The Consultation Process: Adapted Physical Education Specialists’ Perceptions

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The purpose was to examine adapted physical education (APE) specialists’ perceptions about consultation as a delivery model for individuals with disabilities. Six APE specialists (4 female, 2 male) from California participated in this phenomenological study. Data came from in-depth individual interviews, field observations, researcher notes, and focus group interactions. Analysis revealed distinct categories related to consultation: definition, contextual factors, effectiveness (benefits, barriers, documentation), competency, training, and consultation model preferences. Consultation interactions varied greatly because of the dynamic nature of the educational environment. The use of consultation was more prevalent with middle and high school students. Adapted physical education consultation occurred on a continuum from proximal to distal, dependent on the degree of interaction between the APE specialist, the general education (GE) teacher, and the student. The effectiveness of consultation was dependent upon the GE teacher’s attitude and the APE specialist’s communication skills and competencies.

Over the last three decades, a prominent shift has occurred from educating children with disabilities in segregated, homogeneous settings to educating them in inclusive, heterogeneous facilities. This philosophical and practical shift has led to significant changes in many educational arenas, not the least of which is the manner by which special educators and general educators work together. While in the past, these educators largely worked in isolation from one another, they now frequently consult and/or collaborate and are jointly responsible for educating children with and without disabilities in inclusive settings (Friend, 1988; Stainback, Stainback, & Ayres, 1996). The same picture is emerging with regard to adapted physical education (APE) specialists. Although direct service (in both segregated

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and integrated settings) is still provided to students with disabilities, 59% of APE specialists provide *indirect* services to general education teachers and their students with disabilities (Kelly & Gansneder, 1998).

The trend toward and importance of indirect APE services as a means of providing appropriate educational experiences to students with disabilities has been recognized by both practitioners and researchers (California Department of Education, 1994; Conatser & Block, 1998; Kelly & Gansneder, 1998; National Consortium, 1995; Sherrill, 1998; Villa, Thousand, Nevin, & Malgeri, 1996). In their *Framework for Physical Education in California* (California Department of Education, 1994), the authors describe the APE specialist’s indirect responsibilities as being either (a) consultative or (b) collaborative. This breakdown suggests that the APE specialist either serves as the “expert,” providing suggestions that another teacher implements (consultation), or works jointly with general education (GE) teachers, parents, and other professionals in designing educational programs and implementing activities (collaboration). With an increasingly diverse student population, no one teacher is expected to have all the expertise required to effectively teach. Rather, individual teachers must have the resources available to them to create successful learning environments. It appears that in both the classroom and the gymnasium, *indirect services* in the guise of consultation and/or collaboration are being used to this end with increased frequency. In fact, a recent model of consultation is termed collaborative consultation (Idol, Nevin, & Paolucci-Whitcomb, 1994). It is defined as “a style of direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal” (Friend & Cook, 2000, p. 6). The collaborative consultation model involves voluntary participation, equal parity, mutual goals, shared responsibility for participation and decision making, shared resources, and equal accountability for outcomes. The recent *Adapted Physical Education Guidelines in California Schools* (California Department of Education, 2001) have combined collaboration and consultation into one term, “collaborative consultation.”

Although a relatively extensive body of literature has been generated regarding effective consultation and/or collaboration in the general classroom (Bradley, 1994; Cleven & Gutkin, 1988; Coben, Thomas, Sattler, & Morsink, 1997; Costenbader, Swartz, & Petrix, 1992; Curtis & Zins, 1988; Dougherty, Tack, Fullam, & Hammer, 1996; Gersten, Darch, Davis, & George, 1991; Gutkin, 1996a, 1996b), information concerning collaboration and/or consultation in the gymnasium is relatively meager. In 1995, Heikinaro-Johnson, Sherrill, French, and Huuhka, using a phenomenological approach, posited that consultation was an effective means of service delivery in the gymnasium. In a more recent investigation, Lienert, Sherrill, and Myers (2001) examined collaborative styles and concerns in the United States and in Germany. They noted that collaboration could indeed be effective but that personal variables such as level of commitment, personality, organizational skills, and teaching philosophy had a major impact.

