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Medical Model vs. Eco-Behavioral Model: School Psychologists' Conceptualization of Consultation

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Medical Model vs. Eco-Behavioral Model: School Psychologists' Conceptualization of

Consultation

by

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ABSTRACT

The purpose of this study was to explore the ways in which school psychologists conceptualize

culturally responsive consultation based on their description of using an ecological approach or

an intrapsychic approach to consultation. Additionally, this study aimed to address barriers

school psychologists may face when providing culturally responsive consultation based on the

consultation method they describe using. I conducted a secondary analysis of 1 to 2-hour, semi-

structured interviews of 15 school psychologists throughout the United States. I used a

constructivist paradigm to understand participants' approaches to consultation and how these

approaches related to their descriptions of culturally responsive consultation. I used constant

comparison analysis and analytic memos to derive themes. Through data analysis three major

consultation themes emerged: 1) structured problem-solving with a medical model lens to guide

their case conceptualization, 2) structured problem-solving with an ecological lens to guide their

case conceptualization and, 3) "On-the-fly" consultation and limited use of a problem-solving

framework to guide their case conceptualization.   The participants who described a medical

model approach described their conceptualization of cultural variables (e.g., race/ethnicity) in a

broad and vague manner and did not incorporate cultural variables in their consultation or

intervention selection. The participants who described an ecological approach to consultation

actively incorporated culturally related variables (e.g., speaking in the family's native language,

addressing issues related to acculturation, etc.) throughout their consultation process and

intervention selection. The participants who described an on-the-fly varied in their consideration

of cultural variables. With respect to barriers to consultation, the participants who described an

ecological approach to consultation described lack of stakeholder involvement as the most salient

barrier to delivering comprehensive consultation services. Those who described the use of a medical model approach and those who described an on the fly approach noted similar barriers to comprehensive services (e.g., lack of cultural knowledge).

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CHAPTER 1:

INTRODUCTION

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Background

The United States Census Bureau ([U.S.]; 2018) predicted that the U.S. will become a "minority white" nation by the year 2045 (Frey, 2018). By the year 2022, the National Center on Education Statistics (2016) predicted the percentage of minority students (e.g., African American, Non-White Hispanic, and Asian) will increase between 2% and 33% for each minority group in public schools. Along with race, U.S. schools are experiencing a demographic change that includes students who are multilingual and students with various needs (Carroll, 2009). Despite the change in student population, students from racial and ethnic minority groups remain overrepresented in special education, office referrals, suspensions and expulsions (Alvare, 2018). Past studies have associated this disproportionality with cultural mismatch between students and school-based personnel, as well as with other systematic barriers (e.g., poverty, family issues, professional bias, etc.; Bennett, 1982; Harry & Fenton, 2016). This pattern of cultural mismatch holds true for school psychologists as the majority of school psychologists are monolingual, White women (Castillo, Curtis, & Gelley, 2013).

Prior to exploring the intersection between school psychologists' professional practice and issues of race and culture in schools, school psychologists' role in providing psychoeducational services must be understood. School psychologists are identified as school-based professionals with expertise in assessment, evaluation, and student-centered behavioral and mental health services (Kelly, 2018). As such, school psychologists are trained to collaborate

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with school-based professionals (e.g., teachers, administrators, school counselors, etc.) and students' families to serve students with academic, behavioral, and social-emotional difficulties. One of the ways that this collaboration occurs is through consultation with these stakeholders.

In the last decade, school psychologists' roles have gradually expanded from primarily conducting cognitive and academic assessments to also providing direct interventions and consultation services (Allen & Escoffery-Runnels, 2014; Bahr, 2017). For example, in a study of 1,272 school psychologists who were primarily practitioners (approximately 80%), 16% of school psychologists' time was devoted to consultation (Castillo, Curtis, & Gelley, 2012). Indeed, consultation is a core aspect of school psychological service delivery included in the *National Association for School Psychologists (NASP) 2020 Professional Standards Adopted*. Consultation is a cooperative process between school psychologists, parents and school personnel in an effort to indirectly support students with academic, behavioral, and/or social-emotional needs (Gutkin & Curtis, 2009). Considering that consultation serves as a mechanism to empower parents and school personnel to make necessary changes in a child's environment, some researchers contend that effective consultation must consider relevant ecological factors when identifying and responding to a student's presenting needs (Gutkin & Curtis, 2009; Williams & Greenleaf, 2012; Zalaquett, Fuerth, Stein, Ivey & Ivey, 2008).

Traditionally, school-based professionals have ignored environmental factors that influence students' behaviors due to their use of an intrapsychic approach to service delivery (Williams & Greenleaf, 2012). The intrapsychic approach, also known as the medical model, focuses exclusively on within-person issues (Greenleaf & Williams, 2009). In this approach, explanatory causes for students' difficulties focus on biological, innate, or other organic contributions to the problem. Consequently, the medical model orientation to practice does not

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promote examination of environmental and cultural factors that may impact an individual student's academic, social, and emotional outcomes.

In contrast, an ecological approach, like the problem-solving model, allows for the examination of a person-environment interaction (Williams & Greenleaf, 2009). In this approach, practitioners consider the cause of students not meeting expectations as the result of a combination of factors found in the environment (e.g., quality of instruction, how classrooms are managed, family and community variables). When implemented within the context of consultation services, this model of consultation typically involves the use of a problem-solving model to determine which variables are contributing to the student's problem and how to intervene to address them. The problem-solving model for consultation typically involves a four-step process (problem identification, problem analysis, plan implementation and program evaluation) to help others (teachers, administrators, parents, etc.) support students (Erchul & Young, 2014).

Regardless of the specific orientation school psychologists utilize to guide their consultation approach, one important contextual factor that they should attend to is the cultural context in which a student lives. This is important to consider, as students' cultures and related factors can directly impact their performance and experiences in school. The cultural context a student lives in can vary depending on their socioeconomic status, race, region, ethnicity and religious beliefs among other factors (Jones, 2014). As such, past studies have identified the importance of supporting culturally diverse students through school-based consultation (Erchul & Young, 2014: Li, Ni, & Stoianov, 2015: Newell, 2013; William & Greenleaf, 2012) while being especially attentive to their unique cultural experiences (Ingraham, 2000).

Statement of the Problem

Culturally responsive consultation is a term that has been used to describe the ways in which school-based consultants consider and respond to the needs of culturally diverse students during the consultation process (Knotek, 2012). Cultural responsiveness has no set definition, however, of the various conceptualizations that exists, there are commonalities among definitions. In short, cultural responsiveness involves the respect and consideration of culturally and linguistically diverse students and colleagues (Munoz, 2007; Te et al., 2019).

A study conducted by Gross & Malone (2018) concluded that 76% of school psychology programs offer at least one multicultural course. Despite this, other studies show that school psychologists may demonstrate limited cultural responsiveness when providing school-based consultation (Li, Hong & Stoianov D, 2015; Newell, Newell, & Looser, 2013; Ni & Li, 2013; William & Greenleaf, 2009; William & Greenleaf, 2012). As with other educational practices, a lack of cultural responsiveness in consultation can contribute to the continuation of adverse outcomes for students from diverse backgrounds (McKenney, Mann, Brown, & Jewell, 2017). When school psychologists do not embed culturally responsive practices in their consultation services, they may be unable to adequately remedy the issues students are experiencing academically and behaviorally. Consequently, this can contribute to the continuation of social injustices for students with marginalized identities such as disproportionality in special education and receiving disciplinary infractions (Klingner et al., 2005; Williams & Greenleaf, 2012).

Past studies have identified links between institutional structures and practices, and academic, behavioral, and mental health issues experienced by students, which indicates that students' problems are not solely attributed to internal processes (Williams & Greenleaf, 2009).

This issue is concerning when one considers that the commonly used medical model approach to practice typically does not take environmental factors into consideration when determining causes of problems, or treatment approaches. Currently, there are a limited number of studies that incorporate cultural factors into the medical model approach to service delivery (Benson, 2006; Kripalani et al., 2006); and researchers suggest that the traditionally used medical model of consultation can itself be a barrier to delivering comprehensive and culturally responsive services to diverse students (Williams & Greenleaf, 2009). On the other hand, although numerous studies exist that support the efficacy of the eco-behavioral model of consultation, there is limited research addressing how to incorporate cultural responsiveness into the problem-solving model that is foundational to this approach (Li, Ni, & Stoianov, 2015). Researchers have called for an increase in literature addressing how to utilize the problem-solving process to facilitate culturally responsive consultation (Ingraham, 2012; Newell, 2010, 2013; Ramirez & Smith, 2007).

Consistent with the dearth of scholarship as outlined in the previous paragraph, few studies have examined how school psychologists describe and conceptualize their consultation experiences (Ingraham, 2012), especially when serving culturally diverse students. Given the theoretical and process differences between medical and eco-behavioral approaches to consultation, research clearly is needed to explore school psychologists' conceptualization of culturally responsive consultation in the context of their consultation orientation (i.e., medical versus eco-behavioral approaches). Moreover, there is limited research on factors outside of the consultant's control (e.g., parent ability to communicate, student absences, racial bias held by coworkers, school district processes, etc.) that may influence a consultant's culturally responsive consultation process. Furthermore, of the studies that have examined school psychologists' (or school psychology trainees) experiences with addressing the needs of culturally diverse students

through school-based consultation, participants have been limited to recent or current graduate students or practitioners within the same or similar districts (e.g., Behring, Cabello, Kushida, & Murguia, 2000; O'Bryon & Rogers, 2016). Taken together, more research is needed to address the aforementioned research gaps.

Purpose of Study

In this study I utilized data from a larger study that focused on school psychologists' experiences with providing culturally responsive consultation (Parker, Castillo, Sabins, Daye & Hanson, 2019). Parker et al. (2019) noted that when discussing culturally responsive consultation, some participants appeared to use an eco-behavioral consultation approach, while others described using consultation approaches that aligned with the traditional medical model. Thus, in this study I explored conceptual similarities and discrepancies that exist in how the participating school psychologists conceptualized culturally responsive consultation based on the extent to which their descriptions of their consultation approach aligned with medical model versus ecologically oriented approaches to consultation. Furthermore, in this study I examined barriers school psychologists may face when seeking to utilize culturally responsive consultation processes through either consultation framework.

Research Questions

This study aimed to address three research questions:

(1) How do school psychologists conceptualize the typical consultation process they use when providing school-based consultation?

(2) How do school psychologists strategize and conceptualize culturally responsive consultation in relation to the consultation model they describe utilizing?

(3) What barriers do school psychologists face to providing culturally responsive consultation based on the consultation model they described?

Theoretical Framework

I utilized Ingraham's (2000) Multicultural School Consultation (MSC) framework to answer the first research question. The MSC framework was developed to guide and inform school-based consultation services. This framework can be applied to various consultation models (e.g., mental health, behavioral, and ecological) that address different aspects of students' development and functioning (Ingraham, 2000). The MSC framework includes five core components. The first component, *domains for consultant learning and development*, outlines knowledge, skills, and attitudes consultants need to respond to the perspectives of the consultee(s), client(s), and themselves, and to create understanding between all parties. The second component, *domains of consultee learning and development*, focuses on the knowledge, skills, and attitudes consultees should possess when supporting culturally diverse students. The third component, *cultural variations in the consultation constellation*, explores cultural similarities and differences that may exist across the consultant, consultee, and client. The fourth component, *contextual and power influences*, explores how contextual variables in society and power structures may guide the consultation process. Lastly, the fifth component, *hypothesized methods for supporting consultee and client success*, discusses various methods that can be used to promote success for the consultee and client(s). Although these domains are discussed in-depth in Chapter 2, what follows is a brief description of each of the domains.

Given the purpose of this study, all of the components were utilized as a guide for data analysis. The first component (*domains for consultant learning and development*) relates to the knowledge, skills and attitudes that consultants need in order to (1) attend to the perspective of

themselves, the client and consultee and, (2) create a bridge between these perspectives. A consultant's knowledge and attitudes toward cultural variables can influence how they conceptualize and utilize consultation strategies (Ingraham, 2000; Jones, Kawena Begay, Nakagawa, Cevasco, & Sit, 2016; Knotek, 2012). This domain includes eight categories that consultants must attend to: (a) *understanding one's own culture,* (b) *understanding the impact on one's culture on others,* (c) *respecting and valuing other cultures,* (d) *understanding individual differences within cultural groups and multiple cultural identities,* (e) *cross-cultural communication,* (f) *understanding cultural saliency and how to build bridges,* (g) *understanding the cultural context,* and (h) *culturally appropriate interventions and consultation* (each of these domains are explored in-depth in Chapter 2; Ingraham, 2000). Within the eight domains outlined in this component, there is significance placed on respecting and understanding in order to promote cultural responsiveness around multicultural consultation.

The second component (*domains of consultee learning and development)* outlines variables related to how the consultee learns and develops in regard to multicultural school consultation. The consultee refers to an individual, group or system. This domain includes: (a) *knowledge,* (b) *skills,* (c) *objectivity,* and (d) *confidence*. Component two of Ingraham's MSC framework (2000) shifts the focus to the learning, knowledge and skills that the consultee should possess as well as the consultant's role in increasing competence in these domains in accordance to the culture of the client. A consultee's ability to be objective and confident in their knowledge and skill plays a crucial role in their willingness to follow through the suggestions that they are given (Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009). Learning processes and the development of consultees' understanding of culture sets the stage for the consultation

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process. Consultants will need to be cognizant of their consultees' current knowledge of culturally responsiveness in order to plan their approach to consultation.

The third component (*cultural variations in the consultation constellation)* relates to the ways in which the cultures of the consultant, consultee and clients can affect the consultation process. This domain includes: (a) *consultant-consultee similarity,* (b) *consultant-client similarity,* (c) *consultee-client similarity,* and (d) *three-way diversity: tri-cultural consultation.* This domain is highlighted by Ingraham (2000) because the cultures of the parties involved in the consultation process and how well they do or do not align sets the tone for the consultation process. Cultural variations or cultural differences may determine how complex or straightforward the consultation process can be (Behring, Cabello, Kushida, & Murguia, 2000). When a consultant is unaware of the differences or similarities that exist in the consultation constellation, they may overlook important variables (e.g., religious practices) to consider. Additionally, it may be a more challenging process to consult in a situation where the culture of the consultee and client do not have any cultural similarities (Li & Li, 2015, 2017; Ni & Li, 2013).

The fourth component (*contextual and power influences*) directly relates to variables that can mitigate the consultation process. This domain includes three categories: (a) *cultural similarity within a different cultural system,* (b) *influences by the larger society,* and (c) *disruptions in the balance of power* (Ingraham, 2000). This domain includes evaluating the way the larger society and expectations can impact the consultation process. Additionally, Ingraham (2000) discusses the ways different power dynamics can impact the consultation process as well as the relationship between the consultant, consultee(s) and client. During the consultation process it is important to address power imbalances in order to facilitate a collaborative

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relationship that is key to many consultation models (Bergan, 1977; Gutkin & Curtis, 2009; Ingraham, 2000; Rappaport, 1981). Given that consultants are usually viewed as experts, the consultees may expect to take a less active role in the consultation process. This expectation consequently limits the amount of collaboration that can occur, thereby requiring consultants to find ways to address these issues during the consultation process.

The fifth component (*hypothesized methods for supporting consultee and client success*) describes methods for supporting the success of the consultee and culturally diverse students including targeted strategies that may help to foster the consultee's and client's success. These strategies include fourteen methods that fall under three major categories. The categories include: (a) *framing the problem and the consultation process*, (b) *potential multicultural consultation strategies for working with consultees*, and (c) *continue one's professional development and reflective thinking* (Ingraham, 2000). The fourteen methods outlined within the three domains focus on communication, collaboration and support of both the consultee(s) and client(s). This component is intended to build on the skills and knowledge acquired from other consultation models and is presumed to be malleable.

Consultation Models

Eco-behavioral Consultation Paradigm

In eco-behavioral consultation, the goal is to identify person-environment relationships in order to eliminate and/or prevent problems (Gutkin & Curtis, 2009). This aim is accomplished through using Bergan's (1977) four-step problem solving process: 1) clearly defining fixable problems, 2) using an ecological approach to identify the cause of the problem, 3) using the ecological analysis of the problem to guide intervention selection and, 4) evaluating the effectiveness of the intervention (Gutkin & Curtis, 2009). Eco-behavioral consultation includes

conceptualization of the environment as a major factor in problems identified (e.g., macro, exo-, meso, etc.) and focuses on the interactions between the student and various environmental factors. This approach situates a child's behavior as being interconnected with the larger system (Gutkin, 1993). This consultation model also operates under the assumption that when environmental factors are not considered (e.g., teacher, family, administration, etc.) consultants will "miss the mark" in identifying the problem and clients will experience little or no change (Gutkin, 2013, pg. 96). I used this paradigm in the currrentstudy as it is a common consultation model utilized within the field of school psychology (Bramlett, & Murphy, 1998; Gutkin, 2012); and it has been deemed "highly appropriate" for school psychologists to use (Erchul & Young, 2014, pg. 451).

Medical Model Paradigm

The medical model is a traditional approach to treating children's issues that presumes that problems lie within the child (William & Greenleaf, 2012). This approach leads to individual approaches and interventions that focus solely on addressing dysfunctions occurring within the child. This paradigm includes a deficit approach and the belief that the client's inner deficits are leading to their academic or behavioral difficulties (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). Additionally, this paradigm can lead to students with similar issues receiving the same treatment (e.g., all students with academic issues are placed in a special education classroom). The traditional medical model places the consultant in a hierarchal role in relation to the client, which does not allow for collaboration (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). Moreover, this model does not promote consideration of family or social justice issues (Ratts; 2008; Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). I used this paradigm in the current study to understand the

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participants' approaches to consultation given the history of school psychologists operating within a traditional approach to service delivery (Fagan, 2014).

Definitions of Terms

Consultation

Consultation is an indirect form of service delivery within the NASP Practice Model (2020) in which the consultant, "attempts to effect change in a third party (i.e., client) by working directly with a second party (i.e., consultee)" (Erchul & Ward, 2016, p. 73). School psychologists engage in consultation practices in schools with parents, teachers, administrators and other school personnel. The goal of consultation is to equip the consultee with knowledge and skills that will benefit their students academically, socially, and emotionally. This process includes meeting with the consultee periodically (e.g., daily, weekly or monthly), gathering information on the issue(s) occurring, evaluating the situation through data collection (e.g., observations, record reviews, interviews), providing insight on how to remediate the obstacles and following up when needed.

Culturally Responsive Consultation

Cultural responsiveness is a term that has various meanings to various people. Additionally, it is often used interchangeably with terms like "cultural competence" and "multiculturalism." However, some researchers contend that cultural responsiveness has a different meaning than these two concepts, despite their strong overlap (Brown, 2007; Jones, 2014; Ortiz, 2012). For the purpose of this study, the term cultural responsiveness is in line with the definition provided by Knotek (2012). This definition includes four main elements (1) basic knowledge of culture and diversity, (2) active affirmation of diversity, (3) connecting a student's home and school experiences, and (4) adapting a large range of instructional and assessment

techniques in accordance with the students' cultural identity (Knotek, 2012). Thus, culturally responsive consultation incorporates these elements into the consultation process. This is a process of not only considering cultural variables, but also actively incorporating these factors into daily practice (e.g., language, examples used in class, discipline, etc.).

Eco-behavioral Consultation

Gutkin (1993), along with others, called for a hybrid between behavioral and ecological consultation called "eco-behavioral consultation." The eco-behavioral approach views antecedents and consequences of a student's behavior as interconnected pieces of a larger ecosystem that must be understood in order to effectively serve the student (Gutkin, 1993). This approach includes problem-solving. Problem solving is a four-step process in which consultants work with consultees to: (1) identify the problem, (2) identify why the problem is occurring, (3) implement an intervention to solve the problem, (4) analyze the effectiveness of the intervention and modify if needed (Kratochwill, Elliott, & Stoiber, 2002).

Intrapsychic Perspective/Medical Model

The intrapsychic perspective, also known as the medical model, is a traditional psychological service approach that focuses on addressing within-person problems. The medical model is based on labeling and treating student difficulties as a result of presumed issues lying exclusively within a person (Sheridan & Gutkin, 2000; Williams & Greenleaf, 2009; Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). When a practitioner uses this perspective, they typically ignore environmental and cultural factors that may also be contributing to the problem (Williams & Greenleaf, 2009). For example, in a situation with a student who is hyperactive, a school psychologist using this model may assume the student is hyperactive because of an underlying condition (e.g., Attention-Deficit-Hyperactivity Disorder [ADHD]). This view would then lead

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to recommending an intervention that targets ADHD, suggesting the student sees their

pediatrician for medication, and/or suggesting accommodations for students with ADHD.

