About the Authors

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Dr. Donna Hathaway, professor in the Special Education Services/Instruction Department at Rowan, earned an Ed.D. in Special Education/Curriculum and Instruction from Lehigh in 1981. Dr. Hathaway is certified as a Teacher of the Handicapped and a Learning Disabilities Teacher-Consultant. As a teacher educator, Dr. Hathaway considers it essential to spend time in the schools, collaborating with parents, teachers, administrators, and children in elementary/secondary and special education.
Rethinking Teacher Education through Collaborative Consultation

Sharon Davis-Bianco and Donna Hathaway

- Mrs. Ryan and Mr. Turner are team-teaching Earth Science for three of their five instructional periods. In addition to elementary/secondary education students, each ninth grade class has four or five learners classified educationally handicapped.
- Mr. Ramos, a resource center teacher, goes into a third grade classroom to provide in-class support in reading for three children classified educationally handicapped.
- In addition to twenty-six elementary/secondary education students in her sixth grade classroom, Mrs. Washington has a student with multiple disabilities. The child has a full-time aide.

Classrooms in the nineties are very different from classrooms in the eighties. No longer are there clear boundaries or divisions between elementary/secondary education and special education. Teachers from different disciplines are working, teaching, and planning together—many in the same classroom. Traditional roles for elementary/secondary education and special education teachers are being challenged or rethought. This revolution in our classrooms has serious,
direct implications for preservice teacher education. Programs must be redesigned to meet the challenges of the nineties. All preservice teachers must be prepared to work with a variety of learners in many different settings. Educating children with special needs in the regular classroom—the inclusion movement—is supported by both federal and state law and has considerable impact on teacher training in our colleges and universities.

In the past, departments in schools of education have been as separatist as elementary/secondary education and special education programs in the public schools. Territoriality, and the concept that each department holds the key to a unique body of knowledge that can only be taught by faculty in that department, interfere with direct, honest communication.

It is not our intention to discuss the efficacy of team-teaching, in-class support, or the inclusion of students with disabilities in a regular classroom setting. It is not our intention to discuss what teacher education programs should or should not look like. It is not our intention to suggest whether the changes in programs are minor or if complete restructuring seems feasible.

It is the purpose of this paper to discuss how collaboration during consultation can be adopted in higher education and to present a viable paradigm which should encourage either curricular or programmatic change in schools of education. The uniqueness of this model is that it incorporates the work on collaborative consultation by Idol and West (1987) and Friend and Cook (1992). In addition, the collaboration model is enhanced by the work of Steven Covey, as found in his book, The Seven Habits of Highly Effective People. Covey (1990) presents a holistic, principled approach for solving both personal and professional problems. Covey's work focuses on what individuals bring to collaborative consultation and how they can rethink their role and actions in the process.

Much has been written in the literature about consultation. In collaborative consultation, team consensus is reached in each stage before progressing to the subsequent stage. The
consultant as defined in this paper is one or more faculty members who initiate the process. The consultee as defined in this paper is one or more faculty members who agree to meet and discuss some aspect of the teacher training program. It is understood by both parties that the consultation might lead to recommendations for curricular change. Both parties are assumed to have a discipline-specific knowledge base.

Idol and West (1987) examined the literature on collaborative consultation and identified ten models. Of the ten, only six advanced a clearly identifiable theory or theories. The theoretical base of the collaborative consultation model, according to West and Idol, is "a set of generic principles of consultation and collaboration which is hypothesized as being essential to the building of collaborative relationships between consultants and consultees" (1987, p. 9).

Friend and Cook present one of the most widely used definitions of collaboration: "Interpersonal collaboration is a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal" (1992, p. 5). They further define collaboration by listing characteristics: "Collaboration is voluntary; collaboration requires parity among participants; collaboration is based on mutual goals; collaboration depends on shared responsibility for participation and decision making; individuals who collaborate share their resources; individuals who collaborate share accountability for outcomes; individuals who collaborate value this interpersonal style; professionals who collaborate trust one another; a sense of community evolves from collaboration" (1992, pp. 6, 8).

