Further Validation of the Consultation Skills Scale (CSS): Relationships Between Consultation Skills, Supervisory Working Alliance, and Interprofessional Collaboration

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We conducted a confirmatory factor analysis (CFA) to obtain validity support for the Consultation Skills Scale (CSS) in a sample of 369 counseling professionals and interns. Upon obtaining a poor model fit from an initial CFA, we utilized modification indices and removed nine items from the CSS. As a result, we achieved a better model fit for the shorter 8-item instrument (CSS-S). To further examine validity of the CSS-S, we also explored the relationships between counselors' consultation skills and two related professional activities, ability to foster supervisory working alliance and ability to engage in interprofessional collaboration. We discuss the results along with the implications for further practice and research as well as limitations to the current study.

Keywords: consultation skills, confirmatory factor analysis, counseling professionals, supervisory working alliance, interprofessional collaboration

As an important component of counselors' scope of practice (Kurpius & Fuqua, 1993; Scott, Royal, & Kissinger, 2015), consultation is included in the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2015) standards, referenced in the American Counseling Association (ACA) *Code of Ethics* (2014), and supported as a best practice for helping counselors resolve ethical dilemmas (Sangganjanavanich & Lenz, 2012). Literature on consultation encompasses diverse professional perspectives, models, and theoretical frameworks (Brown, Pryzwansky, & Schulte, 2011; Goodman-Scott, 2015; Moe, Perera-Diltz, & Sepulveda, 2010). In an attempt to define consultation for professional counselors, Scott et al. (2015) proposed that consultation is a professional helping relationship in which a consultant seeks to foster growth and change to benefit the consultee, the consultee's clients, and the organizational context in which the consultee provides services. Both mental health and school counselors utilize consultation to enhance practice and support recognized standards of care. As a distinct mode of intervention, consultation is recognized as a key component of the *Multicultural and Social Justice Counseling Competencies* (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015), in which counselors are strongly encouraged to act outside of the counselor–client dyad to advocate for the competent provision of services to marginalized groups.

Consultation as a Distinct Area of Practice

In the consultation literature, scholars tend to conflate consultation with other related practices, such as supervision and interprofessional collaboration. The practice of consultation does overlap in some areas with both supervision and interprofessional collaboration, while differing in how the duty of care toward identified clients and students is shared between professional stakeholders.

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In supervision, the relationship rests on a *de facto* hierarchy in which supervisors take on ultimate responsibility for ensuring the standard of care is being met and utilize consultation as one of their supervisory roles (Bernard & Goodyear, 2018). In interprofessional collaboration, the duty of care is co-equal across the specific roles and functions of the collaborating care providers. In consultation, on the other hand, the duty of care rests with the primary provider, though consultants are obligated to act ethically within the consultation relationship. These general comparisons between consultation, supervision, and collaboration, however, are not rigid and the skill sets, responsibilities, and best practice guidelines governing a specific relationship between two professionals may share elements of each depending on context. Developing competency in each area appears to share a common theme, though counselors and other helping professionals should be intentional about practicing through the lens of a coherent, guiding framework when engaging in supervision, consultation, or interprofessional collaboration with other professionals and on behalf of the clients and students being served. Although recent scholarship on supervision and collaboration can be found supporting the efficacy of each intervention, recent scholarship on consultation in the professional counseling literature is largely conceptual and continues to lack robust empirical grounding. In our study, we addressed these gaps by obtaining further validation of a consultation skills instrument, the Consultation Skills Scale (CSS; Moe, Perera-Diltz, & Sparkman-Key, 2018).

The Need for Counseling-Specific Consultation Research

Given the commonality of peer consultation and collaboration across the various health care and allied fields (Newman & Ingraham, 2017), it is imperative to consider the research base on the apparent efficacy of consultation as an adjunctive practice. Research on consultation is similar to research on clinical supervision in counseling, with outcome-based research focusing on the effect consultation has on the consultee as opposed to clients or organizational contexts. The main evidence-based outcome of consultation appears to be improvement in treatment integrity or fidelity, with this effect being documented with consultees working with both youth (Brennan, Bradley, Allen, & Perry, 2008) and adults (Collier-Meek & Sanetti, 2014). The improvement of practitioners' treatment fidelity attributable to the effect of consultation has been documented in manualized, experimental research (Ruble et al., 2018), and with single-subject design research (Smith, Eichler, Norman, & Smith, 2015). As supervision is only mandated for counselors during distinct periods early in their training, Ruble et al. (2018) suggested that consultation as a mode of intervention is ideal for diffusing innovation and evidence-based practice throughout counselors' career development. For example, promising results have been generated in the critical area of child and adolescent behavioral and mental health consultation, in which consultants are viewed as enhancing the standard of care being provided by another primary therapist (Vuyk, Sprague-Jones, & Reed, 2016). The ability to diffuse affirmation of lesbian, gay, bisexual, transgender, and other gender- and sexuality-diverse people as the standard of care in mental health work also appears to be supported through consultation practice (Moe et al., 2018).