As indicated by Kelly and Gansneder (1998), there remains a clear trend toward integrating students with disabilities into the general gymnasium setting. It is clear that consultation has become a recognized role for adapted physical education specialists (Block & Conaster, 1999; California Department of Education, 1994; Helm & Boos, 1996; Kasser, Collier, & Solava, 1997; Kelly & Gansneder, 1998; Maguire, 1994; National Consortium, 1995; Sherrill, 1998). The purpose of
this study was to examine adapted physical education specialists’ perceptions about consultation as a delivery model for individuals with disabilities

Method

Participants

Six APE specialists (4 females, 2 males) representing five counties and two districts in Northern California participated in this study. Participants were selected through purposeful sampling using the maximum variation technique (Patton, 1990), which allows for the widest possibility of readers to connect with the results (Seidman, 1991). Purposeful sampling involves soliciting “information rich” cases for in-depth study. The researcher used an information data sheet to get the most diverse group possible based on the criteria of gender, years experience, number of schools served, urban vs. rural setting, grade level, disabilities served, and types of placement for their students. Names of potential participants were solicited from coordinators of APE programs at Northern California State Universities and from county special education offices. Additional criteria for participation in the study included a current APE specialist credential, minimum of 50% position in APE, and a provision of indirect service to students with disabilities in the public schools. Twelve potential participants met the criteria for participation and six were selected for participation (see Table 1).

Each participant worked with students with a wide variety of disabilities in public school settings. Most students in their caseloads were in special day classes, resource specialist programs, general education classrooms, or general physical education (GPE) environments. All participants held current APE specialist credentials from the State of California. Names used for these specialists are pseudonyms.

Table 1  Demographic Summary

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

Note. Rural was defined as employment by a county, total county population below 250,000. Urban was defined as employment by a district, with county population over 1,000,000.

Median caseloads for California is 50 students (California Department of Education Special Education Division, 2001).
Data Collection

The method used for this study was qualitative and based on phenomenological theory (Denzin & Lincoln, 2000; Patton, 1990; Strauss & Corbin, 1990). Phenomenological theory guided the APE specialists’ experience with the consultation process (Strauss & Corbin, 1990) and refers to...

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

In order to understand the nature of the consultation process, a multimethod approach was used. The first researcher collected all data. Data collection included a demographic data sheet, two audiotaped in-depth interviews with each participant at his or her job site, interview notes, a 1-day field observation, and a focus group meeting with reflective writing at the conclusion of the data collection. Individual interviews lasted between 45-75 min. Participants were also asked to share any paperwork they used as a part of their job when interacting with other teachers or professionals. Each facet of the data collection made a unique contribution to the overall study (Morgan, 1997) and also allowed triangulation of data (Lincoln & Guba, 1985).

Analysis of the Data

Data were first transcribed from the audiotapes. Additional data included the researcher’s field observations, interview notes, and the participant’s reflective writing from the focus group meeting. Data were analyzed and reduced using the seven-step phenomenological process described by Patton (1990).

1. Epochen is the process of becoming aware of one’s own bias in order to understand more clearly the researcher’s view of the subject matter.
2. Phenomenological reduction is a four-step process, which includes:
   a. Locate within the personal experience, or self-story, key phrases and statements that speak directly to the phenomena in question.
   b. Interpret the meaning of these phrases as an informed reader.
   c. Obtain subjects’ interpretation of these phrases, if possible.
   d. Offer a tentative statement, or definition, of the phenomenon in terms of the essential recurring features identified in Step 4. (Patton, 1990, p. 408)
3. Data are organized into meaningful clusters.
4. Data are delimited. This involves deleting any irrelevant, repetitive, or overlapping data.
5. Invariant categories are identified.
6. Extracting content from the data for illustration completes a textural portrayal of these categories.
7. Finally, a synthesis of the resulting content with the current literature is completed. In this fashion the essence of the phenomena is revealed.
A constant comparative method of analysis (Lincoln & Guba, 1985) was also used. Throughout data collection, information was continually analyzed. Each time new data were collected, they were compared with previous data. Initially, categories were created based on data from the semistructured questions, with new categories, perhaps with subcategories, being established as new data were compared with existing data. However, if new data did not fit into an existing category, a new category was created. “It is this dynamic working back and forth that gives the analyst confidence that he or she is converging on some stable and meaningful category set” (Lincoln & Guba, 1985, p. 342).