Just as teachers are training themselves to work collaboratively, faculty in schools of education must do the same. We have much to gain from working together. We then can model the process we teach students to use. Individual program quality is enhanced through collaborative consultation, which leads to collaborative problem solving. As faculty members from two or more departments begin to focus on outcomes for preservice teachers, regardless of the departments' certifica-
tion programs, graduates will be better prepared to enter the profession with the necessary consultation skills. An additional advantage is that the district administrator will be able to hire teachers prepared to work with teachers from other disciplines, in special or regular classrooms, with children functioning on diverse intellectual levels. The most significant advantage is that children will directly benefit from teachers who have knowledge and understanding of the children’s special needs. Johnson and Pugach (1992) state, “How faculty members conceptualize their own working relationships, and what is modeled for prospective teachers in terms of interdisciplinary teaching and teaming, is critical to the eventual development of collaboration in the schools themselves” (p. 219).

There are, however, barriers to the consultation process. Collaboration takes time. It requires collaborators to sit down and discuss issues, solve problems, develop a plan of action, implement it, and evaluate its success. The collaborators must also be committed to the process. If the plan involves territory or resource issues, it may be difficult to focus on the plan and not get sidetracked by political issues. Johnson, Pugach, and Hammitte (1988) state that there are two major barriers to the consultation process: programmatic and conceptual. Programmatic barriers include items such as lack of time or lack of administrative support. Conceptual barriers refer to a mismatch in thinking and problem solving ability between consultant and consultee, the attitude of the consultee, or knowledge base differences between the consultant and the consultee.

Restructuring or even minimally changing programs to train teachers requires a significant investment of time and energy. In most colleges it requires faculty members from one or more departments to identify a problem or see a need for change in the present program structure. After identification, there are often endless discussions, meetings, and position papers. Many times there is no resolution. If and when groups within the school agree on even a minor change in the curriculum, it can take months to go through the faculty governance process.
This can be an incredibly difficult, frustrating, and unrewarding task—especially when the stakes are high, and the stakeholders are unsure of the outcomes. When a curriculum change is viewed as difficult conceptually or emotionally, the change is often not initiated, or if initiated, never completed.

The following stages in the collaborative consultation model should provide a guideline or structure for programmatic change.

**Stage 1: Goal Setting**

During the first stage, the consultant and consultee meet to set goals and to establish roles, responsibilities, and expectations. Formal or informal contracts can be written so that both parties clearly understand the issues. At this stage, goal setting focuses on team goals for the consultative process. Specifically, faculty members from two or more departments agree to meet and discuss some aspect of curricular or programmatic change. The group decides on one or more broad goals that will help to structure the entire process.

**Example:**

Faculty members from the Curriculum Committee in the Elementary Education Department initiate contact with members from the Curriculum Committee in the Special Education Department. They meet to discuss the feasibility of developing and co-teaching a curriculum course. The goal that they both agree on is to improve the training of regular and special education undergraduates in the area of curriculum options. At this first meeting, they decide that the chairs of both committees will alternate as meeting convener and recorder.

**Stage 2: Objectives**

The second stage requires that the consultant clearly and accurately listen to and understand the consultee’s idea, suggestion, or recommendation for curricular change. It requires the consultee to succinctly and clearly present an idea, sugges-
tion, or recommendation. After listening to the consultee, the consultant paraphrases what has been said to check if both parties' perceptions are in agreement. Each idea, suggestion or recommendation is recorded as an objective. The objectives focus the team on the intended outcomes. Faculty must agree on each of the objectives at this stage.

