The roles of special educators as consultants and collaborators have long been established and supported. The rationale for these roles is also well documented. Many models—consultative, collaborative, and teaming—have been suggested in the literature; sometimes, these models exhibit similar goals, competencies, and processes. Because of intensified pressures to collaborate, successful implementation of collaborative and team efforts requires that special educators expand their roles as interactive professionals. The purpose of this article is to define and describe the consultation, collaboration, and teaming models that have been implemented, discuss their strengths and limitations, delineate how these models contribute to interactive teaming, outline key features of the interactive team, and provide some guiding principles for successful implementation.

In most school settings, academic services are delivered primarily through the individual efforts of general and special education teachers. Currently, educational research supports the integration of general and special education (Friend & Cook, 1996; Pugach & Johnson, 1995; Thomas, Correa, & Morsink, 1995; Vasquez-Chairez & MacMillan, 1989). As more special needs students receive educational services in the general classroom, more effective and efficient service delivery models are being sought by practitioners.

Over the past 20 years, professionals from various disciplines have been advocating variations of consultation, collaboration, and teaming models among educators as the most effective way to improve service delivery to students with disabilities. A review of the literature reveals a wealth of information supporting these models (e.g., Friend & Cook, 1996; Graden, 1989; Phillips & McCullough, 1990; Pugach & Johnson, 1995; Salend, 1994; Sindelar, Griffin, Smith, & Watanabe, 1992; Thomas et al., 1995).

A number of legislative mandates also exist for collaboration and teaming among professionals and parents. The initial catalyst was found in Section 121 a. 532(e) of P.L. 94-142, which required student evaluation by a multidisciplinary team. This law shifted the primary decision-making role in special education placements from the school psychologist to a team of persons that included parents, teachers, administrators, medical personnel, social workers, and counselors (Kaiser & Woodman, 1985). Collaboration was further strengthened with the passage of Public Laws 99-457 and 101-476, amendments to P.L. 94-142. Each of these laws addressed issues that called for increased collaboration and involvement of families and a range of professionals in program design and implementation for students with disabilities.

As a result of the extensive literature documenting its effectiveness, as well as legislative support, collaboration has become an extremely viable service delivery option. Successful implementation of collaboration and teaming models requires special educators to take on new roles as interactive educators, in addition to their roles as direct service providers to students. The purpose of this article is to define and describe the consultation, collaboration, and teaming models that have been implemented, discuss their strengths and limitations, delineate how these models contribute to interactive teaming, outline the key features of the interactive team, and provide some guiding principles for successfully implementing this model.
CONSULTATION AND COLLABORATION

Two major models—consultation and collaboration—have been used to provide integrated service delivery to students with learning disabilities in general education classrooms. Historically, consultation preceded collaboration and has therefore received greater attention in the literature; however, consultation has gradually taken on more “collaborative” characteristics.

DEFINITIONS

Varied definitions of consultation are reported in the literature. Tharp (1975) described consultation as a triadic model in which the consultant indirectly brought about changes for a client through a consultee or mediator. As indicated, three individuals are involved in this model: the consultant, the mediator, and the target. The mediator is the professional attempting to bring about a change in the behavior of the target individual, whereas the consultant is the professional who has the expertise regarding strategies to change the behavior. Brown, Wyne, Blackburn, and Powell (1979) expanded the definition of consultation to emphasize a more equal relationship characterized by mutual trust, communication, and shared responsibilities for problem identification, design of strategies, and evaluation of effectiveness. Consultation evolved into a cooperative problem-solving relationship between two individuals who have somewhat different bodies of expertise (Conoley, 1986). West and Idol (1987) emphasized that various models of consultation are applicable to education. After extensively reviewing the literature, they described consultation as having medical applications (e.g., one doctor calls upon the expertise of another for counsel); organizational applications (involving a change in a system); and mental health applications (e.g., a consultant provides assistance to another professional with a problem he or she is experiencing with a client).

Collaboration has also received considerable attention in the literature. Thomas (1972) viewed collaboration as an endpoint on a continuum, with cooperation and coexistence in the middle and conflict at the opposite end. Lanier (1980) defined it as “a complex interplay of talents and knowledge that come together at appropriate times to produce a commonly valued end result which no single party could ever have produced alone” (p. 409). Finally, after examining the many definitions and descriptions of collaboration, Cook and Friend (1991) defined it as “a style for direct interaction between at least two co-equal parties voluntarily engaged in shared decision making as they work toward a common goal” (p. 25).

