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Identifying common practice elements among consultation studies showing promising social and behavioral outcomes: A systematic review

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ABSTRACT

Consultation is a key service delivered by school psychologists that can reduce the burden of mental health problems and promote healthier school climates given its emphasis on problem solving, prevention and intervention, and supporting educator skill and competence. The purpose of this systematic review was to document how demographic and study design information was reported in the school consultation research and to identify common practice elements that cut across consultation outcome studies with promising student social and behavioral outcomes. We examined 48 studies (39 group design and 9 single-case design) published between 1980 and 2024 and applied a distillation method (Chorpita & Daleiden, 2009) to summarize demographic and study designs employed and to identify specific practice elements that emerged. Seventy-two percent of studies included students receiving tier two supports as the target for consultation. Forty-three percent of studies included graduate students as consultants, while only 10.4 % of studies included school psychologists as consultants. Demographic characteristics of consultants (i.e., gender reported 33.3 % and race/ethnicity reported 27.1 %) was less frequently reported when compared to the demographic characteristics of consultees and students. At the teacher level, consultant modeling (present in 58.3 % of studies) was the most common practice element, followed by performance feedback (56.3 %), and family engagement (41.7 %). At the student level, praise (present in 56.3 % of studies) was the most common practice element, followed by goal setting (52.1 %), functional behavioral assessment, and tangible rewards (47.9 % of studies). The relative infrequency with which some practice elements were coded (e.g., praise for teacher, cultural adaptation for teacher and student) point to avenues for enhancing school consultation research and practice.

Now more than ever, school psychologists are faced with helping to address urgent, complex challenges in schools. These challenges include soaring mental health issues facing children and youth (Merikangas et al., 2022), differential learning losses associated with the pandemic (Moscoviz & Evans, 2022), and structural inequalities and disparities that pervade the U.S. educational system

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(Gregory et al., 2017). Consultation is a key service delivered by school psychologists that can reduce the burden of mental health problems and promote healthier school climates given its emphasis on problem solving, prevention and intervention, and supporting educator skill and competence (Fenning et al., 2023; National Association of School Psychologists, 2020; Shernoff et al., 2016). Consultation models delivered in schools vary in function and form but typically focus on delivering psychological and educational services in which a specialist (i.e., consultant) collaborates with an educator (i.e., consultee) to improve individual, family, group, and system-level (i.e., client) outcomes (Erchul & Martens, 2002; National Association of School Psychologists, 2020). Despite the crucial role that consultation plays in schools, the outcome research has significant methodological limitations and the accumulation of scientific knowledge through literature reviews and meta-analyses is dated (Erchul & Sheridan, 2014).

Numerous consultation models pervade the school psychology and mental health literature, including behavioral (i.e., teacher-focused and conjoint), instructional, organizational, mental health, and consultee-centered consultation, to name a few. These models share commonalities but also have distinct goals and targets that can create challenges for trainers who must decide whether and how to promote skill acquisition across a range of models. The current systematic review of school consultation studies was informed by recent efforts in related disciplines to organize and summarize the existing science using a common practice elements approach (Chorpita et al., 2005; Chorpita & Daleiden, 2009). Common practice elements are distinct strategies or techniques (e.g., praise, rehearsal, strengths identification) that cut across effective interventions and when identified can shed light on overlapping and unique techniques used in consultation along with gaps in practices delivered within consultation research (Becker et al., 2018; Chorpita et al., 2007; Chorpita & Daleiden, 2009). Therefore, the goal of the current systematic review was to document how demographic and study design information was reported and to distill common practice elements among consultation outcome studies with promising student social and behavioral outcomes.

1. Consultation models in school psychology

Consultation in schools can indirectly reach large numbers of children and youth to offer support via tier 1, tier 2, and tier 3 interventions. Evidence also suggests school psychologists spend considerable time engaged in consultation (Farmer et al., 2021). In a recent survey of 1006 school psychologists, 64 % reported engaging in consultation “quite a bit” or a “a great deal” (Farmer et al., 2021). Two important goals of most consultation models include improving client outcomes and helping consultees generalize skills to other settings and clients. Consultation is a particularly powerful model for supporting student social and behavioral outcomes given studies highlight that enhancing teachers’ use of positive, proactive strategies is one of the most robust predictors of student learning (Bear, 2009; Stichter et al., 2009).

Mental health consultation, teacher-focused behavioral consultation, conjoint behavioral consultation, instructional consultation, organizational, and consultee-centered consultation are among the most frequently taught models in school psychology graduate training programs and implemented in schools (Anton-LaHart & Rosenfield, 2004; Lopez & Nastasi, 2014; Newell & Newman, 2014). These consultation models have some shared characteristics, including a focus on indirect support and collaboration to address work-related problems (Gutkin & Curtis, 2009; Lopez & Nastasi, 2014). There are also essential competencies required of school-based consultants regardless of the model implemented. These competencies include relationship building, communication skills, knowledge of evidence-based practices, and use of culturally responsive practices (National Association of School Psychologists, 2020; Parker et al., 2020).

These consultation models also have distinct goals and discrete targets. Some models adopt a specific theoretical perspective, including psychodynamic (Caplan, 1970), behavioral (Bergan & Kratochwill, 1990; Kratochwill & Bergan, 1990), and ecological and systems theory (Meyers et al., 2012; Ysseldyke et al., 2012). Some models are organized around specific procedures a consultant follows, including instructional consultation (Rosenfield et al., 2014), behavioral consultation (Kratochwill & Bergan, 1990), and conjoint behavioral consultation (Sheridan & Kratochwill, 2008). Other models focus on how consultation can support the implementation of specific evidence-based practices, such as the daily report card (Haack et al., 2017; Owens et al., 2005), peer tutoring (Atkins et al., 2006), or social and emotional learning programs (Kaye et al., 2020).

Having numerous consultation models available can lead to substantial variations in consultation training. Anton-LaHart and Rosenfield (2004) examined consultation training in school psychology programs from the perspective of trainers and supervisors (N = 104) and found that the theoretical orientation of instructors spanned multiple models (e.g., 33 % behavioral, 37 % cognitive-behavioral, 30 % eclectic). Eighteen percent of respondents also indicated teaching graduate students multiple consultation models. Hazel et al. (2010), reviewed consultation syllabi to identify topics and training approaches and similarly found numerous consultation models taught in school psychology programs. Instructors included behavioral models most frequently in their coursework (88 %), in addition to mental health (64 %), instructional (56 %), ecological/organizational (60 %), conjoint (52 %), and cross-cultural (48 %) consultation. Luh et al. (2023) conducted a systematic replication of the Hazel et al. study and found that across 63 syllabi, 83 % included behavioral/problem solving models, 59 % included system consultation, and 58 % included multi-cultural consultation – suggesting significant variation in the consultation models that are integrated into school psychology training.

These distinct consultation models promote diverse approaches to conceptualizing problems and intervening to support students’ social, behavioral, and academic outcomes. However, these distinct models can also create challenges in training graduate students across a range of models that sometimes have overlapping content. Questions also emerge regarding how to promote students’ skill acquisition and competence across a range of models. Ingraham (2017a,b) argued that the wide variety of consultation models prevents in-depth skill development in one specific model and may reduce consultation training to a cursory level. Training in consultation becomes even more challenging when considering the existing workforce of school psychologists and related service professionals who may require booster training as these different consultation models, and their evidence-base, evolve over time

(Shernoff et al., 2017).

2. The state of the science related to school consultation

Systematic reviews and meta-analyses of the consultation literature help synthesize the state of knowledge related to consultation-based interventions, identify gaps in the literature, guide future research priorities, and generate new knowledge regarding how to organize and synthesize the research (Moher et al., 2015; Page et al., 2021). In the past five decades, three systematic reviews of the effectiveness of different consultation models have been published (Fuchs et al., 1992; Medway, 1979; Sheridan et al., 1996). These reviews paint a positive picture of the consultation literature and highlight significant conceptual and methodological gaps as well. On the one hand, consultation studies are reporting positive effects, most consistently among behavioral consultation models (Medway, 1979; Sheridan et al., 1996). On the other hand, there are gaps in the literature, including use of non-experimental designs and limited understanding of the overall effectiveness or durability of effects (Erchul & Sheridan, 2014; Sheridan et al., 1996). Although additional systematic reviews related to consultation have been published in the past five decades, those reviews focus on specific consultation models (e.g., conjoint behavioral consultation). The goal of the current review was instead to summarize the consultation literature across multiple consultation models delivered in schools.