As categories became finalized, clearly delineated categories began to emerge from the data. These theory-based categories emerged from the descriptions of consultation interactions by the participants. It was through close examination of these categories and subcategories that the true nature of the consultation process for each of the APE specialists emerged.

**Results and Discussion**

**Definitions**

Consultation is most frequently operationalized as a triadic model. Friend and Cook (2000) define it as “. . . a voluntary process in which one professional assists another to address a problem concerning a third party” (p. 22). Participants in this study had a similar understanding of consultation. Their definitions were relatively consistent.

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

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

In this triadic model of consultation, APE specialists described interactions with classroom teachers, instructional assistants, physical education teachers, parents, principals, occupational therapists, speech therapists, physical therapists, special day class teachers, superintendents, peer tutors, psychologists, doctors, nurses, and students. Individuals who were most frequently cited as being responsible for implementing the APE program were GPE teachers, instructional assistants, and classroom teachers. The individuals that APE specialists interacted with, and how and where this interaction took place, depended on various contextual factors.

Participants tended to give similar definitions of the term consultation; yet, their implementation of consultative services varied considerably. In discussing the placement options written on students’ individualized education programs (IEPs), the APE specialists used the placements described by the *Physical Education Framework for California Public Schools* (California Department of Education, 1994): direct service, collaboration, or consultation. For example, one participant recommended direct service almost exclusively while two others wrote in all three options: direct service, collaboration, and consultation. The other three participants recommended either direct service or consultation. This led the
researcher to assume that what would be seen in field observations would differ across participants. However, observations revealed that participants delivered services quite similarly. Each of the three placement options was used regardless of what participants reported on the IEPs. In other words, their definitions of the terms seemed to differ. For example, while one participant demonstrated lessons, referring to it as consultation, another participant also demonstrated lessons but referred to it as collaboration. In many cases, a variety of approaches were used with a single student. For example, an APE specialist might provide direct service and then consult with the teacher and/or instructional assistant. However, what was written on the IEPs generally did not reflect this multidimensional approach. We found that consultation had many forms and also ranged from proximal to distal regarding contact with the student. It was apparent that for these participants, the teaching of students was less a matter of choosing direct service, consultation, or collaboration as outlined in the Physical Education Framework for California Public Schools (California Department of Education, 1994) and more a matter of dynamically combining all three options (Lytle, 1999; Table 2).

The type(s) of services given were dependent on the skills and attitudes of the APE specialists and the fluid and ever-changing nature of the educational environment. Physical education environments changed daily based on such factors as the curriculum, physical environment, instructional strategies, student groupings, personalities, and the knowledge and comfort level of the GE teacher. An example of how environmental factors interacted and changed over time follows. To begin with, a student received direct service within the context of the GE classroom from the APE specialist for the first few weeks of the year (Level 1, Table 2). Following

Table 2  Proximal to Distal Interactions in the Consultation Process

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

Note. Schema of services (Lytle, 1999)
this, the specialist modeled lessons for the classroom teacher and later assisted her as she took over instruction. The specialist then spent his or her time making modifications for the student, followed by training the instructional assistant to take over in assisting the student. At this point, the specialist observed periodically to insure that programming suggestions were effective for the teacher, the student, and the instructional assistant. Over the course of a year or a semester, all three approaches—direct, consultation, and collaboration—were often used for a single student. The prior example illustrates the complexity and breadth of the consultant’s role in service delivery. This complexity was revealed during field observations and led to a discussion during the second interview regarding how participants perceived and implemented consultation, collaboration, and direct service. Some participants perceived collaboration and consultation as synonymous, in alignment with the collaborative consultation model (Conoley & Conoley, 1988):

