific product or outcomes. This model stems from the need for teachers to interact on many levels such as, leading groups, setting agendas, solving problems, managing conflict, communicating, and giving feedback. Success of all these interactions is based on effective communication skills. The process consultant is interested in group dynamics and how groups function as well as interpersonal skill building. This approach requires administrative support and the belief that better interactions will result in better student learning environments. Example strategies in this model include; needs analysis; data collection and feedback; and simulations.

Collaborative Consultation model is a style for direct interaction between at least two equal parties voluntarily engaged in shared decision making as they work toward a common goal. Collaborative consultation is based on several assumptions including; each individual engages in collaboration voluntarily; all parties have equal parity (equal power and equal value); individuals agree on a common goal; all share in responsibility and decision making; resources and information are shared freely between participants; and participants are equally accountable for outcomes. Collaborators recognize that the input of several allows and fosters greater possibilities and creativity for solutions and acknowledges the complexities of setting goals. Collaborators are reflective about their own personal practice and enjoy the social interactive process. Collaborative teachers do not judge others but are open, receptive, and value the thoughts and ideas of others.

Behavioral consultation model focuses on the student's behavior via the teacher. The idea is to change the teacher's behavior in order to elicit changes in the student's behavior. The behavioral approach is directive and covert in nature and is focused on identifying the problem behaviors and designing strategies for remediation through the use of new skills and knowledge. The behavioral consultation approach is very linear and involves the following steps: problem identification, problem analysis, intervention, and evaluation. Included in this process is systematic data collection for problem identification and evaluation. The consultee or the consultant may do this. Behavioral consultation is the most widely used model of consultation in the schools, most likely because of the documented evidence of change through systematic data collection. It is based on the expert/consultee relationship.

APPENDIX J

THANK YOU LETTER AND SUMMARY NOTES

January 29, 1999

Participant Name
Participant Address

Dear Participant,

I would like to thank you for your participation in my research study "Adapted Physical Education Specialists Perceptions and Role in the Consultation Process". This is the first study of it's kind in the area of consultation and adapted physical education. Your knowledge, expertise and experience have added greatly to this study. I can't say enough about how much I learned in my observations of your teaching and interactions with other professionals. In addition, your individual and group interviews were most insightful. The results of this study have many implications related to pre-service training, revision of our current state advisory for adapted physical education, as well as future needs and directions for research. It is my intention to submit the findings for publication. I will send you a copy of the manuscript upon completion.

Your administration is lucky to have such a committed and dedicated professional working for their county. If you have any questions about the results or other issues related to the study please don't hesitate to call. Once again thank you for your flexibility and for committing so much of your personal time to making this study a success.

Sincerely,

Rebecca K. Lytle
Adapted Physical Education Coordinator

cc: Participant's Administrator

Date: January 31, 1999

To: Participants

From: Rebecca Lytle

RE: Focus Group meeting summary notes

Many of you expressed an interest in having a copy of the information that was discussed at the focus group meeting. Below you will find a summary of much of the information that was shared. I would be happy to give you a copy of the transcript from the meeting should you desire (just call me).

Summary of Focus Group Meeting Notes – January 27, 1999
Colusa County Office of Education, Colusa Ca.

What is your role?

1. Talk with GPE and make suggestions for student and units.
2. design programs.
3. How to modify curriculum
4. Encourage instructional assistants and peers
5. Consult with special day class teachers
6. Model lessons
7. Collaboration + direct service plus consultation: hands on and
8. discussion
9. Working with the custodian
10. Liaison to community programs
11. Link to other services – resources such as PT, OT
12. Relate communication between teachers and other services
13. Giving teachers tools to meet objectives. You have to follow-through
14. Professionalism: you take your job serious.
15. Consultation in the parking lot/enroute consultation
16. Bridge between education and community
17. Bringing community programs to the schools
18. Disability awareness
19. Inservices
20. Transdisciplinary approach – VI, OM, etc work together to meet homed base program
21. Informal natural interactions with office staff and other professionals. VI, ST, APE
22. Often resource at times of transition – you may be the only one who has followed the students from grade to grade.
23. APE can be a liaison for parent at transition times.
24. AT IEP consult with new teachers because we have a history with the student.
25. Have seen many different settings and disabilities.

26. Acknowledge your importance at IEP. Our input is necessary and
27. valuable.
28. Advocate for kids
29. Advocate for parents

What make consultation effective?

1. Follow-through by APE and GPE or teacher
2. Consistency of APE
3. Communication effectiveness
4. Knowledge – you better know what you are talking about. Gain their respect
5. Be on time – professionalism
6. Bag of tricks – quick ideas
7. Make time to think about that student, teacher, etc.
8. Reflection time
9. Specialist on skills and PE and generalist on disability and behavior.
Always learn from others special knowledge, siblings, aides, etc.
10. Forms, list of activities
11. Give something in writing
12. People have to like you
13. Sense of humor
14. Flexibility
15. Respect
16. Make time for little things at schools
17. Organizational skills

What makes someone willing to implement your ideas?