Three meta-analyses have also been published, which summarize the effectiveness of consultation based on the model (Medway & Updyke, 1985; Reddy et al., 2000), referral issue (Reddy et al., 2000), and single-case consultation outcomes (Busse et al., 1995). Reddy et al. (2000) conducted a meta-analysis of consultation outcomes and found that among 29 studies that included 1625 children, behavioral consultation was associated with large child-level effects (ES = 1.36). Organizational consultation was associated with large effects as well (ES = 2.43) among three studies and 1464 clients. Effects also varied by referral problem, with consultation associated with the largest effect sizes for students with externalizing problems (ES = 1.49). Reddy et al. is the most recent meta-analysis (conducted 25 years ago) which points to major gaps in understanding the scientific contributions of consultation-based interventions.

3. Borrowing from child mental health to identify common elements in consultation

Although meta-analyses are useful in summarizing average effects in consultation research, these studies typically do not yield information regarding intervention content within and across a literature. A distillation approach, borrowed from the children's mental health literature, is another option for synthesizing literature (Chorpita et al., 2005; Chorpita & Daleiden, 2009). Distillation approaches first identify a sample of effective interventions and then code unique practice or common elements within those interventions to summarize procedures that are distinct and overlapping across a literature. The advantages to distillation approaches have been summarized extensively elsewhere (see Becker et al., 2018; Chorpita et al., 2005; Garland et al., 2008). In brief, distilling practice elements aggregates knowledge in a unique way by identifying practice elements that are most frequently implemented for a population, in a specific context, or within a family of treatments. Thus, practices included in interventions that are effective are identified and described within and across a domain of practice. In addition, distillation approaches promote a common language across similar practices (Becker et al., 2015). Distillation approaches are similar to research examining consultation content that has pervaded the school psychology literature for decades (Lopez & Nastasi, 2014).

Several distillation studies have been published relevant to schools, including universal mental health programming (Boustani et al., 2015; Boustani et al., 2020), out-of-school academic interventions (Engell et al., 2020), and evidence-based interventions for children and youth with disruptive behavior (Garland et al., 2008; Lawson et al., 2019; McLeod et al., 2017). Lawson et al. (2019), for example, recently distilled 12 core components of social and emotional programs (SEL) delivered in elementary schools across 14 evidence-based SEL programs. Lawson et al. found that social skills and identifying others' feelings emerged in 100 % of programs, identifying one's own feelings emerged in 92.3 % of programs, and coping skills emerged in 91.7 % of programs. Lawson et al. highlights that identifying common elements that are integrated into different SEL programs can help schools build on existing programs already in place by relying on synthesized knowledge pointing to candidate strategies instead of adopting multiple SEL programs with overlapping content.

Although distillation approaches can descriptively summarize the frequency with which specific practice elements emerge among promising consultation-based interventions, no claims can be made regarding the potency of these individual elements or the degree to which they are associated with specific client outcomes (Boustani et al., 2015). Nonetheless, distillation approaches applied to the school consultation literature can inform how to scale up these models in schools and streamline training for school psychologists and other school-based providers engaged in consultation.

4. The current study

The first goal of this systematic review of school consultation studies reporting promising student social and behavioral outcomes was to describe the characteristics of the consultation studies included in the review, including demographic information reported and design features of those studies. The second goal of this systematic review was to distill the common practice elements that emerged across those studies (Chorpita et al., 2005). As such, research questions included: (1) Which sample characteristics are reported (i.e., demographics of students, consultants, and consultees) and study design characteristics are reported (i.e., consultation model employed, type of design, comparison conditions, intervention fidelity measurement), and (2) Which practice elements are coded most frequently across promising school consultation models?

5. Method

5.1. Literature search

We conducted a systematic search to identify studies focused on evaluating the impact of school consultation models on social and behavioral outcomes for students ages 2–13. We defined consultation as an indirect service delivery model in which trained consultants worked with school-based consultees in a sustained way to improve teacher practices and student outcomes (Erchul & Martens, 2012).

Fig. 1 illustrates the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA; Page et al., 2021) flow diagram depicting the number of articles identified, screened, assessed for eligibility, coded, and excluded. Published group and single-case design studies were identified through a computerized search of four databases from January 1980–January 2024. EBSCO host research database identified 85 references, Web of Science identified 125 references, ERIC identified 71 references, and ProQuest identified 126 references. We also conducted a hand search of consultation outcome studies published in meta-analyses and systematic reviews to identify additional articles for screening ($n = 75$). In total, 478 articles were identified and after removing 166 duplicates, 316 article abstracts were screened for eligibility.

5.2. Determining inclusion of studies in the systematic review

Our approach to determining study eligibility was consistent with the overarching goal of distilling common practice elements featured in consultation interventions designed to improve social and behavioral outcomes among children and youth ages 2–13. Consultation interventions were examined as a whole, rather than isolating social and behavioral outcomes yoked with specific intervention components. We focused on social and behavioral outcomes for two reasons. First, indirect service models, like consultation, are powerful models for reaching children and adolescents to support their social and behavioral competence (Garbacz et al., 2020; Sheridan & Kratochwill, 2008). Second, a preponderance of evidence suggests that contingencies within the environment and supporting teachers to change their behavior predicts improvements in student social and behavioral outcomes (Atkins et al., 2015; Stichter et al., 2009).

We focused on studies examining effects for children between 2 and 13 years-of-age for three reasons. First, studies document that social and behavioral problems are the most common referral for this age group and target for consultation (Collier-Meek & Sanetti, 2014; Foster et al., 2005; Garland et al., 2008; Kaufman et al., 2010). Kaufman et al. (2010), for example, analyzed referral rates by grade level among 1668 students ranging in age from 4 to 20. Findings indicated that for externalizing problems, K–3 students, students in grades 4–6, and students in grades 7–8, had significantly more referrals than students in grades 9–12. Second, evidence

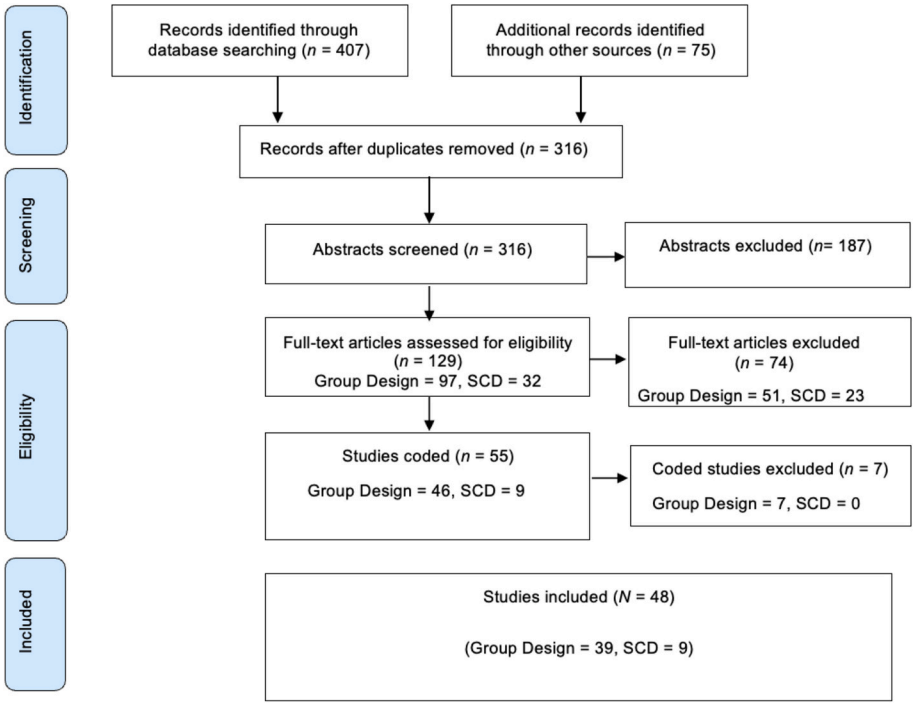

Fig. 1. Prisma Flow Diagram.
Note. Number of records identified, screened, evaluated for eligibility and included. SCD = Single Case Design studies.

suggests most referrals for social and behavioral problems occur in elementary and middle schools rather than high school (e.g., Briesch et al., 2013; Harris et al., 1987). Third, studies highlight the effectiveness of early intervention for children with social and behavioral problems (Maag & Katsiyannis, 2010; Shernoff & Kratochwill, 2007) and negative consequences, particularly related to achievement, among students who struggle with social and behavioral problems who do not receive services (Hill et al., 2004; Masten & Cicchetti, 2010).

