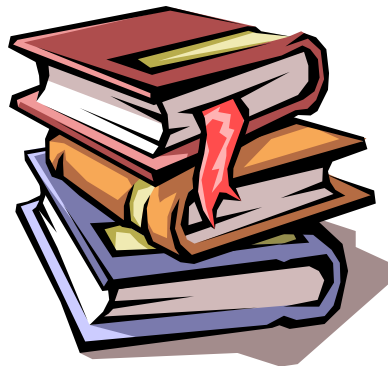


CONSULTATION 101



Wayne A. Secord, Ph.D.
The Ohio State University
Presented for: OSSPEAC 2011

LEADERSHIP IN EDUCATION

WHAT MAKES GOOD SCHOOLS

- Every Child Can
- **Shared Responsibility** for All Students
- **Collegiality** Among Professionals
- **Instructional Leadership**
- Parent (Family) Involvement
- **Teamwork and Sharing** Unite Teachers
- School Level Control
- Central Office is a Help Source

ESSENTIAL PARADIGMS

- Pay Attention to Context First
- Authenticity – Real Behaviors
- Multiple Instructional Agents
- Collaboration
- Flexible Team Partnerships
- Early Intervention - Prevention
- Indirect Services- Empowerment
- Sense of Competence

“Shared Stimuli - Multiple Contexts - Multiple Agents”

COMMONALTIES OF EDUCATIONAL LEADERS

- Bedrock Beliefs
- Courage (Risk Taking) ... The Long Haul
- A Strong Social Conscience
- A Seriousness of Purpose
- Situational Mastery
- A Vision for Excellence and Change
- An Enduring Faith that All Things are Possible

MY BEDROCK BELIEFS

- Good Seeds Grow in Good Cultures
For a Speech-Language Pathologist
- Before Age 7-8 (Print, Meaning, Sound, Story and Talk)
- After Age 8 (Constructing knowledge; becoming strategic)
- Consultation and Collaboration Provide the Leverage Needed for Success
- Indirect Services reach more children
- *“A FEW THINGS DONE WELL”*

A FEW THINGS DONE WELL!

- Focus on Functionality in context.
- Focus on the Most Important Things
- Design Intervention with and through others!
- Put a System in place that works when you're not there!
- In God We Trust - all others need data!

VAN RIPER'S BEDROCK BELIEFS

- Understand the Nature of the Problem (Disorder)
- Assessment Should Focus on Functional Skills
- Prioritize the Most Important Skills or Behaviors
- Develop a Conscious Presence for New Responses
- Motivate the Client to Change and Use His or Her New Behaviors
- Motivate Yourself to Succeed with Each Client
- Put a System in Place to Support your Client
- Focus on Carry Over Skills – Generalized Learning
- Observe and Track Performance Carefully

Consultation and Instructional Leadership

Good Consultants Put First Things First - So Remember:

1. You are a CONSULTANT and a CLINICIAN

- Time to learn what a good consultant does!
- Time to develop a consultation schema
- MOST CLINICIANS ONLY DO THERAPY!**
- YOU WILL produce results through consultation**

2. Just What Do Good Consultants Do?

- They identify their client's key needs**
- They solve problems their clients can't solve
- They "profit" from their efforts
- They market their services effectively

3. Good Consultants Solve Problems in Multiple Ways

- They consider all other options first
- They think - "What will therapy actually accomplish?"
- Who should be my intervention "Agents"?
- How will therapy succeed without consultation?

4. Good Consultants Know Who their Clients Are:

<> Child <> Teacher <> Parent <> Principal

5. They Change Entry & Annual Review Procedures

- They Say goodbye to "Refer, Test, and Place"
- Most Referrals go through teams first
- Assessments focus on the **classroom first**
- IEPs stress *educational* outcomes
- They Revise "ugly" (test-based) IEPs

6. They reduce the “Effective Size” of their caseload by

- Identifying candidates for consultative services
- Identifying candidates for combined services
- Identifying “clinical” cases - (Therapy Cases *Only*)
- Establishing more flex (consultation) time

7. They design a new “Total Intervention” program

- One built on collaborative inputs
- One that all stakeholders can describe their roles
- One with a **few educational outcomes**
- One that has a long-term plan
- One that is responsive to classroom needs
- One that has a GENERALIZATION PLAN, and
- **One you would design for your own child**

Collaboration

Collaborative - Consultation

1. It provides multiple views (perspectives)
2. It is central to the concept of “*team*”
3. Important for determining communication needs
4. No TEST has all the answers
5. Shared participation breeds shared ownership
6. Facilitates instruction (media, settings, participants)
7. Multiple solutions can be generated
8. Brings professionals together (common goals)
9. Multiple Instructional agents facilitate participation
10. **COMPLIMENTARY KNOWLEDGE PROVIDES THE LEVERAGE NEEDED TO ACHIEVE GOALS**

Prerequisites for Successful Collaboration (Wiig, Wiig & Secord)