1. Respect
2. Knowledge base in PE (GPE, teacher, aide)
3. If they can see the importance of the skill
4. If they see it modeled first
5. Leave a written plan
6. If its quick and easy
7. What to do and why and give them the knowledge
8. Buy-in- find something they are into and then start there
9. Sell your program – modeling
10. Point out why and positive about activities
11. Present self as elementary PE specialist
12. APE follow-through with what you said you would do
13. They need to feel supported
14. Can team teach
15. Know they are not liable
16. Clear expectations of what student and teacher should do
17. If GPE values APE – respect

18. If they are excited about PE
19. People, people, people
20. Forms – physicians approval, medical info
21. Share IEP

How do you overcome resistance to implementation?

1. Be an extra body for a while. An extra pair of hands
2. Be nice and smile
3. Give lots of compliments, develop rapport then make suggestions
4. Take whole class
5. You become role model then they start thinking about PE
6. Write direct service for first half of year and consult for the second half
7. Offer curriculum
8. Bring stuff – why don't you keep this for a while, become like Santa
9. Shift responsibility to the instructional assistant. Sometimes aides are less resistant
10. Positive strokes
11. Give food
12. Ask how can I assist you. Have humility. Eat crow
13. Suggest calling another IEP
14. Re-examine your choice of placement
15. Don't let it bother you
16. Drive by
17. Advocate for the kid...grovel, bully, threaten
18. Put things in a question form – less threatening

Disadvantages

1. Model is abused
2. Many people are not willing to change curriculum
3. Not always there to see if it is implemented
4. You have to work with what they've got even if it's kickball and dodgeball
5. When teachers aren't receptive
6. If not consistent might be perceived as ineffective
7. When teachers don't follow through
8. Distance between schools. Travel time
9. When you're not considered part of the team because you're only there one time a week. Forgotten at meetings.

Advantages

1. Students learn in natural setting.
2. Helping teachers helps increase effective programs for all kids

3. It piggybacks on what you're doing. If good people and you know program is happening, students get more time than when you are actually there.
4. Aren't required to be at a certain spot at a certain time.
5. Allows you to track kids.
6. Give parents and teachers a sense of security
7. For some kids it's good to be with peers. Can increase self-esteem
8. With good communication between OT, PT, APE, GPE, parents, it can help the program become stronger for the student.

How do you know if it's working?

1. IEP objectives are met
2. I see them improve
3. Content parents, teachers, students
4. If teachers want more ideas
5. Peer tutor evaluations
6. Discussion with kids and peers
7. Attitudes of other kids
8. Reassess
9. Observation
10. People aren't complaining

What forms do you use?

1. Log sheets
2. Lesson notes
3. Log books
4. Handouts on modifying activities
5. Consultation plan form
6. Teacher form
7. Carbon form – what we met about
8. Peer tutor permission slips
9. Notes, stickies
10. Game ideas

Factors influencing direct service vs. consultation

1. Time and scheduling
2. Location and distance
3. Teacher attitude and curriculum
4. Caseload
5. Administration
6. Age of student

Top rated attitudes (total votes)

1. Disability awareness (4)
2. Professionalism (4)
3. Flexible (4)
4. Self motivated (2)
5. Enthusiastic (2)
6. Teamwork (2)
7. Cooperative (2)
8. Personality (2)
9. Collaborative attitude (1)
10. Be able to let things go, not bother you (1)
11. Even tempered (1)
12. Reflective (1)
13. Approachable (1)
14. Diplomatic (1)
15. Positive (1)

Top rated skills

1. People skills (5)
2. Can modify/adapt (4)
3. Organizational skills (3)
4. Problem solver (2)
5. Communication skills (2)
6. Big bag of tricks (2)
7. Smile and be pleasant (2)
8. Quick thinker (1)
9. Punctual (1)
10. Time management (1)
11. Respect (1)
12. See others point of view (1)
13. Adapt how you approach people (1)
14. Physical skills (1)
15. Attention to detail (1)
16. Know where to find information (1)
17. Perceptive (1)

Top Rated Knowledge

1. Content of GPE and APE (6)
2. Knowledge about disabilities (1)
3. Assessment (4)
4. Writing goals and objectives (3)
5. Program planning (3)
6. IEP process (2)

7. California Framework (2)
8. Task Analysis (2)
9. Motor skills (2)
10. Understand law (1)
11. Know what's feasible (1)
12. Professional library (1)
13. Developmental skills (1)

What makes a great consultant

1. People skills (5)
2. Communication skills (5)
3. Knowledge of the APE and motor skills (4)
4. See others point of view, how they are thinking and feeling (3)
5. Sense of humor (3)
6. Good listener (2)
7. Respect (2)
8. Positive (2)
9. Flexible (1)
10. Easy going (1)
11. Consistently there (1)
12. Gain trust (1)

APPENDIX K
SCHEDULE OF DATA COLLECTION

Schedule of Data Collection

September	Week 1	Final preparations, equipment, notebooks, etc.
	Week 2	Interview #1, Subjects 1-3
	Week 3	Interview #1, Subjects 4-6
	Week 4	Transcriptions Completed Interview #1
	Week 5	Data Analysis, Interview #1
October	Week 6	Data Analysis, Interview #1
	Week 7	Data Analysis, Interview #1
	Week 8	Interview #2 and Field Observation, Subjects 1-3
	Week 9	Interview #2 and Field Observations, Subjects 4-6
November	Week 10	Transcriptions Completed Interview #2
	Week 11	Data Analysis, Interview #2
	Week 12	Data Analysis, Interview #2
	Week 13	Data Analysis Interviews #1 and #2
December	Week 14	Questions Formulated for Focus Group
	Week 15	Focus Group Held

The weeks following will be devoted to the final analysis of the data and preparation of a manuscript for publication by May 1999.