Studies had to meet several inclusion criteria established apriori to be included in the review (see supplementary material for inclusion/exclusion criteria). The PICOTS framework (i.e., Population, Intervention, Comparison, Outcomes, Timing, Setting [Samson & Schoelles, 2012]) guided the scope of our review. The first author screened abstracts ($n = 316$) to assess if they met inclusion criteria ($n = 187$ studies excluded). The first and third author screened full text articles ($n = 129$; $n = 97$ group design, $n = 32$ single-case design) to confirm studies met design requirements and reported social and/or behavioral student outcomes. This included screening group design studies to ensure they were: (1) randomized controlled trials (RCT) or quasi-experimental group comparison designs (QED) in which groups were matched or tested for differences, and (2) reported at least one statistically significant improvement for students in the consultation condition (versus comparison, control, treatment as usual or business-as-usual) on standardized measures of disruptive behavior, inattention/hyperactivity, or social skills from pre-to-post.

The first and third author first double coded five of the 97 group design studies to assess agreement on group design criteria (i.e., RCT or QED) and that the article reported at least one promising outcome described above with no disagreements observed. Therefore, the remaining 92 studies were screened independently to assess eligibility with $n = 51$ studies excluded. The first author excluded seven additional studies during the coding process because consultation was not the focus of the study, leaving a total of $n = 39$ group design studies included in the review.

Two coders (i.e., third author and one research assistant) screened single-case design studies ($n = 32$) to confirm they met design requirements (i.e., multiple baseline, alternating treatment, or ABAB designs) and reported promising outcomes (described above) using What Works Clearinghouse Standards (WWC) Version 1.0 (Kratochwill et al., 2010; Kratochwill et al., 2013) described in detail in the next section. Both coders had taken courses on single-case research design and analyses and completed the Advanced Training Institute on Single-Case Research Methods (singlecase.org) funded by the Institute of Education Sciences. Coders viewed core discriminations of visual analysis in single-case design, reviewed examples, and completed reliability in visual analysis for multiple baseline, alternating treatment, and ABAB designs via the Advanced Training Institute on Single-Case Research Methods. Reliability required a minimum of 0.80 correlation with the experts (mean correlation 0.859; Range = 0.809–0.884) prior to coding single-case design studies independently to determine promising outcomes.

Coders determined promising outcomes using WWC Version 1.0 by following three steps. First, coders determined whether baseline data were adequate, that there were sufficient data within each phase to document an effect, and that the design allowed for adequate opportunities to demonstrate a change in outcomes between baseline and intervention ($n = 10$ studies excluded). Second, coders evaluated outcomes across six established features of visual analysis, including: (1) evidence of positive change in level, (2) expected changes in trend (if trend was present), (3) stable data, (4) minimum score overlap, (5) immediacy of effect, and (6) consistency of data in similar phases ($n = 3$ studies excluded). Third, coders provided an overall judgment of whether there was a functional relationship between the consultation intervention as a whole and student outcomes when integrating all criteria included in the visual analysis. Coders used a 7-point scale (1 = *weak evidence*, 4 = *moderate evidence*, 7 = *strong evidence*) to make an overall judgment of whether a functional relationship existed, consistent with methods recommended by leaders of the Advanced Training Institute on Single-Case Research Methods (singlecase.org). Consultation studies with a functional relationship coded ≥ 4 were included in the review ($n = 9$ studies included, $n = 10$ studies excluded).

5.3. Coding manual development

The research team used a structured approach to coding articles described in detail next. The coding manual was based on the PracticeWise Clinical Coding System (PracticeWise, 2020) under a research agreement, which allowed the research team to access and use the coding system for research purposes. The PracticeWise Clinical Coding System has been used in prior distillation studies (Becker et al., 2016; Becker et al., 2018; Boustani et al., 2015; Boustani et al., 2020). Articles included in the systematic review were coded to capture sample and study design characteristics (to answer research question 1) and practice elements (to answer research question 2).

5.4. Sample characteristics and design

The first author identified 23 codes from the PracticeWise Coding System (PracticeWise, 2020) that were used to code sample characteristics. These included student characteristics reported (i.e., referral problem, grade, age, gender, race/ethnicity), consultant characteristics reported (i.e., gender, race/ethnicity, role) and consultee characteristics reported (i.e., gender, race/ethnicity, role). In addition, study design elements were coded, including consultation model employed, study design, comparison condition (for group design studies), whether randomization was employed (for single case design studies), and if fidelity of intervention delivery was measured in the study. The first author added the consultation model code as that was not part of the PracticeWise Coding System.

5.5. Practice elements

The first author identified 21 codes from the PracticeWise Coding System that were aligned with indirect service delivery models

that would be used to capture the common practice elements coded in the current study. Table 1 illustrates each common practice element that was coded along with brief definitions. The first author also added four additional common elements to the coding system that were not included in the original PracticeWise Coding System but that reflected strategies that could emerge in classrooms, that aligned with indirect service delivery models, and that had a prevention and strengths-based focus. *Classroom management* was operationalized as strategies designed for the classroom to enhance engagement and on task behavior, including helping teachers use procedures, rules, and routines to maximize engagement (Korpershoek et al., 2016; Simonsen et al., 2008). *Planned ignoring* was defined as removing attention from undesirable behavior (e.g., off task, disruptive) to reduce its frequency (Simonsen et al., 2008). *Rehearsal* was defined as the consultant enacting the participation of the consultee to help teach a new skill or the consultee enacting the participation of students to teach a new skill (Choy-Brown et al., 2022). *Strengths identification* was defined as recognizing strengths of the consultee and/or student that could be incorporated into the consultation intervention (Sheridan & Kratochwill, 2008).

5.6. Coding procedures

5.6.1. Coder training

The coding team included one school psychology intern, four doctoral students, one master's student, and one undergraduate student. Coders participated in four days of training which included a didactic overview of the codes and codebook along with extensive practice coding. Training included one round of open coding and discussion of one article followed by independent coding of three additional articles with the lead author to identify discrepancies, resolve questions, and attain reliability with the lead author. Across the three training articles, the Practice Element Mean Kappa = 0.81 (Range = 0.57 to 0.97) and Article Coding Mean Kappa = 0.90 (Range = 0.67 to 1.0).