CHAPTER 2:

LITERATURE REVIEW

This literature review is organized into several sections. First, models of consultation will be reviewed. Next, the literature on intrapsychic and eco-behavioral problem-solving approaches to consultation will be explored. Then, models of culturally responsive consultation and research on its implementation will be discussed. Finally, facilitators of and barriers to engaging in culturally responsive consultation will be reviewed.

Consultation Models

Overview of Consultation

Consultation is a meeting with an expert or professional in order to seek advice. Consultants exist in various fields in which they are viewed as possessing proficient skills and knowledge in a specific topic. People may engage in consultation with lawyers, medical doctors, and psychologists. In the area of health service psychology, consultation is a signature practice that is used in all areas of practice, including school psychology (Newman & Ingraham, 2017). In school psychology, consultation is an indirect service where the goal is to influence change in the students' academic and social/emotional success by working with parents, teachers and/or other school-based professionals (Erchul & Ward, 2016; Gutkin & Curtis, 2008). Consultation has been included in the practice of school psychology dating back to as early as 1925 with the first conceptual frameworks being discussed in the 1970s (Bramlett & Murphy, 1998). The emergence of consultation in school psychology was a response to dissatisfaction with traditional medical and psychometric approaches to treating problems in schools (Bramlett & Murphy,

1998). Various models of consultation exist, including behavioral (Bergan & Kratochwill, 1990), mental health (Meyers, Parsons, & Martin, 1979), and organizational development (Schmuck, 1990).

Consultation Characteristics

One of the most definitive characteristics of consultation in schools is that it is an indirect service (Gutkin & Curtis, 2009). This is a deviation from the traditional method that psychologists use where they work directly with the client. In schools, there is the client (i.e., student), consultee (e.g., teachers, principals, etc.) and the consultant (e.g., school psychologist, school counselor, etc.). In some cases, the school administration or staff may be the client. This dynamic has led some to label school psychology as a paradox. The "Paradox of School Psychology" is that school psychologists work to make positive change in students by working with the adults that work with them (Gutkin & Conoley, 1990). This does not mean that school psychologists do not interact with or deliver interventions to students, however, most of their work is focused on behavior change in adults. Consulting with teachers is essential because teachers and other school personnel are likely to interact with students more than the school psychologist.

School psychologists must be aware of the unique knowledge that other school personnel possess and they should operate under the assumption that consultees possess the competencies necessary to remedy their child and/or system-related issues and can do so given the right opportunities and resources (Rappaport, 1981). Consequently, the consultant-consultee relationship is aimed to be non-hierarchal to foster collaboration and cooperation (Bergan, 1977). This notion supports a reciprocal interaction in which participants influence and are influenced by one another. Therefore, coordinate power status (i.e., equally shared decision-making) is a

relationship style most suitable for school psychologists to use (Gutkin & Curtis, 2009). Within this relationship, the school psychologist and the consultee both serve as experts in their own fields and work together to decide what will and will not work for the client. The success of this collaborative process depends on effective communication that can be facilitated through trust, openness and genuine regard (Erchul & Young, pg. 451). Additionally, it is important for the consultant-consultee relationship to be voluntary and confidentiality maintained.

It is important for consultants to obtain sufficient skills in rendering services, competency in applying psychological knowledge to problem-solving and skills in gathering information (Bergan, 1977). Consultation is an interpersonal process, therefore, skills like rapport building and effective communication are crucial to the success of the process (Bramlett & Murphy, 1998). School-based consultants need to possess skills in reflective listening, questioning, paraphrasing, empathy and friendliness among other skills (Bramlett & Murphy, 1998; Gutkin & Curtis, 2009). School psychologists should aim to build a warm and understanding relationship with their consultees (Erchul & Young, 2014). To aid them in this aim, school psychologists should practice self-awareness of their morals and biases. This skill is important as it relates to cultural, racial, socioeconomic and gender views. Effective consultants are considered to be culturally sensitive and understanding of how these variables can affect the development of trust and understanding in the consultation constellation (Ramirez, Lepage, Kratochwill & Duffy, 1998).

Goals of Consultation. The goal of consultation varies based on the model of consultation being utilized. In the school setting, the goal is to provide services that resolve the issue while also supplying the consultee with skills that will prepare them to prevent and respond to future issues (Gutkin & Curtis, 2009). Additionally, the goal is to improve the client's

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functioning relevant to the school setting (Hazel, Laviolette, & Lineman, 2010). These goals are accomplished through a series of steps which include: 1) establishment of cooperative partnerships, 2) problem identification/clarification analysis, 3) intervention selection and implementation, and 4) intervention evaluation and follow up (Bergan & Kratochwill, 1990; Erchul & Martens, 2010; Harvey & Struzziero, 2008; Zins & Erchul, 2002). Throughout these steps the consultant and consultee should develop a respectful and collaborative relationship, define the problem and a measurable goal, identify and implement evidence-based interventions to solve the problem and use data collected to evaluate the effectiveness and outcomes of the intervention.

The National Association of School Psychologists (NASP) developed a model for services by school psychologists. Within this model, consultation and collaboration are classified as "practices that permeate all aspects of service delivery" (Skalski et al., 2015). More explicitly stated, consultation is a skill that school psychologists are expected to demonstrate in all of areas in which they serve students and school personnel. Additionally, competency in consultation is a requirement for all NASP approved programs (NASP, 2019). Historically, consultation has been considered as an integral element of training and maintaining competency for psychologists and other mental health professionals (Thomas, 2010).

Wong, Ruble, McGrew, and Yu (2018), explored the connection between consultation and treatment fidelity. In order for interventions to be implemented successfully, it is important for interventions to be implemented as they were intended. If interventions are not implemented with fidelity, we risk concluding that a student's deficits are a result of within child factors, such as a learning disability, when the failure of the intervention lies within lack of fidelity (Kovaleski & Marci-Fies, 2013). Wong, Ruble, McGrew, and Yu (2018) utilized consultation with parents

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and teachers to gather information on and set goals for students in need of new individualized

education program (IEP) goals. At the end of the study, they found consultation increased

teacher's adherence to the intervention as well as the quality of the delivery of the intervention

due to fidelity being maintained and increasing overtime. Consequently, this led to statistical

significance in student responsiveness to the intervention. The students were able to indirectly

benefit from the consultation that occurred.

Consultation and Problem-solving. The problem-solving process described above also

has been found to be a critical and effective part of consultation. In a literature review on

consultation studies, Sheridan, Welch and Orme (1996) found consultation to be effective in over

70% of the studies reviewed. Likewise, Bergan and Tombardi (1976) found that when problem-

solving occurred within consultation, 97% of these cases reached goal attainment. Implications

from this study suggest that consultants with effective problem-solving skills are effective in

educational problem-solving.

Consultation studies also support that consultation is a preferred activity of school

psychologists and can be viewed positively by consultees when implemented with fidelity. Bahr

et al. (2017) surveyed 175 practicing school psychologists and found that 64% of the participants

ranked problem-solving consultation as one of their top five preferred activities. In terms of

consultee satisfaction, in a case study, Wilkinson (2005) used collaborative problem-solving

consultation with two students with attention-deficit-hyperactivity disorder (ADHD) and

oppositional defiant disorder (ODD). The consultants and consultees in the study worked

together to implement the problem-solving process with this student, including progress

monitoring throughout the process. In the end, both students exhibited significant increases in

positive behavior. Additionally, the teachers and parents who participated in this study reported

satisfaction with the consultation experience and expressed the desire to be willing to participate again in the future.

An Intrapsychic Perspective to Consultation

Components of Intrapsychic Approaches

The intrapsychic approach to consultation utilizes a medical model which school psychologists have traditionally used in their service delivery (Sheridan & Gutkin, 2000). Medical model-based consultation is a process of assessment, diagnosis, and treatment. The medical model has an overall goal of labeling and treating student difficulties as a result of presumed issues lying within a person (Sheridan & Gutkin, 2000; Williams & Greenleaf, 2009; Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). In other words, the overall assumption is that mental health, academic and behavioral issues primarily are due to deficits within the client. It is also assumed that the primary way to treat these issues is to treat the client through medication or interventions that target the internal causes and/or their symptoms.

The mental health consultation approach is a commonly used consultation model that operates from an intrapsychic perspective. Mental health consultation is grounded in psychoanalytic theory, which is based in remediating psychopathology (Bramlett & Murphy, 1998; Erchul & Young, 2014). The goal of mental health consultation is for the client to gain insight on their behaviors and feelings in order to understand what within them is contributing to the problem (Caplan, 1970). This goal is accomplished through assessment, diagnosis and treatment. Mental health consultation was originally intended to be used by mental health professionals in the community; however, it has received large amounts of attention and use in schools. Critics of mental health consultation view the consultant-consultee relationship in this approach as a hierarchal approach where the consultant is the expert and the consultee does not

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have the freedom to reject, accept or contribute input into the consultation process (Bramlett &

Murphy, 1998).

One example of mental health consultation is applied with younger children during early

childhood. In early childhood mental health consultation (ECMHC) the focus is on mental health

assessment, diagnosis and treatment (Perry & Conners, 2016). With this approach to

consultation, consultants focus on remediating behavioral problems and building a child's skills.

Additionally, the goal is to reduce the child's risk of developing a clinically significant mental

health disorder in the future (Perry & Conners, 2016). Consultants who use ECMHC aim to

change the classroom environment, however, this is done in relation to reducing the problem

behavior or skill deficit. Those who work within the mental health consultation approach work

with teachers and families to build their capacity in remediating problems that are manifesting

within the child (Brennan, Bradley, Allen, & Perry, 2008). Mental health consultation for

children can be child-and family focused or program focused, with the goal still being to

remediate a within-child problem.

Intrapsychic Approaches in Existing Educational and Psychological Systems

In psychology, when the medical model is used, diagnoses are typically made based off

of the Diagnostic Manual for Mental Disorders: Fifth Edition (DSM-V; American Psychiatric

Association, 2013). When using this approach, psychologists attribute symptoms solely to the

psychopathology of the client, while ignoring environmental factors that may be the cause of the

symptoms. The process for helping patients is assessment and diagnosis based on the DSM-V

and treatment using methods that target DSM-V disorders. The DSM-V operates off of a

Eurocentric perspective of what constitutes as a disorder (Zalaquett, Fuerth, Stein, Ivey, & Ivey,

2008). When psychologists and consultants use a Eurocentric perspective to problem-solve with

clients, they are limited in their ability to consider norms of other cultures as well as systemic barriers to those who are from other diverse cultural backgrounds.

In the school setting, school psychologist may be able to help students receive the services they need through educational eligibilities established through the 2004 Individuals with Disabilities Education Improvement Act (IDEA), Section 504, and free appropriate public education ([FAPE]; McBride, Willis, & Dumont, 2014). Through these laws, students who meet criteria for specific eligibility categories (e.g., ADHD, emotional/behavior disability [EBD], specific learning disability [SLD], etc.) are able to receive services such as extra time on tests, speech therapy and classroom aides among other services. In order to receive these services, the student must be found eligible for one of the categories listed within IDEA. These categories (e.g., EBD, SLD, etc.) are often based on criteria found within the DSM-V (McBride, Willis, & Dumont, 2014). The process for determining whether a child is indeed eligible for special education services may include school psychologists administering cognitive and achievement tests to identify "internal deficits" listed within the eligibility criteria. When school psychologists engage in consultation with the goal of determining an eligibility for services, other variables environmental variables may be overlooked.

It is important to understand that cultural and environmental variables may require different remedies than a within-child problem. For example, it may be necessary to modify a student's environment (e.g., adding visual aids to instruction for English Language Learners) than to attempt to only target changes in the student (e.g., evaluating the student for special education). The medical model ignores specific factors including gender, ethnicity, past experiences and individual beliefs. This approach ignores the individual differences of a client, which can be detrimental and can result in a barrier to efficient treatment (Zalaquett, Fuerth,

Stein, Ivey, & Ivey, 2008). Additionally, this model ignores the systemic variables that contribute to a child's problems (Sheridan & Gutkin, 2000). Despite this focus, some practitioners perceive this model as a way to label as many students as possible for services, rather than focusing not only on the individual, but also their interactions with the environment (Conoley &Gutkin, 1995).

An Ecological-Behavioral Approach to Consultation

In eco-behavioral consultation, a term coined by Gutkin (1993), ecology and behavioral theory work together to serve the student. From the behavioral perspective, behavior is examined as an individual's response to factors in the environment (Gutkin, 1993). These factors include antecedents and setting events that cause the behavior to occur and consequences of that behavior. Behavior is then maintained through reinforcement. For example, if a student has a tantrum during math and is removed from math class, they are negatively reinforced by being able to escape math. Negative reinforcement can increase the likelihood of a behavior occurring.

When an ecological approach is added, school psychologists view issues with students as a mismatch between the ecology of where the problem is occurring and the child (Bronner, 2005). This approach draws on Bronfenbrenner's (1979) ecological systems theory in which he discussed the ecological context of human development. Within this model he included systems that influence individuals such as family, culture, social conditions, schools and other parts of a child's environment that can affect them as an individual. Additionally, he asserted that individuals impact these systems in a reciprocal fashion. Bronfenbrenner's model emphasizes the importance of looking at factors outside of the individual child that can influence their development and functioning. Consultants that consider the ecology in which a student is nested have the ability to use the child's other ecological settings as resources to understanding and

remediating the problem. For example, if a student is struggling behaviorally, a school psychologist using this approach can assess if there is a mismatch between the way the student is expected to behave at school versus expectations at home. Evaluating this can lead to adjustments within the classroom environment in order to help the student succeed (Bronner, 2005).

In eco-behavioral consultation, the student's ecosystem typically includes, school, home, the community and society (Gutkin, 2012). Within this approach to consultation, it is assumed that behavior is a result of the complex interaction between the individual and environment (Gutkin, 2009). The eco-behavioral approach does not overlook biological and pathological factors, instead these factors are taken into account within the environment that the student lives. Additionally, within an eco-behavioral approach, there is an emphasis from switching the focus from individuals to populations in order to develop efforts that can address systemic issues that affect overall populations (Gutkin, 2012). Those in support of an eco-behavioral approach aim to provide early intervention strategies that can serve as preventative measures in homes and schools of students from at risk-populations. Instead of diagnosing students, consultants using an eco-behavioral approach use the problem-solving process to identify student needs and environmental characteristics that may help or deprive students from demonstrating expectations, standards, or benchmarks. When interventions are implemented consultants use progress monitoring and data-based decision-making to evaluate effectiveness of intervention and to make needed adjustments to the environment to promote student success (Gutkin, 2012).

In the most recent edition of *Best practices in school psychology: Data-based and collaborative decision making*, Erchul and Young (2014) outlined the steps of problem-solving consultation. Problem identification is noted as the most critical consultation step because this

stage directly effects the feasibility of the selected intervention as well as the concerns that are targeted. During problem analysis, the focus shifts to hypothesizing variables and conditions that are causing or contributing to the problem. Intervention implementation involves the selection of an intervention as well as implementing the program and monitoring the process. Plan evaluation involves reviewing the effectiveness of the selected intervention(s). This includes developing a plan to ensure that the problem does not occur again if the selected intervention was effective. If the selected intervention does not reach the goal, the process of problem-solving begins again and/or the current intervention may be modified. Past studies have identified this process as being effective with maintained effects (Owens et al., 2017; Wilkinson, 2003).

History of Medical and Eco-Behavioral Problem-Solving Approaches in Schools

Both the medical and eco-behavioral approaches to consultation in schools have roots in national educational policy and how it has evolved over time. Public Law 94-142 was created in 1975 to guarantee FAPE for all children with disabilities (Jones & Menchetti, 2001). This law established disability categories for students with disabilities like SLD and EBD. Under this law, disability was determined through criteria such as a discrepancy model in which a student's intelligence quotient (IQ) scores had to be discrepant from their achievement scores to be eligible under the SLD category (Jones & Menchetti, 2001). Under the discrepancy model, the role of school psychologists was to administer cognitive assessments and interpret the results in order recommend students for special education (Fagan, 2014). The foundational assumption of this approach to eligibility for SLD was that understanding a student's internal deficits and providing them with special education services would result in improved outcomes. Much of the literature on this approach discussed aptitude by treatment interactions (ATIs) in which diagnosis of

student's relative strengths and weaknesses could lead to interventions matched to the student's inherent learning style (Batsche, Kavale, & Kovaleski, 2006; Fagan, 2014).

Based on some studies, the discrepancy model has been found to be invalid and unreliable (Reschly, 2003). Despite the use of well-defined cut-scores to determine an ability-achievement discrepancy, practitioners often would make different decisions about eligibility (Batsche, Kavale, & Kovaleski, 2006). Moreover, the discrepancy model has been critiqued for its focus on "diagnosis" and labeling students without evidence for the effectiveness of the special education services provided. Researchers have demonstrated that no evidence exists for the efficacy of ATIs that are provided based on the assessment results in this approach (Reschly, 2003). Those who have critiqued this process have called for a shift in focus to interventions that can increase a student's ability to meet academic goals (Batsche, Kavale, & Kovaleski, 2006).

Public Law 94-142 has been updated several times with the most recent reauthorization occurring in 2004 (IDEA, 2004). IDEA (2004) includes language that allows school districts to use a process based on how students respond to scientifically based intervention to determine eligibility for SLD. RTI is systematic and uses the steps of problem-solving to identify, analyze and evaluate student's needs and ways to effectively address these needs. The goal of RTI is to use systematic assessments in order to allocate resources effectively and serve all students (Burns & Gibbons, 2008). RTI includes evaluating the cause and effect relationship between an academic or behavior intervention and how a student responds to the intervention (Bender & Shores, 2007). This includes using systematic assessments and data collection to provide students with evidence-based interventions that match the intensity of their needs.

Within RTI, school psychologists use consultation as a means of communicating to school personnel on how to best serve students. Additionally, the use of consultation can help to

facilitate successful implementation of interventions and other services through problem-solving

(Gutkin & Curtis, 2009). Proponents of RTI discuss the four steps of problem-solving as

foundational to consulting with educators and parents: problem identification, problem analysis,

intervention implementation and intervention evaluation (Erchul & Young 2014). Some suggest

that problem-solving consultation is the most commonly used consultation model in school

settings (Bramlett et al.,1992). Additionally, the Collaboration domain in the *NASP Model for*

Comprehensive and Integrated School Psychology Services includes engaging in a consultative

problem-solving process as a critical area of practice (Kratochwill et al, 2014). Thus, some

scholars argue that "problem-solving is the essence of consultation" (Zin & Erchul, 2002, pg.

631) in today's school context.

Cultural Considerations

Ingraham's Multicultural School Consultation Framework

For the purpose of this study, I will provide a detailed description of Ingraham's (2000)

Multicultural School Consultation (MSC) framework. This framework was established to satisfy

the need for a multicultural consultation framework for consultation within the school setting

(Ingraham, 2000). Multicultural consultation is defined as "a culturally sensitive, indirect service

in which the consultant adjusts the consultation services to address the needs and cultural values

of consultee, client or both" (Behring & Ingraham, 1998). The framework for MSC includes five

domains in which culture is believed to influence all aspects of consultation. The components

include *domains for consultant learning and development*, *domains of consultee learning and*

development, *cultural variations in the consultation constellation*, *contextual and power*

influences and, *hypothesized methods for supporting consultee and client Success*.

The first component (*domains for consultant learning and development*) includes eight categories. These categories relate to the knowledge, skills and attitudes that consultants need. The first category is *understanding one's own culture.* This category relates directly to the second category *understanding the impact of one's culture.* In order to be aware of how our culture can affect the consultation process, we must first be aware of our culture and what it means to us. For example, Ingraham (2000) discussed the notion of white privilege and the ways in which self-reflection can help consultants understand how their culture may affect the cultural process. The third and fourth categories, *respecting and valuing other cultures* and *understanding individual differences within cultural groups and multiple cultural identities,* include the importance of knowing the histories and values of other cultures in order to understand and respect these differences. The fifth category, *cross-cultural communication/multicultural consultation approaches for rapport development and maintenance* highlights the need for consultants to use communication as a way to build and maintain rapport with consultees, which may involve using communication patterns (i.e., terms or language) that are specific to the consultees culture. The sixth category*, understanding cultural saliency and how to build bridges* refers to the way salient features in the client, consultant and/or consultee can influence the consultation process, therefore consultants must find ways to build bridges between these features. The seventh category, *understanding the cultural context,* relates to the dominant cultural context of the school and/or community. The eighth category, *culturally appropriate interventions and consultation* includes using one's knowledge of the cultural variables at play in order to select interventions that are appropriate and conduct consultation in a way that is culturally sensitive.