APPENDIX L

AUDIT TRAIL PROCESS AND VERIFICATION LETTER

Audit Trail Process

Upon completion of the audit the auditor verified the process and product of the study, as suggested by Lincoln & Guba (1985).

- 1) The purpose of the audit includes dependability and confirmability.
- 2) Brief theoretical basis for the audit.
- 3) Specification of the goals of the audit.
- 4) Discussion of the procedures used.
- 5) Findings of the audit.
- 6) Overall results of the audit in relation to the purpose.
- 7) Signature of the auditor and professional affiliation.
- 8) A brief vita (one or two paragraphs) for the auditor that establishes the auditor's credentials to carry out the audits.

California State University, Chico
Chico, California 95929-0220
Child Development Program
Office: 530-898-5250



E-mail: chid@csuchico.edu
www.csuchico.edu/chid

April 9, 1999

Dr. Douglas Collier
Assistant Professor of Exercise and Sport Science
Oregon State University
Corvallis, Oregon 97330

Dear Dr. Collier,



The purpose of an auditor in qualitative research designs is to confirm the process and product throughout the study to determine accuracy and consistency. Several theoretical approaches were employed to increase the credibility of the results in this dissertation. Lincoln and Guba (1983) included constant comparison and emergent methods with the term trustworthiness to refer to the internal and external validity of the study. Patton (1990) specifically outlines the steps of locating key phrases and sentences within the personal experience that speak directly to the phenomena in question, interpret the meaning of these phrases as an informed reader, obtain subjects interpretation of these phrases, redefine or restate these phenomenon in a tentative statement.

A goal of this audit was to determine if these methods were employed to test the trustworthiness of Ms. Lytle's study. In order to do this, the following concepts were verified: credibility through engagement, persistent observation and triangulation; dependability; and, confirmability, through audit trails.

These tasks were accomplished in a variety of ways. Ms. Lytle and I meet regularly to plan her questions, and methods by which she might obtain the information to answer her research questions. We planned engagement and persistent observation with her participants by offering multiple meetings in several different settings. The triangulation requirement was met by including diverse data: transcripts of interviews, journals, production of diagrams, and focus groups. I reviewed the individual interview transcripts, journal entries, diagrams and focus group transcripts to corroborate the dependability and confirmability. I examined her compliance with the Patton steps.

The findings confirm that Ms. Lytle has met the responsibilities of competent qualitative researchers. This auditor finds her method, procedures and results to be trustworthy, consistent and accurate with the review of the transcripts, observations and other written materials. Thus, I am pleased to confirm her rigorous adherence to the rules of qualitative analysis.

Sincerely,

Judith Bordin
Dr. Judith Bordin, Associate Professor
Child Development Program
California State University, Chico
Chico, CA 95929
The California State University

Auditor Bio: This auditor is currently an Associate Professor of Child Development at the California State University, Chico. She has participated in qualitative researcher and thesis committee advisor. In addition, her doctoral studies at the Fielding Institute included several classes and workshops in qualitative design analysis. Finally, she regularly teaches a research methods class which includes both qualitative and quantitative methodology.

APPENDIX M
REVIEW OF THE LITERATURE

REVIEW OF THE LITERATURE

This chapter reviews the relevant literature under the following sections; (a) a historical perspective on consultation as a service delivery model in the public schools (b) a discussion of the collaborative consultation model as a theoretical base, (c) the role of the adapted physical education consultant, (d) research on consultation services; and (e) systematic observation as a tool for measurement.

Historical Perspective

The use of consultation as a model for service delivery in the public schools has come out of an increasing need for special education and general education to work together to serve the more than 5.4 million children with disabilities in the public schools (Riley, 1995). Within the mandates of Public Law 94-142 it is stated that each child who qualifies for special education services will have an individual education plan (IEP) (Association for Retarded Citizens, 1992). The goals and objectives of the IEP for an individual child are to be determined by a team that includes the parent, special education teacher, or administrator.

Other individuals that provide services to the child such as the adapted physical education specialist, physical therapist, occupational therapist, as well as the child when appropriate (Block, 1994). The introduction of the IEP team was instrumental in initiating a more collaborative

approach to educating individuals with disabilities in that it required all goals and objectives to be written by a multidisciplinary team during the IEP meeting.