5.6.2. Coding articles

After training, $n = 39$ group design studies and $n = 9$ single-case design studies were assigned to coders and 47 % of the studies were double-coded (Practice Element Mean Kappa = 0.76; Range = 0.54 to 0.90, Article Coding Mean Kappa = 0.81; Range = 0.59 to 1.0). The first author met weekly with the coding team to review coding procedures, control for coder drift, discuss and resolve coding

Table 1
Common Practice Elements Abbreviated from PracticeWise (2020)

[a] Behavioral Contracting	Commitment to an action and define behavioral expectations specified in an agreement
Coping	Strategies to improve an individual's ability to manage stressful situations
Cognitive	Changing how individual interprets events by examining their thoughts
[a] Commands/ Directions-Verbal	Training individuals how to give effective instructions to improve compliance
Cultural Adaptations	Addressing specific cultural values, beliefs, and expectations
[a] Family Engagement	Strategies to increase caregiver participation in consultation
[a] Functional Behavioral Assessment	Assessing the functional relationship between behavior and relevant environmental events (antecedents and consequences).
Goal Setting	Selecting goals and working toward achieving those goals
Maintenance/Planning for Generalization	Training to consolidate skills already developed and to anticipate future challenges
Modeling	Demonstrating a desired behavior to promote imitation and performance of that behavior
Monitoring	Training individuals in the repeated measurement of a target behavior
[a] Natural/Logical Consequences	Natural and logical consequences help individuals make connections between their choices and the consequences that follow
Peer Pairing	Pairing youth to create naturalistic opportunities for learning
Performance Feedback	Provide feedback related to performance or activity
Praise	Training individuals to use social rewards to promote desired behaviors
Relationship/Rapport Building	Strategies to increase the quality of the relationship
[a] Response Cost	Training individuals to use a point or token system in which unwanted behaviors result in the loss of points or tokens
Self-Monitoring	Training individuals to repeatedly measure their own behavior
Social Skills Training	Providing constructive information and feedback to improve interpersonal functioning
Tangible Rewards	Training individuals in the contingent delivery of rewards to promote desired behaviors
Time Out	Training individuals to remove the child from all reinforcement after engaging in an undesirable behavior
Four Additional Common Elements	
[a] Classroom Management Practices	Strategies designed for the classroom to enhance engagement and on task behavior. Can include helping teachers use procedures, rules, and routines to maximize engagement
[a] Planned Ignoring	Training individuals to remove their attention from undesirable or inappropriate (e.g., off task, disruptive, aggressive, etc.) behavior to reduce its frequency.
Rehearsal	Creating opportunities for an individual to practice a skill. Often involves role in which the consultant enacts the participation of the consultee to help teach a new skill or the teacher enacts the participation of students to teach a new skill.
Strengths Identification	Identifying strengths of consultee and/or client.

Note. The coding system was based on the *PracticeWise Clinical Coding System* (PracticeWise, 2020) under a research agreement, with four additional elements added to reflect the consultation literature. [a] = the practice element could only be delivered at the student level (e.g., consultee trains teacher to use time out with students).

discrepancies, and make final coding decisions. Articles with low agreement (Kappa <0.67) were discussed during weekly coding meetings to establishing consensus on operational definitions followed by another round of independent coding.

Coders were trained to read each article and determine if it included multiple components (e.g., consultation plus parent training) or just consultation and coded only the practice elements associated with consultation. Coders identified practice elements by comparing the description in the article with the operational definition included in the structured codebook. Coders also indicated the page number in the original article where the information appeared and maintained notes accompanying each decision to justify coding and to resolve discrepancies during consensus coding. Coders used Excel and a structured codebook to code participant demographic characteristics and design characteristics along with each practice element as present or absent. The structured codebook included: (1) general procedures for coding and reliability; (2) operational definitions of each code; (3) example and non-examples of each code. In addition, the codebook included instructions for coding practice element at the student level (e.g., consultee trains teacher to use time out with students) or student and teacher level (e.g., consultant adapts consultation model to attend to teacher diversity and consultant supports the teacher to adapt instruction to attend to student diversity).

5.7. Data analysis

We counted frequencies to identify sample characteristics and study design characteristics. Common practice elements were also summarized by frequency counts and presented in results. Bar graphs illustrate the frequency with which each practice element was coded at the teacher and student level.

5.8. Transparency and openness

Planned methods and analyses were not shared in a public registry (i.e., preregistered) prior to conducting the study.

6. Results

6.1. Student demographic characteristics

Seventy-two percent of the studies included students receiving tier 2 supports as the target for consultation, including students with elevated behavioral, emotional, and social problems. One-fifth (22.9 %) of studies focused on tier 1 supports in which all students in a classroom were eligible to participate in the study. A small percentage of studies (4.2 %) included a combination of students receiving tier 1 and tier 2 supports. Sixty percent of studies included students referred for behavior problems or a combination of behavior problems and other concerns (e.g., social, ADHD), 16.7 % of studies included students with only ADHD, and the remaining 22.9 % of studies included tier 1 students. Seventy three percent of studies included consultation delivered in a Pre-K to 5th grade classroom, 18.8 % of studies included consultation delivered in a 6th grade classroom (55 % for which ADHD students were the focus). The mean

Table 2
Demographic Characteristics Reported for Consultants, Consultees, and Students.

	Percent	*N*
Demographics Reported		
Consultant Gender Reported	33.3	16
Consultant Race/Ethnicity Reported	27.1	13
Consultee Gender Reported	68.8	33
Consultee Race/Ethnicity Reported	58.3	28
Student Gender Reported	91.7	44
Student Race/Ethnicity Reported	85.4	41
[a] Consultant Role		
Graduate Student	43.8	21
Multiple Roles	37.5	18
Unclear	20.8	10
School Psychologist	10.4	5
[a] Consultee Role		
Teacher	100	48
Parent (included as consultee)	33.3	16
Student Grade Level		
Pre-K to 5th Grade School	72.9	35
6th to 8th Grade School	18.8	9
K-8th Grade School	8.3	4

Note. [a] Percentages do not sum to 100 for consultant and consultee role given multiple roles present in studies.

age of students across all studies was 6.8 ($SD = 2.24$). Student gender was reported in 91.7 % of studies and race/ethnicity was reported in 85.4 % of studies.

6.2. Consultant and consultee demographic characteristics

The demographic characteristics of consultants (see Table 2) were reported less frequently than the demographic characteristics of consultees and students. For example, consultant gender was reported in 33.3 % of studies and race/ethnicity was reported in 27.1 % of studies. Consultee gender, on the other hand, was reported in 68.8 % of studies and race/ethnicity in 58.3 % of studies.

Forty-three percent of studies included a consultant who was a graduate student, 37.5 % of studies were coded "multiple" for consultant role, and 20.8 % of studies were coded "unclear" for consultant role. Only 10.4 % of studies included a school psychologist in the role of consultant. In terms of teacher role, all studies included the teacher as consultee (100 %) and 33.3 % included parents as consultees in addition to teachers.

6.3. Study design characteristics

Consultation model coding was based on all available information provided in the studies. One-fifth of studies (22.9 %) reported using conjoint behavioral consultation (CBC; Sheridan & Kratochwill, 2008) and approximately one-fifth of studies (20.8 %) reported using behavioral consultation (Kratochwill & Bergan, 1990). In addition, 8.3 % ($n = 4$) used a combined behavioral and collaborative approach to support teachers to implement the daily report card for students with ADHD, 8.3 % ($n = 4$) used practice-based coaching, 6.3 % ($n = 3$) used the Incredible Years coaching model, and 0.4 % ($n = 2$) described early childhood mental health consultation as the model employed. In addition, 29.2 % included generalized consultation to implement universal classroom management practices and/or a combination of universal and targeted practices but without naming a specific model.

Table 3 summarizes the design characteristics of the studies included in the review. Of the 39 group design studies included in the review, 97.7 % were randomized controlled trials while one study used a quasi-experimental group comparison design in which groups were matched for differences (Reinke et al., 2014). Business-as-usual (i.e., typical education services) was the most frequently used control group (60 %), followed by no treatment control (26 %) and wait list control (13 %). In addition, two studies included three consultation groups with differing levels of behavioral consultation delivered (Fuchs et al., 1990; Fuchs & Fuchs, 1989).

Among the group design studies, 77 % were coded as measuring fidelity of intervention delivery. Among the nine single-case design studies, eight adopted multiple baseline designs (MBD). One study used a multiple probe design (Shernoff & Kratochwill, 2007) which is similar to a MBD in that the independent variable is systematically and sequentially introduced to one participant at a time but different than a MBD in that data are not collected as frequently. Five of the nine single-case design studies embedded randomization into the design. Bice-Urbach et al. (2018) also employed a dual-randomization procedure in which there was random assignment of teacher–student dyads to intervention start times and start points. Eight of the nine single-case design studies were coded as measuring fidelity of intervention delivery.