- Share common goals.
- Be willing to work together.
- Have compatible and interactive workstyles
- Share knowledge to understand inputs and ideas.
- **Have complementary knowledge to achieve leverage.**
- Find it desirable to continue collaboration.
- Have different perspectives and experiences
- Be secure that careers will be promoted
- Be empowered by the district to collaborate

8. They Produce Effects (Results) Everyone Can See

- Results that everyone helped to plan
- Results in which participants had an instructional role
- Results that will make a difference in school
- Remember People have a “Results Oriented Mentality”

9. They are Concerned with Quality

- So It is time to define what quality is

- Describe your process that produces it
- Know your own strengths and weaknesses
- Get the knowledge & skills you need to grow
- Constant Improvement - knowledge/skills in your own profession
- Cross over knowledge and skills

10. Good Consultants Know Their Child's World

- Understand classroom difficulties and needs
- Get his teacher's and parent's perceptions
- Make the child (client) a consultant too
- Develop a case history

11. They Build on Strengths vs. Teaching to Deficits

- They learn the real value of standardized tests
- They know their client's interests and strengths
- They are student-centered vs. clinician centered
- What makes language easy or hard to learn?

12. They foster a Sense of Competence in their Clients

- In their children
- In their teachers and administrators, and of course
- In their parents

13. They Adopt a Process vs Product Orientation

- Coping, compensating & learning strategies
- Skills that are critical to daily performance

14. They Engender a Participatory Work Style

- They stop acting like an expert all the time
- It's COLLABORATIVE consultation! (HELLO)
- They make others their consultant too
- That means learning to be a consultee first
- They build bridges to others (They Go to Them)
- They empower others and become empowered
- They remember: foster a sense of *what!*

15. They Don't Water Down Our Profession

- Good consultation takes time (make time)
- Good therapy takes time to plan
- Good intervention does not come in a spray can

16. So It's Time for YOU to Stop Being a Victim

- Stop setting yourself up that way!
- Be realistic (old vs. new paradigms)
- Change is difficult & slow for most everyone
- Paradigm shifts are simply inevitable

17. Its time for YOU to Become a LEADER

- Learn what leaders do; Make yourself visible!

- Become a visible presence in your work setting
- Become an effective “communication” leader
- Make “communication & literacy” come alive
- Instill a language/communication ethic in everyone
- Develop a monthly newsletter - They Need Ideas!
- Focus on Grades K - 2 if you can!
 - Print, Meaning, Sound, Story & Talk
 - *Remember* - “An ounce of prevention”
- Leaders provide readings for others
- Leaders make presentations in faculty meetings
- Leaders get a real handle on Early Literacy
- Leaders say: “Print, Meaning, Sound, Story & Talk”
- Communication is what? - Language is what? (You Share These With Everyone)
 - Listening > Speaking > Social Communication
 - Reading > Writing > Executive Functions

18. JUST DO IT! - JUST DO IT! - JUST DO IT!

- Real change requires a long-term plan
- Ask yourself, “where will I be in 3 years?”
- “What CAN IT BE LIKE HERE next year?”
- **“I have met the enemy and he is me”**

LEADERSHIP IN CONSULTATION

What needs to be done to engender leadership?

- Conviction and marketing
- This could be your child so approach it that way, insist upon that from everyone.
- Put away the therapist-only mentality and visualize (envision) the *therapeutic* classroom.
- Think long-term; people are slow to change; there is imperfection in all systems.
- Sell the concept of a *few things done very well* to all involved, especially parents.
- Meet with parent groups and teachers as often as possible.
- Provide literature for key stakeholders to read.
- Always focus on *performance first (classroom performance)* not tests; tests are for diagnosis.
- This takes leadership, i.e., the strong belief and conviction that it can be done.
- We need **YOU!**

EFFECTIVE CONSULTATION PRACTICES

- Explore creative ways to maximize available resources
- Help teachers address language-based instructional problems
- Enhance existing instructional practices
- Provide structured approaches for meeting the needs of at-risk children
- Document efforts to meet children's needs in the classroom
- Institute a collaborative-consultative problem solving foundation in schools
- Address problems in retention and dropout
- Deal with low achievement, teacher dissatisfaction and turnover
- Foster parent participation in intervention design and implementation
- Help principals acquire more in-depth knowledge of individual students
- Provide a unique vehicle for staff development

- Promote effective services in the classroom
- Reduce frivolous and inappropriate referrals
- Promote instructional leadership roles (principals, SLPs, etc.),
- Build a communication and language ethic in the school
- Establish an awareness of who should receive therapy and who should not
- Control caseload size and composition
- Establish consultation as a viable service delivery option

SOME CLOSING WORDS

- Sign your name to your work!
- Seek first to understand (listen and perspective take)
- Don't let feedback become criticism that sticks and hurts
- Systems, large entities, etc., will never love you back
- Make the “googlicious” discovery