Public Law 94-142 also documents that to the maximum extent possible, students with disabilities should be educated alongside their non-disabled peers (National Consortium, 1995). This led to the "mainstreaming" of students with disabilities into the general education classroom. Although the original intention of "mainstreaming" was to provide necessary services for students with disabilities to be successful in the general education environment, too often it became a case of "dumping" students without proper support for success (Block & Krebs, 1992). The stress placed on general educators inevitably led to the need for instructional consultation (Friend, 1988).

Two landmark court decisions, *Pennsylvania Association for Retarded Children v. Commonwealth* (1971) and *Mills v. Board of Education of the District of Columbia* (1972), established that the responsibility of States and local school districts to educate individuals with disabilities is derived from the equal protection clause of the Fourteenth Amendment of the United States Constitution. (Individuals with Disabilities Act Amendments, 1995)

Prior to the enactment of PL94-142 more than 1 million children with disabilities were not receiving any public education. Currently, more than 5.4 million children receive public educational services under the Individuals with Disabilities Education Act (IDEA) and of these 5.4 million, 70% are educated in the general education classroom (Riley, 1995).

Educational reform has created the need for collaborative relationships between special and general education teachers based on two major shifts in how educational services are delivered to children (Lipsky & Gartner, 1996). First, teams must plan IEP goals and objectives for individual students and second, the concept of least restrictive environment as placed the majority of students with disabilities in the general education classroom. No one teacher is expected to have all the expertise to meet the needs of a diverse student population; but rather individual teachers must have the resources available to them to create successful learning environments for all children through collaborative cooperative problem solving.

Special education should be, "...seen as a 'service', not a 'place', it contributes to the overall resources of the school and enriches the teaching and learning that takes place for all children" (Riley, 1995, p. 4). If special education is a "service" rather than a "place", special and general educators must work together to create successful heterogeneous environments for learning. This homogeneous approach has created a situation where the role of adapted physical educators has shifted from teaching in a pull-out or self-contained classroom to consultation with general education teachers to adapt and modify instructional material and curriculum within the general education environment (Bradley, 1994).

Attention should focus on professional preparation programs, training professions to work in collaborative teams. Currently most programs

take a categorical approach and prepare professionals in isolation. For example, adapted physical educators and speech pathology students each study within their respective departments, never crossing paths until they enter their professional fields. This approach is contrary to the collaboration services provided in schools (Friend, 1988; Villa, Thousand, Nevin, & Malgeri, 1996). Colleges and universities share the responsibility for preparing future teachers for diversity in the classroom and collaborative interactions.

Collaboration Consultation Model

According to Bishop, Woll and Arango (1993) "Collaboration is a way to humanize the service delivery system. It improves the outcomes for children with special health needs and their families. Collaboration facilitates satisfying and effective relationships" (p.11). Collaborative consultation as a model is based on elements of three major theoretical frameworks. Conoley and Conoley (1988) describe these theoretical frameworks as mental health consultation, behavioral consultation and process consultation.

Mental health consultation is concerned with relationships among people. Premises of mental health consultation include equal status of participants, voluntary participation, supportiveness, and interaction based on consultee needs. The mental health consultant recognizes that individuals interact from different reference points, histories, or backgrounds and

suggests that not all behaviors are based on rational thought. In this model, the role of the consultant is to be supportive and to use the strategy of "one downmanship" to prevent coming across as the expert. This is accomplished through seeking the consultee's input, not taking credit for ideas, and emphasizing equal status. Additional strategies might include discussion, use of parables, confrontation, and the exploration of feelings. In this model, the consultant focuses on the teacher's needs and does not work directly with the student except to model a possible interaction of methodology for the teacher. The focus of this model is on teacher attitudes and behaviors and establishing a trusting relationship.

In contrast to the mental health theory of consultation, behavioral consultation theory is focused on the student's behavior. The idea is to change the teacher's behavior in order to elicit changes in the student's behavior. The behavioral approach is directive in nature and is focused on identifying the problem behaviors and designing strategies for remediation through the use of new skills and knowledge. The behavioral consultation approach is linear and involves the following steps: problem identification, problem analysis, intervention, and evaluation. Included in this process is systematic data collection for problem identification and evaluation. The consultee or the consultant may do this. Behavioral consultation is the most widely used model of consultation in the schools, likely because of the documented evidence of change. However, there are drawbacks in the expert/consultee relationship. For example, a teacher may not accept the

goals set by the consultant or may not understand the behavioral principles and hence may not implement the program correctly (Friend & Cook, 1996). In addition the teacher may find the data collection process too time consuming or cumbersome.

The process consultation model stems from organizational effectiveness and social psychology theory and differs varies from the previous models in that it focuses on the system or group (Conoley & Conoley, 1988). The focus of this model is on the process rather than on a specific product or outcome. This model stems from the need for teachers to interact on many levels including; leading groups, setting agendas, solving problems, managing conflict, communicating, and giving feedback.

Success of all these interactions is based on effective communication skills. The process consultant is interested in group dynamics and how groups function as well as interpersonal skill building. This approach stems from the belief that better interactions will result in better student learning environments. Strategies in this model include: (a) needs analysis, (b) data collection and feedback, and (c) simulations. Advantages of this model include the systems approach, focusing on the entire group rather than an individual teacher or student. However, it does not address individual situations and requires school wide participation and administrative support.