6.4. Distillation of common practice elements of consultation

Consultation common practice elements ($n = 15$ at the teacher level; $n = 23$ at the student level) were distilled using the *PracticeWise Clinical Coding System* (PracticeWise, 2020). Across the 48 promising consultation studies designed to improve social and behavioral outcomes (see Fig. 2), coders identified consultant *modeling* skills/behaviors with the teacher (present in 58.3 % of the consultation studies) as the most common practice element at the teacher level, followed by consultant providing *performance feedback* to the teacher (present in 56.3 % of studies), and consultant supporting the teachers' skills in *family engagement* (present in 41.7 % of studies). In contrast, *peer pairing* (pairing a teacher with a colleague) and *praise* (consultant praises teacher) were not present in any

Table 3
Study Design Characteristics.

	Percent	*N*
Group Design Studies		
Randomized Controlled Trial	97.7	38
Quasi-Experimental (groups matched for differences)	0.02	1
Type of Control Group		
Business as Usual	60	23
No Treatment Control	26	10
Wait List Control	13	5
Other (matched control)	0.02	1
Intervention Fidelity Measured	77	30
Single Case Design Studies		
Multiple Baseline Design	100	9
Randomization Embedded	55	5
Intervention Fidelity Measured	89	8

studies, *coping* (consultant helps teacher cope with stress) was present in 4.2 % of studies, and *cognitive* (consultant helps teacher alter their thoughts about a situation) was present in 6.3 % of studies. Fig. 2 also highlights that 60 % of the practice elements at the teacher level (nine of the 15 elements coded) were present in only 8.3 % to 37.5 % percent of consultation studies included in the review.

At the student level (see Fig. 3), coders identified *praise* (i.e., consultant trains teacher to praise students) as the most common practice element (present in 56.3 % of studies), followed by *goal setting* (i.e., consultant trains teacher to set goals for students) present in 52.1 % of studies), *functional behavioral assessment,* and *tangible rewards* (both present in 47.9 % of studies). *Peer pairing* (pairing students with peers) and *cognitive* (consultant trains teacher to help students think differently about a situation) were coded least frequently at the student level (present in 2.1 % of studies). In addition*, ignoring* was only present in 6.3 % of studies. Fig. 3 also highlights that 57 % of the practice elements at the student level (13 of the 23 elements) were present in only 8.3 % to 25 % percent of consultation studies included in the review.

Of the 12 practice elements that could be coded at the teacher and student level (e.g., consultant adapts consultation model to attend to teacher diversity and consultant supports the teacher to adapt instruction to attend to student diversity), coders identified *modeling* in 58.3 % of studies at the teacher level and 14.6 % of studies at the student level. Coders identified consultant *performance feedback* to the teacher in 56.3 % of studies while only 25 % of studies included the consultant training the teacher to provide *performance feedback* to students. In contrast, coders identified *goal setting* with students as present in approximately one-half of studies compared to *goal setting* with teachers as present in approximately one-fifth of studies.

Fig. 4 illustrates that consultation models that included students with behavior problems most frequently included consultant *modeling* an intervention for a teacher (65.5 %), consultant providing *performance feedback* to a teacher (62.1 %), and consultant *monitoring* a teachers' behavior (44.8 %). On the other hand, consultation models that included students with ADHD most frequently included consultant building a teachers' skill in *family engagement* (100 %).

7. Discussion

The overarching goals of the current review included documenting how demographic and study design information was reported in the school consultation research and identifying the common practice elements that emerged across those studies. We used a validated distillation approach (Chorpita et al., 2005) to code demographic and study design characteristics and to identify common practice elements associated with school consultation interventions reporting promising social and behavioral outcomes for children and youth ages 2–13. Forty-eight group and single-case design studies were coded, and from those studies, 15 practice elements were distilled at the teacher level and 23 at the student level.

7.1. Student, consultant, and consultee characteristics

Interestingly, demographic characteristics of consultants (i.e., gender and race/ethnicity) was not reported as frequently as demographic characteristics of consultees and students. Only one-third of studies reported information on consultant gender, which is lower than what Reddy et al. (2000) found in their meta-analysis of 35 consultation studies where 40 % of the studies reported consultant gender. On the other hand, one-third of studies in our review reported information on consultant race/ethnicity, which is higher than what Reddy et al., reported (i.e., 0.05 % of studies reporting this information). King et al. (2022), on the other hand, reported less frequent reporting of consultant demographics than our review. King et al. found that only 7.6 % of studies reported

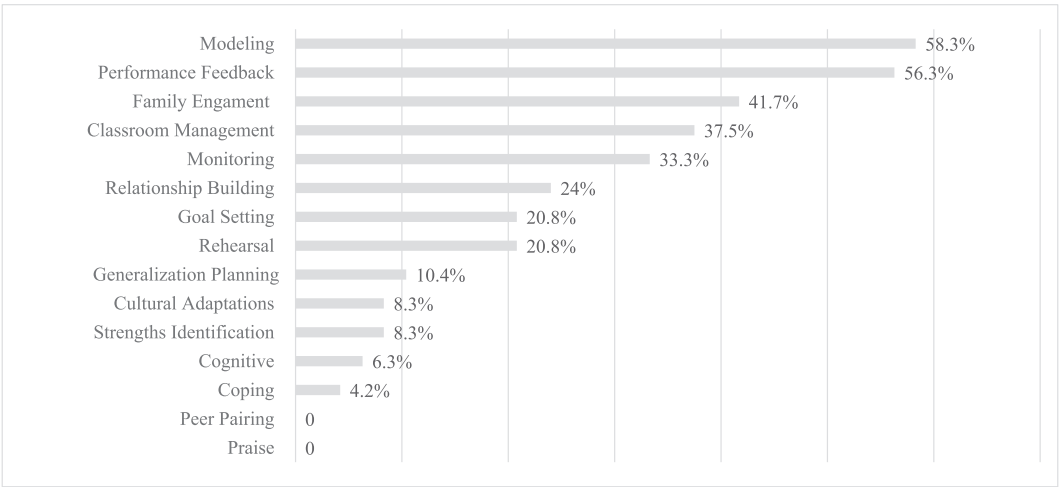

Fig. 2. Percentage of Consultation Studies for Which Teacher Level Practice Elements Were Present.
Note. Across the 48 promising consultation studies designed to improve social and behavioral outcomes, these are the most common practice elements delivered at the teacher level.

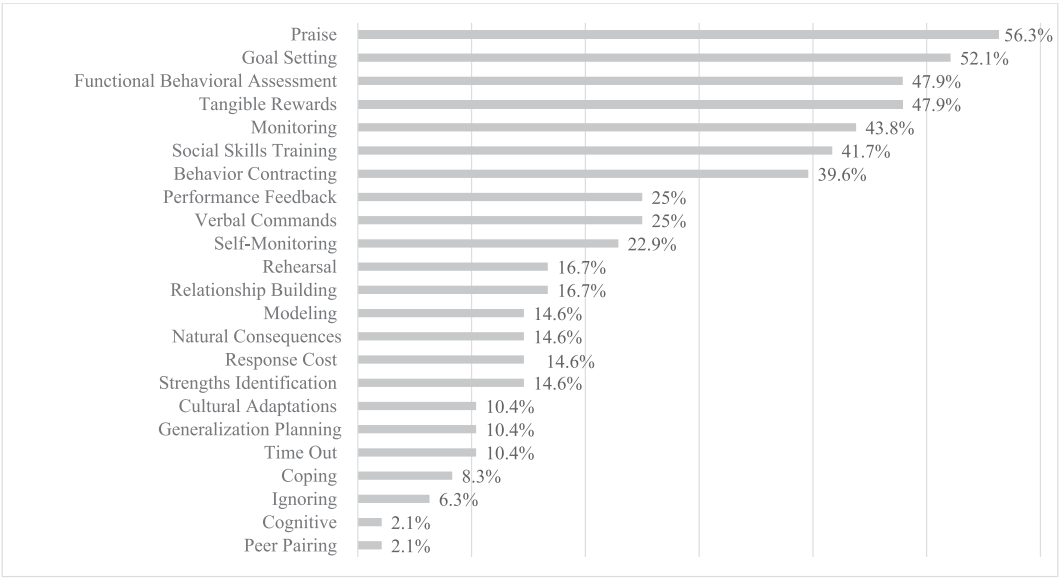

Fig. 3. Percentage of Consultation Studies for Which Student Level Practice Elements Were Present.
Note. The most common practice elements delivered at the student level.