In a comprehensive meta-synthesis of qualitative studies sharing a focus on consultation processes, five cross-cutting themes were identified related to best practice in consultation implementation (Newman et al., 2017). The five themes were: (a) taking system-level factors into consideration; (b) providing consultation in a coherent and consistent manner; (c) creating space for consultee voice, social-emotional support, and learning; (d) striving for ecologically valid and culturally competent consultation practice; and (e) obtaining sufficient training to apply relational process skills before engaging in consultation (Newman et al., 2017). These themes are echoed within both classic and recent scholarship on consultation and underscore the need for training in consultation as a distinct intervention. What training is needed specifically, and how to assess training in consultation, is an overlooked area in the professional counseling and counselor education literature base. As an under-

researched area of scholarship (Guiney, Harris, Zusho, & Cancelli, 2014; Sangganjanavanich & Lenz, 2012), the dearth of counseling-specific consultation research may exist because of the lack of a valid measure specifically designed to assess counselors' consultation skills and proficiencies. Guiney et al. (2014) developed the Consultation Self-Efficacy Scale (CSES) to assess school psychologists' relative self-efficacy for implementing consultation. Presenting a complex framework, the CSES defined consultation self-efficacy as comprised of six interconnected domains that overlap substantially with common professional helping skills (e.g., communication ability, multicultural sensitivity). This conceptual foundation for the CSES is more aligned with the profession of school psychology as opposed to counseling, limiting our ability to use it for assessing counselors' general skills and proficiency in consultation.

Moe et al. (2018) developed the theory-based CSS, focusing on counselors' perceived knowledge of consultation models and frameworks and related consultation skills as a distinct practice modality akin to group counseling, clinical supervision, and crisis response (Brown et al., 2011). Rather than practicing consultation as an adjunct or supplement to their preferred mode of counseling, the CSS incorporated awareness of models, interventions, and dispositions identified in the literature base as distinguishing consultation from other modes of professional helping. The items for the CSS were created using a rational-empirical approach, with the aim of developing a construct that would assess respondents' awareness of consultation theory, process, and skills, and relative adherence to the idea that consultation is a distinct area of practice as opposed to an ad hoc one. In a study specifically examining counseling professionals' lesbian, gay, and bisexual counseling competence in relation to their consultation skills, Moe et al. established the initial construct validity for the CSS through an exploratory factor analysis (EFA). However, Moe et al. stated that the targeted sample and sample size in the study were limited, requiring further collection of validity evidence for the CSS.

Purpose of the Study

In our study, we aimed at further examining the validity and reliability properties of the CSS to advance our knowledge base regarding consultation skills and proficiency among counselors. Thus, our research questions were: (1) Is the unidimensional structure of the CSS confirmed with a cross-validation sample? (2) Does the CSS demonstrate different types of validity (i.e., convergent, divergent, concurrent, incremental)? and (3) Is the derived factor internally consistent and stable? We explored validity evidence for the CSS by testing the factorial structure through a confirmatory factor analysis (CFA). We also further tested validity evidence for the instrument by assessing the relationships between participants' scores on the CSS and two related constructs: supervisory working alliance and interprofessional collaboration. Finally, we explored the reliability properties of the CSS.

Methodology

Participants

Demographics for participant (*N* = 369) cultural background, gender identity, age, years of experience, counseling specialty, training in consultation, and highest degree earned are reported in Table 1. Only participants who completed all measures plus the demographic information were included in the present study.