These models are the most frequently used models of consultation and are briefly described because they represent the foundation from which

the collaborative consultation model stems. Friend and Cook (1996) define interpersonal collaboration as, "a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal" (p. 6). Collaborative consultation is based on several assumptions including: voluntary engagement in collaboration, all parties have equal parity (equal power and equal value), individuals agree on a common goal, all share in responsibility and decision making; resources and information are shared freely between participants, and participants are equally accountable for outcomes (Friend & Cook, 1996; Idol, Nevin & Paolucci-Whitcomb, 1994; Idol, Paolucci-Whitcomb & Nevin, 1995).

Pugach and Johnson (1995) state that effective collaborators recognize that the input of several parties allows and fosters greater possibilities and creativity for solutions and acknowledges the complexities of setting goals. Collaborators are reflective about their own personal practice and enjoy the social interactive process. Collaborative teachers do not judge others but are open, receptive, and value the thoughts and ideas of others.

In their review of the literature, Heron and Kimball (1988), state that models of consultation can be differentiated across professions. For example, psychologists prefer the mental health models, whereas teachers prefer the behavioral and collaborative models. Collaborative consultation as behavioral consultation follows a similar framework. Research suggests that the following steps are important in the process of collaborative

consultation: problem identification, data collection and analysis, solution selection, implementation, and evaluation (Bradley, 1994; Pugach & Johnson, 1995; Idol et al., 1995; Friend & Cook, 1996). These steps are identified in the literature on behavioral consultation. These steps will result in effective collaborative consultation only if the individuals involved have effective communication skills. Bradley (1994) states that researchers who are to be successful collaborative consultants must have formal training in consultation. Gersten, Darch, Davis, and George (1991) found that teachers who are not adequately trained tend to avoid collaborative interactions.

Much of the current focus on effective communication in collaborative consultation stems from the work of Carl Rogers' client centered therapy. Examples include, listening and trying to understand the other's point of view, checking for understanding, empathy and positive regard (Corey, 1996). The ability to identify the problem and appropriately use statements and questions in the interaction process are elements of effective communication (Bergan & Tombari, 1976; Gutkin & Curtis, 1982).

Role of the Adapted Physical Education Consultant

Shaw (1976) describes roles as expected behaviors that are generally agreed upon by members of a group and often of society as a whole. "These expectations are based on a number of sources, including societal norms, other participants in a social interaction, and various audiences who may not even be present" (Stephan & Stephan, 1990, pg. 32). In life, an

individual plays many roles, mother, student, teacher, sister, or daughter. Within one of these roles there may be additional roles. For example, a teacher may be a disciplinarian, caretaker, nurse, facilitator, playground supervisor, or instructor. With respect to the adapted physical education teacher there are also many roles. Sherrill (1998) describes the many roles of the APE specialist as including planning, assessment, prescription/placement, teaching/counseling /coaching, evaluation, coordination of resources and consulting, and advocacy.

However, the role of the consultant in adapted physical education remains unclear with different sources defining consultation roles in different ways (Block & Conatser, 1999; Dougherty, 1995; Dougherty, Tack, Fullam, & Hammer, 1996; Hanft & Place, 1996; Sherrill, 1998). Dougherty et al., (1995) in his book on human service consultants describes the role of the advocacy, expert, trainer/educator, collaborator, fact finder, and process specialist. While Dougherty et al., (1996) describe process specialist, facilitator, validator, coach, and collaborator as the roles consultants play. Finally, Block and Conatser (1999) describes four specific consultative roles for APE specialists including advocate, trainer/educator, fact finder, and process specialist.

The advocate role involves promoting services or trying to change attitudinal barriers. This might include advocating for changes in physical structural barriers in the environment or instructional barriers in the

classroom. The trainer/educator's role involves sharing knowledge derived from their specific training in adapted physical education. This knowledge could include information on a specific disability, instructional strategies, or adaptations to accommodate a student. The fact finder role involves finding and delivering information to other professionals. This might include information on new equipment, materials, techniques or web sites to visit. Finally, the process specialist looks at "...how things are being done and problems being solved rather than what is being done" (Block & Conatser, 1999, p. 17). For example, a teacher may have trouble integrating a student into physical education because of the nature of the activities the teacher has selected. It is the role of the process specialist to identify how the education of the student is implemented and to assist in facilitating change to create a more successful environment. It is apparent from the literature that the roles of APE consultants have yet to be clearly defined. Furthermore, no empirical research has examined this aspect of the adapted physical education specialist's job.

Research on Consultation Services

Researchers studying consultation have examined the effectiveness of consultation training, preferred models of consultation, the consultation relationship, and consultation effectiveness in problem identification.

Bergan and Tombari (1976) measured service efficiency, skills in applying psychological principles, and interviewing skills. Subjects included

11 psychologists, who had participated in a training program at the University of Arizona, and 806 elementary school children. Caseload and the average time from referral to the first interview measured service efficiency.