The second component (*domains of consultee learning and development)* is focused on how the consultee learns and develops throughout the consultation process. Consultee's learning is summarized in four categories. The first category, *knowledge,* pertains to the knowledge consultees already have or must learn about the culture of the client. *skills,* the second category, includes instructional approaches a consultee may use to engage diverse students. Category three, *objectivity,* refers to the ability to remain impartial. For example, objectivity can include the consultee's ability to decrease their fear of being called racist, use of stereotypes, overemphasis on culture and the use of a "color-blind" approach. The final category, *confidence,* is the consultee's ability to be confident in their service delivery and implement the intervention with fidelity.

The third component (*cultural variations in the consultation constellation)* relates to the ways in which the cultures of the consultant, consultee and clients can affect the consultation process. This domain has four categories (a) *consultant-consultee similarity,* (b) *consultant-client similarity,* (c) *consultee-client similarity,* and (d) *three-way diversity: tri-cultural consultation* (Ingraham, 2000). Each category examines the ways in which similarities and differences between dyads and triads in the consultation constellation may hinder or aide in progression of the consultation process. This component specifically examines cultural saliency, which refers to similarities and differences that are perceived by the consultation members (Ingraham, 2000). In this domain, the goal is to navigate similarities and differences of cultural saliency through self-disclosure, modeling, avoiding stereotyping and building rapport.

The fourth component (*contextual and power influences*) directly relates to variables that can mitigate the consultation process. This domain has three categories. The first category, *cultural similarity within a different cultural system,* refers to when the consultant and consultee

share a common minority culture that differs from that of the larger society. This shared cultural

identity can help the consultant to establish rapport with the consultee and build bridges based on

cultural similarities. The second category, *influences by the larger society,* refers to the norms

and expectations of larger society that may challenge or support the consultation relationship.

The final category, *disruptions in the balance of power,* refers to differences in age, gender,

socioeconomic status, education level, and other variables that may change the consultation

process from a collaborative process to one that is hierarchal.

The fifth component (*hypothesized methods for supporting consultee and client Success)*

specifies targeted strategies that may help to foster the consultee's and client's success. These

strategies include fourteen methods that fall under three major categories. The categories

include: (a) *framing the problem and the consultation process*, (b) *potential multicultural*

consultation strategies for working with consultees, and (c) *continue one's professional*

development and reflective thinking (Ingraham, 2000). In the first category, *framing the problem*

and the consultation process, the consultant is tasked with *valuing multiple perspectives* through

communication, pluralism and honoring different frames of reference. Additionally, consultants

are responsible for *creating emotional safety and motivational support, balancing affective*

support with new learning, building on principles of adult learning and seeking interventions for

learning and development among consultees and clients. These strategies involve creating an

environment that fosters support, learning and professional growth for the consultee. Category

two, *potential multicultural consultation strategies for working with consultees,* focuses on

strategies to help guide consultants through the process. The first two strategies, *support cross-*

cultural learning and motivation and *model bridging and processes for cross-cultural learning,*

are ways to help foster cross-cultural learning through maintaining confidentiality, respecting

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each perspective and avoiding criticism. Through the *use of consultation methods matched with consultee's style,* the consultant is encouraged to use their understanding of the consultee's frame-of-reference to help them build and develop their communication style. Consultants can also *work to build the consultee's confidence and efficacy* by highlighting their successes through the consultation process. The last strategy in this category is *work to increase knowledge, skills and objectivity.* This is done by supporting the consultee's learning and development and sharing knowledge. The last category is *continuing one's own professional development and reflective thinking.* The strategies in this category are ways in which consultants can work to ensure that they remained committed to learning and growing as a consultant. These strategies include *continuing to learn* because learning never stops, *engaging in formal and informal continuing professional development* through varying methods, *seeking feedback* from colleagues, consultees and others, and *seeking cultural guides and teachers* in the school and community.

Studies Evaluating Cultural Responsiveness

Several studies reflect examples of cultural responsiveness when implementing school-based consultation (Behring, Cabello, Kushida, & Murguia, 2000; Bell et al., 2015; O'Bryon & Rogers 2016; Ramirez & Smith, 2007). Although these studies did not utilize Ingraham's framework, this literature is still relevant to the current study given that it focuses on culturally responsive practices in school consultation. As such, past studies have highlighted several methods consultants may use when utilizing consultation to support students from diverse cultural backgrounds. These methods include: building relationships with teachers and parents, assisting teachers in their development of an awareness of students' cultural differences, helping teachers to develop culturally sensitive skills with students, offering teacher support to cope with

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the cultural differences of students, being aware of and having respect for parents' cultural styles, adjusting communication style, educating parents and providing resources, and asking for the perspective of multiple parties (Behring, Cabello, Kushida, & Murguia, 2000; Newell, 2010, 2013; Ingraham, 2012; O'Bryon & Rogers, 2016; Ramirez & Smith, 2007).

The Exclusion of Cultural Variables

 Some research indicates that school psychologists and other school-based professionals may ignore the environmental factors that influence a student's wellness, including a student's cultural backgrounds (Williams & Greenleaf, 2009). There are several societal factors that contribute to educational issues culturally diverse students may endure (e.g., living in poverty, substance abuse, unemployment of a parent, etc.; Henderson & Milstein, 2003). Hence, it is imperative that school psychologists consider and understand cultural variables during the consultation process (Erchul & Young, 2014). In fact, the NASP (2020) Model includes cultural responsiveness as foundational aspect of all service delivery (Skalsik et al., 2015); however, school psychologists indicate that they may struggle with applying culturally responsive practices to their professional services (Newell, Newell, & Looser 2013). In a recent survey of practicing school psychologists on knowledge of the 10 NASP domains, a majority of participants reported being most knowledgeable in consultation and collaboration. Despite their knowledge in consultation and collaboration, participants ranked their knowledge of diversity in development and learning as one of the domains in which they are the least knowledgeable (Bahr, 2017).

Limited knowledge in diversity can limit a consultant's ability to be culturally responsive in practice. A lack of cultural responsiveness when using problem-solving can limit a school psychologist's ability to use an ecological approach and identify contributing factors beyond the

child (Lynch & Hanson, 2011; Newell, 2010). If a school psychologist does not consider cultural variables that impact students when providing consultation services, school psychologists may be unable to factor in the ways in which these variables may be contributing to or maintaining the problem. It is recommended that an ecological approach be used during step one, problem identification, of the problem-solving model (Gutkin, 2002; Kratochwill, 2002). During problem identification, ecological variables, which include cultural variables, can be identified as contributing to or causing the problem. The use of an ecological approach to consultation allows school psychologists to factor in a client's cultural variables as a part of problem-solving.

Sullivan et al., (2009) noted that a lack of cultural responsiveness in curriculum, instruction and intervention has contributed to the disproportionality of students of color in special education classrooms. It is important for school psychologists to conceptualize problems through a cultural lens, so they do not confuse differences for deficits (Sheridan, 2002). This includes awareness of one's own implicit biases in order to enhance academic and socio-emotional outcomes for diverse students (Li, Hong, & Stoianov, 2015).

Li and Li (2015) explored the ways in which the lack of cultural responsiveness can negatively affect Chinese American and immigrant students and their families. In a qualitative study, Li and Li (2015) found that Chinese American and immigrant students reported that frequent intercultural misunderstandings at school and home were a major source of stress. Parents in this study also reported stress that resulted from cultural barriers that prohibited them from understanding their child's academic needs. Parents also tend to be less acculturated than their children which can be a source of stress and barrier to adequate communication between the school and parents (Buki, Ma, Strom, & Strom, 2003). The results of this study showed the need

for modifications which include culturally appropriate school-home collaboration and consultation.

In a follow-up study conducted exclusively with Chinese immigrant parents, Li and Li (2017) found that parents also identified cultural differences between school and home as a source of stress in their children and themselves. The participants in this study noted that they wanted their teachers to increase multicultural awareness and knowledge. Implications from this study included school psychologists providing consultation on how teachers can strengthen their relationships and overall communication with parents. This task can be accomplished through the consideration of cultural variables by school psychologists when consulting with teachers on Chinese American and immigrant issues.

Ni and Li (2013) explored the consequences for African American students when cultural variables are not considered. In an analysis of teacher evaluations on the report cards of 565 elementary school students, Ni and Li (2013) found cultural differences in non-academic narrative evaluations. The researchers noted more negative comments on classroom behaviors for African American students than Caucasian students. The results of this study called attention to the harms that implicit bias and social cultural norms that teachers hold which can affect their perceptions of students. These implicit biases may be an example of ethnocentrism, the belief that the European-American culture is superior to other cultures. This type of thinking can lead to the misconception that variations in behaviors from the dominant group found in counseling and psychology research in the United States are a result of a deficit (Yoder & Kahn, 1993). The results of this study also indicated that low-income African American students overall received poorer evaluations than middle class Caucasian students. These negative comments may be

attributed to the lack of consideration of cultural differences when teaching African American students.

Bell et al. (2015) aimed to target these deficits in consideration of cultural variables by implementing cultural-specific consultation for students in a school that was more than 99% African American, with 94% of students receiving free or reduced lunch. These efforts resulted in 100% of the teachers at the school viewing social and emotional learning as a necessary part of the school efforts. The researchers utilized an ecological approach in order to evaluate student issues and supply cultural-specific interventions to address student needs. The researchers utilized eleven consultation activities in order to incorporate culture into their consultation. These activities were: 1) building relationships with stakeholders, 2) encouraging active engagement from stakeholders, 3) investigating stakeholders' perceptions of goals and concerns, 4) educating administrators on the interventions, 5) maintaining relationships with administration and stakeholders, 6) using universal screeners for students, 7) educating school staff on the roles of school-based mental health professionals, 8) building relationships with mental health professionals, 9) establishing a partnership with community trauma resources, 10) facilitating professional development and fidelity monitoring, and 11) including mental health staff in the implementation of interventions. Based on staff report, the utilization of this culturally specific approach is continuing to positively impact this majority-minority school.

Cultural Modifications

Other studies on culturally responsive consultation have led researchers to discover that current consultation approaches must be modified when working with non-European-American students and families (Behring, Cabello, Kushida, & Murguia, 2000). Behring, Cabello, Kushida, and Murguia (2000) conducted a qualitative study with European American, African American,

Asian-American and Latino school psychologists. These school psychologists were interviewed on their consultation practices and the ways in which they modified their practices to adjust to differing cultures of clients and consultees. The most reported modification used by consultants was teaching consultees about the cultural differences between them and the student. Participants were able to identify this modification as being successful in increasing prosocial behaviors in diverse students. The participants also noted that developing trust, showing respect and speaking in the native language of a family was successful in consultation cases with diverse clients in the school setting.

In line with the results from Behring, Cabello, Kushida, and Murguia, (2000), Ramirez and Smith (2007) found that the consultants in their study exhibited high frequencies of (a) respecting the parent's culture, (b) helping the teacher become aware of the students' cultural differences and (c) speaking the parent's native language. This investigation was accomplished through a review of case vignettes. Ramirez and Smith (2007) asked 49 school psychologists to recall a time when they took culture into consideration when consulting with a Hispanic student. In this study, the participants conceptualized considering culture as: (a) justification of behavior based on cultural norms and/or modifying interventions to fit cultural norms of students, (b) educating students, parents and/or school staff on differences in cultures and expectations, (c) speaking the same language (Spanish) as students and parents or using an interpreter to avoid miscommunications, and (d) recognizing cultural differences, but not considering it in the consultation process. Of these four conceptualizations, only 8% fell into category d. In both studies, it was conceptualized that consulting with cultural variables included themes of recognizing differences and accommodating them in order to serve the student and their family.

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O'Bryon & Rogers (2016) examined the ways in which consultation must be modified for English Language Learners (ELLs). This was achieved through conducting semi-structured interviews with 11 practicing bilingual school psychologists. Seventy-three percent of the participants noted the importance of educating teachers on language development for English Learners during consultation. Additionally, the participants emphasized the importance of actively seeking: (1) language resources, (2) relevant professional development and (3) consultation with other bilingual school psychologists, as methods to enhance their consultation skills with working with this population of students.

Barriers to Culturally Responsive Consultation

Consultee-related Barriers

Consultee-related barriers refer to factors that may limit the consultant's ability to be receptive to culturally responsive consultation. Consultees are able to be receptive to culturally responsive consultation when they are able to remain objective or impartial. Caplan and Caplan (1993), highlight the importance of objectivity in consultation. Factors such as use of stereotypes, overemphasis of culture, the use of a "color-blind" approach and the fear of being labeled as racist may pose as barriers to objectivity in culturally responsive consultation (Ingraham, 2000).

In a qualitative study with bilingual school psychologists, O'Bryon & Rogers (2016) found that teachers of ELLs often sought help in determining whether academic issues were a result of a learning disability or a language deficit. In this study, 73% of the bilingual school psychologists described spending time consulting with teachers on the importance of providing ELLs with sufficient time to develop proficiency in English before suspecting a learning disability. The participants described that they often consulted with teachers on the differences

between the development of expressive versus academic language development. Participants also described witnessing classroom structures that were not inclusive of ELLs (e.g., rapid speech in classroom instruction, lack of visuals, four step directions, etc.). Some participants noted explicit racism and prejudice as a barrier to consulting with teachers concerning ELLs. The participants in this study noted that all school psychologists need to be knowledgeable of these practices in order to best serve ELLs. Given that a majority of school psychologists are monolinguistic, this likely serves as a barrier to helping ELLs.

Consultant-related Barriers

Consultant-related barriers refer to factors that may limit the consultant's ability to be receptive to culturally responsive consultation. Consultants can also exhibit the use of stereotypes, over-emphasizing culture, acting "color-blind" or possessing the fear of being labeled racist as barriers (Ingraham, 2000). Objectivity, or the ability to remain impartial, can also help consultants be receptive to engaging in culturally responsive consultation.

Currently, there is a lack of research focusing on diversity and educating consultants on diverse students (Ingraham, 2016; Sander et al., 2016). In a review of syllabi in American Psychological Association (APA) approved school psychology programs, the results revealed that school psychology programs offer little training in topics of culture and social justice within consultation (Hazel, Laviolette, & Lineman, 2010). In a review of both the APA and the NASP training standards, limited explicit information about the characteristics of the culturally competent school psychologists was found (Rogers & Lopez, 2002). Lack of training in the area of cultural diversity can serve as a barrier for practitioners.

Parker et al. (2019) explored the barriers to culturally responsive consultation in a qualitative study conducted with fifteen practicing school psychologists. The participants in this

study identified language barriers and cultural minimization consultant related as barriers to culturally responsive consultation. For example, two participants stated that race did not play a role in some of their consultation cases because disability status was more pertinent to helping the student. Thus, these consultant's minimization of cultural, and use of a medical-model approach, prohibited culturally responsive consultation from occurring. The researchers found that when school psychologists were utilizing a medical-model approach, they were limited in their ability to respond to the needs of students from culturally diverse backgrounds. They suggest that future school psychologist and school psychology trainees should be encouraged to go beyond a medical-model case conceptualization and implement an ecological approach when engaging in culturally responsive consultation.

In a qualitative study of cultural modifications to consultation, Behring, Cabello, Kushida, and Murguia (2000) found that non-European-American school psychologists made more cultural modifications for diverse clients than European-American clients. The researchers also found that non-European-American clients were more likely to speak the native language of diverse clients, find them community resources, respect parent's cultural style and make home visits. These modifications proved to be successful in helping the school psychologists build trust with parents and reduce problem-behaviors in the students. The availability of modifications may serve as a barrier to diverse students given that a majority of school psychologists are European-American.

Newell (2010) tasked school psychologists with using a computer software program that simulated a classroom environment in order to examine patterns that emerged in how these school psychologists addressed racially diverse students in problem-solving consultation. Additionally, the participants were interviewed after participating in the stimulation. From these

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interviews and the stimulation Newell (2010) found common patterns of 1) limited use of an ecological approach, 2) lack of cultural responsiveness and 3) different approaches with African American versus European-American students. Newell (2010) noted that the limited use of an ecological approach to consultation served as a barrier and likely resulted in the consultant's lack of cultural responsiveness as well as divergent approaches. Some participants in this study also discussed using a "color-blind" approach, in which they did not consider race to be an influencing factor because all of the students in the stimulated school were majority African American. It was also stated that race was only important if there were differences in socioeconomic status between the student and teacher or when the student and teacher had a negative relationship. These beliefs served as a barrier to culturally responsive consultation in this study.

In a similarly constructed study, Newell, Newell, & Looser (2013) utilized a computer stimulation and follow-up interview to analyze how novice school psychologists address cultural factors in consultation. From this study the researchers found: 1) influence of racial differences during the consultation process, 2) disconnect between multicultural knowledge and use of skills, 3) barriers to use of multicultural skills, and 4) more training in multicultural consultation needed as barriers to culturally responsive consultation. Within barriers to use of multicultural skills, participants noted feeling uncomfortable bringing up race and the fear of offending the client in reference to race. If this poses as a barrier in a computer stimulated setting, it also may pose as a barrier in the real-world. Additionally, all of the participants reported needing more training in the area of multicultural consultation.

School-level/systemic Barriers. School level/systemic barriers are based on societal pressures that may negatively impact the consultation relationship if not adequately considered

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and addressed (Ingraham, 2000). Parker et al. (2019) interviewed practicing school psychologists on their experiences engaging in culturally responsive consultation. The participants of this study reported lack of administration support at the school-level as a barrier to culturally responsive consultation. More specifically, two participants disclosed that when they have been faced with administrators who are not supportive of a culturally responsive process, they chose not to consider cultural variables in their consultation process. The participants in this study also eluded to larger systemic issues in which educational policies do not consider the mismatch between a student's culture and the school curriculum, which may directly contribute to their academic and/or behavioral difficulties.

In phase-one of a two-phase study of facilitators and barriers to comprehensive services for school psychologists, Castillo et al. (2016) found numerous systematic barriers and facilitators of comprehensive service delivery when interviewing practicing school psychologists. Among the barriers, over 60% of the participants identified a lack of time/heavy caseload, policy/priority/role issues, lack of key stakeholder involvement and obstacles to problem-solving implementation. One participant discussed how having an authoritative administration at the school can limit a school psychologist's role. Effective problem-solving involves school psychologists being proactive and preforming duties beyond and prior to testing. Participants also reported the lack of problem-solving components, lack of access to students and families and lack of buy-in from teachers and administrator as barriers to comprehensive service delivery. These barriers (e.g., lack of access to students and families, lack of buy-in etc.) include components that are essential to consultation and collaboration. These barriers, which are essential to the consultation process, were reported by over 62% of the practicing school psychologists in this study.

Overall, several studies indicate that a broad range of barriers may impact one's delivery of culturally responsive services. Although past studies have identified consultant, client and system-level barriers, studies have yet to identify consultation-model specific barriers. More explicitly stated, no literature currently exists that identifies barriers to culturally responsive consultation based on the consultation model that is being utilized. Hence, this current study seeks to address this literature gap.

Conclusion

The intrapsychic perspective, also known as the medical model, is a traditional psychological service approach that focuses on addressing within-person problems. In contrast, ecological problem-solving is a four-step process that may be utilized by school psychologists to examine environmental factors that may contribute to students' difficulties. When utilizing problem-solving, school psychologists can use consultation in order to aid teachers and other school personnel in the process of helping students academically and behaviorally. Cultural considerations are needed when consulting with students whose culture differs from the culture dominant in the school (Erchul & Young, 2014). Despite the need for cultural consideration, studies have identified barriers to the inclusion of these variables in practice (Castillo et al., 2016; Castillo et al.; Ingraham, 2000; O'Bryon & Rogers, 2016). Future research should explore conceptualizations of culturally responsive consultation when approached from different consultation approaches (medical versus eco-behavioral) and investigate barriers to consultation from these two approaches.

CHAPTER 3:

METHOD

This study represented a secondary analysis of a larger study in which the researchers employed a constructivist research paradigm to examine: (a) how school psychologists conceptualized cultural responsiveness, (b) school psychologists' perceptions of how they learned how to be culturally responsive, and (c) strategies/methods school psychologists have used to provide culturally responsive consultation. Given Parker et al.'s (2019) discussion of participants cultural responsiveness potentially relating to their consultation model, I decided to investigate the participants' consultation approaches in more depth. In the current study, I analyzed the interview transcripts from the larger study to examine: (a) how the participants described their consultation process, (b) the model of consultation this description aligned with (i.e., medical model or eco-behavioral), (c) the aspects of culturally responsive consultation evident, and (d) barriers to culturally responsive consultation relative to the models described.

