

## CONSULTATION

---

Consultation is a collaborative problem-solving process, during which other TA strategies are used. It takes place between an external consultant—with specific expertise and adult learning knowledge and skills—and an individual or group from a single program or organization.<sup>1</sup>

Consultation typically focuses on resolving a specific set of issues or concerns. In the context of TA provided by state deaf-blind projects, its purpose is to:

1. Increase the knowledge and skills of early intervention specialists, educational practitioners, or families
2. Increase the use of evidence-based practices for children who are deaf-blind

Consultation is not simply about giving advice. Effective consultation involves:<sup>2, 3</sup>

- Clear communication, both written and face to face
- Active listening and responding
- Providing and soliciting feedback
- Use of principles of adult learning
- Use of experiential learning strategies
- Helping practitioners reflect on their own practice (i.e., studying one's own teaching methods and determining what works best for a child)
- Giving credit to others for their ideas and accomplishments
- Skillful conflict management
- A willingness to admit when you don't know something

Practitioners are most likely to benefit from consultations that involve modeling, explanation, and feedback during naturally occurring, child-specific routines and situations. The tables below show examples of strategies used by consultants in educational (Table 1) and early intervention (Table 2) settings.

In order to be truly engaged, practitioners must understand how a proposed intervention will impact child outcomes. Therefore, in any type of setting, it is important that the consultant have a **theory of change** that describes how and why a particular intervention is likely to result in a desired outcome.<sup>4</sup> For example, the theory of change for hand-under-hand technique is

that it increases self-initiation and motivation and decreases the passivity and frustration commonly seen in children who are deaf-blind.

You will notice that some of the steps involved in consultation are similar to activities that occur in coaching. Coaching, however, is different from consultation. Coaching is an ongoing, formal process focusing on the use of specific evidence-based practices. You can find more information in the [Coaching Factsheet](#).

**Table 1. Collaborative Consultation Model for Educational Settings**

*This 10-step model involves demonstrating an intervention or procedure and then providing feedback as team members practice the new skill.*

Step 1	Specify the desired student behavior or outcome and explain why it is important. What is it that you want the student to do (e.g., an IEP goal)?
Step 2	Outline the intervention or routine and provide a rationale for why it is likely to be effective.
Step 3	Explain the steps of the intervention and provide written instructions.
Step 4	Demonstrate the intervention with the student in the setting where it will be used.
Step 5	Ask the team members to review your demonstration and the written instructions before working with the student themselves.
Step 6	Provide an opportunity for the team members to demonstrate the sequence of steps of the intervention at least three times (the ideal number of repetitions for learning). It may be helpful for them to initially practice it in a simulated situation (e.g., role play with a fellow team member). Ultimately, however, they must demonstrate the intervention with the student in the actual setting where it will regularly occur.
Step 7	Provide instructive feedback, including reinforcement and correction. What did they do well? What needs improvement? Focus on any critical components that they did not demonstrate correctly.

Step 8	With input from the team members, revise the written procedures to ensure they make sense and will be a useful description of how to accurately carry out the intervention.
Step 9	Ask the team members if they have questions or concerns. They may want you to demonstrate the procedure again.
Step 10	Encourage them to contact you if they have questions and arrange for follow-up.

*Adapted from Rainforth & York-Barr, 1997, pp. 288-289.<sup>2</sup>*

### **Table 2. Examples of Early Intervention Consultation Strategies That Involve Collaboration Between Service Providers and Parents**

*Consultations for infants and toddlers typically occur in homes or other natural settings, where the involvement of family members is essential. The following are examples of consultation strategies that might be used with a parent or caregiver.*

Offer information in a format the parent prefers (e.g., print, online, DVD).
Let the parent make decisions about what to do during the session. Be flexible, listen, and follow his or her lead.
Observe as the parent interacts with the child, ask questions, and provide feedback.
Arrange the environment in ways that promote parent–child interaction.
Interact with the parent and child as a dyad rather than separately.
Invite the parent to share challenges, and work together to come up with solutions.
Focus on daily activities and interests and provide suggestions that fit into the child’s and family’s routines.
Engage the parent and child in more than one type of activity during the session.
Connect skills the child is learning in one routine to other routines.

Share information about the child's actions and behaviors and relate these to goals for the child.

Consider recording videos of learning activities if the family is comfortable with this (viewing videos provides opportunities for observation and discussion).

Allow time for the parent to practice new strategies during the session.

*Adapted from Basu, Salisbury, & Thorkildsen, 2010, p. 132<sup>5</sup> and Chen & McFarland, 2009.<sup>6</sup>*

## References

1. National Association for the Education of Young Children, & National Association of Child Care Resource and Referral Agencies. (2011). *Early childhood education professional development: Training and technical assistance glossary*. Retrieved from [http://www.naeyc.org/GlossaryTraining\\_TA.pdf](http://www.naeyc.org/GlossaryTraining_TA.pdf)
2. Rainforth, B., & York-Barr, J. (1997). *Collaborative teams for students with severe disabilities: Integrating therapy and educational services* (2nd ed.). Baltimore, MD: Paul H. Brookes.
3. National Infant & Toddler Child Care Initiative. (n.d.). *A guide to effective consultation with settings serving infants, toddlers, and their families: Core knowledge, competencies, and dispositions*. Retrieved from <https://www.zerotothree.org/resources/185-a-guide-to-effective-consultation-with-settings-serving-infants-toddlers-and-their-families>
4. Frey, A. J., Sabatino, C. A., & Alvarez, M. E. (2013). Consultation to improve treatment integrity. *Children & Schools*, 35, 3-8. doi:10.1093/cs/cds037
5. Basu, S., Salisbury, C. L., & Thorkildsen, T. A. (2010). Measuring collaborative consultation practices in natural environments. *Journal of Early Intervention*, 32, 127-150. doi:10.1177/1053815110362991
6. Chen, D., & McFarland, L. (2009). Home visits with families and their infants who are deaf-blind. *Deaf-Blind Perspectives*, 16(2), 3-7. Retrieved from <http://documents.nationaldb.org/dbp/pdf/apr09.pdf#page=3>

**National Center on Deaf-Blindness, 2017**

[nationaldb.org](http://nationaldb.org)

The contents of this factsheet were developed under a grant from the U.S. Department of Education #H326T130013. However, those contents do not necessarily represent the policy of The Research Institute, nor the US Department of Education, and you should not assume endorsement by the Federal Government. Project Officer, Jo Ann McCann.