Psychological principles were measured for flexibility and were calculated based on the variety of principles used in problem identification. The more principles used the greater the flexibility score. Finally, interviewing skills were analyzed in three areas, message content, message process, and message control. The most significant finding of this study was that if a psychologist lacked skills, the problem solving process was inefficient or non-existent. However, once problem solving was defined 97% of the cases were able to reach goal attainment. Unfortunately only 30% of the cases were able to define the problem. This suggests the importance of training in interview skills and problem identification in graduate programs.

Curtis and Zins (1988) examined the effect of training on consultation skills. Specifically they evaluated the effect of training on questioning, behavioral specificity and problem-solution statements. The subjects of this study were 14 graduate students who had previous experience in school psychology, counseling or education. The training period consisted of two and one half-hours a week over eleven weeks. Training included instruction on the collaborative approach to consultation, observing and processing demonstrations, critiquing videos, and role-playing. Analysis in

pre and post behaviors was based on the Consultation Verbal Analysis Record (CVAS) (Bergan & Tombari, 1975). Results indicated that specific training had a positive effect on the level of questioning and the quality of descriptive verbalizations. Both of these areas have been identified as important determinants of consultation effectiveness (Bergan & Tombari, 1976).

Costenbader, Swartz, and Petrix (1992) examined the relationship between pre-service training, perceptions of consultation skills, and actual time spent in consultation. A 30-item questionnaire was sent out with a return of 333 completed surveys. The survey consisted of four parts: demographic information, consultation training, actual time spent in consultation and preferred time spent in consultation, and a self-rating scale of respondent's perceived ability in the consultation process. Seventy-six percent of the subjects reported that training in consultation was very important. However, only one-third of the respondents had received any formal training. Respondents that had more training in consultation consistently reported a higher level of perceived ability in consultation. Fifty-three percent of the respondents reported using the behavioral consultation model followed by process consultation (34%) and mental health consultation (32%). Finally, psychologists spent between 11 and 20% of their time in consultation and reported that they would prefer to spend between 31 to 40% of their time in consultation.

Research indicates that training has a significant effect on a consultant's ability to identify the problem, utilize questions and verbally describe situations, as well as their perceived competence. Bergan, Byrnes, and Kratochwill (1979) examined the differences between consulting models. In their study, the medical model and behavioral model were examined in relation to teacher expectations and effectiveness in teaching a hypothetical child. Subjects included 60 first and second grade teachers who were randomly placed into one of four groups; medical model, behavioral model, behavioral consultation with task analysis and a control group. Results indicated that teachers in the behavioral consultation model with task analysis were the most effective in instructing the hypothetical child with 93% of the teachers achieving success. Only 20% of the teachers in the medical model were able to teach the hypothetical child, while 33% in the control group were successful. In the behavioral consultation without task analysis group, 60% were successful.

This suggests that behavioral consultation was more effective than either the medical model or the control group. However, behavioral consultation with task analysis was the most effective. The authors suggest that this is because task analysis provided teachers with specific information regarding where to start instruction with the hypothetical child. Finally, teachers in the medical model group had lower expectations of the child, supporting the researchers' hypothesis. The notion that teachers in

the behavioral consultation model would have higher expectations was not supported.

Although the behavioral model was supported by Bergan et al., (1979), Clevin and Gutkin (1988) took the behavioral model a step further and examined the extent to which cognitive modeling by consultants could help consultee's become more effective in problem identification within the behavioral model. Problem identification is the first phase in the consultation process. Cognitive modeling involved the consultant guiding the consultee through, "...prioritizing the several components of the child's behavior, develop a concrete behavioral definition of the highest priority problem component, and develop a goal statement for the highest-priority problem component" (Cleven & Gutkin, 1988, p. 382). Subjects included 195 female undergraduate students majoring in education.

Subjects were randomly assigned to one of three groups to watch a consultation interaction video, consultation with cognitive modeling, consultation without cognitive modeling and an irrelevant consultation group, which served as the control. Subjects filled out two questionnaires; the Problem Definition Description and a Process Questionnaire. Researchers examined the results for behavioralness, clarity of the goal statement, and process. Results indicated that cognitive modeling with consultation interaction was more effective than consultation without cognitive modeling in helping educators in the problem identification process.

Gutkin (1996) utilized the Consultation Analysis Record (CAR) with the addition of a cognitive modeling component to analyze leadership roles in initial consultation interviews. Consultants included 41 graduate students from the areas of school psychology, counseling psychology, clinical psychology, cognitive and learning psychology, special education, speech therapy and social work. Each 20-30 minute interview with a field-based consultee was transcribed and coded using the CAR. Results for the consultant indicated they asked more questions, used more process overt verbalizations, more summarization statements, and finally that consultee's generally followed consultant's content leads. Results for the consultee's showed that they spent more time answering questions and less time asking questions. In addition, they verbalized two-thirds of the total interaction time and the consultants generally followed consultee's leads. Finally, based on validation statements by both the consultant and consultees, the interactions were primarily positive. These findings suggest that some elements of the consultation relationship are shared while others are specific to each role.