Epistemology and Ontology

Constructivist researchers are subjective in their analysis due to their preference of "constructing" the data with the participant (Guba & Lincoln, 2005; Hallebone & Priest, 2009; Saunders et al., p.119). This is a transactional process in which the data result from the discourse that occurs between the researcher and the participant. In the larger study, I participated in constructing the data through interviewing participants and working with the research team to derive meaning from the data. For the current study, I again used a constructivist paradigm. Constructivist researchers hold the belief that each participant (or "knower") constructs their

views of the world based on subjective principles that apply to each person. Within this paradigm, there is a belief in many "truths" which researchers access through discourse with participants (Sipe & Constable, 1996). Communication includes a transactional process in which the researcher and the participant influence one another (Hallebone & Priest, 2009; Sipe & Constable, 1996). Constructivism closely aligns with interpretivism. I align with a constructivist paradigm over an interpretivist paradigm in this study due to the inclusion of a secondary coder whom I worked with to construct meaning from the interviews as well as the literature.

I too believe that many "truths" can be derived from data. I believe that it is crucial to work with participants in order to understand their perspectives of the "truth". I believe that a school psychologists' thoughts and feelings about culturally responsiveness will be reflected in their consultation. Given that consultant's consultation conceptualization and strategy usage include their attitudes and knowledge, a constructivist approach facilitates understanding the perspective of the participants (Ingraham, 2000; Jones, Kawena Begay, Nakagawa, Cevasco, & Sit, 2016; Knotek, 2012). My use of a constructivist approach to analyzing and interpreting the data served to ensure that I conveyed participants' "truths."

Reflexivity

For this study, I am writing as a Black, queer, woman and graduate student. In writing this thesis from these identities, I possess unique perspectives. These perspectives include perceived prejudices I have faced due to the intersectionality of my identities. One belief I hold in reference to this project includes my bias towards an eco-behavioral approach to consultation. Due to my complex and often marginalized identities that I have disclosed, an eco-behavioral approach to consultation is, in my opinion, the gold standard for consultation. I advocate for an eco-behavioral approach to consultation because this allows for students to be seen as more than

just a test score. In valuing and understanding diversity I believe that one size does not fit all. Accordingly, I believe consultants must see the "whole child" and define success in ways that are meaningful and feasible for students as individuals. An eco-behavioral approach allows for diverse students to be evaluated by what they can do through a culturally- and environmentally considerate lens. In contrast, a medical model approach to consultation views these students from a deficit approach based on how well they align with Eurocentric standards. Given that I had to learn how to align with Eurocentric standards in specific settings (e.g., codeswitching, avoiding "ethnic" hairstyles such as afros and dreads, tolerating microaggression, etc.) and I still struggle to meet these standards daily, I see the Eurocentric standards of schools and use of cognitive assessments as oppressive practices against diverse students. I believe that the use of a medical model approach to consultation does a disservice to diverse students.

On the other hand, I also hold positions of privilege based on identities that I possess that align with the majority population of the U.S. I hold privilege given that I am able bodied, educated and Christian (Pew Research Center, 2018). Due to my privilege I am only able to offer sympathy and not empathy for those from other marginalized group (e.g., disabled, lack of access to higher education, Muslims, etc.). The biases I hold due to my marginalized identities are controlled by my privileged identities because some of the systems that are oppressive to some (e.g., higher education, ableism, etc.) have helped me to be successful. Thus, when analyzing the data, I may understand the majority standards over the minority needs.

I care about culturally responsive consultation because without it, many children of color will end up in special education or expelled instead of receiving the accommodations they need to succeed (Alvare, 2018). Through my graduate training in an MTSS-focused program, I learned the utility of keeping children out of special education through offering them a

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continuum of services to fit their needs. I have also come to learn about the traditional role of school psychologists as gatekeepers for special education, which has historically involved the use of a medical model. I understand the need for special education labels in some instances, however, I believe cultural variables must also be considered when making educational decisions for students. For example, I believe cultural variables must be considered when working with students who are ELLs, have experienced trauma, live in low SES environments or have an overall cultural mismatch from that of the school they attend. Research shows that these factors can have an adverse effect on academic and behavioral outcomes (Behring, Cabello, Kushida, & Murguia, 2000; Bennett, 1982; Harry & Fenton, 2016), therefore, these factors should be addressed before assuming the student's issues are only within-child factors. Moreover, I care about culturally responsive consultation because in my graduate training, I came to see the value of considering the child in the cultural environment in which they live. Education is the key to success and without things like culturally responsive consultation and practices in schools, diverse students stay locked out of opportunities for success.

When I reflect on my identities and how they affect my beliefs, I easily approach data analysis from a constructivist perspective. I believe in valuing everyone's perspective and validating what is true to them. Due to my identities, it can be hard for me to separate myself from my research. In line with constructivism, I see myself and my "truths" as a part of the data analysis process. When I was first reading through the data for the original study, I found myself connecting with the viewpoints of the participants. I understood them in their roles as school psychologists, while also understanding the students and systems they worked within. Accordingly, I assessed the biases I held from a school psychologist perspective as well as my biases I held as a minority. I did this through the use of my consensual coder by meeting with

them to discuss our codes and addressing any areas where my consensual coder disagreed with my codes or felt I was being biased. This affected which codes I applied to the data as well as codes I recommended to add to the codebook. I also see each participant as an expert in their own experiences. This also helped me assess my biases, because as a constructivist I wanted to ensure that the voices of the participants were portrayed in my analysis.Therefore, I am able to respect all attempts at cultural inclusion, while also understanding when more effort is needed. I believe each participant in this study told a story that is valid given their unique perspectives. Thus, I attempted to report the results of my analysis in a constructive manner.

Participants and Sampling

The original research team recruited fifteen school psychologists employed in three regions across the nation. Six participants identified as White/European-American (40%), with two of these participants also identifying themselves as Hispanic; six of the participants identified as Black/African-American (40%); one participant identified as Asian-American; one participant identified as White/Arab-American; and one participant identified a South Asian-American. Thirteen participants identified as female (87%) and the remaining two participants identified as male. Sixty percent of the participants held a specialist degree (i.e., Ed.S.) and 67% had less than seven years of practice. Seventy-three percent of the participants worked in the Southeast across three states. A detailed description of each participant can be found below Table 1.

Participants had to meet the following criteria in order to be eligible to participate: (a) practice as a school psychologist in a K-12 setting and (b) spend at least 10% professional time spent providing problem-solving consultation. The research team recruited participants through professional networks and through snowball sampling. The research team emailed recruitment

letters to potential participants via school psychologist-based social media platforms and personal emails. The recruitment letter included a description of the study and the purpose, participant criteria, and how the information would be utilized. Those who responded to these emails then completed a pre-screening questionnaire to ensure they met the criteria. The prescreening questionnaire served as the first stage in determining each participants suitability for the study. The questionnaire including questions about the participant's current roles in the schools, the time spent engaging in consultation, the type of consultation participants engaged in (i.e, problem-solving), and demographic questions. All who completed the pre-screening questionnaire were asked to forward the email to other colleagues. Those who met criteria for the study completed a consent form. Participants who agreed to be interviewed received a $10 gift card for their participation.

Interviews

In qualitative research, the purpose of interviewing participants aims to understand what the participants are saying from both a factual and meaningful level (Kvale, 1996). The participants who met the criteria based on their prescreening survey results participated in one to two, face-to-face or over the phone interviews with a member from the research team. Both in-person and telephone interviews can be accurate and applicable in qualitative research (Rahman, 2015).

The original research team included two school psychology faculty members and five school psychology graduate students (three 1st and 2nd year students and two advanced students). All members of the original research team read Ingraham's (2000) article to familiarize themselves with the framework. Additionally, the 1st and 2nd year graduate students read the Gutkin and Curtis (2009) article to increase their understanding of school-based consultation. A

two-step process was used to train the research team on the interview protocol. First, members of the research team practiced facilitating mock interviews. After practicing mock interviews, the team discussed questions or issues that arose and revised the interview protocol accordingly. Next, the first- and second-year graduate students co-interviewed participants with faculty/advance graduate students before being able to interview participants independently.

The team used a 17-question, semi-structured interview protocol to answer questions for the larger study. The interview protocol included questions designed to prompt participants to describe their work environment and consultation process, define cultural responsiveness, and describe experiences providing culturally responsive consultation. Additionally, interview questions asked participants to describe a specific case in which they engaged in culturally responsive consultation. In order to allow for a transactional discourse between the research and participant the interview included open-ended questions only. Each interview ranged from 38 to 74 minutes for the first interview and 20 to 64 minutes for the second interview. Researchers audio recorded all interviews, and then transcribed verbatim. The participants whom lived within driving distance of the researchers, participated in face-to-face interviews. Researchers completed one of the interviews face-to-face in one session and the others over the phone in two sessions. The interview protocol can be found in Appendix B.

Data Analysis

In the current study, I coded the data inductively as well as deductively. I began with deductive coding and include all five domains of Ingraham's (2000) MSC framework as well as the codebook from the original study. Inductive coding included the utilization of the definition of ecological consultation, the definition of medical model consultation and past research on barriers to culturally responsive consultation (see Appendix C for the modified codebook). This

all occurred through the use of a constructivist paradigm. I applied analytic memos throughout the coding process to make connections among codes and the data. Additionally, I used a constant comparison analysis in order to compare and group the data through the coding process (Corbin & Strauss, 1990; Glaser & Strauss, 1965). Constant comparison analysis demonstrates feasibility with almost all sources of data in school psychology research (Leech & Onwuegbuze, 2008). In accordance with a constructivist paradigm, a constant comparison analysis can be useful in helping the researcher contrive multiple meanings from the data (Strauss, & Corbin, 1998).

I began by reading the transcripts and using the original codebook derived from Ingraham's (2000) MSC framework to code for instances of culturally responsive consultation. Next, I grouped the instances of culturally responsive consultation into one of the two models of consultation using the definitions of these approaches. Instances where consultants described approaches that did not apply to either model formed their own category. I also examined instances where comprehensive consultation did not occur and coded them for barriers to consultation using information on barriers found within the literature. I then used axial coding to aggregate these codes into distinct categories (Leech & Onwuegbuze, 2008). Lastly, I concluded by developing the core concepts into larger themes with subthemes within them in order to address the three research questions.

Quality Criteria

I employed several methods to secure the dependability and credibility of the data (Koro-Ljungberg, 2008, 2010; Merriam, 2009). First, I reviewed all five domains of Ingraham's (2000) MSC framework to enhance my understanding of each domain. In accordance with Crotty (1998), I bracketed my own knowledge and presumptions by acknowledging them and setting

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them aside during data analysis. Moreover, I valued multiple perspectives when analyzing the data in order to recognize the "truths" of the participants. Constructivists determine the quality of research by evaluating authenticity and trustworthiness (Guba & Lincoln, 2005). This occurs through establishing a community consensus to determine what is real and true. To fulfill this aim, I engaged in consensual coding with a colleague in order to establish inter-coder agreement (Hill et al., 2005). This colleague completed all of their coursework in the subject of consultation and read Ingraham's MSC (2000) framework to familiarize herself with the content. My colleague and I read and coded each transcript separately and then met to 1) discuss individual codes in comparison to the original codes as well as in reference to the literature, 2) discuss any disagreements among codes and 3) agree on final codes and themes for the data. The use of a consensual coder helped to reduce bias during data analysis by considering the second coder's perspective during our discussions about our agreements and disagreement among codes.

Tracy (2010) outlined eight universals criterial for quality qualitative researcher. The current study used the criteria of (a) worthy topic, (b) sincerity and (c) meaningful coherence. This study includes a worthy topic because culturally responsive consultation is timely, relevant and significant (Tracy, 2010) in school psychology. Several scholars in the field of school psychology have called for attention to supporting culturally diverse students (Erchul & Young, 2014: Li, Ni, & Stoianov, 2015: Newell, 2013; William & Greenleaf, 2012). Additionally, NASP (2020) listed *Equitable Practices for Diverse Student Populations* as a domain that intersects with all aspects of service delivery for school psychologists. Sincerity, which includes self-reflexivity, occurred through the use of the self-reflexivity statement stated in the previous section and the consistency of constructivism from the larger study to the current study. Meaningful coherence, which includes interconnecting past research to findings, occurred

through the use of school psychology literature as well as Ingraham's (2000) MSC framework

throughout the study. Additionally, the members of the original research team, maintained an

audit trail to key track key research activities for accountability and accuracy (Tracy, 2010).

Ethical Considerations

Designing and conducting research in an ethical manner falls under *Contributing to the*

School Psychology Knowledge Base in NASP's (2020) Principles for Professional Ethics

Standards. Ethics is included in one of the criteria of "excellent" qualitative research (Tracy,

2010). Therefore, research increases in quality when the researchers conduct themselves in an

ethical manner. Consequently, I acted in accordance with the research requirements defined by

the university's institutional review board (IRB) as well as NASP. The research team informed

participants about the study (e.g., purpose of study, confidentiality, data storage, etc.). The

participants were informed of their role and rights as a volunteer in the study and were

encouraged to share their stories candidly. For the current study, I used the de-identified

transcripts to maintain participant confidentiality. Although the original study did not focus

specifically on consultation approaches, the topic of consultation approaches is still within the

scope of the larger study given that culturally responsive consultation was not limited to a single

consultation approach.

Table 1

Participant Demographics

Participant	Race/Ethnicity	Gender	Years of Practice	Highest Degree	U.S Region
Participant 1	White/Hispanic	Female	3 years	Ph.D.	Southeast
Participant 2	White/Hispanic	Male	2 years	Ed.S.	Southeast
Participant 3	South Asian American	Female	2 years	Ed.S.	Southeast
Participant 4	White/European	Female	5 years	Ed.S.	West
Participant 5	Black/ African American	Female	2 years	Ph.D.	Southeast
Participant 6	White/European	Male	5 years	Ed.S.	Southeast
Participant 7	White/European	Female	16 years	Ed.S.	Northeast
Participant 8	White/European	Female	15 years	Ph.D.	West
Participant 9	White/European	Female	16 years	Ed.S.	Southeast
Participant 10	Asian American	Female	7 years	Ph.D.	Southeast
Participant 11	Black/ African American	Female	20 years	Ed.S.	Southeast
Participant 12	White/European	Female	9 years	Ed.S.	Southeast
Participant 13	Black/ African American	Female	6 years	Psy.S.	Southeast
Participant 14	White/Arab American	Female	1.5 years	Ph.D.	Southeast
Participant 15	Black/ African American	Female	< 1 year	Ed.S.	Southeast

CHAPTER 4:

FINDINGS

I shared the findings in accordance with each research question for the study. I analyzed the following information through a constructivist paradigm; hence, the findings represent "truths" constructed between myself and the participants, which my data analysis partner further validated. Consistent with the constructivist paradigm, the data are presented using direct quotes from the participants, as well as the meaning I constructed from the interviews. The code and theme book can be found in appendix B. After conducting data analysis three major consultation models emerged: 1) structured problem-solving with a medical model lens to guide their case conceptualization, 2) structured problem-solving with an ecological lens to guide their case conceptualization and, 3) "On-the-fly" consultation and limited use of a problem-solving framework to guide their case conceptualization. Participants varied in their conceptualization of cultural variables and use of consultation strategies based on the consultation model they described.

Participants who described a medical model approach demonstrated a vague understanding of the role of cultural variables (e.g., language, behavioral norms, gender roles, etc.) in consultation. These participants did not actively incorporate cultural variables (e.g., providing consultation in a family's native language, considering trauma informed interventions, etc.) into their consultation and often discussed cultural variables as something to "rule-out" before proceeding with a special education evaluation. Participants who described an on-the-fly approach demonstrated more in-depth understanding of cultural variables compared to those who

described a medical model. However, they varied in the ways they incorporated culture-specific variables into their consultation process. Participants who described an ecological approach to consultation described more extensive understanding of cultural variables and provided several examples of calculated efforts to incorporate these cultural components throughout the consultation process. The barriers participants described also varied based on the consultation model they reported utilizing. Interestingly, those who described a medical model and an on-the-fly approach described similar barriers to delivering comprehensive consultation services.

Question 1: How do School Psychologists Conceptualize the Typical Consultation Process They Use When Providing School-Based Consultation?

In order to answer this question, I used inductive coding and examined the ways in which the participants described their consultation process throughout their interviews. As a constructivist, I answered this question by considering the information provided by each participant throughout the interview. Additionally, I referenced the consultation literature to ensure that the process the participants' described aligned with current models reflected in the consultation literature. I then constructed my themes based on what the participant said and how their responses aligned with my knowledge and the consultation literature. Based on the participants' responses, three main descriptions of consultation models emerged: 1) structured problem-solving with a medical model lens to guide their case conceptualization, 2) structured problem-solving with an ecological lens to guide their case conceptualization and, 3) on-the-fly consultation and limited use of problem-solving framework to guide their case conceptualization.

Structured Problem-Solving with A Medical Model Lens to Guide Their Case Conceptualization

Participants 1, 10 and 13 described a consultation process that aligned with the medical model throughout their interviews. These participants used a consultation approach focused on testing, special education labels and evaluations for IDEA (2004) eligibility during their consultation processes. They also described academic, behavioral and social/emotional issues as within-child deficits, which aligns with a medical model orientation (William & Greenleaf, 2012). Though the participants in this group acknowledged environmental variables, they did not explore these variables in-depth or consider these variables throughout their use of the problem-solving process.

Though these participants all described a process that included structured problem-solving and data-based decision making, their approach to problem-solving only involved exploring student deficit-based problems and interventions. Problem identification focused on the ways in which the student was unable to meet academic or behavior standards and problem analysis focused on student deficits (e.g., ADHD, behavioral issues, learning disability, etc.) as the cause of the student's issues in school. Thus, they selected interventions that targeted student deficits without consideration of environmental interventions or family involvement.

Participant 10 described the problem-solving process in their description of consultation:

Well, for a teacher, generally, what they want to consult about is a student that they are experiencing challenges with. We would want to identify what the problem is and then discuss various options, interventions that the teacher would consider using and then having the teachers --I mean, guiding them but they would be the one saying --identifying the interventions that they would want to use, collecting some data and then checking

back with them after a period of time. Not a period of time but a week or they could come like the next day.

Although Participant 10's description of their process involved problem-solving, this participant also described consultation as a hierarchical structure, which aligns with medical model consultation (Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). Participant ten described their role as an "expert" and viewed consultants as providers of "expert type advice or information" to the person who sought out consultation.

The participants who described this approach to consultation focused their consultation and intervention selection on within-child deficits in order to serve their students. For example, when discussing a child's problem behavior during consultation, Participant 1 noted: "It could be a child that suffers from anxiety, potentially depression, it could be that they're inattentive, or there is a medical diagnosis that we haven't considered." As reflected in the quote, Participant 1 explicitly and exclusively considered within-child factors during the problem identification and analysis stage. Consequently, when discussing external factors, this participant also noted the following:

We can't control the parents, we can't make them [access resources], we can't fix what's going on or what's not going on correctly at home. What can we do to help this child or if there's a behavior, there's a need not being met, how can we meet that need so that we can address, as early as possible as quickly as possible and with fidelity, to the plan we developed?

In line with the medical model, this participant only focused on external factors as a rule-out during the consultation process. This participant listed the steps of problem-solving (e.g., identifying a problem, intervention and evaluation, etc.) during their interview; however,

problem-solving only occurred within the context of considering within-child factors as opposed to environmental factors such as "what's not going on correctly at home." Participant 1 knew that other variables may have affected the student's behavior, but they did not consider these variables because they believed cultural and environmental variables could not be addressed. This participant firmly believed in targeting the child and their deficits.

Similarly, Participant 10 described ADHD as being a "core feature" of a student for whom they provided consultation: "It might have been the fact that this child had spent too much time in a homeless situation, have ADHD and have learning challenges. Maybe that's the core feature with him." This participant acknowledged this student's homeless situation which had occurred for an extended period of time, yet they primarily noted within-child factors as the cause of the student's problem. Thus, the environmental barrier of homelessness, which could have negatively impacted the student's well-being and academic performance was not considered extensively.