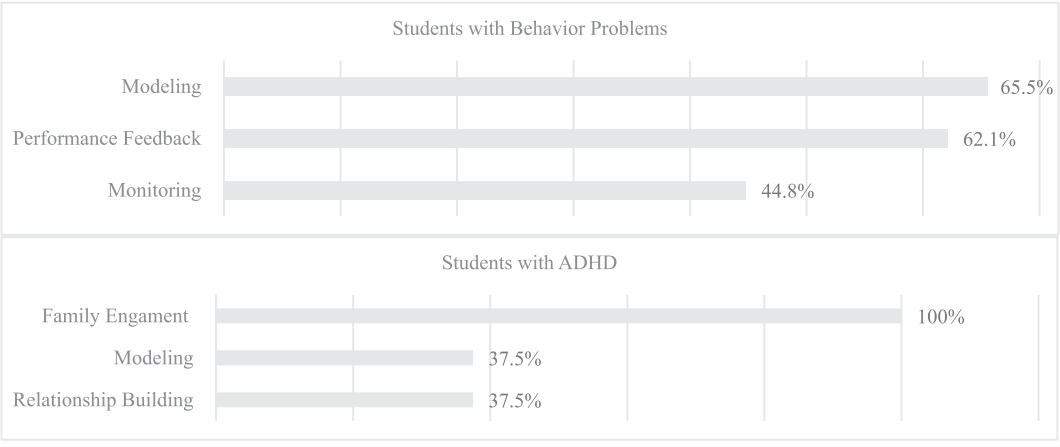

Fig. 4. Variation in Practice Elements Based on Type of Student Enrolled in the Study.

consultant race/ethnicity and only 15 % reported consultant gender. Taken together, these findings suggest inconsistency with regards to how consultant demographic information is reported in the extant research and the need for greater uniformity in reporting these important variables.

In the current review, consultee gender was reported in 68.8 % of studies and consultee race/ethnicity was reported in 58.3 % of studies. This rate is comparable to what was reported in the King et al. systematic review of teleconsultation and almost double to what Reddy et al. (2000) reported, with only 42 % of studies including information on consultee gender. In the current review, student gender was reported in 91.7 % of studies and race/ethnicity was reported in 85.4 % of studies. This finding is encouraging given in the Reddy et al. meta-analysis, only 23 % of studies reported student race/ethnicity and 63 % of studies included information on student gender. Consistent reporting of demographic characteristics of all consultation participants allows for more nuanced analyses of how diversity and identity factors are associated with consultation outcomes (Ingraham, 2003; McKenney et al., 2017; Newell, 2010). Consistent reporting of demographic characteristics in consultation research also supports the exploration of how racial, ethnic, gender, and ability matching is associated with important consultation outcomes.

In terms of consultant role, close to one-half of studies identified the consultant as a graduate student (43.8 %), in contrast to 10.4 % of studies including a school psychologist as the consultant. This finding is consistent with several reviews of the consultation literature (Collier-Meek & Sanetti, 2014; King et al., 2022). King et al. (2022), in a systematic review of teleconsultation, also found that graduate students were predominantly in the role of consultation. Collier-Meek and Sanetti (2014) similarly found in a review of CBC studies,

that 63 % of studies reported consultant role as someone affiliated with a university. It is unlikely that graduate students delivering consultation services to teachers in a research study is representative of typical consultation service delivery in schools. On the one hand, experienced school psychologists have built significant expertise in consultation that trainees likely do not have as novices. On the other hand, graduate students, may have more time to deliver intensive consultation services when compared to practicing school psychologists, who deliver more comprehensive services (National Association of School Psychologists, 2020). Thus, it is possible that the dosage of consultation delivered by graduate students was higher than what would be possible for a practicing school psychologist. Graduate students also may have access to unique training in consultation and/or evidence-based practices, which could influence the consultation services that were provided to teachers in the studies included in the review. To deliver effective and sustainable services, it is essential to build a schools' internal capacity using existing resources. Thus, we would argue that consultation services provided by external consultants may not align with the practical realities of consultation services provided by school psychologists and other school-based personnel.

It is also worth noting that 37.5 % of studies included consultants in "multiple" roles while 20.8 % of studies were coded "unclear" for consultant role. Authors frequently cited themselves as being in the role of consultant, but coders were trained to not deduce role based soley on author information. This finding suggests that in future consultation research, authors should clearly identify the role of consultant as this information has implications for feasibility and generalizability.

7.2. Study design characteristics

In the current review, 43.7 % of the studies reported implementing behavioral consultation or CBC. This finding converges with previous reviews highlighting the prominence of these two models in the school consultation literature relative to other models, like organizational consultation and mental health consultation (Medway & Updyke, 1985; Sheridan et al., 1996). Sheridan et al. (1996) argued for greater specification of consultation models used in outcome research given 28 % of the studies in her review reported using "other" as the model and 11 % of the studies did not specify the consultation model. In the current review, 29.2 % of studies were coded as adopting a general consultation model. This finding leads us to question if these studies were also guided by a common elements approach. Regardless, it is important for authors to specify the practices and processes followed, especially when consultation does not adhere to models already featured in the extant literature.

In the current review, the majority of group and single case design studies were coded as measuring intervention fidelity. This finding converges with a growing body of research in which implementation strategies have been used in consultation research to promote the fidelity of intervention implementation (e.g., intervention scripts, motivational interviewing; see Sanetti & Pierce, 2025). Although this finding is encouraging, it is worth noting that fidelity measurement is a complex construct that can be assessed at multiple levels (e.g., consultation procedures versus intervention plan, quality versus dosage) and more fine-grained coding in future research will shed more light on the state of fidelity measurement in consultation research.

7.3. Common elements coded frequently at the teacher level

Consultant modeling of a strategy for a teacher was coded most frequently among studies included in the review (present in 58.3 % of studies). Modeling has its origins in social cognitive learning theory (Bandura, 2001), which emphasizes that learning occurs vicariously, by observing others and enactively, via guided practice. Modeling also predicts transfer of training from one setting (e.g., consultation meeting) to another setting (e.g., classroom). In a recent distillation study of supervision common elements, supervisor modeling of a therapy technique was observed in 69 % of the evidence-based interventions included in the review which suggests some convergence between findings from our study and other distillation studies (Choy-Brown et al., 2022). These findings also align with consultation problem-solving models that incorporate modeling to enhance consultant skills (Kratochwill et al., 2014) and teacher fidelity of implementation (Sanetti et al., 2015; Sanetti & Collier-Meek, 2015, 2019).

Providing performance feedback to the consultee was another practice element that was coded frequently (present in 56.3 % of studies). Performance feedback is considered a core component of effective professional development and consultant effectiveness, particularly when feedback is specific and frequent (Bain & Swan, 2011; Cavanaugh, 2013; Kratochwill et al., 2014; Martens & DiGennaro, 2008). In a recent literature review, Fallon et al. (2015), identified performance feedback as an evidence-based practice when working with educators. It is also encouraging that modeling and performance feedback were coded as present most frequently, as these practices are firmly entrenched in the consultation and adult learning literatures (Kraft et al., 2018; Kratochwill et al., 2014; Sanetti et al., 2015; Shernoff et al., 2016). Modeling and performance feedback are crucial pedagogical approaches that predict skill development because they leverage active, experiential learning opportunities (Bearman et al., 2013; Choy-Brown et al., 2022; Kolb et al., 2014) and maximize skill transfer (Penuel et al., 2007; Salas et al., 2012). These active learning strategies also address limitations to more traditional professional development (e.g., single attendance workshops) which often emphasize passive learning strategies (i.e., didactic instruction, discussion) and are also not associated with changes in teacher practices or student outcomes (Desimone & Pak, 2017; Garet et al., 2001; Penuel et al., 2007).