Although most studies using the CAR have been based on the behavioral consultation model, Hughes and DeForest (1993) utilized a modified version of the CAR to examine the expanded behavioral consultation model. The expanded behavioral consultation model adds concern for interpersonal and intrapersonal skills, as well as context specificity, to behavioral interviewing. Their study examined 17 interviews by doctoral

students with consultees in the field using the CAR and the Consultant Evaluation Form (CEF). The original CAR coding form included the categories of information, message source, message content, message process, and message control. In this study, only the consultant process and control categories were coded. The CEF is based on teacher perceptions of satisfaction of consultation and utilizes a Likert scale from 1-7. Results of the CAR indicated that 34% of consultants thought units were expressed as questions and 66% were expressed as responses. Results of the CEF indicated that consultees were generally satisfied with the consultation they received with the average item score being 6.0.

Although a collaborative approach to communication skills and consultation has been suggested in the literature, Erchul and Chewning (1990) questioned the extent to which collaboration actually existed. They used the Folger and Puck (F-P) relational communication system to examine the relationship between consultants and consultees, hypothesizing that the role of the consultee would be one of passivity, acceptance and cooperation because of the nature of the behavioral consultation model. They suggest that the importance of the collaborative relationship may not be evident in actual coded sessions of satisfied consultees. Subjects included 10 doctoral students and 10 consultees. There were three consultation interactions each.

Interactions were coded based on the F-P relational communication system. In addition, each consultee filled out the Consultation Evaluation

Form (CEF) after each session. Results supported the hypothesis that consultees were passive, accepting and cooperative. For example, consultants made 86% of the requests whereas consultees made only 14%. In addition, consultees accepted 94% of the consultant's responses. Consultants clearly asked more questions and hence controlled the interaction. Finally, there was a change from the initial interview to the evaluation interview for each group, with consultants tending to make less requests and to be less active during the final interviews.

Karge, McClure and Patton (1995) developed a standardized questionnaire, which was distributed to middle school resource teachers. The survey instrument included demographic information and programmatic information as well as problems faced by resource teachers, 98 surveys were returned. Results indicated that, generally, teachers had 50 minutes of preparation time for planning. Eight-six percent of the resource teachers spent less than 40% of their time in collaboration activities with general educators. Factors that either supported or hindered collaboration were ranked from 1-8, one being the highest. For successful collaboration, the most highly ranked items included teacher attitude, administrative support, and communication skills respectively. The most highly ranked problems that hindered effective collaboration were the teacher's attitude toward the process, lack of time, teacher personality and lack of training. Karge et al., (1995) also looked at teachers preferences for models of collaboration. Twenty-two percent preferred consultation/collaboration and 71%

preferred a combination of consultation/collaboration and traditional pullout for students with special needs. Only 2% preferred homogeneous tracking. Finally, teachers were asked to respond to questions related to collaboration using a Likert scale from 1-4. The mostly highly rated items were: "I have a clear understanding about my responsibility toward the educational program of the student with learning disabilities (3.5), my site administrator supports the collaboration model at my school site (3.4), and I believe a full inclusion model for all students with mild disabilities would be effective if proper consultation/collaboration occurred (3.0)" (Karge et al., 1995, p. 89).

Knoff, McKenna and Riser (1991) developed a scale to determine consultation effectiveness. Their survey consisting of 484 trainers and practitioners in school psychology. Factor analysis for the trainers revealed the following categories to be most important for effective consultation: consultation process skills, expert skills, personal characteristics, interpersonal skills, and professional respect. Analysis of the practitioner's responses revealed the same categories as the trainers, with the exception of professional respect. This factor was replaced with consultation directive-ness. Although the authors felt more information needed to be completed to validate this instrument, it might also be suggested that consultee's be evaluated as well for their perceptions of effective consultation.

Babcock and Pryzwansky (1983) examined the consultation models by school professionals. This study included two school districts consisting

of 34 elementary schools in two counties, one rural and one urban. Questionnaires were given to 34 principals, 38 second-grade teachers, and 34 special education teachers. There were 20 questions with each question describing one of the four models at one of the five stages of consultation. The models included collaborative, mental health, medical or expert. The stages of consultation were described as goal setting, problem identification, recommendations, implementation, and follow-up. Results indicated that educational professionals generally preferred the collaborative model across all five stages of consultation.

Although consultation is an important and recognized role that adapted physical education specialists serve currently, only one study (Heikinaro-Johnson, Sherrill, French & Huuhka, 1995) has examined the use of consultation in adapted physical education (Auxter, Pyfer, & Huettig, 1997; National Consortium, 1995; California State Framework for Physical Education, 1994; Kelly & Gansneder, 1998; Sherrill, 1988). Over a two-month period, Heikinaro-Johansson et al., (1995) collected data from classroom teachers, paraprofessionals, and students to determine if consultation was an effective means of service delivery. Results from videotaped observations, journals, interviews, and interdisciplinary team meetings revealed that students with disabilities did benefit from consultation services.

To date no studies have examined the specific roles adapted physical education specialists play within the context of consultation, the competencies needed for this aspect of the job, or how effective consultation is compared to direct service.