Example:
Dr. Harris, responsible for placing students in field experiences for the special education department, approaches Dr. Stack, who has the same role in the elementary education department, and asks whether Stack would consider—as a pilot project—placing a special education student teacher with an elementary education student teacher. Harris proposes that the classroom be an elementary/secondary education classroom with at least one child with multiple handicaps. After establishing a goal to work together to better prepare student teachers during their senior field experience, Harris and Stack develop several objectives. The objectives include 1) placing a special education student teacher and an elementary education student teacher in the same classroom with children of diverse abilities; 2) planning training sessions for the elementary/secondary education teacher, special education teacher, and college supervisors; and 3) developing written requirements for this initial experience.

Stage 3: Recommendations
Based on the specific objectives in Stage 2, the participants generate recommendations and predict the effects of each. Then they prioritize the recommendations in the order to be implemented. At this stage, it is important to brainstorm and to record as many recommendations as possible. As team members suggest possible recommendations, each should be recorded without debate or comment. Later, recommendations will be prioritized based on group consensus. The team members should also identify resource needs at this stage and, after prioritizing recommendations, discuss the possible ef-
ffects of each. The Consultation Plan provides a format for carrying out stages 1–3 in this model. (See Fig. 1 below)

**Figure 1**
Consultation Plan

Participants: ____________________

Date: ____________________

Goal Statement: ____________________

Objective(s):
1. ____________________
2. ____________________
3. ____________________

Recommendations/Strategies Possible Effects Priorities
1. ____________________ 1. ____________________ 1. ____________________
2. ____________________ 2. ____________________ 2. ____________________
3. ____________________ 3. ____________________ 3. ____________________
4. ____________________ 4. ____________________ 4. ____________________
5. ____________________ 5. ____________________ 5. ____________________

*Example:*

As Drs. Harris and Stack meet to discuss putting student teacher teams in regular classroom settings, they begin to list possible ways to implement their plan. They write down each suggestion immediately. Dr. Harris recommends Topnotch School and suggests a specific classroom and teachers. Dr. Stack suggests a particular training model for working within inclusive classrooms. They each list a number of on-site requirements. Then they discuss resource issues. Both professors agree to list Topnotch School as their first priority. They discuss the possible effects of selecting that school over one closer to campus.
Stage 4: Implementation

Once the recommendations to meet the goals of the two departments have been determined, prioritized, and written in a way that allows the strategies to be measured, the implementation stage begins. In this stage, the “How,” “Who,” and “When” are established. “How” means the intervention recommendations are broken down into specific steps, so each can be implemented. “Who” refers to the assignment of specific tasks to specific people. And “When” establishes timelines for each recommendation.

Specifically, what occurs in this stage to faculty in elementary/secondary education and special education? These faculty build consensus about the best way to implement each intervention recommendation. For example, there may be global restructuring of two departments into one department, or one new course may be developed or redesigned. To assist in the development of this stage, the faculty fill out an Implementation Plan. (See Fig. 2 below)

Figure 2
Implementation Plan

<table>
<thead>
<tr>
<th>Selected Recommendation/Strategies</th>
<th>Person Responsible</th>
<th>Timeline</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Example:
A collaborative faculty team proposes a generic course in classroom management to achieve a team goal. Dr. Jensen from elementary education and Dr. Thomas from special education will develop such a course within four weeks (the “How,” “Who,” and “When”).
Stage 5: Evaluation
During this stage team members evaluate the success of the joint effort. The "How did we do?" is determined:
- Was each objective met? To what degree?
- What went well? What did not go well? Why?
- What is left to do?

Evaluation for the joint model includes measurement of proposed curriculum changes, academic program change, and systems changes to determine if objectives were met and how. Additional tasks that may need to be accomplished are also identified.

Example:
After reviewing the four strategies used to accomplish curricular change, the team finds that some faculty feel disenfranchised. The team also perceives the need to enhance their efforts to communicate proposed changes with students. The team asks less involved faculty to work in pairs and meet in focus groups with students and elicit student feedback about the proposed program.