Active learning strategies (i.e., consultant modeling and performance feedback to teachers) were coded more frequently among consultation studies targeting students with behavior problems (e.g., noncompliance, arguing) as opposed to ADHD, where modeling was coded in only 37.5 % of studies and performance feedback was coded in only 12.5 % of studies. Thus, researchers developing and implementing consultation interventions for students with ADHD may want to increase the use of active learning strategies to improve skill acquisition and transfer (Hattie, 2008; Scott et al., 2014).

In addition, relative to the other practice elements, family engagement was coded fairly frequently at the teacher level (present in

41.7 % of studies). This finding is perhaps expected, given 22.9 % of studies reported using CBC (Sheridan & Kratochwill, 2008), where the primary goal is increasing communication between home and school and promoting shared ownership for problem definition and solutions. Our findings are also comparable to a recent review of universal child mental health programming, where 52 % of the universal child programs included family engagement (Boustani et al., 2020). The co-occurrence of family engagement among consultation studies that included students with ADHD may be related to the characteristics of ADHD, with symptoms typically persisting across multiple settings. This is an encouraging finding given home-school partnerships is a promising method for enhancing achievement among children with ADHD; and we would argue that it is an important component of consultation-based interventions across other referral problems as well (Pfiffner et al., 2016; Power et al., 2012).

7.4. Common elements coded infrequently at the teacher level

The relatively infrequency (10 % or fewer) with which other practice elements were coded as present at the teacher level points to potential opportunities to leverage certain practice elements to improve consultation outcomes. For instance, generalization planning (i.e., consultant supporting the teacher to apply skills to future challenges) was coded infrequently (present in 10.4 % of studies). A recent meta-analysis of school-based consultation in early childhood settings emphasized the importance of generalization, with consultation having a significant impact on teacher implementation of evidence-based practices after participating in consultation (LRRi = 0.95; Tau = 0.79; Smith et al., 2022). Given behavioral consultation and CBC are designed to sustain teachers' implementation of interventions and generalization planning is embedded into the final interviews in both models, we would have expected this practice element to be coded as present more frequently.

In addition, we did not identify any examples of consultation models that included consultants praising teachers, despite praise emerging most frequently at the student level (present in 56.3 % studies). Identifying teacher strengths was also coded infrequently (present in 8.3 % of studies). Given psychotherapy research highlights nonspecific treatment factors (e.g., relationships, positive regard) account for a significant amount of variance in treatment outcomes (Wampold, 2013), it could be advantageous to include a more intentional focus on consultants praising teachers and identifying their strengths. This could help consultees overcome mistrust or prior negative experiences engaging in consultation. Identifying strengths and competencies can also lead to stronger self-efficacy beliefs among consultees, which can positively influence their beliefs regarding implementing the practices embedded within consultation (Bandura, 2001). Similar to how positive reinforcement operates with students, positively reinforcing teachers for their implementation efforts is likely to strengthen their behavior in the future as well.

In the current study, cultural adaptation (e.g., consultant adaptation of the model to attend to teacher diversity) was coded as present in only four (8.3 %) studies (i.e., Baker-Henningham et al., 2009; Baker-Henningham et al., 2012; Dang et al., 2017; Raver et al., 2009). These studies involved adapting consultation for use in different countries (i.e., Jamaica, Vietnam, the Netherlands) and one study also adapted the intervention for use with predominantly African American and Hispanic teachers and youth (Raver et al., 2009). Adaptions also included translating teacher materials into Vietnamese or Spanish (Dang et al., 2017; Raver et al., 2009). Several studies also piloted the adapted intervention with teachers to solicit feedback regarding the cultural acceptability of the materials prior to implementing the intervention with students (Baker-Henningham et al., 2009; Baker-Henningham et al., 2012; Raver et al., 2009).

Adapting consultation models to center teacher diversity is a small part of a much larger initiative to incorporate principles of cultural responsiveness into consultation. This means intentionally bringing salient cultural, linguistic, and ethnic diversity identities into the consultation process (Collier-Meek et al., 2023; Miranda, 2015; Parker et al., 2020). These initiatives are also aligned with recent calls for school consultants to function as agents of social change who provide socially just services in schools (Fenning et al., 2023; Malone et al., 2017; Miranda, 2015; Newman et al., 2024). Although cultural responsiveness has historically been integrated into consultee-centered consultation models (Ingraham, 2017a; Newman & Ingraham, 2017), results from the current study suggest the need for a more intentional focus on these practices in other consultation models and extending coding to include more than just cultural adaptation. Some innovative work related to integrating process logs into supervision to maximize school psychology trainees' self-reflection and use of equitable communication during consultation has emerged in the literature (Agha & Barrett, 2024). Use of simulation training and teleconsultation has also been conceptualized as a mechanism for better preparing trainees to integrate culturally responsive practices into consultation (Heidelburg et al., 2024). More work is needed to study the impact of these innovative training models on consultees, consultants, and students.

7.5. Common elements coded frequently at the student level

Fifty-six percent of studies included consultation models in which the teacher was encouraged to praise students, followed by setting goals for students (present in 52.1 % of studies), followed by functional behavioral assessment/intervention and tangible rewards (present in 47.9 % of studies). Praise is featured prominently in a variety of coaching, consultation, and school-wide intervention models to enhance student engagement and learning, reduce challenging behaviors, and promote positive student-teacher relationships (e.g., Bear, 2009; Martens & DiGennaro, 2008; Shernoff et al., 2020). Goal setting is an important practice element that supports self-determination and self-regulation, particularly for students who struggle with learning and behavioral challenges (Martens et al., 1997; Palmer & Wehmeyer, 2003). Goal setting is foundational to most consultation models in school psychology and has particular relevance for students with ADHD. Dunson et al. (1994) for example, in a study of behavioral consultation, employed daily and weekly goal setting and reminders to support students with inattention. Gormley et al. (2020) similarly used goal setting in CBC to target students struggling with ADHD. By helping teachers identify and set appropriate goals for students, consultants and consultees can conjointly assess progress and make adaptations to interventions as needed.

The frequency with which functional behavior assessment (FBA) was coded as present (47.9 %) is not unexpected given close to 40 % of the studies reported adopting behavioral or conjoint models, both which explicitly focus on identifying functions of behavior and using function to inform the intervention. Integrating FBA into consultation-based interventions reflects accumulating evidence that challenging classroom behaviors do not occur in isolation or represent inherent deficits within students and instead are functionally linked to the instructional context (Epstein et al., 2008; Garbacz et al., 2020; Shernoff et al., 2017; Simonsen et al., 2008). By helping teachers discern and address the function of behavior, school psychologists can play a crucial role in supporting positive classroom climates, which can also decrease referrals for more costly, intensive support (Burns, 2013; National Association of School Psychologists, 2020).

Additional positive and proactive behavioral strategies (i.e., reinforcing appropriate behavior through praise and effective commands, providing rewards) were also coded as present more frequently (Range = 25 % to 52.1 %) when compared to reductive strategies (i.e., response cost, time out, ignoring; Range = 6.3 % to 15 %). This finding converges with the existing coaching, consultation, and school-wide interventions models (Reinke et al., 2014; Simonsen et al., 2008). This finding also converges with the original distillation and matching study conducted by Chorpita and Daleiden (2009), where praise was coded as present in 53 % of studies and rewards was present in 46 % of efficacy studies targeting students with oppositional and aggressive behavior. The use of positive, proactive strategies by teachers is crucial, particularly in high-need, low-wealth schools given racial disparities in discipline erode safe and nurturing schools and negatively impact perceived school belongingness (Bottiani et al., 2014; Morris et al., 2020). Mitchell and Bradshaw (2013), for example, in a sample of 1902 students in 93 classrooms, found that teachers who implemented positive behavioral approaches were more likely to have students who rated their teachers as fair and effective disciplinarians.