Participant 13 also overlooked environmental barriers and focused on a student's deficits. The use of the medical model involves evaluating a student based on their ability or inability to meet pre-determined learning standards. The inability to meet the learning standards may be viewed without consideration of other variables that may contribute to the child's problem. Participant 13 exhibited this notion when consulting about a student who experienced complex trauma, which included physical abuse, bullying in school and the death of her older brother. An example of the participant's label-based approach is reflected below:

We tried for four years to get this particular child evaluated because she was never meeting standards. However, when she became a third grader, and [state test are

mandatory in third grade], then the parent finally said 'No, no, no, she needs help. She

needs help. We need to evaluate her.'

In this example, the consultant discussed their urgency to evaluate a student due to an upcoming

standardized test. This participant believed that evaluating and labeling the student would result

in the student receiving the services they needed. Research shows that students with complex

trauma can obtain a higher IQ score and increased academic success after trauma interventions

have been provided (Saigh, Yasik, Oberfield, Halamandaris, & Bremner, 2006). Nonetheless, the

practitioner focused on conducting an academic evaluation over providing a trauma-based

intervention, and thus placed more emphasis on the student's deficits instead of targeting the

student's trauma. It is important to acknowledge that this participant worked in a state with

mandatory retention policies associated with statewide assessments. These policies may have

influenced their decision to take a deficit-based approach over providing trauma-informed care.

Structured Problem-Solving with an Ecological Lens to Guide their Case Conceptualization

Participants 2,3,5,6,8 and 15 described consultation processes that align with an

ecological perspective throughout their interviews. Participants in this category described a

process of stakeholder involvement, data-based decision-making, and moving throughout tiers in

their consultation process. These participants also placed an emphasis on collaboration and

collecting cultural-specific information (e.g., language spoken at home, family behavioral norms,

time in the U.S, etc.) from parents to better understand the student, their home environment and

culture. The participants who described an ecological approach to consultation dedicated a

substantial amount of time (i.e., multiple meetings and/or phone calls) gathering data from

stakeholders and incorporating their input before making decisions. Hence, unlike the

participants who described a medical model, these participants also described several

stakeholders they consulted and collaborated with during problem-identification and problem

analysis. The participants who described an ecological approach to their consultation rarely, if

ever, discussed specific special education labels unlike those who described a medical model

approach.

As an example, when asked about their typical consultation process, Participant 2

described a process that included conducting "a lot of interviews and observations with various

key stakeholders" such as "teacher interviews [and] student interviews." Every participant that

fell within this group described similar processes as well, demonstrating their efforts to collect

multiple sources of data to understand the students' problems. For example, Participant 6 stated:

> I would spend a good time with teachers talking to them about what their concerns are
>
> with the students, we would look at data, we would get together and speak about the data.
>
> We would meet with the parents to get some of their insight as far as, 'What do you
>
> [perceive] is the challenges of your son or daughter in the school?' And then, just getting
>
> together as a team, a group, and talking about that, deciding, what are we going to do
>
> about it. What data would support this? What are we going to do about it? And then
>
> getting together [for] follow ups to look at their response and make any adjustments to
>
> things, but that was how that consultation evolved and went with the students, and with
>
> the parents and teachers.

The inclusion of parents and other stakeholders was an intentional effort to incorporate multiple

perspectives on the student's environment to understand the student's behavior (Gutkin, 1993).

Participant 6, for example, aimed to understand the parent's perception of the child's challenges

along with the teachers. When taking action, the participants frequently used the word "we" to emphasize the collaborative nature of their consultation.

Participants also involved parents and teachers in the evaluation of the intervention's effectiveness. Likewise, Participant 2 described using active stakeholder involvement and collaboration:

> Normally I let the parents express themselves first. I think it's good for building rapport, I think it's good for them feeling heard like they're a member of the team, as opposed of talking to them. I try and highlight their primary concerns and depending on what they say, I normally--let's say they talk about a certain teacher, then I let that teacher respond, it just--it really just depends. But always try and keep it very collaborative in getting people's input…

Similar to Participant 6, this participant discussed a collaborative consultation process in which the parent's concerns and perceptions of the presenting problem were valued. Participant 3 described a similar approach in which they included parent perspectives in understanding the student's issues in the classroom:

> When you see a certain behavior in the classroom it might look bad, but then we talk to the parents and we'll see then they'll tell us about what's going on at home, or something about if they came from a different country and then certain--I'm trying to think of an example that I can give you. I think for me, the first step for that would be getting the parents involved and making sure that we understand their family dynamics or whatever specifically their culture dynamics and then see how that would explain something they're seeing.

It is noteworthy that Participant 3 mentioned exploring cultural dynamics as a typical component in their consultation process.

Participant 8 also discussed exploring cultural dynamics by describing their consultation process within a large Spanish-speaking population. Participant 8 acknowledged that their families may be overwhelmed by the information presented to them during meetings, thus this practitioner discussed the importance of giving families time to process information before asking them to make a decision. This speaks to the collaborative nature of consultation that all participants who described this model discussed:

> ….and providing those services in their native language so that they feel like they're fully informed about the process. I give them time. I probably give them more time than those who may not have cultural factors affecting them. Give them more time to make decisions, like having them feel no pressure. Like you don't have to decide. You will take this information, have community-based resources available to them. (8)

Overall, these practitioners described processes of gaining insight from others, while also using their individual expertise in the consultation process. They also prioritized gathering data from multiple sources in order to better understand and educate others about how to best help the student. These participants focused on the environmental and cultural factors that contributed to the student's difficulties in school and less on labels and evaluations.

Describes On-the-Fly Consultation and Limited Use of Problem-solving Framework to Guide their Case Conceptualization

I developed this theme for participants who described a consultation process that did not align with a medical model or ecological model. These participants described consultation in a way that appeared unstructured, with little to no problem-solving applied. Participants 4,7,

9,11,12 and 14 all described consultation processes within this theme. Each participant described their consultation as "on-the-fly" or stated that they did not have a specific process. Consultation often occurred during brief conversations with teachers about their concerns with a student.

For example, Participant 4 described their process in the following manner, "It's kind of unofficial or just on-the-fly type consultation. 'Hey, I'm having this problem with this student. What do you think?'" This participant described consultation as a process that needed to be quick and easy, "Consultation for me is just finding the most efficient and kind way to talk to people to get things done." When asked about their consultation process in meetings with parents, Participant 4 reported "I don't know if it's a process. I don't know how you define it." This participant also responded "probably" when asked if they utilize problem-solving principals in their consultation process.

Similar to Participant 4, Participant 9 used the phrase "on-the-fly consultation" when describing their typical consultation process. When describing their consultation process, this participant stated that their process was not data-driven, "It's just a real quick type of -- It's still problem-solving but not as data-driven or information-driven, and not all the time as much follow up as in that more formal problem-solving type of situation." This participant also described their process as "quick" with a lack of follow-up that is typically used in formal problem-solving.

In addition to Participants 4 and 9, Participant 12 also described their consultation as a quick and unstructured process: "Usually, consultation is more I'm walking down the hallway and somebody's like, 'Hey!' and I'm running away from them, just kidding." Thus, Participant 12 described a consultation process that included short conversations and emails with teachers. This participant often engaged in consultation in the form of answering a question:

I have a lot of people that just stop me in the hallway and ask for help or something. I

have teachers that come up --Occasionally, I have a line outside my office door at the end

of the day or what. They just want to ask questions or whatever. Email question, text and

phone call questions, informal meetings about kids and then just try and consult with the

administrators a whole lot.

Similar to Participant 9, Participant 12 stated that their consultation did not include a formal

process. Likewise, Participant 12 explicitly stated, "I don't know if I really have a process, per

se." Together, each participant described quick conversations and short meetings as their typical

consultation process. This differs drastically from those who described ecological and medical

model approaches, who listed and described the steps they engaged in throughout their typical

consultation processes.

Question 2: How Do School Psychologists Strategize and Conceptualize Culturally

Responsive Consultation in Relation to the Consultation Model they Describe Utilizing?

To answer this question, I engaged in deductive coding by using the conceptualization

and strategy sections from the codebook developed for the original study to code instances where

the participants described specific strategies and case conceptualization when engaging in what

they considered to be culturally responsive consultation. Ingraham (2000) described the ways in

which consultants can conceptualize and strategize cultural variables in their school-based

consultation. As a constructivist, I wanted to ensure that each participant's truth was conveyed in

their efforts to be culturally responsive. I did this by respecting that each participant perceived

themselves as being culturally responsive, regardless of the consultation model they described. I

then used inductive coding to aggregate these codes into themes. The two large themes that

emerged included 1) awareness of cultural variables and 2) awareness and inclusion of cultural

variables. All participants demonstrated awareness of cultural variables in their consultation; however, no participant who utilized a medical model orientation mentioned the specific ways they incorporated cultural variables (e.g., language, lack of acculturation, etc.) into their consultation process and intervention selection. Those who utilized an ecological approach and some of those who used an on-the-fly approach incorporated cultural variables into practice in several ways. They accomplished this through using translators for non-English speaking families, educating teachers on the cultural backgrounds of students, and educating themselves on different cultural backgrounds, among other strategies. Hence, I will describe the specific codes that I utilized within the two larger themes below.

Theme One: Awareness of Cultural Variables

This theme included participants who described their case conceptualization of cultural variables within their culturally responsive consultation. Each participant who described structured problem-solving with a medical model lens to guide their case conceptualization fell exclusively within this theme. These participants discussed cultural differences and how these differences could contribute to student difficulties. However, these participants did not integrate their awareness of cultural differences into their consultation process. Participants who described on-the-fly consultation and limited use of a problem-solving framework to guide their case conceptualization and structured problem-solving with an ecological lens to guide their case conceptualization fell within this theme as well. However, they also described the inclusion of cultural variables in their consultation processes. Their inclusion of cultural variables will be shared within the second theme.

Conceptualization. The codes for conceptualization come from the codebook used for the original study. These codes were also derived from Ingraham's (2000) domains on consultant

learning and development. I applied these codes in instances when the participants described

their definition of cultural responsiveness. Three major codes emerged within conceptualization.

Understand the cultural context for consultation. Nine participants expressed their

understanding of the cultural context for consultation in their interviews. I applied this code

when participants described how the culture of a student or the school setting directly impacted

their conceptualization of the case. Although this code involved participants across the three

approaches to consultation described for Research Question 1, I noted differences in how

participants across the three approaches understood the cultural context. The participants who

described a medical model demonstrated a restricted understanding of the cultural context. These

participants made broad, vague statements in relation to their understanding of cultural variables.

As an example, Participant 13, who described a medical model consultation orientation, did this

by describing their general awareness of cultural differences:

> Just being aware of different people's culture, their view and just being cognizant that
>
> everybody is not the same, everybody wasn't raised the same, but everybody has a point
>
> of opinions about different situation.

> Participant 1 also noted the importance of being aware of cultural variables: "Cultural

responsiveness to me [means] being mindful of the people you are interacting with whether [it] is

the child or the teacher, the parent [or] the administrator, and being mindful of their needs and

their point of reference, their background, their needs."

> Some of these practitioners even chose to ignore cultural variables during consultation

with school personnel. For example, when working with a student who lived in a different

environment than that of most students, Participant 1 told the teacher (the consultee), "I wouldn't

harp on the street life stuff." This participant ruled-out the environmental variable of "the street

life stuff," which could have affected the student's behavior in the school setting. In addition, Participant 10 articulated their awareness of cultural variables, but also noted, *"I don't think about this a lot,"* when asked about including cultural variables in their consultation process. This participant also stated their lack of awareness of cultural variables on a daily basis: "I don't experience a lot of cultural issues, at least, not that I'm not aware of." Overall, the participants who described a medical model orientation noted a lack of awareness that cultural differences existed among people, but then stated that they did not notice cultural differences during their everyday practice in the schools. They demonstrated their understanding of different cultural contexts; however, their understanding of contexts did not translate into their consultation processes.

In comparison to those who described a medical model orientation and provided general statements about cultural awareness, the participants who described an on-the-fly approach to consultation provided more specific examples of their cultural awareness. These participants described different cultures and how cultural differences affected the context of consultation. For example, Participant 7 understood the various cultural contexts within one culture:

Economics often impact the kid, because you might speak some kind of Asian dialect, but you might be coming from an area that's impoverished because of war or because of economics, so they don't necessarily have the same exposure that another kid with the same linguistic background would have. You can't take one into account without the other. You can't just look at language or environmental conditions.

Participant 7 described their awareness of the ways in which economics can affect students within the same culture. They also understood the linguistic differences that can occur within a

culture due to region and socioeconomic status. Similarly, Participant 11, who described an on-the-fly approach, described within race differences:

> Just because we are of a certain race doesn't mean we are of the same culture and I think that sometimes it helps to have that awareness and have that understanding because certain things that these children are faced with, I have not experienced.

Interestingly, Participant 4, who aligned with an on-the-fly approach, described their awareness in a way similar to those within a medical model. This participant provided a general statement about considering the cultural context and stated that they did not have an example of using their awareness of culture in the school setting. This is similar to those who described a medical model who provided general statements about understanding cultural differences but did not give examples of applying this awareness to their consultation in the school setting. An example of this participant's statement is below:

> But I feel like it's something that I'm trying to be aware of all the time in my interactions with people. So I don't have specific examples of things that I do but I just try to keep it as an undercurrent in my mind that when I'm interacting with different people, to be sensitive to what they're going through, what they're thinking or where they're coming from. And trying to understand them instead of trying to impose what I want or feel upon them.

This participant stated that they had awareness of the changing cultural context and used this to guide how they interacted with others. However, this participant also struggled to find examples of times when they engaged in culturally responsive service delivery, "I don't feel like there are big examples of like, 'Oh I was really culturally responsive in this one situation.'" Consequently, this participant went on to describe a student from Guatemala but did not actively incorporate the

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student's culture into their consultation process. When asked how this student's racial identity may have played a role, this participant stated,

> For him, his autism and emotional disturbance played more of a role than his race. He identified a little bit racially but not much. And with mom, it just didn't. She was so integrated. It didn't have to be a huge issue for her that way.

This participant believed the student's special education labels, which refers to within-child issues, played a larger role than their ethnicity. This participant assumed that culture did not play a role, but then went on to note that they wished they had consulted with the student and their mother about culture:

> I think that I would probably try to talk to the mom more about concerns that she has or expectations that she had for her student, to make sure that what she--her cultural beliefs were, that her cultural beliefs were in line with what we're expecting of the students.

If the participant had gathered this information, they may have gained insight into the cultural context in which the student lived outside of the school setting. This may have been useful in consultation with the student's teachers about behavior expectations. This participant also noted that they focused on assessment over cultural responsiveness: "We didn't talk about cultural responsiveness. We talked about doing the assessment and why we were doing it." Similar to those who utilized the medical model, this practitioner understood the cultural context, but did not actively use cultural variables to guide case conceptualization and prioritized assessment of within-child variables over the use of cultural variables.

In contrast to those who utilized a medical model and an on-the-fly approach, the participants who utilized an ecological model of consultation described their awareness in action-oriented ways. These participants described distinct cultural variables and included follow-up

actions for addressing these variables in consultation and intervention selection. For instance, Participant 2 who described an ecological approach described the school's Eurocentric expectations and provided a rationale for how and why educators should take action to help students:

> [Students are expected]…to behave in a certain way in school if it leans more towards White cultural norms then we do not punish non-White students for not doing those things, and if it is really important that they do those things then we make sure we're spending the time to teach those behaviors and not just punish that they're not occurring, or that different behavior there happening.

This participant knew that minority students are placed in schools where the expectations are mismatched with their cultural expectations. This participant went beyond this awareness and emphasized that schools must teach students the behaviors they want to see instead of punishing them to address an inequity within the school system.

Participant 2 also demonstrated awareness of the ways that politics can affect students and discussed actions they took to respond to such an understanding, "Yes, you're from another country. Current political opinions of individuals from this country are very polarized right now. I want you to know that I respect that you are from this different place and want to hear more about it." This practitioner's awareness included a personal drive to empathize with their student and learn more.

Similarly, Participant 3 demonstrated awareness of the ways that cultural mismatch between students and teachers can lead to a teacher misinterpreting a student's behavior in a negative way. Participant 3 acknowledged the variance of behavior expectations between the context of school and home and how this may influence their communication with teachers:

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If we have teachers who are of a different racial background than some of our kids and then they view as one child being disrespectful. Sometimes it's not the kid because that's how the kid talks to their parents or that's how they've been raised and that's not being disrespectful, it's being actually--to me it's like an asset because the kids learn to stand up for themselves.

Participant 3 described this as an opportunity to teach students new communication skills in school: "Sometimes teaching the kid, 'Okay. Next time you want to talk, this is how you can maybe approach your teacher.'"

Participant 8, who described using an ecological approach, described their interactions with parents from different cultural backgrounds: "Just watching [for] cultural related behaviors like eye contact, nonverbal body language, pieces there, how they view disability. How I explain the whole special process sometimes it's different." This participant's awareness of cultural differences in behavior resulted in a change in their demeanor in order to show respect to others. Overall, the participants who used an ecological approach to consultation understood the cultural context for consultation and linked this understanding to a specific action.

Respecting and valuing other cultures. Eight participants described their conceptualization of culturally responsive consultation in a way that placed value and respect towards cultural differences. Those who aligned with a medical model described respect through a process of being open-minded and willing to listen. Once again, these participants described this process in a broad and vague manner. Participant 13, who aligned with a medical model, demonstrated respect by leaving their biases behind:

It's a lot because you have to take yourself out of the equation because as a practitioner, you have your own biases and you have your own thoughts about different things. You

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have to leave all of that behind to be able to have an open mind to consult with somebody especially somebody that was raised differently in a different culture than you and have different beliefs than you. You just have to be a blank slate so that you can be very good at listening to them and being able to assist them with whatever their concerns are or whatever you have to address to them, so you have to be open to listen.

This practitioner demonstrated awareness of differing beliefs that existed that must be put aside for others to be heard; however, this practitioner did not provide any examples specific to the bias, thoughts or cultural differences they mentioned. Thus, their statement appeared to be a blanket statement that did not call for action steps such as acceptance or using these differences to guide intervention selection.

Participant 10, who also described a medical model, described a process of being open-minded, "You have to be open to --you just have to keep an open mind to many things. You can't make an assumption that just because there might be a cultural difference that that would be the reason for anything. There's many reasons for things." This practitioner valued being open-minded to "many things" but did not specify what these "things" included. Similar to Participant 13, this participant did not specify the assumptions or the cultural differences they referred to nor did they describe action steps to address these differences and assumptions.

The participants who described an on-the-fly approach expanded beyond those who described a medical model approach. Within this category these participants understood respect as going beyond listening to others. Participant 7, who described on-the-fly consultation, described their conceptualization of cultural variables as going beyond tolerance of differences, "It's not just about tolerating so much as embracing and accepting, so it's very different in terms of the way I was taught." This participant described actions that involved going beyond listening

to others and allowing oneself to accept and embrace their differences. This differs from leaving one's biases behind, because ultimately, the biases still exist. The act of embracing and accepting others conveys a change of one's mindset and overall beliefs.

Participant 12, who described an on-the-fly approach, showed respect through listening and providing students with empathy. Participant 12 acknowledged that respect involved being honest with students about their inability to relate to their experiences. Although Participant 12 could not relate to their students, they showed respect through their interest to gain an understanding of their students' situations:

I try to listen a lot. When I haven't experienced something, I will tell a child I haven't experienced that, and I'm really sorry that you have. I want to hear about what your experience is. I'm mindful that my life experiences is not like much of our families and so I don't always pretend to relate or understand, but I always want to understand and help try to make a difference.

The participants who described an ecological approach went above those who utilized a medical model and an on-the-fly approach. These participants described their respect for other cultures in a way that included collaboration and action.

Participant 5 who aligned with an ecological approach discussed the importance of finding a common ground between the culture of the student and the school:

In our case of working in the schools, a lot of what I do is working with parents and families and even teachers. Talking about things like, 'What are their values and beliefs around education? What are their values and beliefs around mental health?' We talked about those things. And although their values and beliefs might not be the same as mine, we're able to collaborate and get to some sort of common ground where I'm respecting,

being responsive and respecting what their cultural values and beliefs are, and how can

we reach a common ground to actually work for the betterment of the child.

This participant demonstrated respect by linking it to action. This participant acknowledged that

differing beliefs exist, but this participant sought collaboration as a way to make sure both parties

were heard. They respected diverse families by collaborating with them throughout the

consultation process. This is a step above the other participants because the participants who

used an ecological model created a consultation relationship in which families could actively

participate.