Despite the many definitions that have been proposed for consultation and collaboration, no universally accepted definitions currently exist (Friend & Cook, 1990; West, 1990). As a result, several researchers have described differences between consultation and collaboration. For example, consultation differs from collaboration in that collaborators have joint responsibility for particular situations, whereas consultees retain ownership of situations (Hansen, Himes, & Meier, 1990). This distinction is critical to understanding consultation and collaboration. More specifically, consultation typically involves the sharing of knowledge by one professional with another, or one professional assisting another professional with a problem. This relationship signifies an unequal status between the two professionals. Collaboration, on the other hand, involves mutual efforts by professionals and/or parents to meet the needs of students. This relationship signifies different but equal status between professionals.

The phrase collaborative consultation emerged in the mid 1980s as a special education service delivery option for students with mild disabilities. Basically an extension of the triadic model, collaborative consultation was defined by Idol, Paolucci-Whitcomb, and Nevin (1986) as “an interactive process that enables people
with diverse expertise to generate creative solutions to mutually defined problems” (p. 1).

The term teaming has also been used as a variant of collaboration (Pfeiffer, 1980). Pfeiffer defined a team as an organized group of professionals from different disciplines having unique skills and the common goal of cooperative problem solving.

Although there are definitional differences, consultation, collaboration, and teaming have common elements. According to Dettmer, Thurston, and Dyck (1993), there are two common characteristics of these terms: “engaging in interactive processes and using specialized content to achieve shared goals” (p. 16).

STRENGTHS AND LIMITATIONS

Many professionals believe that the success of educational inclusion rests on the ability of special and general educators to communicate effectively when attempting to coordinate educational services for students with disabilities. According to Elliott and Sheridan (1992), “effective educational and psychological services for handicapped children in the United States schools are contingent on communications, decisions, and actions of adults—typically general educators, special educators, parents, and specialists such as psychologists, speech pathologists, or physical therapists” (p. 315). Each of the current models—consultation, collaboration, and teaming—requires effective communication. The strengths and limitations of these models are summarized below.

According to Thomas et al. (1995), some strengths of the consultation, collaboration, and teaming models are as follows: First, there are numerous opportunities to develop professional skills, particularly in the collaborative and teaming models, where all parties are recognized as having knowledge to share with the others. Second, an increase in collegiality and cooperative sharing of ideas and strategies often occurs among those involved. Third, the potential for improved and cohesive services for students with special needs and at-risk children is enhanced. Researchers investigating consultation and teaming have noted positive gains for students, along with improved skills and attitudes for teachers (Idol-Maestas, 1983; Nelson & Stevens, 1981; Polsgrove & McNeil, 1989). Fourth, legal support can be found for these approaches (i.e., P.L. 94-142 and its amendments—P.L. 99-457 and P.L. 101-476). All of these laws include some form of consultation, collaboration, or teaming in the decision-making process.

There are also limitations and barriers to the consultation, collaboration, and teaming models. First, professionals serving students with special needs have typically existed as separate entities and have established their own territories and languages, making communication difficult (Reppucci & Saunders, 1974). Second, general educators prefer a basic description of the student’s problem and the educational plan, as opposed to what they often refer to as special educators’ “jargon” (Witt, Moe, Gutkin, & Andrews, 1984). Third, each professional may view educational responsibilities and missions differently. Fourth, as Pugach and Johnson (1988) believe, a “topdown approach exists, in which general educators typically are characterized as needing assistance and specialists as typically being sources of assistance” (p. 2). Viewing the special educator as the individual most apt to help the general educator develop strategies for integrated special needs students often inhibits the relationship between the two professionals (Pugach & Johnson, 1988) and creates resistance to consultation in general education personnel (Vasquez-Chairez & MacMillan, 1989).