When you are consulting with someone you are collaborating, and when you are collaborating you are consulting. (Sally)

Others perceived consultation and collaboration as two separate types of services, congruent with the California Department of Education’s (1994) position. One participant believed that collaboration was part of direct service:

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

It appeared that the differences in perceptions about consultation, collaboration, and direct service related, in part, to the ever-changing educational environment and, in part, to a lack of professional training in consultation models and methodologies. Regarding environmental changes, the documentation process for student services on IEPs lends itself to writing one type of placement. However, as noted, students may need a variety of different interventions and/or placements. For these participants, the most important issue was that students received the best educational services possible, regardless of what was written on the IEP. Steve sums up this issue with an example from his county.

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

For Steve, writing the word consultation on the IEP allowed him more flexibility in meeting the needs of students in a dynamic educational environment. As noted, there was considerable variability between participants regarding what they wrote on an IEP and how it was implemented. This brings into question whether we really have a common vocabulary regarding consultation and collaboration within the discipline of APE.
Contextual Factors

The social, intellectual, and physical environment (i.e., contextual factors) had a major influence on decisions regarding the use of consultation and how consultation was implemented. Contextual considerations included the age of the student, GE teacher’s training and skills in physical education, the APE specialist’s caseload, and the distance covered to serve the student. The findings revealed some general trends across participants. Students in the preschool and elementary schools were more likely to get direct service. This allowed work on specific skills, minimizing the need for services later on. Participants reported that at this age, the students were excited to see them. As students with disabilities entered middle and high school, they were more likely to prefer consultation as they did not want to be stigmatized by having an APE specialist work with them individually. Tisha and Grace gave examples of this:

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

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

In addition, the skills and knowledge base of the GE teacher influenced the APE placement choice for the student with a disability. If a student was integrated into a GE class, and the elementary teacher had no background in physical education or did not enjoy teaching this subject, the APE specialists were more inclined to directly teach the student or go into the class and work with all the students. This intervention usually took the form of instructing the entire class. On the other hand, if the school had an elementary PE specialist, there was a greater chance of using consultation as opposed to direct service. Because most middle and secondary schools had PE, teachers influenced the decision to place students with disabilities in GPE with consultation. Bob discussed the issue of the GE teacher skills:

The kid that’s getting pulled from his general classroom to do PE with the APE person is getting a far better program than one that’s hit or miss because the classroom teacher’s not doing 200 min of PE every 10 days like
they’re supposed to. And so typically, APE becomes a better service than
GPE . . . it’s sort of ironic. Because it’s a classroom teacher who’s taken one
class in PE 37 years ago and you know they are still playing “duck, duck,
goose.”

Finally, time and distance influenced the decision about how students were
taught. If an APE specialist’s caseload was already full, and a student was referred
in the middle of the year, there was a greater chance that students would receive
consultation. If a student lived in a rural area that required a full day of driving to
provide service, he/she might be placed on consultation. In addition, some coun-
ties used consultation because of a lack of funding and a relative lack of students,
not for principled, educational reasons. Steve discussed this issue:

I think that consultation should be part of a model . . . it is in our county, but
I think that it is abused. And again, that is because of, you know, the lack of
APE teachers. And you know that comes down to financial and priorities
and I understand where it’s at. And you know consultation is more effective
than nothing.

Sally voiced the same concern:

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

In summary, the use of consultation should be determined based on contex-
tual factors and the principle of placement in the least restrictive environment, as
described in Public Law 105-17 (1998). Chandler and Greene (1995) noted that
placement decisions should be based on such considerations as the severity of the
disability, safety, and the recommendations from the APE specialist, GPE teacher,
and parents. It was apparent from our participants that money, distance, and
caseloads were too frequently the deciding factors for placement causing ques-
tions as to whether students with disabilities and their parents were getting the
services they need.