Likewise, Participant 6 discussed finding a common ground between the teacher's

expertise and the student's individual learning style. This participant respected gaining an

understanding of "how different students in different cultures and different environments learn,"

but also respected the unique expertise that all teachers have in instruction. This participant

linked this to action by discussing the importance of respecting and considering both throughout

their consultation process; "It helps me--again, I think the teachers know oftentimes and usually

better than I do. But I think we need to be aware of the various learning styles of various

cultures."

Participant 8 described being culturally sensitive in their consultation as a form of

"mutual respect." This participant described the importance of being aware and responsive as a

way help families and teachers trust the consultant and feel respected. This participant described

the consultee(s) feeling respected as a crucial piece for successful consultation:

It's really mostly for rapport. If you are not culturally aware and responsive then whoever

you are working with, talking with, they don't feel that respect and the trust, you are

going to have a harder time coming to a conclusion or resolution that will: One, feel

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equally agreed upon and two, to get the compliance or cooperation to follow through with whatever the decision is. I feel like it's understanding that you are working with people. If you get along better and you are responsive, and you show that respect then you are more likely to get a positive outcome.

Understand one's own impact. Five participants described the importance of understanding how their culture can affect the consultation constellation and overall consultation process. Once more, salient differences emerged based on the consultation model the participants described. The participant who described a medical model demonstrated awareness of their cultural differences in comparison to their consultants and consultees, but this participant did not feel that their culture had a significant impact on consultation. In contrast those who described an on-the-fly or an ecological approach understood the significant impact of their cultural differences on consultation.

Participant 1, who described a medical model orientation, stated, "For me, it's very important because I'm African American and I work in a predominantly Caucasian field as well as at my school, I'm probably one of the only African American faces that they see." This participant knew that their presence held impact because the school environment lacked racial diversity. Although they acknowledged that their race differed, they also stated that race did not "exist" at their school. This participant did not believe that their race affected the students, school-staff or families' perception of them. This is often referred to as a "color-blind" approach (Modica, 2015). Similar to their consultation model, they "ruled-out" and downplayed this cultural variable, although they acknowledged that it existed. Instead of considering race, this participant believed their "young" appearance was most impactful:

For me, it doesn't exist. I'm not encountering the other races and things like that. When they encounter me they look at me strange. I've had parents, especially at the high school level ask me if, because I look younger than what I am, why do they have a student sitting in the meeting [laughs] with their child?' And I have to explain I'm not a student here I'm actually the school psychologist and, in their eyes, they look crazy.

Although ageism exists, it is likely this participant worked at a school with other young professionals. This participant would likely stand out more for their race than their age in their predominantly White school setting (Contreras, Clarke-Cabot, Banaji, and Mitchell, 2013).

In contrast, those who described an on-the-fly approach reflected on their identities and understood their influence in a consultation context. For example, Participant 9, who described on-the-fly consultation, described a two-step process that included self-awareness as well as evaluating how this influences the process. This differs from Participant 13 who stated their race but did not recognize the potential influence their minority status could hold. Participant 9 stated: "Reflection is a big piece of it. What I preach is that the first piece of cultural responsiveness is being self-aware of yourself in your own culture and how that influences the way that you interact with your students." This participant reflected on their own culture and knew that this influenced how they responded to others. Although Participant 13 acknowledged their race, they dismissed the idea that it influenced others and did not consider the way their race may have influenced how they respond to their students who were majority White.

Participant 11, who described on-the-fly consultation, discussed their own religious beliefs and how they monitored their religious beliefs when conceptualizing their cases:

Because again, if I am a Christian, I can't judge them based on what they believe. Just making sure that I calmly engage in that conversation and try to see their perspective

fully before making an assumption or before getting a personal attachment to what they're saying.

Similarly, those who described an ecological approach to consultation also reflected on their own identities and the potential influences this may have had on the consultation process. For example, Participant 8, acknowledged how their minority status and education positively influenced their consultation processes:

I am Asian. We talked about that. I'm Chinese. I always try and be mindful of that to whenever I work with any clients. Whatever perceptions they may have of an Asian, it's actually worth working--I've actually found that being Asian helps me, I think, when working with families of color. I don't know. They've been very receptive, I think. I also think it's not so much my race but because I have Ph.D. status, and they call me doctor. Teachers have respect for me, and I respect the teachers. We just are able to have dialogue and talk about the students.

Participant 15, who identified as Muslim and Arabic, described a situation in which a Christian student began talking to them about Jesus. This student made statements that warranted a suicide assessment. Although this participant had training to do a suicide assessment, they transferred this responsibility to school personnel who identified as Christians. This practitioner acknowledged the potential negative impact their religion may have had in the situation:

I don't ever want a parent to say I'm putting any ideas in their children's head. I don't know who the parent is, I don't know how religious they are or not religious they are, or what their mentality is about my faith. So, I don't ever want it to come back and be like "Well she was talking religion with my child," so I'm over cautious with that. I don't know...is that right, is that wrong? I don't know. But when the conversation starts heading

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towards religion and how Jesus isn't answering him, for me I felt somebody else should

take over.

Understand individual differences. Seven participants, some participants who utilized an

ecological approach and an on-the-fly approach, fell within this category. In contrast to those

who described a medical model, these participants expressed an in-depth understanding of

culture beyond race. These participants also understood that differences existed among and

within races. For example, participant seven, who described an on-the-fly approach, understood

the complexities of Asian culture and described the differing languages and dialects based on

socioeconomic status, "Really taking a step further and thinking about, okay, what's happening

may be beyond race." This participant was aware that there are intersectionality's that exists

among diverse students. Participant 12, who also described an on-the-fly approach, made similar

comments in reference to people who identify as Black:

> We have families who are black who are from Jamaica, and families who are black who
>
> are from middle class, it just depends on the family. I think it's really important to
>
> consider all facets of a family's background.

This participant understood the effects of socioeconomic class, nation of origin and overall

family structure within a race.

Participants 5 and 6, who described an ecological approach, both discussed their

understanding of differences between and among cultures. Both participants discussed adjusting

their approach to accommodate the individual differences among others. Participant 5, discussed

the importance of intercultural factors as they related to consultation:

> And then also culturally responsiveness requires that you are understanding and able to
>
> recognize that there are cultural differences, whatever those may be. And that's why I say

that I don't feel that a person can always be 100% always culturally responsive because it

takes ongoing learning and development. One has to be, 'Yes, I can learn about X culture

and this culture and that culture,' and recognize, 'Okay, these are the values, general

values and beliefs. But there also are intracultural differences, so it's not always the

same.'

This participant understood the cultural variations within race and used this to explain why they

believed no one is truly culturally competent. This participant attached on going action to their

understanding of what it meant to understand the individual differences within a culture.

Participant 6, who also described an ecological approach, stated similar views by

emphasizing "one size doesn't fit all" in reference to consultation and intervention. Participant 6

found value in "understanding what the students of various cultures bring to the table" and acting

on this by using these individual differences to best serve these students and their families.

Theme Two: Awareness and Inclusion of Cultural Variables

This theme included participants who demonstrated awareness and inclusion of cultural

variables in their consultation. The participants in this theme shared instances that I coded with

conceptualization and strategy codes. Strategies included specific examples of the participants

applying culturally responsive techniques in their consultation with school personnel around

culturally diverse students. All participants who used structured problem-solving through an

ecological lens fell within this theme and five participants who described on-the-fly consultation

and limited use of problem-solving framework fell within this theme. No participants who used

structured problem-solving with a medical model lens to guide their case conceptualization fell

within this theme. The participants who utilized an on-the-fly approach often engaged their

strategies in an unstructured way (e.g., doing research when warranted, giving general

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information). These participants included cultural variables to a certain degree. In contrast those who used an ecological approach engaged in inclusion in a more systematic and action-oriented way (e.g., attending conferences and translating knowledge to school-wide practices, using knowledge of culture to stop special education evaluations).

Strategies. The codes for strategies come from Ingraham's (2000) hypothesized methods for supporting consultee and consultant success. I applied these codes in instances when participants went beyond conceptualization of cultural variables and used specific approaches that incorporated cultural variables into their consultation and intervention efforts. This section only includes the participants who described their consultation as structured problem-solving with an ecological lens to guide their case conceptualization or described on-the-fly consultation and limited use of problem-solving framework to guide their case conceptualization. I found no salient examples of strategies from participants who described a medical model orientation.

Continue to learn. Six participants described intentional efforts to learn more about their student's cultures while participating in culturally responsive consultation. These efforts often helped them relay information to other school personnel in order to best help the student. I found no salient differences between consultation models.

Participant 11, who described an on-the-fly approach to consultation, described their process as:

> I think just looking at different websites and doing my own level of research on topics
> that may be questioning sometimes. - I had to do a lot of research and I still even to this
> day, I don't know I probably should have been to know before going in. Just the culture
> itself and know what kinds of custom the families from that country have going on in
> their homes and what their expectations are and what the family's expectations were here.

Just knowing how to conduct an evaluation with someone with limited language, let

alone a language barrier. Something like in our nonverbal IQ test that--I used one but it

wasn't really--kind of like interpreters would cause so many different things that impact

it.

Similar to their consultation approach, this participant described an unsystematic way of learning

new information on their own time. In addition to this example, this participant discussed their

experiences conducting research anytime they have questions about a topic. When asked how

they stayed informed, they noted:

I think just looking at different websites and doing my own level of research on topics

that may be questioning sometimes. Reading articles that I see in newspapers or in

magazines that help get me in the right direction with regard to that. Just doing your own

research.

This practitioner learned through feedback from others. This participant demonstrated

transparency and discussed an instance where they did not use appropriate pronouns for a

transgender student:

I was speaking with someone and they were telling me that their child was going through

a transformation. So, they wanted to be a girl when they were actually born a male. [It is

important to know] the language regarding that so I think in conversation with this person

I say what is he is so, is he is doing something and their response to me, well she is so

and so- the language that I used was not sensitive enough."

In this situation, this participant misgendered the student and had to be corrected by their parents

during consultation. Participant 6 reflected on their misuse of pronouns and understood that their

response did not include consideration of the student's gender identity.

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Participant 14, who also described an on-the-fly approach, described continuing to learn as a personal responsibility:

> …but it's kind of up to you as a practitioner to really read up, educating yourself on best practices and working with diverse kinds and constantly reflecting on how the way you question and how you look at things impacts your quest.

Participant 12, who described the same consultation approach, educated themselves through learning directly from the students and families they worked with:

> Talking to my kids a lot. I learn a lot from my kids. The little ones, the big ones, I learn a lot from them. Their families. The internet of course. Friends. I have black coworkers at work that I talk to about this kind of stuff, too. I think if you're not open to learning about people's different experiences then you're not going to.

Some participants who utilized an ecological approach continued their learning through formal means, such as attending conferences and symposia. For example, participant five, who described an ecological model, described continuing to learn through professional development opportunities:

> Then there's been some local symposiums and things of that nature where they discuss diversity that I've gone to. Some were broader discussing diversity. Others more specific. I've been able to do those which has been helpful. I think really because we're in a room. We hear the information, but then also it's an environment where you can really start discussions about what people have battled with in their practice. That is really beneficial.

This practitioner sought out opportunities where they could learn and discuss topics of diversity with other professionals. This participant discussed the importance of being a member of

professional organizations and attending conferences to network and gain culturally specific

information. Participant 5 understood that culturally responsive consultation involves knowledge

of different cultural aspects. Similarly, Participant 2 discussed their experiences attending

multiple trauma-informed care seminars as a way they continued to learn. Both participants

actively engaged in research and professional development in their personal time to increase and

maintain their knowledge.

Teach others. Four participants provided examples of times when they have used their

knowledge of a student's culture or home environment to educate other school personnel about

the student. One salient difference between those who described an ecological approach and

those who described an on-the-fly approach included their intentions when teaching others.

Those who described an on-the-fly approach taught others to give their consultees information

and create empathy for the students. Those who described an ecological model taught other to

support their decision to not begin an evaluation.

Participant 12, who described an on-the-fly approach, described an instance when they

consulted with a teacher on a student from Syria.

> I actually pulled up a picture of the tent city on my computer and said, 'Well, you know,
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> this is where he's coming from.' and they all just were like, 'What?' That was a more
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> extreme example, but just talking about maybe what the families experience with
>
> education has been like can be eye opening.

This participant used visual evidence of a student's environment and past living conditions in

order to educate a teacher and assist in problem analysis. This participant understood that using a

graphic visual cue served as an effective way to help a consultee understand and empathize with

the student. This participant appeared to create empathy; however, they did not describe how this empathy tied into the intervention for the student.

Participant 9, who described the same consultation approach, was approached by multiple students of color who were concerned about their classroom teacher: "She doesn't like us. We're not learning anything in there." In response this participant conducted an observation of the classroom:

> [We]went into her classroom to observe and noticed that -- and she was a white teacher -- and noticed that all of the students of color, so all of our African-American and Hispanic students were over here on this side of the room and the white students were over here. She spent the entire period teaching this way. She was completely unaware she was doing it.

This participant pointed out this observation to the teacher after observing this class. Although this participant showed this teacher the issue, the participant did not discuss any follow-up conversations with this teacher about their actions or ways to make the classroom feel more inclusive.

Those who described an ecological model, taught others while using this information to assist with an intervention or as a means to stop a special education evaluation from occurring. Participant 2 consulted with a teacher who believed a student may have a learning disability due to their failing grade on a pre-test about farm animals. Participant 2 acknowledged that this student may not have had access to a farm in the same way other students had due to cultural differences:

I'm thinking, okay, maybe no one's talked to him about a farm. Maybe it's not the

concept of the test readily accessible to other students who have -- their parents have

taken them on field trips to the farm or they've had their farm experiences with that.

In contrast, this teacher expected this student to have this knowledge before it had been taught:

The teacher and I were talking about why -- she just could not fathom that he didn't get

what sound this animal made and all sorts of stuff. I was like – okay, maybe, that's some

really novel thing for him. I was just helping re-frame exposure and experiences. I asked

like, "Well, how much time have you spent in your class teaching this?" and she was like,

"Well, it's like a pretest." and whatever. So, I am like – okay, this tells you now, that you

have a lot of work to do to bridge that gap between, he knows nothing about farms, and

you are about to enter a unit on farms.

Participant 2 used their cultural sensitivity to refute the teacher's expectation for the student.

Participant 2 did not proceed with an evaluation and instead helped the teacher understand that

students vary in their exposure to specific settings outside of school.

Participant 15, who also described an ecological model, used their knowledge of

language development to explain to a teacher why their student, who was an English language

learner, was struggling with phonics, "I was like, I think it's sometime before the age of one, if

you don't ever hear that sound, then your brain forgets it." This participant also used their

knowledge about a culture to aide in consultation around the same student:

He's in kindergarten, even though adaptives were on the lower side I said he's never been

in school, I know a little bit about the Spanish culture but the other [cultural expectations

probably occur] because he's the only boy they baby him, they do things for him. Let's

give him time.

This practitioner acknowledged that a cultural difference could result in what seemed like a deficit on an adaptive assessment. This practitioner made others aware and took action. The statement "give him time" conveyed the participant's intent to stop an evaluation and instead use their knowledge of the student's culture to help others understand why an evaluation was not needed.

Create a safe and supportive climate. Four participants discussed efforts they made to create classroom and school environments that support diverse students. For example, participant two, who utilized an ecological approach, did this by seeking out educational opportunities on trauma and incorporating these strategies into their practice.

> I've been to some seminars on trauma-informed practices and trying to incorporate some of those theories and ideas into helping establish the school communities, class communities, especially with some of our students that are homeless and are experiencing a lot of struggles in their day to day... Kinda trying to communicate--how can we build this to be a safe, exciting fun place they want to be at, where they're willing to learn, where they know they're going to have their needs met and you're going to be here for them.

This participant actively sought out a professional learning opportunity on trauma and then translated this knowledge to skills in order to make their school more accommodating for students who have experienced trauma.

Participant 8, who also used an ecological approach, created a safe and supportive climate by using their client's native language and allowing them time to process:

> And providing those services in their native language so that they feel like they're fully informed about the process. I give them time. I probably give them more time than those

who may not have cultural factors affecting them. Give them more time to make

decisions, like having them feel no pressure. Like you don't have to decide. You will take

this information, have community-based resources available to them.

This practitioner acknowledged the stress and pressure that parents faced during the consultation

and problem-solving process. They attempted to make this family feel supported by using their

native language, giving them resources and allowing them time to make a decision. Similar to

Participant 2, this practitioner translated their knowledge to skill to best serve the student.

Participant 9, who described an on-the-fly approach, discussed the importance of abiding

by the cultural expectations of families in order to help them feel welcomed by the school.

However, their description of this process was less detailed than that of those who described an

ecological approach. Participant 9 noted: "Once you have gotten an understanding of your

students and where they're coming from, then making the things that you do relevant to their

experiences."

Question 3: What Barriers do School Psychologists Face to Providing Culturally Responsive Consultation Based on the Consultation Model they Describe?

As a constructivist, I utilized inductive coding to answer this question. I coded barriers in

any instance where participants described difficulties in the consultation process. These

difficulties prolonged the consultation process or served as a hinderance to delivering

comprehensive consultation services. I found specific barriers based on the consultation model

the participants described. Those who described a medical model and an on-the-fly approach

described similar barriers. The participants who described a medical model identified a limited

understanding of cultural issues from themselves or consultees, and limited staff and resources as

salient barriers. Those who described an on-the-fly approach, also identified limited

understanding of cultural issues from themselves and/or consultees as a salient barrier. These participants also described time as a barrier to delivering comprehensive services. The participants who described an ecological approach to consultation described lack of stakeholder involvement and support as their most salient barrier to providing comprehensive services.

Structured Problem-solving with a Medical Model Lens to Guide their Case Conceptualization

The participants in this category faced two major barriers to culturally responsive consultation, 1) limited understanding of cultural issues and, 2) limited staff and resources. These participants described their own limited understanding of culture as well as the limited cultural knowledge of their consultees and other school personnel. A limited understanding of cultural issues served as a barrier because it limited the cultural issues the participants could conceptualize while providing comprehensive consultation. The lack of knowledge from consultees, on the other hand, required consultants to allot extra time to educating consultants on cultural issues. The participants who described a medical model approach also described limited staff and resources as a barrier. Limited staff and resources resulted in students receiving fewer preventative services in response to their difficulties in the school settings.

Limited understanding of cultural issues. Each participant who utilized this model (1,10 and 13) described barriers to culturally responsive consultation due to limited understanding of cultural issues. Some participants described consulting with school-based staff members who had a limited understanding of cultural issues. I noted this as a barrier because the practitioners had to spend time explaining the student's culture to their consultees. For example, Participant 1 described issues consulting with teachers about an ethnic minority student. The participant had difficulties consulting with the teacher because the teacher had no knowledge or

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understanding of the student's upbringing or home life. This prolonged the consultation process because Participant 1 had to spend extra time educating the teacher on the student's home environment. By the time this participant was done educating this teacher on the student's culture, the student had fallen far behind their peers and changed schools.

Some practitioners also described their own limited understanding of cultural issues. Participant 10 alluded to their lack of awareness of cultural issues, "I don't experience a lot of cultural issues, at least, not that I'm not aware of." This participant believed that a lack of diversity that existed at their school, so they concluded that there were no cultural issues. Although they did not report this as a barrier, I coded as such because one cannot address issues that they do not recognize. This participant worked in a predominantly, White, middle-class school and assumed that no cultural issues existed based on the socioeconomic status and race of the students. It is noteworthy that this practitioner limited their perception of culture to race and socioeconomic class. Students can experience cultural issues beyond race and economics; therefore, assuming that no issues exist poses a barrier to delivering comprehensive and culturally responsive services.

Participant 13 discussed facing difficulties trying to change the mindsets of school personnel in order to engage in culturally responsive consultation: "…trying to change mindset is hard so …… especially the educators and the classrooms that are seeing the kids on a daily basis, they've hardly changed their mindset." This practitioner believed their colleagues could not change their mindsets about specific students. Consequently, this practitioner was unable to consult with their colleagues and change their negative perceptions of diverse students. It can be difficult to consult about cultural variables with consultees who are close-minded. This

practitioner may have been limited to the use of a medical model due to the mindset of the school personnel in their school.

Limited staff and resources. These participants also described a lack of staff and resources as a barrier to culturally responsive consultation. Participant 13 conveyed frustration with staff members and their ability to be present at meetings:

…. The teachers don't show up at the meetings anymore, they don't show up to staff meetings. They are shocked to enemy. They get there as the kids get there. The culture is a total disconnect, as well as the principal, is disconnect.