Fifth, historically, special education teachers have assumed the consultant role because they have the expertise necessary to effectively support the integration of students with disabilities. General education teachers have assumed the consultee role.
Unfortunately, general education teachers often receive impossible or impractical recommendations for implementation in their classroom setting. General educators often view many of the recommendations as unrealistic, unfair, or impossible to implement in a traditional classroom. Happe’s (1982) research identified the three concerns voiced most often by general educators: “I don’t have the time”; “I can’t do that for just one child”; and “It’s not fair to do that for just one child.” Most special educators tend to provide direct instruction in an individualized manner, whereas general educators most often provide large-group instruction to many students. Many recommendations that might work in an individualized setting with a few students with disabilities are unrealistic or impractical in a classroom in which there are many students with no identified special needs and only a few with disabilities. Another major problem in the consultative model is the assumption that special educators have the requisite consultation skills. Often, special educators have no consultant training. “Resource specialists may feel an increasing discrepancy between their existing competencies and expectations of their new role when serving as a consultant” (Vasquez-Chairez & MacMillan, 1989, p. 44).

If consultation is to be successful, administrative support is essential, including scheduled times for teachers to interact (Idol-Maestas, 1983). However, according to Alpert and Trachtman (1980), many potential consultants state that they do not have enough time to consult because of the diagnostic role requirements imposed on them by special education. In addition, both general and special educators usually have full-time teaching responsibilities. Thus, a conflict arises between what educators would like to do and what they are able to do (Evans, 1980).

Teaming also has its share of implementation problems. For example, as Ysseldyke, Algozzine, and Allen (1982) noted, lack of participation in team meetings is frequently cited as a problem with implementation. Furthermore, time limitations have been reported as a barrier for successful implementation (Tindal, Shinn, & Rodden-Nord, 1990). In addition, lack of training for team members (Kaiser & Woodman, 1985), organizational barriers (Pfeiffer & Tittler, 1983), increased role ambiguity, duplication of effort, and confusion regarding responsibilities (Abelson & Woodman, 1983) all have contributed to problems in implementing teaming models.

INTEGRATING CONSULTATION AND COLLABORATION

As mentioned earlier, a collaborative form of consultation has been shown to be effective when working with students with disabilities (Idol, Nevin, & Paolucci-Whitcomb, 1994). Collaborative consultation has been the preferred model of many special educators, general educators, and administrators in recent years (e.g., Babcock & Pryzwansky, 1983; West, Idol, & Cannon, 1989).

Often, collaborative problem solving enhances professional relationships and encourages shared responsibility in planning and decision making (Elliott & Sheridan, 1992). Ideally, collaboration enables educators with diverse expertise to generate creative alternatives to traditional educational approaches (Idol et al., 1994; Pugach & Johnson, 1995).

The defining characteristics of effective collaboration include the following: (a) Participants must have mutual goals, (b) they must voluntarily participate in the activity, and (c) they must each have equally valued personal or professional resources to contribute. In addition, they must share resources, decision-making authority, and accountability for the outcomes of their activities (Friend & Cook, 1996).

Idol et al. (1994) summarized the effectiveness of collaborative consultation and cited the potential benefits of this integrated approach. Those benefits include use of the least restrictive environment, a student-centered approach to service delivery, staff
development opportunities, and shared responsibility for design and implementation of programs. In collaborative models, many students remain in general classrooms. The general educator is actively involved in the development of a plan for instructional and behavioral modifications, thereby increasing the likelihood that the plan will be feasible and practical for classroom implementation.

Vasquez-Chairez and MacMillan (1989) emphasized the components of staff development and shared responsibility and concluded, “Through collaborative consultation, the skills of participating staff members improve as coordination becomes more frequent” (p. 43). In addition, they found that “collaborative consultation fosters shared responsibility coupled with active participation on the part of support staff and classroom teachers” (p. 43). Students must be placed in the least restrictive environment as teachers increase ownership in planning and processing.

The limitations of collaborative consultation are similar to those previously cited for consultation and teaming. Time constraints, territoriality and language differences also may occur with this model. Furthermore, lack of training for the general and special educators may result in additional impediments to successful implementation.

IMPLEMENTING INTERACTIVE TEAMING

The interactive teaming model incorporates features of consultation and collaboration and builds upon a transdisciplinary approach among professionals and parents. Interactive teaming is defined as a mutual or reciprocal effort among and between members of a team to provide the best possible educational program for a student. The strength of this approach is the potential for effective, comprehensive and cohesive services when all the people involved work together instead of functioning as separate individuals or disciplines. (Thomas et al., 1995)

Interactive teaming emphasizes high expectations for students, teacher empowerment, and parent-professional collaboration. These tenets are consistent with research on effective schools and quality programming models. The focus on the interactive nature of the process has been supported in recent research articles, as well as in text-books in the field, which often include some version of the word interaction in the title (e.g., Friend & Cook, 1996; Sugai & Tindal, 1993; Thomas et al., 1995).