Stage 6: Redesign
Based upon the evaluation of the outcomes, the team continues, redesigns, or discontinues intervention strategies. If a strategy is not working, the team can reconfigure or discontinue it. Of course, "If it ain't broke, don't fix it." In that case, the team continues the intervention.

With any programmatic changes, there need to be some fine-tuning and alterations. Anticipating this stage of redesign will reduce levels of frustration among faculty from all departments. Student feedback, outcomes assessment, program goals, and course syllabi all provide opportunities for redesign.

In this section we have outlined the six stages of the collaborative consultation process, from goal setting to redesign. Although this process has enjoyed success in both educational and business environments (Schein, 1990), experience indi-
icates that some people are more effective in implementing this process than others. To further improve the collaborative consultation process, we will now consider Covey’s *Seven Habits of Highly Effective People*.

**Covey’s Seven Habits**

Both the content and methodology of Covey’s principles form a solid foundation for effective communication. Some see his principles as a methodology for succeeding in business. But the principles are more than that. Covey’s work also provides an ethical basis for human relationships and assists all human interaction, especially those involving collaborative consultation. Covey’s book has sold over three million copies since 1989. The Habits are taught at dozens of cutting-edge companies, such as Saturn, Federal Express, Hewlett-Packard, and Blue Cross & Blue Shield (Hillkirk, 1993).

The Seven Habits of Highly Effective People are described here as they apply to the collaborative consultation process. The application of the Habits to our personal lives or to the world of business may be worth exploring in a different venue.

**Personality versus Character Ethics**

Before describing the seven habits, Covey presents a principle-centered paradigm as a base for the habits. He differentiates personality ethics from character ethics. Many of us who grew up in the fifties and sixties remember the buzzwords Covey refers to as personality ethics: the “me generation,” “positive mental attitude,” and education in the “field of influence strategies.” Following a personality ethics paradigm is tantamount to taking an aspirin to deal with a brain tumor. We do not deal with the problem, just apply an easy, quick “social band-aid” (Covey, 1990, p. 18). The character ethic, however, espouses integrity, humility, fidelity, temperance, courage, justice, patience, industry, modesty, and the Golden Rule. The character ethic provides us with these basic principles of effective living, according to Covey. We experience true success and enduring happiness as we learn and integrate
these principles and habits in our nature. In combination with the collaborative consultation process, these principles significantly improve our ability to become more effective change agents as we improve our academic programs.

**Habit 1—Be Proactive (Personal vision)**

What does it mean to be proactive? Is this psychobabble? Recognition of our ability to be proactive, not reactive in the Covey sense, challenges us to take responsibility to improve our day-to-day and semester-to-semester training and interactions with students and staff.

Part of being proactive deals with the concept of "circle of concern" versus "circle of influence." Covey's work focuses our efforts by differentiating our circle of influence from our circle of concern. The ratio of these concentric circles is under our control. Electing to expend our energy considering whether or not U. S. troops assist the Somalians or the degree to which this nation will reduce the national debt is not our personal decision. We could elect rather to be proactive in our circle of influence and become a change agent within our academic department or school. We can do something about the way students are systematically introduced to the challenges of teaching children with special needs. Our degree of proactivity is greatly determined by our focus on these two circles: influence and concern.

Proactive people focus their efforts on the circle of influence. Their energy is positive, enlarging and magnifying, causing their circle of influence to increase. On the other hand, according to Covey, reactive people miss this opportunity. They focus on the weakness of other people, the problems in the environment, and circumstances over which they have no control. Their focus results in blaming and accusing attitudes, reactive language, and increased feelings of victimization. The combination of the negative energy this focus generates, and the neglect of areas in which we could effect change, causes our circle of influence to shrink (Covey, 1990, p. 83).
Considering our circle of influence versus our circle of concern would be particularly helpful in Stages One and Two of the collaborative consultation model, in which we establish goals and realistic strategies. One of the questions that could be asked to establish a goal or after the brainstorming session is, Is this in our circle of influence or our circle of concern? Faculty in regular and special education may fantasize that a limitless number of new faculty will teach existing courses while they establish a new program with an expansive budget to provide state-of-the-art technology and space more conducive to a joint program. However, that is outside of the circle of influence. So they consider reconfiguring existing faculty assignments, starting with a small pilot program and other options.