7.6. Common elements coded infrequently at the student level

Cultural adaptation to attend to student diversity was only present in five (10.4 %) studies (Cappella et al., 2012; Clarke et al., 2017; Hart et al., 2016, 2019; McKenney et al., 2017). Adaptations involved translation of materials and interpretative services for students, or their families and the explicit steps taken to consider student culture in selecting interventions. Clarke et al. (2017) described working collaboratively to ensure that interventions were culturally responsive and acceptable for Latinx students. McKenney et al. (2017) embedded a culturally responsive phase of consultation, in which teachers worked with consultants to modify curriculum and develop individual accommodations in ways that addressed cultural factors. The limited number of studies that included cultural adaptations for students points to crucial areas for growth and enhancement of consultation interventions.

7.7. Implications for research, training, and practice

7.7.1. Implications for research

Applying a distillation approach to the consultation literature is the first step in a program of research designed to identify practice elements linked with specific teacher and student outcomes. This research would bring us closer to understanding the mechanisms of change that guide the development of consultation-based interventions, and can advance the field by clarifying the conceptual, theoretical, and empirical foundations of existing consultation models. Accumulating evidence to support individual practice elements will require producing effect sizes across group and single-case design studies included in the consultation literature, which is not without challenges (Kratochwill et al., 2023; Shadish et al., 2015). Findings also have implications for the development of treatment integrity measures that encompass the core practice elements integrated into consultation interventions in schools (Collier-Meek et al., 2019; McLeod et al., 2017). It is important to note that the results reported herein are based on information reported by authors – omissions could have yielded an underestimate in the reporting of common practice elements undergirding consultation research.

Applying a distillation approach to the consultation literature also point to important gaps in the literature related to reporting demographic characteristics of the samples. For example, findings from the current study have implications for publishing standards in consultation research and the need for authors to specify the demographic characteristics of consultants, consultees (i.e., parents and teachers), and clients (students and classrooms). Future consultation studies should also include greater specificity and description of the consultation model and procedures followed in addition to the specific role of the consultant.

Given only 10.4 % of the studies in this review included consultants who were school psychologists, consultation research would benefit from greater attention to developing and studying consultation models that are designed for the existing workforce of school psychologists. Studies that incorporate practicing school psychologists as consultants will go a long way toward creating consultation service models that are more contextually relevant, that fit better within the scope of existing service models, and that are more likely to be sustained beyond the life of a research project.

7.7.2. Implications for training and practice

Exposing graduate students to common elements that cut across promising consultation studies could help streamline consultation training or what others have described as “maximizing the reach” and “minimizing the burden” of learning multiple models with overlapping practice elements (Becker et al., 2015; Becker et al., 2018; Boustani et al., 2015). We are not suggesting replacing training in specific consultation models with a common elements approach, as training students in common elements used in isolation could run the risk of oversimplifying the complex consultation processes. A common elements approach could, however, complement training in one or two models such that graduate students are exposed to the fundamental processes and essential skills that cut across promising consultation models. For example, given the frequency with which modeling, performance feedback, praise, and goal setting emerged in promising consultation models, graduate educators may want to focus intentionally on helping students learn, practice,

and generalize these competencies overall. This approach to consultation training also aligns with current calls to create *meta models* of consultation, encouraging synthesis across consultation models, rather than continued training in different consultation models that have distinct goals and focus (Rosenfield et al., 2014).

A common elements approach may also support practicing school psychologists to more efficiently consult with school staff, particularly those with high caseloads and extensive assessment responsibilities. If competing priorities constrain the amount of time practitioners can engage in consultation, it may be beneficial to prioritize a limited number of common elements (e.g., functional behavioral assessment, family engagement). This approach may be more feasible than attempting to complete all steps of a particular consultation model (e.g., all the behavioral consultation interviews). This approach may help maximize school psychologists' time and resources and build teacher competency in skills that are useful across multiple interventions, thereby facilitating the scaling up of evidence-based practices.

7.8. Strengths and limitations

Results from the current review help elucidate the frequency with which important demographic characteristics are reported, study design characteristics, and common practice elements that emerge in the school consultation literature and offer a different view of the consultation literature. This review was not designed to provide a prescriptive set of practices that should be integrated into consultation interventions or the potency of these individual elements. It is important to note that coding a practice element as absent did not mean that element was not delivered. It is possible that these elements were not described by authors, or authors may not have described these elements with enough specificity to code. Alternatively, authors may include these elements in consultation research studies that were excluded from the current review (e.g., academic interventions). Undocumented practice elements that were not captured during coding may have resulted in underestimating the frequency with which some practice elements emerge in consultation studies designed to enhance student social and behavioral outcomes.

This review also adhered to established distillation methodologies and an existing coding system that is validated in the literature (Becker et al., 2018; Boustani et al., 2020; Chorpita & Daleiden, 2009). We took a deductive approach to coding that provided structure and continuity in the application of codes. We added one code related to consultation model and four practice element codes to the *PracticeWise Clinical Coding System* to incorporate strategies that we anticipated would be important to measure, but we did not code the co-occurrence or pairing of strategies which could provide insight into which combination of practice elements occur and how combining elements may or may not differentially impact student outcomes.

In addition, there are some consultation models that dominate the literature, such as instructional consultation (Rosenfield, 2013; Rosenfield et al., 2014) and consultee-centered consultation (Knotek & Hylander, 2014; Newman & Ingraham, 2017; Sandoval, 2004) that were not represented in the current review. This lack of representation of additional consultation models could relate to our focus on social and behavioral outcomes when other models, like instructional consultation traditionally focus on academic outcomes (Rosenfield, 2013). This lack of representation of other models may also reflect inclusion criteria related to design characteristics or the exclusion of qualitative research studies. Instructional consultation and consultee-centered consultation studies, for example, are more likely to rely on qualitative approaches, such as discourse analysis methods to identify important communication and collaboration patterns embedded within these models (Lopez & Nastasi, 2014; Rosenfield, 2004). Given 43 % of the studies included graduate students in the role of consultant, there are limitations regarding the generalizability of the findings and the extent to which common elements that were coded in the current review reflect those practices embedded into consultation services delivered by school psychologists.

8. Summary and conclusions

In this study, we adopted a consultation common practice elements or distillation approach at the teacher and student level, a procedure similar to systematic review studies of universal mental health programs, youth mental health service engagement interventions, and evidence-based interventions for children's mental health disorders. After applying this approach in the consultation literature, we found that consultant modeling a skill or behavior and providing performance feedback to the teacher was coded as the most common practice elements delivered at the teacher level. However, the relatively low level with which other practice elements were coded at the teacher level (e.g., praise) suggests that many more options are available to improve consultation outcomes and should be considered in research and practice.

In contrast, in over 50 % of studies the teacher-consultee was encouraged to praise students, followed by setting goals for students, and completing functional behavioral assessment and tangible rewards. These strategies could be applied at the teacher level but are underutilized at this time. Moreover, and unfortunately, like at the teacher level, consultant adaptation to attend to student diversity was present infrequently and included minimal adaptations such as translation of materials and interpretative services.

An interesting finding from our study was that almost one-half of studies used a graduate student as the consultant, with few studies noting that a school psychologist in the setting served as the primary consultant. The use of graduate students serving as the consultant raises the issue of how representative the research base is of practice-based consultation services. This finding also suggests that researchers may need to consider the typical workload of school psychologists and adapt consultation models and processes to better fit typical practice.

A major benefit of the common elements approach is that it would allow consultation training agendas to focus on the most essential skills that cut across promising consultation models. For example, helping trainees develop their knowledge and skills to implement modeling, performance feedback, praise, and goal setting during problem solving consultation seems like time well spent.

Finally, we emphasize that applying a distillation approach to the consultation research literature is one important step in the identification of practice elements that are critical in understanding the mechanisms to explain the outcomes at the consultant and client level. Understanding the mechanisms of change will help researchers and practitioners apply evidence- based interventions that are effective for children and youth.

CRediT authorship contribution statement

Elisa S. Shernoff: Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **Thomas R. Kratochwill:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis. **Staci C. Ballard:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis. **Siyue M. Chen:** Writing – review & editing, Methodology, Formal analysis. **Maya M. Boustani:** Writing – review & editing, Resources, Methodology, Conceptualization.

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Declaration of competing interest

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jsp.2025.101463.

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