FEATURES OF INTERACTIVE TEAMING

Interactive team members are professionals and parents who collaborate to provide direct or indirect services to students. They share knowledge and expertise and “teach” other team members their skills as appropriate. They view each other as equal partners in their efforts to provide students with support and effective programming. Actual team sizes will vary and team compositions will change, depending on the complexity of the child’s needs and the stage of the process (e.g., assessment, program design, implementation). Persons involved will include educational, medical, administrative, vocational, and allied health specialists, social services personnel, and parents.

Each member of the interactive team will become the “expert” (i.e., consultant), or facilitator, depending on the problem or issue under investigation. Team members also provide direct services to students; therefore, one of the most important characteristics of the interactive teaming model is the sharing of information and skills among team members. There should be a concerted effort to train team members in areas of programming that are outside their own areas of expertise. Family involvement is encouraged and supported throughout the process. Communication and leadership are the most critical skills for all team members to acquire and refine.
KEYS TO EFFECTIVENESS

The interactive teaming model, like any other, is only as effective as the manner in which it is implemented. Thomas et al. (1995) summarized some guiding principles, including participation and leadership, development of goals, communication, decision making, and conflict resolution (see Table 1).

CONCLUSIONS

Educational research supports collaboration as a key element in the successful integration of general and special education students. From reviews of the effective schools literature, it can be concluded that collaborative planning and collegial relationships are two variables that are present in effective schools (Purkey & Smith, 1985). Several other researchers (Friend, 1984; Nelson & Stevens, 1981; Salend, 1984) have viewed consultation as a requirement for the success of students with disabilities in mainstream classrooms. Variations of consultation, collaboration, and teaming have a legal basis and have been promoted by professionals for over 25 years. Most recently, support for this position can be found in texts (Idol et al., 1994; Sugai & Tindal, 1993; Thomas et al., 1995) and in the description of core skills for beginning special education teachers by the Council for Exceptional Children (Swan & Sirvis, 1992). On the basis of such feedback, it can be concluded that teacher training programs in special education must begin to systematically include consultation, collaboration, and teaming skills in their curricula.

An essential element of excellent schools is excellent teaching (DuFour & Eaker, 1987). Hawley, Austin, and Goldman (1988) argued that the current reform has defined teacher quality as both the problem and the solution. In the American Association of State Colleges and Universities (1991) publication Teach America: A President’s Agenda for Improving Teacher Education, one of the major findings regarding the state of education in America involved teacher training. Kramer (1991) stated that we will never improve schooling until we improve teacher education. In our efforts to define the specific skills, attributes, and dispositions that teachers of the twenty-first century will need, there is a compelling rationale to include training in collaboration and teaming as an integral component of preservice and inservice programs for all educators.

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REFERENCES


**TABLE 1 GUIDING PRINCIPLES OF THE INTERACTIVE TEAM**

**PRINCIPLE**
- Participation and leadership

**DESCRIPTION**
All team members are viewed as equals and their participation is encouraged and supported.

**RESULT**
Team functions as a cohesive unit

**Description**
Leadership role is assigned in turn to the individual having the greatest expertise.

**RESULT**
Promotes equal distribution of leadership responsibilities

**PRINCIPLE**
- Development of goals

**DESCRIPTION**
Goals must be developed in a cooperative manner with attention focused on meeting the needs of the student. Secondary focus should be placed on meeting the needs of all team members.

**RESULT**
Team functions as a cohesive unit

**PRINCIPLE**
- Communication

**DESCRIPTION**
Open communication among team members should be fostered and encouraged, with each member feeling comfortable expressing opinions and thoughts on any and all issues.

**RESULT**
Effective team functioning

**PRINCIPLE**
- Decision making

**DESCRIPTION**
Important decisions should be the joint responsibility of all team members. This should be accomplished through consensus.

**RESULT**
Effective team functioning

**PRINCIPLE**
- Conflict resolution
DESCRIPTION

Conflict must be dealt with openly in a productive manner, respectful of all viewpoints. Steps to resolve conflict should be designed when the team is first formed.

RESULT

- Effective team functioning