Habit 2—“Begin with the End in Mind” (Personal leadership)
Most consultation models present the idea of beginning with the end in mind. In collaborative consultation this step occurs in Stage One, the goal-setting stage, and is jointly or collaboratively determined. When Stage One is completed thoroughly, the habit of beginning with the end in mind is inherent in the collaboration model.

However, as a caution, and to assure that the goal is clear, we should ask ourselves the question Covey poses: “Is your ladder against the right wall?” If, for example, our goal is to improve our training of undergraduate students in the departments of Elementary/Secondary and Special Education and not to protect turf or assure autonomy, we need to state that goal clearly in writing and to remind ourselves of that goal periodically throughout the change process.

This habit may keep us aspiring toward the ideal, thinking about how we can best prepare our graduates, rather than considering everyday matters, such as how we will assign supervision time for faculty. The real strength of the collaborative consultation process is its generic applicability. The down-in-the-weeds details can be tackled again later, using
this same process. The details then become the new goal, problem, or wall upon which our ladder is leaning.

**Habit 3—“Put First Things First” (Personal management)**

Habit three says to devote more time to what is important but not necessarily urgent. The single phrase that captures the essence of habit three is “organize and execute around priorities” (Covey, 1990). We find this easy to articulate, not so easy to execute.

This habit, putting first things first, is essential to Stage Three of the collaborative consultative process. As noted above, team members prioritize potential recommendations in the order in which they will be implemented. In addition, they establish timelines for completion and identify the personnel responsible in Stage Four. This should focus efforts on what is important, not urgent, and establish accountability for each member of the planning team.

**Habit 4—“Think Win/Win” (Interpersonal leadership)**

Win/Win, according to Covey, is a mindset that makes us seek mutual benefit in all human interactions. It means that agreements or solutions are mutually beneficial and mutually satisfying. With a Win/Win solution, all parties feel good about the decision and feel committed to the action plan. Win/Win sees life as a cooperative, not as a competitive, arena. It is not your way or my way; it is a better way.

Of course, the Win/Lose paradigm also exists. It says, If I win, you lose. It has an authoritarian flavor to it. Win/Lose people are prone to use power, position, credentials, possessions, or personality to get their way. Obviously, though, there are times when the Win/Lose paradigm of human interaction is the reality, and may be preferred. It exists in our daily lives (e.g., sporting events, sales competitions, lotteries). But, as Covey cautions us, cooperation (Win/Win) is as important in the workplace as competition (Win/Lose) is in the marketplace.
Ideally, in collaborative consultation, “Think Win/Win” is a part of each stage in the process. If faculty from regular and special education are to implement the recommendations determined in Stage 3, both groups must agree with the recommendations and feel they are achievable. Otherwise, a Win/Lose situation could develop. And as Covey points out, no one really wins if there is a loser. The relationships are in conflict, and the “winner” eventually loses. The time constraints of establishing a Win/Win relationship can not be ignored. It will probably require time to find a solution that everyone finds acceptable. However, as Covey points out, it is time well spent if the entire team is striving toward the same end.

**Habit 5—“Seek First to Understand, Then to Be Understood” (Empathic communication)**

Covey makes the point that communication is the most important skill in life. Despite our years of instruction in learning how to read, write and speak, few of us have had any training in listening. He adds that the single most important principle he has learned in the field of interpersonal relations is, “seek first to understand, then to be understood” (Covey, 1990, p. 237). We typically seek first to be understood. We listen with the intent to reply. We filter things through our own paradigms, reading our autobiography into other people’s lives.