Similarly, Participant 1 discussed their frustration with staff attending meetings at the secondary level. Participant 1 noted that it was nearly impossible for MTSS or problem-solving to occur because the school staff did not prioritize these things. This participant also discussed the limited staff and an overwhelming number of students that needed to be served:

At secondary, it becomes more of a struggle, because MTSS and problem solving is not something they consider a top priority, it really isn't. There's a lot of pulling teeth, and a struggle to get meetings and get teachers present at meetings, and to actually get their input. It becomes a lot of paper pushing, especially with how many kids we serve.

There's only 16 or 17 psychologists, and we're a huge district.

A lack of staff participation and overall disconnect creates an environment where consultation cannot occur. Consultation, whether medical or ecological, involves participation from the consultant and consultee. These participants may have been limited to a medical model approach due to the lack of collaboration among their colleagues.

Participant 1 connected limited staff availability to limited comprehensive services for students: "We're supposed to get four more psychologists, so the hope is that we can do more

consultation, more counseling, more of that behavioral intervention, and less referral takes place." This participant believed that preventative services such as behavior intervention and counseling would decrease the amount of special education referrals. It is possible that this practitioner used a medical model approach to their consultation because there was not enough staff to engage in prevention and problem-solving.

Structured Problem-solving with an Ecological Lens to Guide their Case Conceptualization

The participants in this category faced one major barrier across all participants: lack of stakeholder support and/or involvement. This included instances where the participants struggled with or could not elicit participation from school professionals and families throughout the consultation process. For example, participant two described lack of participation during meetings:

> I feel like a lot of times I'm in meetings and if I pause to get other input, it's just people looking at me like, 'Oh, you're the expert. You're the one that knows this process. You're this thing. Whatever you say.' It's a little bit, takes a little bit more to encourage other participation. But in these meetings, it was more fluid in that kind of participation.

Ecological problem-solving involves a collaborative relationship. Given that this practitioner's colleagues saw them as an expert from a hierarchical perspective, this limited the amount of collaboration that could occur. This differs from those who utilized a medical model, who dealt with staff that did not attend meetings or want to hear their insight as consultants.

Participant 8 and 3 both faced issues with parents who could not to actively participate in consultation due to personal issues. Participant 3 worked with a population with parents who

often could not attend meetings because they did not own a car or have access to other means of transportation:

> We try to do things and then, let's say all the parents are interested but maybe the parents have two jobs, and they don't know what to do, and sometimes, we have parents come crying. "I don't know what else to do. I'm a single mother. I have three kids. They're all struggling." And it just breaks my heart because I'm like, "I wish I could do more. I wish I could do more by their wrap around [services]."

Participant 8 discussed their experience working with a family that was homeless. This participant did not receive parent input because the parent often did not have access to a phone, email or transportation:

> I tried to be very sensitive to mom's schedule because I heard about her homelessness and being in different places and trying to get work. She wasn't really responsive by email. I would have to reach her by phone, so whenever she was available, then I would work around that. It was really individual. I would consult with the teacher but then also consult with mom separately.

In these instances, the student's environment posed as the barrier to ecological consultation. Although the participant spoke with the parents who experienced enviornmental barriers via phone, the lack of face-to-face interaction between the participant and the families may have limited their ability to build rapport and develop trust with the families.

Describes on-the-fly Consultation and Limited use of Problem-solving Framework to Guide their Case Conceptualization

The participants in this category faced two main barriers 1) time and 2) limited cultural knowledge. The participants who described time as a barrier discussed incidents in which time

prohibited them from collecting information from stakeholders or discussed aspects of the students' culture. The participants who described limited cultural knowledge as a barrier discussed areas in which they personally had limited knowledge about other cultures.

Limited time. These participants discussed time as a limitation to culturally responsive consultation. Participant 4 discussed how lack of time resulted in less data being collected for problem identification and analysis: "I didn't talk to the mom at all before the meeting. I would have done that had we had more time." Similarly, Participant 12 noted that more time during consultation would be beneficial: "That'd be really nice, but unfortunately, nobody has time for that or just there aren't enough people to do that." Similar to those who described a medical model, this participant described limited staff as a barrier to comprehensive services. Participant 14 noted that not enough time is spent discussing culture, which posed as a barrier to culturally responsive consultation: "I don't really feel like we spend much time talking about culture or our kids' cultural background." The barrier of time is likely why these participants engaged in on-the-fly consultation instead a specific model, such as ecological, which requires time to implement.

Lack of cultural knowledge. Similar to those who described a medical model orientation, participants in this category explained how lack of cultural knowledge from their consultees or themselves served as a barrier to culturally responsive consultation. Participant 9 demonstrated transparency about their lack of knowledge on specific cultures:

> Yes, because right now if a teacher that had a classroom that had majority of students from [A foreign country] and came to me, we could do some reflection about their piece of it. I would really need to do the same work as the teacher to really understand some of the cultural aspects.

This participant's limited knowledge posed as a barrier to consulting with teachers about students from specific backgrounds. This practitioner's limited knowledge about students from other countries restricted them from providing the teacher with knowledge on the student's culture until doing their own research. Given that this participant described an on-the-fly approach, this participant may not have had another chance to consult with this teacher about cultural considerations after learning more about the student's culture.

Similarly, Participant 12 discussed a population that they needed to gain more cultural knowledge on:

> One of the areas I still really want more professional development and training is working with the refugee students who have experienced trauma. I feel overwhelmed by the prospect of trying to work with students who may not speak very much English and I don't have interpreters and working through a trauma that I could not even possibly imagine.

This participant described feeling overwhelmed about potentially working with a student who identified as a refugee. If this participant was asked to consult about a refugee student, they would not have the resources or knowledge to help a teacher communicate with or understand the student.

> Participant 4 described feeling distressed about the cultural topics they are unaware:
> I was just thinking I don't know what I don't know right now. I don't know because I don't work with it as much where my deficits are, and what I need, and I would certainly be open to anything. But I don't know what I'm missing.

This participant was unable to begin gaining more cultural knowledge because they had no understanding of the knowledge or skills they needed to gain. All of these participants expressed

being uncomfortable with their level of cultural knowledge. This can pose as a barrier in

consultation because they may lack confidence to speak on cultural issues and may consequently

ignore these variables throughout the consultation process.

CHAPTER 5:

DISCUSSION

Summary of Findings

The purpose of this study was to explore the ways in which school psychologists conceptualize culturally responsive consultation based on the consultation model they described. I examined the similarities and differences in conceptualization and strategies used in culturally responsive consultation among the models discussed. This study also aimed to address barriers school psychologists may face when providing culturally responsive consultation based on the consultation method used.

The participants in this study described three main consultation models when describing their typical consultation process: 1) structured problem-solving with a medical model lens to guide their case conceptualization, 2) structured problem-solving with an ecological lens to guide their case conceptualization and, 3) "On-the-fly" consultation and limited use of a problem-solving framework to guide their case conceptualization. The participants who described a medical model approach focused on exploring within-child factors and evaluations for special education eligibility. These participants often described their conceptualization of cultural variables (e.g., race/ethnicity) in a broad and vague manner and did not include a response to these variables in their consultation or intervention selection. The participants who described an ecological approach to consultation focused on involving stakeholders and exploring environmental and cultural variables that were contributing to the student's problems in school. These participants actively incorporated culturally related variables (e.g., speaking in the

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family's native language, addressing issues related to acculturation, etc.) throughout their consultation and intervention selection. The participants who described an on-the-fly approach described their consultation as brief conversations with teachers around their concerns with a student. These participants varied in their focus during the consultation process. Some of these participants considered cultural variables and incorporated these variables in consultation, while others explored within-child factors or did not fully explore cultural variables.

With respect to barriers to consultation, the participants who described an ecological approach to consultation described lack of stakeholder involvement as the most salient barrier to delivering comprehensive consultation services. Those who described the use of a medical model approach and those who described an on the fly approach noted similar barriers to comprehensive services. These barriers included consultants and consultees possessing limited cultural knowledge, limited time, and limited personnel and resources.

Explanation of Findings

How Do School Psychologists Conceptualize the Typical Consultation Process they Use When Providing School-based Consultation?

The results of this study support the findings of previous scholars who have found that consultants who utilize a medical model perspective often do not explore environmental factors or actively incorporate these factors in their consultation process (Williams & Greenleaf, 2012). The participants who described a medical model approach discussed cultural variables as something to rule out before proceeding with a special education evaluation. This is in line with IDEA (2004) requirements, in which school psychologists must rule out the influence of environmental and cultural variables on the student's ability to succeed academically and/or behaviorally before determining whether a student has a disability. In accordance with past

research, participants in this study who utilized a medical model perspective also conceptualized their student from a deficit-based approach (i.e., assuming students lacked the ability needed to be successful) focused on within child factors (Sheridan & Gutkin, 2000; Williams & Greenleaf, 2009; Zalaquett, Fuerth, Stein, Ivey, & Ivey, 2008). Accordingly, the participants who described a medical model approach often referred to IDEA (2004) eligibility labels and focused their consultation efforts on evaluating students for special education services.

In the school setting, students are often limited in the services they may receive without a special education label (McBride, Willis, & Dumont, 2014; Jones & Menchetti, 2001). For example, a student who needs extra time on a standardized test can only receive this extra time through a 504 plan or an individualized education plan (IEP; McBride, Willis, & Dumont, 2014). It is possible that these participants used a medical model and label-based approach as this may have been the only means to truly help their students receive the services, they needed in a school setting. In fact, school psychologists proliferated after the enactment of PL 94-142 in 1975, which required cognitive assessments in order to place students in special education (Fagan, 2014). As a result, many school psychologists are primary funded through special education and serve a gatekeeping role relative to special education eligibility (Fagan, 2014). In some schools, school psychologists may only be looked upon to provide special education evaluations given the origin of their role in the school (Gilman & Medway, 2007). A strong focus on assessments may lead school psychologists to focus primarily on assessment results over considering environmental factors that may influence students' behavior (Gutkin, 2012).

The use of a medical model may also be a result of a practitioner's graduate training experiences. Given the history of the field of school psychology, it is possible that numerous school psychology training programs still train their graduate students using the medical model-

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based discrepancy model. Thus, practitioners may continue to practice using this model in accordance with their graduate training. Barrett, Hazel & Newman (2017) found that school psychology graduate students had the most confidence in using consultation models to which they had been the most exposure. Students and practitioners who have been mentored and supervised using specific approaches to services will likely continue to use the approaches they feel most competent and supported in providing (Fagan, 2014).

NASP (2020) has provided school psychologists with standards and guidelines for training, however, graduate programs are able to decide the ways in which they incorporate these guidelines into their programs (Castillo et al., 2016). For example, NASP (2020) has provided guidelines around inclusion of culture in training and practice, yet the most common approach to incorporating culture into school psychology coursework is through a single-course approach (Newell et al., 2010; Rogers, 2006). A single case approach limits the probability that students will apply their multicultural knowledge to practice (Newell et al., 2010) and can ultimately lead to a lack of awareness of how to incorporate culture variables in practice (Lopez & Rogers, 2001). The participants in this study who described a medical model approach were limited in their cultural knowledge and inclusion of cultural variables in practice. Thus, it is plausible that their graduate training did not prepare these practitioners to consider cultural issues in consultation (Miranda, 2014).

In-service professional development may also play a role in limiting applications of culturally responsive consultation. School psychologists gain knowledge and skills through a variety of professional development opportunities (Armistead et al., 2013). However, school psychologists have noted insufficient training and professional development as a barrier to delivering comprehensive services (Castillo et al., 2016). In a survey of 510 school

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psychologists, the most reported professional development topic areas reported focused on academic and behavior intervention, while the least endorsed topic area (11.2%) was *Diversity in Learning and Development* (Armistead, Castillo, Curtis, Chappel, & Cunningham, 2013). Further, 77% of respondents reported that their districts did not provide enough opportunities for professional development. Accordingly, some school psychologists may be limited to using a medical model approach due to lack of post-graduate training in other approaches, such as including cultural variables in their services delivery.

Consistent with the literature on ecological consultation, the participants who identified an ecological approach to their consultation considered ecological and systemic barriers throughout the consultation process (Gutkin, 2012). The participants who described an ecological approach to their consultation reported dedicating time and effort to collaborating with families in order to better understand the student's environment as well as to find culturally appropriate ways to help the student. These participants rarely referred to special education labels and, in some instances, used cultural variables as a reason to stop a special education evaluation from occurring. For example, Participant 15 used her knowledge of Hispanic cultural norms to stop an evaluation from beginning by describing the student's lack of progress as a result of cultural expectations, not a within child deficit.

The use of an ecological approach to consultation described by some participants may be influenced by changes in federal and state laws and regulations regarding special education eligibility determination. Participants who practice from an ecological perspective described a process that is consistent with the implementation of RTI. IDEA (2004) has been updated to include verbiage that allows school districts to use RTI to determine eligibility for specific learning disabilities and some states have applied the model to other disability categories (Hale,

2008). RTI is a systemic way to allocate resources effectively and serve all students (Burns & Gibbons, 2008). Although states may differ in their implementation of RTI, RTI mandated states are required to implement intervention and progress monitoring before proceeding with a special education evaluation (Zirkel & Thomas, 2010). Therefore, it is possible that students and practitioners in these states will likely provide service delivery that prioritizes these practices over special education evaluations in accordance with state policies.

The participants who described an ecological model described processes that included parent involvement, collaboration with stakeholders, and data-based decision making, which are three core features of RTI (National Education Association, 2007). The participants who utilized these strategies were able to gather culturally specific information about their students from families and educate stakeholders through parent involvement and stakeholder collaboration. Cultural inclusive consultation models, such as participatory culture-specific consultation (PCSC; Nastasi, Varjas, Bernstein, & Jayasena, 2000), are feasible for use throughout the tiers of MTSS (Brooks, Kendrick-Dunn, Parris, & Shriberg, 2020). Thus, culturally responsive consultation is feasible within RTI. Additionally, the use of RTI favors modifying instruction over special education labels (Hale, 2008), which aligns with the consultation and intervention selection efforts of the participants who described an ecological approach.

Another potential explanation for some participants' uses of an ecological approach to consultation may be a result of their graduate training. School psychology programs that operate in RTI/MTSS mandated states may utilize a training philosophy that focuses on the use of a tiered system of support over special education labels (Zirkel, 2012). Consequently, students trained in these programs will be more likely to provide services based on their training.

The participants who utilized an ecological approach may have had graduate training that went beyond a single-course approach to multicultural education. An integrated approach includes multicultural content throughout all of program course content (Lafromboise & Foster, 1992). This approach allows students to understand and incorporate cultural variables throughout all aspects of practice (Ingraham & Oka, 2006; Nastasi, Varjas, Bernstein, & Jayasena, 2000; Ortiz, 2002; Rogers, 2006). Thus, practitioners who are trained with this approach may have more knowledge of cultural factors and ways in which to utilize cultural factors in practice.

Gutkin (2012) called for a paradigm shift from a medical model to an ecological model approach. Thus, the use of an ecological approach may involve a change in one's mindset. Practitioners may also possess personal characteristics that assist them in the conceptualization and inclusion of cultural variables in practice. Researchers have found that school psychologists who advocate for social justice describe an innate value system in which social justice is a part of who they are (Biddanda, Shriberg, Ruecker, Conway, & Montesinos, 2019). These practitioners also connected social justice to culturally responsive practices. School psychologists have also identified respect, empathy, advocacy and awareness of self and others as important concepts to social justice in schools (Biddanda et al., 2019; Jenkins et al., 2018). The participants in this study who described an ecological model, may have valued these concepts as well. The participants who aligned with this approach described respecting and valuing other cultures, understanding one's own impact on others, teaching others to support diverse students, and creating a safe and supportive climate in their conceptualization of and strategies for providing culturally responsive consultation.

As described by Goodman and Carey (2004), on-the-fly consultation is a skill that all school psychologists should possess given the limited availability of teachers, parents and other

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school personnel. Teachers often do not have time to engage in consultation activities, even in school settings where consultation is valued (Sanders et al., 2016). The participants who described an on-the-fly approach described consulting through brief interactions with teachers throughout the school day. This is consistent with previous scholars who acknowledge the time limitations school psychologists face in the school setting (Goodman & Carey, 2004). Hence, it is possible that these practitioners did not engage in consultation in a systemic way due to time constraints (e.g., covering multiple schools, large caseloads, etc.), as evidenced by their discussion of key barriers to their practice.

Although these participants described their consultation approach as occurring in a non-structured fashion, some of these participants incorporated cultural variables into their consultation with stakeholders. For example, Participant 12 discussed talking to students, families and their colleagues of color during consultation in order to gain their perspectives and learn about their experiences. This suggests that practitioners may be able to use an on the fly approach and still embed cultural variables in their consultation process and intervention selection. However, the lack of problem-solving or an organized approach may result in missing steps or excluding key information during consultation. This may explain why some participants who utilized an on the fly approach were limited in their inclusion of cultural variables in practice.

How Do School Psychologists Strategize and Conceptualize Culturally Responsive Consultation in Relation to the Consultation Model They Describe Utilizing?

The participants who described a medical model approach to consultation described their conceptualization of cultural variables but did not describe instances of using these variables to guide their consultation or intervention selections. These participants' conceptualization was

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limited to acknowledging cultural differences. Within their conceptualization, these practitioners described their consideration of culture in an ambiguous manner. Their ideas and understanding of culture were not applied in their consultation with teachers and families or their intervention selection. These practitioners often discussed cultural variables as something to rule out, or as factors that they could not address in the school setting. Consequently, they selected interventions that targeted perceived student deficits over environmental modifications. Thus, those who described a medical model were not responsive to culture in their consultation efforts given that their efforts did not incorporate the student's culture or aim to address environmental variables.

The medical model paradigm aligns with the belief that academic and behavioral issues lie within a child (William & Greenleaf, 2012; Zalaquett, Fuerth, Stein, Ivey & Ivey, 2008). Therefore, the use of a medical model approach may have limited practitioners to conceptualize culture vaguely and place emphasis on within child variables. For example, Participant 1 described environmental variables as something they "can't fix" and shifted their focus to the child's behavior. The medical model also includes processes and procedures that focus on within child characteristics (e.g., cognitive processing and achievement tests). Consequently, these participants may have been limited to providing consultation and intervention selection based on presumed student-deficits based on underlying assumptions and procedures associated with the model. Accordingly, Participants 10 and 13 both described instances where they proceeded with a special education evaluation for students who were experiencing trauma, including homelessness and the death of a sibling. This illustrates past research in which the use of the medical model results in the exclusion of environmental factors during consultation (William & Greenleaf, 2012; Gutkin, 2009; 2012; Zalaquett, Fuerth, Stein, Ivey & Ivey, 2008).

The participants who described an ecological approach to consultation described their conceptualization of cultural variables *and* identified specific strategies they used in consultation and intervention selection when considering students' cultural backgrounds. They also showed their cultural knowledge by providing examples specific to certain cultures (e.g., ELL, African Americans, Christians, etc.) in their conceptualization of culture. For example, Participant 5 discussed "intracultural differences" when describing their conceptualization of cultural variables. Additionally, Participant 8 discussed the importance of understanding different expectations for eye contact, body language and the varying cultural views of disability when consulting with diverse families. These participants went beyond conceptualization of cultural variables and applied culturally inclusive strategies. Some of these methods included: building relationships with teachers and parents, assisting teachers in their awareness of students' cultural differences, helping teachers to develop culturally sensitive skills with students, being aware of and having respect for parents' cultural styles, educating parents and providing resources, and asking for the perspective of multiple parties. These strategies are consistent with several applications of culturally responsive principles outlined in the literature (Behring, Cabello, Kushida, & Murguia, 2000; Newell, 2010, 2013; Ingraham, 2012; O'Bryon & Rogers, 2016; Ramirez & Smith, 2007).

The participants who utilized an ecological approach to consultation ensured that their consultation included an explicit response to the student's cultural variables. This is consistent with culturally responsive literature in which being culturally responsive involves culturally inclusive actions to help student succeed. (Ingraham, 2000, 2012, Newell, 2010, 2013). Thus, culturally responsive consultation, as opposed to consultation or culturally responsive practice, includes the major components of consultation (i.e., indirectly helping students through working

with adults) *and* incorporating aspects of the student's culture throughout the consultation process. Accordingly, Parker et al. (2020) found that participants differed in their definitions of cultural responsiveness as well as how they conceptualized cultural responsiveness in their consultation. These results in conjunction with my findings, suggest that culturally responsive consultation is a consultation model that is independent from other models of consultation (e.g., medical model consultation, behavioral consultation, etc.). Therefore, in order to engage in culturally responsive consultation, one must utilize this consultation model throughout their consultation process. In line with the results of my study and Parker et al. (2020), culturally responsive consultation works best within a problem-solving framework for consultation.