Systematic Observation

Systematic observation has its roots in the 1970's when Rosenshine (1971) published the first paper based on classroom observation. He identified eight teacher behaviors, including teacher clarity, variability, enthusiasm, task-oriented behavior, teacher indirectness, student opportunity to learn criterion materials, use of structuring comments, and criticism. Since then, efforts have shifted to looking at teacher behavior and student behavior. Student behaviors include time on task, student engagement, and academic learning time (ALT). Systematic observation has played a major role in promoting teacher research as a legitimate area of empirical research (van der Mars, 1989).

However, with the shift in adapted physical education services from direct service to students toward a more consultative model it is critical to examine the teacher to teacher interaction. Most of the systematic observation instruments in the field of physical education are designed to examine teacher/student behaviors in the natural environment of the gymnasium. These instruments include examination of academic learning time in physical education, students' opportunity to respond, students time on

task, teacher feedback, teacher demonstrations, teachers verbal behavior, as well as the teachers movement patterns (Darst, Zakrajsek, & Mancini, 1989). In addition, many verbal and nonverbal interaction analysis systems have been developed that look specifically at the interactions between teachers and students. As example is the Cheffer's Adaptation of the Flanders' Interaction Analysis System (CAFIAS) (Cheffers & Mancini, 1989). To date, no system has been developed to examine the content and the process of interactions between adapted physical education teachers and general physical education teachers in the consultation process.

As far back as 1976, researchers began to look at the consultation process of psychologists in the schools. Psychologists have traditionally served as consultants in the public schools as a result of increased referrals. It was felt that a consultation model would allow services to be provided to more students via the classroom teacher and over the course of the year more students would be served (Gutkin & Curtis, 1982). Bergan and Tombari (1975) were one of the first research teams to develop a system for analyzing interactions between consultants and consultees. Their system, the Consultation Analysis Record (CAR), has four coding areas; message source, message content, message process, and message control. This system analyzes both the process and the content of the interaction.

Martens, Erchul and Witt (1992) reviewed four coding systems for examining verbal interaction. Included in their discussion are the Consultation Analysis Record, Rogers and Farace's Relational Communication

coding system (1975), Folger and Puck's Request-Centered Relational coding system (1976), and Tracey and Ray's (1984) Topic Following and Topic Initiation coding system. According to Martens et al., (1992) "...research directing consultant behavior at the micro level has been lacking because reliable methods for quantifying interpersonal communication have been absent from the consultation literature" (p. 110). The four coding systems in this study were all applied to the same set of four interviews. All systems yielded consistent descriptions of consultant/consultee interactions.

Summary

Over the past 20 years, the way in which students with disabilities receive educational services has changed dramatically. Prior to the passage of PL94-142, students with disabilities were placed in institutions or separate facilities. The passage of this law has created shifts in how services are provided. Currently 70% of students with disabilities are educated in the general education environment where special and general educators must work collaboratively to create individualized education plans for students. These shifts have changed the role of the adapted physical education specialist. In the past, adapted specialists only provided direct service to students with disabilities. Now they may provide direct service, consultation services, or some combination of the two.

Research on the effectiveness of consultation in the schools shows that training has a positive effect on the process skills of consultants (Curtis

& Zins, 1988; Costenbader et al., 1992). In addition, teachers prefer the behavioral and collaborative models of consultation over other models of consultation (Heron & Kimball, 1988). Clevin and Gutkin (1988) expanded the behavioral model by adding task analysis and found that the combination was even more effective than the behavioral model alone. Researchers have also examined the consultant/consultee relationship. The research suggests that in studies of psychologists and teachers, consultants tend to dominate the interview process while consultees tend to take a more passive, cooperative role (Erchul & Chewing, 1990; Gutkin, 1996). These results are contrary to findings that teachers prefer a more collaborative approach to consultation.

Most studies have examined the consultative relationship of psychologists and teachers with few studies examining the role of resource teachers. Although several articles have addressed some aspect of consultation in adapted physical education (Conner-Kuntz, 1998; Helm & Boos, 1996; Kasser, Collier & Solava, 1997; Maguire, 1994) to date there has been only one research study examining the use of consultation (Heikinaro-Johansson et al., 1995). No studies have examined the consultative model or the consultation process of adapted physical education specialists although this is an important and recognized role of adapted physical education specialists (California Department of Education, 1994; Kelly & Gansneder, 1998; National Consortium, 1995)

Systematic observation is one way in which the teaching environment has been analyzed. It has been used effectively to develop a research base on teacher and student behaviors in the physical education setting (van der Mars, 1989). Systematic Observation has also been utilized in psychology and education to examine the process and content of consulting (Bergan & Tombari, 1975; Martens et al., 1992). However, to date no studies have examined the process of consultation in adapted physical education (Heikinaro-Johansson et al., 1995). Research in this area will help develop a knowledge base in adapted physical education consultation. This research may have implications for preservice teacher education and inservice training. In addition, APE consultation research can provide insight into effective consultation strategies and techniques. Finally, such research might give insight into the skills necessary for positive adult interactions. A phenomenological approach would be a beneficial starting point to gain insight into APE specialist's perceptions and role in the consultation process.

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