Effectiveness

Consultation effectiveness is the degree to which a child with a disability is able to
reach IEP goals and objectives via indirect services. The effectiveness of consulta-
tion fell into three primary categories: the benefits of effective consultation, the
barriers to effective consultation, and documentation of the consultation process.

Benefits. Six primary benefits of consultation over other placement op-
tions were described. First, students were able to learn in natural settings with
same age peers and appropriate role models. These benefits are described in the
literature on inclusion (Block, 2000; Stainback & Stainback, 1996). Second, by
assisting teachers with curricular issues, the APE specialist helped to build stron-
ger PE programs for all students. Third, consultation allowed students with dis-
abilities to receive services beyond direct, on-site intervention from the APE spe-
cialist. Fourth, consultation allowed for more flexibility in scheduling. Because
APE specialists did not have to be at a physical education class at a specific time
each week, they could meet with teachers at lunch, during preparation periods,
after school, or between classes. Fifth, consultation gave parents and GE teachers
a sense of security by having the APE specialist available to answer questions or address concerns. Finally, APE specialists believed that when there was effective communication between the support services (occupational therapists, physical therapists, APE specialists, teachers, and nurses), the result was a stronger program for the student. Tisha and Steve gave examples of how consultation can build a stronger program:

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

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

Although our participants indicated that effective consultation took just as much time as providing good direct service (and, in some cases, more time), they believed that this was time well spent.

**Barriers.** Participants expansively described the barriers to effective consultation. First, in some districts, consultation was used inappropriately. That is, it was the only placement option offered, or the APE specialist’s caseload was excessive. Frequently, administrators used consultation to serve more children, not recognizing the fact that effective consultation takes as much time as direct service (Hanft & Place, 1996; Idol, 1988). In these cases, participants believed that consultation was being abused. Second, participants believed that many teachers, or instructional assistants, were unwilling to modify their curriculum in order to make it more effective for the student with a disability although the proposed change would have improved the program for all students. The participants noted that while some teachers were not receptive to new ideas, others did not have the skills to implement suggestions. Third, the APE specialist could not always be at the site to help with the implementation of the suggestions. This was particularly frustrating when the APE specialist believed that the teachers were not following through with the agreed upon plan. Finally, in rural areas, the distance between schools was often challenging for itinerant specialists. One participant did not feel like part of the team at some school sites because she was only there once a week. Jane gave a good example of what happens when the follow through was not there:

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

Bob described his concerns about GE teachers’ skills and follow through, as well as the challenges of getting in touch with parents:
What I’m really saying is when you provide direct service, I think ultimately that’s the way in which kids learn motor skills the best. When you’re consulting with somebody, you have expectations for them to be doing what you do and how can you compare somebody who has 5 or 6 years of university units toward one field versus somebody who has had a class or you’re telling them to do one thing. They just don’t have the knowledge to do so. If they do have skills, then consultation’s really advantageous because it piggybacks on the things that you’re doing and allows people to continue to do them. (Bob)

I actually couldn’t get an assessment plan (permission from a parent) on a kid so I went and sat outside the school parking lot and I was watching him the other day. And so my peers say that I’m doing “drive by assessments.” (Bob)

Other frustrations included concerns about scheduling students for services, lack of time given an inappropriate caseload, excessive paperwork, lack of quality PE in general education classrooms, and difficulty in contacting people because of scheduling conflicts. Issues concerning teacher attitudes and a lack of time identified by Karge, McClure, and Patton (1995) were supported by our findings.