A significant dimension or level of listening is added to the more traditional approach of “active” or “reflective” listening in the Covey model. It is called “empathic listening.” He perceives that active or reflective listening basically involves mimicking what another person says, and that kind of listening is skill-based, truncated from character and relationships. Active listening also insults those listened to and is essentially autobiographical. You listen, intending to reply, to control, or to manipulate.

Empathic listening is listening with the intent to really understand. It is an entirely different paradigm. Empathic
listening gets inside another person’s frame of reference. You try to see the world the way he or she sees it, and you try to understand how he or she feels. In empathic listening, you listen with your ears, but you also, and more importantly, listen with your eyes and with your heart. You listen for feeling and meaning, and observe behavior. Covey reports that communications experts estimate only 10 percent of our communication is represented by the words we say. Another 30 percent is represented by our sounds, and 60 percent by our body language. Hence, his emphasis is on listening with our eyes as well as our hearts.

In the collaborative consultative process, we open ourselves to be influenced as we apply Covey’s fifth habit or principle, “seek first to understand, then to be understood.” We could become vulnerable. It’s a paradox, because in order to have influence, we have to be influenced. The fifth habit could provide a powerful adjunct to the process of establishing a cooperative program to train teachers of regular and special education. Both groups could feel they have a great deal to lose in this joint process. However, as we sincerely listen as our colleagues share their concerns and ideas about a collaborative effort of teacher training, we may enhance the collaborative consultative process and thus enhance a joint program. To improve interpersonal communication is not a matter of technique alone. It is empathic listening that inspires openness and trust. We listen first and are influenced by what others say. Then we share our perceptions and ideas.

_Habit 6—“Synergize” (Creative cooperation)_

Simply defined, this habit means that the whole is greater than the sum of its parts. It is a catalytic relationship, a creative one, a synergistic one. But the creative process can be terrifying because we do not know what is going to happen or where it is going to lead. Often we are trained or scripted into defensive and protective communications or into believing that life or other people cannot be trusted. As a result, according to Covey, we are never really open to habit number six,
synergy. In addition to trust and cooperation, we need to value our differences for synergy to occur. The key to valuing those differences is to realize that all people see the world, not as I do or you do, but as they do. When we are left to our own experiences, we constantly suffer from a shortage of data.

This may seem simplistic and obvious. However, the principle is more difficult to put into practice than to preach. As we work in a collaborative process, it is so easy to begin to think that I see the world as it is. Why do I want to value the differences? Why do I want to bother with someone who's off track? My paradigm is that I am objective. I see the world as it is. Everyone else is buried in the details. I see the bigger picture. But if I am to be effectively interdependent, I need the humility and reverence to recognize my perceptual limitations and to appreciate the rich resources available through interaction with the hearts and minds of the others in this collaborative consultation process.

Habit 7—“Sharpen the Saw” (Balanced self-renewal)

The principles of balanced self-renewal are composed of renewing the four dimensions of our nature: physical, spiritual, mental, and social/emotional. We need to sharpen our saw periodically if we expect to stay alive. It is preserving the greatest asset you have—you. It is renewing or improving our four dimensions, according to Covey. He also describes an upward spiral: learn, commit, do. This spiral is then applied to each dimension to enhance our personal development.

Although this habit is not as readily applicable to the consultative process as the first six, it would seem that as we continue to grow as individuals according to this principle, so too would our contribution to the group process grow.

Each of Covey's habits has been described as they might apply to the collaborative consultation process. Having all members of a change-agent group or a committee of college faculty practice these seven habits should enhance the collaborative consultative process. In a more generic sense, these habits should enhance any committee’s process and product.
It is hoped, if not in whole, then in part, that the paradigm for collaborative consultation presented in this paper will enhance problem-solving techniques within an academic discipline. This may lead to interdepartmental curricular or programmatic change. It is also hoped that Covey's principles of human interaction will enhance the collaborative consultation process and perhaps our personal lives as well.

References


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