Consistent with the conceptualization of culturally responsive consultation, graduate training may support the use of these strategies in practice. Research has suggested targeting students' beliefs and attitudes around cultural differences is useful in multicultural training (Carroll, 2009; Jones, Sander, & Booker, 2013); thus, the practitioners who utilized these strategies may have beliefs and values that encompass cultural inclusion. Graduate programs can also teach students culturally responsive practices through coursework. For example, programs with an integrated approach to including multicultural content allow students to discuss cultural issues throughout all courses (Lafromboise & Foster, 1992). Consequently, students may be better prepared to understand and embed cultural variables in all aspect of service delivery (Ingraham & Oka, 2006; Nastasi, Varjas, Bernstein, & Jayasena, 2000; Ortiz, 2002; Rogers, 2006). This can then translate to practice and allow these students to use culturally responsive practice in their consultation.

Also consistent with conceptualizing cultural issues, graduate training programs and specific school districts promotion of RTI/MTSS may influence school psychologists' use of

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culturally responsive consultation strategies. Given the collaborative components of the core

features of RTI/MTSS (McKinney, Bartholomew, & Gray, 2010), these participants may have

placed their focus on environmental and cultural variables due to the focus on helping students at

all levels over assigning special education labels. For example, practitioners can assist teachers

in developing culturally sensitive skills when the goal is to help the student succeed in their

current classroom setting versus labeling the student and placing them in a self-contained

classroom.

The problem-solving process that drives the focus on the student's ecology can prompt

school psychologists and the stakeholders they work with to consider cultural variables and

incorporate them while planning to meet student needs. For example, the participants who

described an on-the-fly approach to consultation were able to provide culturally responsive

consultation *some* of time. In order to increase the instances of culturally responsive consultation

for practitioners who use an on the fly approach, practitioners who use an on the fly approach

should consider using the problem-solving model during consultation. The steps of problem-

solving can provide accountability for incorporating cultural variables in consultation.

Consequently, the move from an on the fly approach to a problem-solving approach can allow

for consultants to ensure they are responsive to cultural variables during each step and on a more

consistent basis.

The results of this study also indicated that cultural variables can be incorporated in

consultation when a practitioner utilizes an on-the-fly approach as well. In some instances, these

participants provided culturally specific examples (e.g., differences within Asian cultures,

differences within the Black race, etc.) in their conceptualization and described culturally

responsive practices that have been identified in the literature such as teaching others about a

student's culture (Ingraham, 2000). However, similar to those who described a medical model, some participants who described this consultation approach described their conceptualization of cultural variables in an ambiguous manner and/or did not fully include cultural variables in their consultation process or intervention selection. Thus, only *some* participants who described an on the fly approach were responsive to culture in some of their consultation efforts. It is possible that this occurred due to a lack of structure within the on the fly approach. The structure of the steps of the problem-solving model could enhance on the fly consultation. This could be accomplished through accountability that is required in each step (i.e., practitioners have to ensure that they completed each step thoroughly before moving to the next step).

What Barriers Do School Psychologists Face to Providing Culturally Responsive Consultation Based on the Consultation Model They Described?

Past studies suggest that the use of a medical model can serve as a barrier to comprehensive services due to the focus on within child variables and the exclusion of environmental variables (Williams & Greenleaf, 2009). Each participant who utilized a medical model perspective identified limited understanding of cultural issues as a barrier to consultation. This was a consultant and consultee-related barrier. These participants may have been limited in their cultural knowledge because a medical model approach focuses on psychopathology and other internal issues (Gutkin, 2012); therefore, extensive cultural knowledge may not be necessary.

In addition to limited understanding of cultural issues, the assessment processes used in each model may play a role. For instance, the participants who described a medical model focused on special education evaluations, which often includes the use of cognitive assessments. Cognitive assessments focus on internal deficits in ways that students process information and do

not account for learning history or environmental factors. This is in contrast to an ecological approach which focuses assessing the classroom, family, and community environment and on modifying these systems through intervention instead of identifying cognitive processing deficits. Thus, practitioners who utilize a medical model approach may not consider cultural variables or take time to learn about diverse students because the tools being used to do not promote or require cultural responsiveness (Gutkin, 2009; 2012).

The lack of cultural knowledge may be also attributed to the limited multicultural content that is offered in most APA and NASP accredited school psychology programs (Hazel, Laviolette, & Lineman, 2010). Given that school psychologists' original roles were assessments and evaluations (Fagan, 2014), it is likely that many school psychology programs still educate their students based on these roles. As previously stated, limited multicultural training may result in a lack of translation of this knowledge and skill into practice.

Participants who used on-the-fly consultation also identified lack of cultural knowledge as a barrier to comprehensive services. Given that on-the-fly consultation is not an established consultation model, there may be various reasons for a lack of cultural knowledge. Similar to those who described a medical model this may be due to limited multicultural content during graduate training (Hazel, Laviolette & Lineman, 2010) or a focus on special education evaluations among other factors. Participants 12 and 4 both described their lack of knowledge of other cultures including non-English speaking students and refugees. Participant 12 expressed wanting more training and professional development in these areas, which may suggest they had limited multicultural training in their graduate training.

Those who described a medical model and an on-the-fly approach described time and resources as a barrier to comprehensive services. Castillo et al. (2016) found that lack of time

and/or resources posed a major barrier to consultation for 60% of school psychologists. The current national shortage of school psychologists, that has led to the increase of school psychologists to student ratios, is a plausible contributor to time as a barrier to consultation (Curtis, Grier & Hunley, 2004). A shortage of school-based psychologists may limit school psychologists to engaging in legislative mandated practices (e.g., administering cognitive assessment) over other activities (e.g., consultation; Curtis, Grier & Hunley, 2004). Filter, Ebsen and Dibos (2013) found that time was the most commonly cited barrier to school psychologists providing services to students beyond assessment. This may explain why several participants utilized an on-the-fly approach to their consultation, given a lack of time to engage in a structured consultation model.

Though several participants in this study identified time and resources as a barrier to comprehensive services, the participants who utilized an ecological approach did not note time and resources as salient barriers. Instead, the participants who described an ecological approach described a lack of stakeholder involvement and support as the most salient barrier to consultation. Given school psychologists' traditional role as gatekeeper for special education, school personnel may misunderstand the bandwidth of their skills (Filter, Ebsen & Dibos, 2013; Gilman & Medway, 2007). Consequently, teachers and other stakeholders may be reluctant to be involved in the consultation process due to their limited understanding of school psychologists as consultants. Teachers and other stakeholders also have been operating in a system that traditionally prioritized labeling for services based on student deficits rather than eco-behavioral problem-solving approaches to service delivery (Gilman & Gabriel, 2004). This history and conflicting models for consultation may contribute to educators and parents expecting a more

medical model approach to consultation, thereby limiting their participation and support for a more eco-behavioral approach to service delivery.

Limitations and Future Research

       The results of this study should be considered within the boundaries of their limitations. The data in this study are limited to the perspectives of school-psychologists. The data could be enhanced by gaining the perspectives of consultees, students and other school-based staff. A collaborative relationship is a key component in several consultation models (Bergan, 1977; Gutkin & Curtis, 2009; Ingraham, 2000; Rappaport, 1981); therefore, insight from consultees would likely enhance the data by including their perceptions of the consultation process. Given that the goal of school-based consultation is to improve student's functioning in school (Hazel, Laviolette, & Lineman, 2010), it is valuable to gain client perspectives as well. Gaining insight from other professionals or students could offer a different perspective of culturally responsive consultation as well as their conceptualization of the consultation models used. It is possible that students, their families and school-based staff may encounter factors that facilitate or limit their involvement in the consultation process. Future research should explore the barriers school-based personnel experience in engaging in consultation including culturally responsive consultation. Future research should also explore the student's perceptions relative to school-based consultation and the services they receive.

       Given that this study was a secondary analysis of data, I was unable to ask questions that aligned with my specific research questions. Because I was not able to ask the question I had based on my topic, it is possible that participants could have provided more insight on the consultation models they described. Further, their reasoning for utilizing these approaches to consultation could have been explored. Future research should investigate how the use of a

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specific consultation model affects the practitioner's conceptualization of their consultation process.

The results of this study also are limited to semi-structured interviews. The application of other qualitative research methods, such as focus groups, observations or document analysis (i.e., reviewing reports) may have provided more information, such as student progress, teachers acceptability of consultation recommendations and district policies. For example, exploring district policies can shed light on the ways in which policies may influence or limit school psychologists during consultation. Future research should explore more in-depth data analysis for school psychologists' perceptions and application of culturally responsive consultation.

The results of this study may have been enhanced if a broad definition of culture was provided. In the original study, Parker et al., (2019) asked the participants to describe *experiences* with cultural responsiveness through the lens of race and ethnicity. The use of a more inclusive lens of culture when asked to provide an example (e.g., including religion, sexual orientation, gender, etc.) may have allowed participants to explore their experiences providing culturally responsive practice beyond race. Future research should explore school psychologists' understanding of cultural factors beyond race and ethnicity.

Related to questions that the research team asked in the original study, the participants in this study were not explicitly asked about barriers in this study or the original study. Thus, I had to make inferences on what barriers the participants faced based on the way they described how specific factors (e.g., lack of time) negatively affected their consultation process. The exploration of these variables through explicitly asking questions would have allowed participants to provide more insight on the barriers they encountered in delivering comprehensive consultation services. Future research not only should explore barriers encountered, but also how school psychologists

overcome barriers to culturally responsive consultation. Castillo et al. (2017) indicated that facilitators reported by school psychologists more strongly predicted comprehensive service delivery than did reported barriers. The exploration of these factors in the current study could have provided insight and implications for future practitioners to overcome barriers to delivering comprehensive services.

Future research also should focus on specific barriers found in the current study. One common barrier to comprehensive services in the literature is time (Castillo, et al., 2016); however, the participants who utilized an ecological approach to consultation did not report time as a salient barrier. Future research should focus on ways in which school psychologists overcome time as a barrier to comprehensive consultation. Additionally, future research could explore other barriers school psychologists face to delivering culturally responsive consultation, such as lack of stakeholder involvement or district and state polices.

Based on the examples provided by the participants who utilized an ecological approach to consultation in the current study, future research also should address how stakeholder involvement in the consultation process facilitates cultural responsiveness. Several participants who utilized an ecological approach placed emphasis on collaborating with families throughout the entire consultation process. Past research has found active stakeholder involvement and collaboration with culturally diverse families to be effective in consultation (Bell et al., 2015; Li & Li, 2015). Collaborative consultation approaches that involve parents and families such as conjoint behavioral consultation (Sheridan, & Kratochwill, 2008) should be explored and applied to culturally responsive consultation.

Finally, future research should aim to address how training (e.g., graduate courses, practicum, professional development, etc.) can promote more culturally responsive consultation.

Parker, et al., (in progress) found that school psychologists may vary in the ways they learned to be culturally responsive consultants. Researchers should explore salient differences that exists in school psychological service delivery paradigms across school psychology graduate programs. This research can be used to provide implications for graduate programs around their multicultural training of their students.

Implications for Practice

Given the results of this study, school psychologists should make conscious efforts to go beyond thinking about cultural variables and make efforts to include these variables in their consultation processes. For example, school psychologists who are working with bilingual students and English Language Learners can use their knowledge of language to provide these students and their families with language resources in the community and utilize a translator during meetings. These cultural modifications have been found effective in consultation with bilingual families in the school setting (Behring, Cabello, Kushida, and Murguia, 2000; O'Bryon & Rogers, 2016; Ramirez and Smith, 2007). Similar to the efforts of participant 15, who educated a teacher on cultural differences in development, school psychologists can use their knowledge of cultural variation to educate school staff on cultural variation among students. School psychologists can also use their knowledge as well as other resources to help facilitate the professional development of their colleagues around cultural variables (Bell et al., 2015).

Practitioners should consider moving from a medical model orientation, which focuses on labeling students for special education, to an ecological problem-solving model in order to promote more cultural responsiveness during the consultation process. School psychologists who utilize an ecological problem-solving model may be more inclined to view the child within the systems they exist within and account for intersectionality. For example, the problem analysis

step of problem-solving would allow practitioners to evaluate the impact of multiple marginalized identities that the student may possess. Accordingly, those who described an ecological approach discussed varying aspects of their students' identities (e.g., SES, race, ethnicity, gender, etc.) during case conceptualization and intervention selection. The use of ecological problem-solving can allow school psychologists to provide consultation and intervention selection that considers the complexity of students at each step of problem solving. This can be accomplished through discussing all cultural factors that may affect the student (e.g., SES, gender, trauma, etc.) at every step during consultation and including cultural factors in intervention selection. Similar to the participants who described an ecological approach to consultation, school psychologists can collaborate with teachers and families to educate them on the students' cultures and on interventions and community resources (Bell et al., 2015). Collaboration with stakeholders and data-based decision making can be used in the process to assess if the student is responsive to intervention, or if more intensive services are needed to help the student succeed (Batsche, Castillo, Dixon, & Forde, 2008).

Practitioners must also consider the variability in policies, processes, and requirements for eligibility determination. Historically, school psychologists have served as "gatekeepers" for special education, which aligns with a medical model orientation. As the role of school psychologists has expanded, school psychologists now have the opportunity to serve as problem-solvers who can decrease the number of students in special education through early and consistent intervention. Accordingly, participant 15 was able to halt a special education evaluation with a kindergarten aged Hispanic student by describing the cultural variables that were possibly causing his lack of progress. Participant 15 advocated to give this student more time over proceeding with an evaluation. Similarly, participant 2 was able to modify a teacher's

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instruction in a situation where the teacher wanted the kindergarten student evaluated. Thus, practitioners can go beyond gatekeeping and provide recommendations which include environmental modifications and cultural considerations over proceeding with a special education evaluation (Behring, Cabello, Kushida, & Murguia, 2000; Newell, 2010, 2013; Ingraham, 2000; 2012; O'Bryon & Rogers, 2016).

It is also important to consider the historical context of school psychologists. School psychology originally emerged after the integration of the public-school system (Fagan, 1985a, Newell et al., 2010). School psychologists used "mental tests," which are racially skewed, to test racially diverse students and ultimately placed a disproportionate amount of these students in special education (Fagan, 1985a, 1986). The reliance on the traditional system was apparent in the practice of the participants who described a medical model through their focus on special education evaluations over exploring and addressing cultural and environmental factors. Participant two, who described an ecological approach, pointed out the Eurocentric standards school systems use for all students. This participant called for teaching diverse students how to function in this system over punishing them. School psychologists should abandon this old system and move towards serving all students in order to ensure equity for all. Given the RTI language used in the latest updates to IDEA (2004), school psychologists can focus their efforts on a student's response to intervention over IQ scores.

Conclusion

The participants in this study described three main consultation models when describing their typical consultation process: 1) structured problem-solving with a medical model lens to guide their case conceptualization, 2) structured problem-solving with an ecological lens to guide their case conceptualization and, 3) "On-the-fly" consultation and limited use of a problem-

solving framework to guide their case conceptualization. Within their use of various models, the participants described different approaches to conceptualization of cultural variables, use of culturally responsive strategies and barriers to delivering comprehensive consultation services. Those who described a medical model were the most limited in their inclusion of cultural variables in consultation and focused their efforts on evaluating students for special education. The participants who described an ecological model described processes that involved stakeholder involvement and extensive exploration of cultural variables to assist teachers in helping students in the classroom environment. The participants who described an on-the-fly approach described conceptualization and strategies similar to those who described an ecological approach, however, these participants were often limited in providing comprehensive services due to similar barriers faced by those who described a medical model.

Future research is needed in order to explore school psychologists' perceptions of the consultation model they use when providing culturally responsive consultation. More research is needed in order to understand the barriers school psychologists face in comprehensive consultation as well exploring ways to overcome these barriers in the school setting. Additionally, research efforts should be employed towards better understanding graduate training around multicultural topics and how this training effects students as they become practitioners. In the meantime, there clearly is a need for school psychologists to engage in culturally responsive consultation.

Diverse students are educated in a Eurocentric system that is often a mismatch from their culture (Bennett, 1982; Bronner, 2005; Castillo, Curtis & Gelly, 2013; Harry & Fenton, 2016). School psychologist can engage in consultation with school personnel to work to find ways to help students succeed through promoting understanding of students' and families' cultures and

by incorporating this understanding into intervention planning and progress monitoring. Moreover, practitioners should be cognizant of how the traditional versus RTI systems may promote or hinder their capacity to engage in culturally responsive consultation.

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Deductive- Ingraham/original study

Conceptualization of cultural responsiveness
1. The self

a. Self-awareness	beliefs due to cultural identity; biases/stereotypes; behaviors due to cultural identity; social status due to cultural identity; cultural identity (general description)
b. Understand own impact	others' perceptions towards him/her; others' behaviors towards him/her; others' feelings towards him/her; behaviors towards others

2. The other

a. Respect other cultures	respectful thoughts; respectful behaviors
b. Understand individual differences	beyond race; subcultures and exceptions
c. Build rapport	seek to understand family's cultural background; build relationships; avoid violating cultural norms
d. Building bridges	student-teacher; community-school; parent/family-school; student-school community at large; student-student
e. Know what is appropriate	communication style and method; interventions and service delivery recommendations
f. Consider cultural variables	beliefs specific to a given cultural group; behaviors specific to a given cultural group; issues/concerns specific to a given cultural group
g. Understand context	culture of the profession (i.e., mainly white); school/district culture; sociopolitical context; community culture
h. Non-examples	overgeneralizing/making assumptions about cultural groups; not taking cultural variables into account; not listening to others from different backgrounds; not understanding how one's own culture impacts others; imposing your beliefs onto others; other

Strategies used when providing culturally responsive consultation
1. Inclusion

a. Incorporating	incorporate school personnel's feedback in decision making; incorporate students'/ families' culture in decision making; involve families in problem solving; incorporate others/unspecified input in decision making
b. Including others	involve various people in the student's life; involve other professionals

2. Teach/educate others

a. Use adult learning principles	use of questions to guide discussion/learning
b. Modeling	verbal exchanges/thinking aloud; demonstrate specific behaviors
c. Increase others' knowledge or skills	give school personnel information about child; give parents information to help them understand what's happening; provide information about how to help the child

3. Demonstrate support

a. Create safe and supportive climate	empower/encourage teachers; inform parents/teachers about how to support the child; provide physical/emotionally safe space for the child; reframe teachers' perceptions and judgement about the child; help parents feel comfortable (e.g., express respect for client's culture); articulate support for family
b. Systems-interventions	provide/facilitate universal interventions; address disproportionality in discipline/ESE eligibility
c. Match style	utilize parents preferred/available communication method
d. Relationship building	refer to relationships with others and personal experiences; encourage open communication; ask about family's background; probe about diverse consultees' perspective

4. Ongoing learning

a. Seek professional development	informal continuing professional development
b. Seek feedback	colleagues; others/unknown
c. Seek cultural guides	colleagues; others/unknown

Inductive
Barriers to providing culturally responsive consultation

a. Lack of time	limited time to engage in consultation; limited time to use a specific strategy; limited time to problem solve

b. Lack involvement of key stakeholders	limited support from teachers; limited support from administrators; limited support due to parent circumstance
c. Limited knowledge	Limited understanding/knowledge of student's culture from participant; limited understanding/knowledge of student's culture from school personnel; unwillingness to learn from participant or school personnel
d. Limited staff/resources	limited school personnel at meetings, limited school personnel to consult with

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Themes (Inductive)

Consultation models:

Structured problem-solving with a medical model lens to guide their case conceptualization

a. Within child/deficit approach	Mentions labels (e.g., ADHD, EBD, etc.); uses words or phrases that describes child's deficit
b. Problem ID and analysis deficit-based	Describes a process of finding evidence to justify hypothesized label; testing focused
c. Hierarchy to consultation	Describes self as an expert; does not mention collaboration

Structured problem-solving with an ecological lens to guide their case conceptualization

a. Problem-solving	Describes four-step problem-solving process
b. Stakeholder involvement	Involves stakeholders beyond student's teacher
c. Ecological approach	Discusses student's home environment, parent expectation, cultural differences, etc.

Describes 'on-the-fly' consultation and limited use of problem-solving framework to guide their case conceptualization.

a. On-the-fly	Use of the phrase "on-the-fly"
b. unspecified	Unable to provide a specific process; states they have no strategy
c. lack of time	Discusses lack of time throughout consultation and examples

Cultural Responsiveness as an Innate Characteristic

a. Describes cultural responsiveness as part of a person or innate	