**Documentation.** In addition to having effective consultation skills, it is imperative to document whether students are effectively learning through the use of consultation. Participants described how they documented the process of consultation to establish whether or not the process was working. To establish accountability, APE specialists used log books, lesson notes, lesson plan books, informal notes placed in teachers’ boxes, teacher consultation forms, and signing in and out of schools. During field observations, copies of notes, forms, and/or handouts were collected from APE specialists. These products revealed the use of curriculum ideas, record sheets detailing progress on goals and objectives, suggestions for modifications, and a consultation survey. Two participants used progress forms that included the student’s name, school, program and goals, as well as the date, description of the activity, materials, trials, and performance or comments. One participant used a consultation survey form to gauge the GE teacher’s satisfaction with the consultation process. This participant also used a consultation plan that documented what the APE specialist was responsible for in the consultation process. Participants were asked how they knew if consultation was working:

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

I guess I’ve just kind of been assuming that it’s working . . . it’s almost determined by the teacher’s attitude toward the student . . . Inner frustration—that’s my red flag. It’s not working here—let’s try something else . . . I know when it isn’t working because I’m frustrated and people are complaining. (Sally)

I mean, I KNOW, because I walk by that little room and I see them doing it. You know, that’s another way . . . I’m always peeking . . . I mean, if the kid improves, then you know it’s either growth, maturation, or practice. (Bob)
Participants did not mention any specific observational tools or methods of data collection used to determine whether learning was taking place. This is not to say that APE specialists were not completing paperwork as an integral part of their jobs. Participants wrote IEPs, kept descriptive lesson notes, used lesson plan books, and kept logs on what activities were completed with students and what discussions took place with teachers. Five steps in the process of consultation, stated by Friend and Cook (2000; problem identification, data collection and analysis, solution selection, solution implementation, and evaluation) were identified by our participants. Problem identification, solution selection, and solution implementation were generally more thorough than specific data collection, analysis, and evaluation. It is apparent that the clear documentation of student progress needs further investigation. The development of ecologically valid and authentic methods of data collection for APE consultants is a high priority.

Consultation Competence

During the individual interviews, participants discussed what makes someone an excellent consultant including skills, attitudes, and knowledge important for APE consultation. The participants generated over 111 descriptors to illustrate the competence needed by an APE consultant. These were organized into four categories: qualities that make an excellent consultant (19 mentions), skills (35 mentions), attitudes (25 mentions), and knowledge (32 mentions). During the summary focus group interview, each participant had to select the five most important descriptors in each of these categories. Table 3 lists these results. It is important to note that although a particular item may have received only one vote in this forced choice, this item may have been discussed frequently during the individual interviews. In addition, some descriptors were repeated as they fit into more than one category.

Although the forced choice narrowed the list of skills from 111 to 57, the diversity of these descriptors was dramatic. The most highly rated descriptors (receiving five or six votes) were people skills, communication skills, and content knowledge about APE and GPE. This was consistent with the literature on consultation skills (Horton & Brown, 1990; Knoff, McKenna, & Riser, 1991). The next most highly ranked descriptors (receiving four votes) were adaptation abilities, disability awareness, professionalism, and assessment. Our participants were clear that specific and discrete skills, attitudes, and knowledge were necessary for effective consultation.

Consultation Training

Consultation is recognized as an important aspect of the APE specialist’s job (California Department of Education, 1994; Kelly & Gansneder, 1998; National Consortium, 1995). Yocom and Cossairt (1996) revealed that 63% of special education teacher training programs offered a course in consultation, with most of the courses focusing on the collaborative consultation model (Conoley & Conoley, 1988). Although research has shown that training makes consultation more effective (Bradley, 1994; Costenbader et al., 1992; Gersten et al., 1991), to date there has not been research examining consultation training as a part of APE teacher education programs.

In order to get a clearer picture of APE specialists’ consultation background, we asked participants about both their formal and informal training. All participants reported that they did not receive formal training in consultation during their
<table>
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<tr>
<th>Great Consultant</th>
<th>Skills</th>
<th>Attitude</th>
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<tr>
<td>People skills (5)</td>
<td>People skills (5)</td>
<td>Disability awareness (4)</td>
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<td>Communication skills (5)</td>
<td>Can modify/adapt (4)</td>
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<td>Assessment (4)</td>
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<td>Knowledge of APE and motor skills (4)</td>
<td>Organizational skills (3)</td>
<td>Flexible (4)</td>
<td>Writing goals, objectives (3)</td>
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<td>See others’ point of view, how they are thinking/feeling (3)</td>
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<td>Sense of humor (3)</td>
<td>Communication skills (2)</td>
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<tr>
<td>Flexible (1)</td>
<td>Quick thinker (1)</td>
<td>Collaborative attitude (1)</td>
<td>Understand law (1)</td>
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<tr>
<td>Easy going (1)</td>
<td>Punctual (1)</td>
<td>Be able to let things go not bother you (1)</td>
<td>Knowledge about disability (1)</td>
</tr>
<tr>
<td>Consistently there (1)</td>
<td>Time management (1)</td>
<td>Even tempered (1)</td>
<td>Know what is feasible (1)</td>
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<tr>
<td>Gain trust (1)</td>
<td>Respect (1)</td>
<td>Reflective (1)</td>
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<tr>
<td>Adapt how you approach people (1)</td>
<td>See others’ point of view (1)</td>
<td>Approachable (1)</td>
<td>Developmental skills (1)</td>
</tr>
<tr>
<td>Physical skills (1)</td>
<td>Adapt how you approach people (1)</td>
<td>Reflective (1)</td>
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<tr>
<td>Attention to detail (1)</td>
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<tr>
<td>Know where to find information (1)</td>
<td>Physical skills (1)</td>
<td>Positive (1)</td>
<td>Knowledge about disability (1)</td>
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<tr>
<td>Perspective</td>
<td>People skills (5)</td>
<td>Disability awareness (4)</td>
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</table>
preservice APE preparation. However, 3 participants reported taking courses from other academic areas that covered consultation. These academic areas included psychology, business, educational administration, and special education. These courses were taken as either electives for related majors or for personal interest. They were not required as part of their APE specialist credential.

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

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

Participants, as well, described informal training they had taken part in while teaching. These trainings included district workshops, school level staff development, reading articles and books, attending conferences, and discussing consultation-related issues with other professionals. Additionally, participants were asked to describe any life experience they thought contributed to their abilities to consult. Experiences mentioned included working with the public in previous jobs, interacting with diverse people in college, experiencing personal or marriage counseling, coaching, dealing with death in the family, traveling, and teaching leadership groups for students with disabilities. Bob and Steve describe life experiences that assisted in the development of their communication skills:

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

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

When asked how they would train future APE specialists to be effective consultants, all participants described the use of mentoring or job shadowing and discussed the importance of seeing, first hand, the many different types of consultation interactions that take place each day. Participants also consistently mentioned the importance of effective communication skills training. One participant suggested that skills for training peer tutors were important while another discussed learning how to appropriately modify activities.

Preferred Consultation Model

Data were examined from individual interviews relative to the participants’ preferences for a specific model of consultation. To confirm a preference, the participants selected a model during the final focus group meeting. At this meeting, participants
were given a paragraph that described each of the following models: mental health, behavioral, collaborative, and process consultation (Conoley & Conoley, 1988) and identified the model that they preferred. Two participants selected the mental health model, while four participants selected the collaborative model. The collaborative consultation model is a combination of several models which include the mental health model. Their choices were consistent with the participants’ descriptions of an effective consultant. During the individual interviews, participants shared the following observations, all consistent with both the mental health model and the collaborative consultation model: the importance of (a) seeing the other person’s point of view, (b) gaining respect, (c) sharing equally in participation, and (d) communicating effectively. In addition, the participants shared the need for effective communication skills, again congruent with the collaborative model.

The ability to see the other person’s point of view related to an understanding of, and empathy for, the other person’s job and responsibilities. Steve and Jane reflected this approach:

I think you’ve got to have a feeling for what people are thinking and how they’re feeling. (Steve)

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

Participants also described the need for respect between people. They believed this was important for effective interactions between all the participants in the consultation process: teachers, instructional assistants, students, or parents. Tisha and Bob reflected this in the following comments:

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

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

Additionally, participants discussed the issue of equality. One participant described the importance of both the consultant and the teacher having input into the consultation process; the knowledge of all parties added significantly to the consultation interaction. Equality meant valuing others’ knowledge, whether that person was a teacher, parent, student, or peer, and providing time for all parties to share equally. Grace gave this example:

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

The participants also discussed communication. The need for good listening and questioning skills as well as the importance of nonverbal communication were emphasized. Sally described how she used body language to perceive others’ needs:

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

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

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

The skills of understanding another point of view, giving respect, creating equitable interactions, and communicating effectively are described consistently in the literature on collaborative consultation (Bradley, 1994; Friend & Cook, 2000; Idol, Paolucci-Whitcomb, & Nevin, 1995). As with general education teachers (Heron & Kimball, 1988), APE specialists prefer the collaborative consultation model.

Participants appeared to select the collaborative and mental health models because both focus on the importance of building positive relationships. Participants consistently noted the importance of teacher attitude in providing successful consultation for students. Establishing a trusting relationship based on mutual respect, equality, and positive communication were viewed as critical for effectively establishing rapport.

Conclusion

The role of the APE specialist has changed over the past two decades. With the shift from segregated placements to teaching students with disabilities in inclusive classrooms, the use of consultation is now a critical aspect of the APE specialist’s job. Whether a specialist provides direct service to all students, is hired purely as a consultant, or does both, the need for effective “adult to adult” interaction is imperative. It was clear from this research that consultation interactions varied greatly because of the dynamic nature of the educational environment. The use of consultation was more prevalent as students moved toward middle school and high school, reflecting their desire to be with their peers. In addition, consultation interactions could be placed on a continuum from proximal to distal, dependent on the degree of interaction between the APE specialist, the GE teacher, and the student.

The effectiveness of consultation was influenced by many factors, factors related to APE specialists as well as GE teachers. Adapted physical education specialists can contribute to effective consultation by developing their communication skills and knowledge as well as improving their competencies and documentation skills. General education teachers can contribute to effective consultation by having a developmentally appropriate physical education curriculum, by working cooperatively with APE specialists (and welcoming them into their
environments), and by following through with the suggestions from APE specialists. However, for both the APE specialist and the GE teacher to be effective, it must be acknowledged that consultation takes as much energy and time as direct service. Sufficient monies and/or time must be provided to allow the full spectrum of placement options for students with disabilities. This can be accomplished by providing in-service training days, using rotating schedules, or periodically combining classes.

**Recommended Research**

In conclusion, with consultation being used increasingly as a model for service delivery (Kelly & Gansneder, 1998), it is critical that we conduct research in the area of consultation as well as use research from allied professions such as psychology, counseling, and special education. APE specialists in this study described the perfect consultation scenario as working with teachers who love PE, are trained in and value developmentally appropriate activities for children, and who can adapt activities. There would be small caseloads, time, and lots of follow-through. The real challenge for our profession is to advocate for quality physical education for all children. Effective consultation has a large role to play in this developing situation.

Future research should explore the following areas. If GE teachers who are unskilled in PE receive strong consultation services, will they be able to provide effective programs for students with disabilities? Additionally, how can GE teachers be motivated to follow through with suggestions and ideas? How might practical concerns regarding time and distance issues be overcome in order to provide effective programs for students in rural districts? Under what conditions is consultation the most effective means of service delivery and, secondarily, how can we train APE specialists to be highly effective in the many facets of their work? Further investigations should examine the relative efficacy of consultation alone or consultation combined with direct service.

Additionally, research should examine the GE teachers’ perceptions about the effectiveness of consultation regarding services for students with disabilities. In terms of teacher preparation, we should examine what is currently being taught in APE teacher training programs. Finally, what types of in-service training might be most effective for teachers already in APE specialist jobs?

**References**