Table 1

Self-Reported Participant Demographics (N = 369)

Gender Identity	Number	% Total
Male	101	27.4
Female	245	66.4
Choose Not to Respond	23	6.2
Cultural Heritage		
White, Non-Hispanic	298	81.0
Black/African American	9	2.4
Latinx/Hispanic	15	4.1
Asian/Asian American	10	2.7
Native American	4	1.1
Multiple Heritage	15	4.1
Other Background	5	1.4
Choose Not to Respond	12	3.2
Highest Earned Degree		
Bachelor's	80	22.0
Master's	265	72.0
EdS	11	2.5
Doctorate	13	3.5
Counseling Specialty		
School Counseling	41	11.1
Clinical Mental Health Counseling	219	59.3
Counselor Education	25	6.8
College Counseling	12	3.3
Addictions Counseling	7	2.0
Rehabilitation Counseling	47	12.7
Other	18	4.8
Training in Consultation[a]		
No Training	89	24.1
Required Course	181	49.0
Elective Course	54	14.7
CEUs	135	36.5
Supervised Practice	115	31.2

Age		
Range	24 to 79	
Mean	51.6	
SD	13.9	
Practice Experience		
Range	6 months to 48 years	
Mean	17.5	
SD	11.8	

[a]Training in consultation percentage not cumulative; participants could report more than one type of training.

Data Collection Procedure

We recruited participants via direct email and posting announcements to professional counselor-focused listservs such as CESNET and COUNSGRADS. We accessed emails through the purchase of a member email list from the American Mental Health Counselors Association, whose membership is comprised of self-identified mental health counselors, and the publicly available contact information for practicing school counselors in Virginia, as well as members of national and state school counselor professional associations. Because of the use of the web-based survey method for recruiting participants via the internet, we could not calculate a rate of response. Although we knew the total number of available emails in advance, the number of non-working emails and the presence of email firewalls prevented the assessment of how many potential respondents received the recruitment notice. Potential respondents were emailed five times over a period of three months. Of the people reached, 610 began the web-based survey but only 369 (60%) completed the study measures and demographic information to a sufficient extent for inclusion as a participant. We used this particular sampling method to identify practicing counselors affiliated with ACA and its divisions and branches. We aimed to generalize results of the current study to the ACA community, comprised of a diverse national and international group of practicing counselors and very similar groups. We also used an incentive raffle to encourage participation, and participants had the opportunity to win one of two $25 electronic gift cards.

Instruments

Demographic information form. The demographic information form was administered to obtain information about the participants' ethnicity, age, gender, educational background, years of counseling experience, specialty area, current position, consultation training, supervision training, and experiences of consultation and supervision.

CSS. Moe et al. (2018) developed the CSS to assess counselors' awareness of consultation theory and related consultation skills. In the CSS, Moe et al. aimed at differentiating consultation from other areas of practice, while keeping the focus applicable across counseling specialties. The CSS's specific focus on consultation practice supports the evaluation of training and practice in consultation as a distinct modality relative to other professional counseling practice domains. With a sample of 145 counseling professionals and interns, Moe et al. conducted an EFA on the 19-item CSS using a maximum likelihood extraction with direct oblimin rotation. In the preliminary analysis, the unrotated solution for the EFA revealed two factors; however, a single-factor structure with 17 items appeared as the most robust solution for the CSS. Indicating validity, the CSS was positively associated with counseling experience and sexual orientation competence, and the Cronbach's alpha coefficient for the total scale was reported as .97. The CSS utilizes a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). In the present study, the Cronbach's alpha coefficient for the 17-item CSS was .98.

Supervisory Working Alliance Inventory – Supervisor (SWAI-S). Participants' perceptions of being able to establish a working alliance in counselor supervision were assessed with the Supervisory Working Alliance Inventory – Supervisor Scale (SWAI-S; Efstation, Patton, & Kardash, 1990). The SWAI-S is a 23-item, 7-point Likert scale ranging from 1 (almost never) to 7 (almost always). Client Focus, Rapport, and Identification are the three domains that comprise the overall items on the SWAI-S. The Client Focus domain emphasizes the supervisor's contribution to the supervisee's perception of the client. Rapport stresses the supervisor's effort in the supervisory rapport-building process, and Identification draws attention to the supervisor's view of the supervisee's identification in the supervision process. Efstation et al. (1990) reported alpha coefficients for SWAI-S subscales as

.71 for Client Focus, .73 for Rapport, and .77 for Identification. In the current study, we found alpha coefficients for SWAI-S subscales as .98 for Client Focus, .99 for Rapport, and .99 for Identification. Convergent and divergent validity of the scales were established through intercorrelations with the Supervisory Styles Inventory (Efstation et al., 1990). For the purposes of the current study, participants were asked to indicate the extent to which SWAI-S items were characteristic of their work with trainees during their supervision.

Modified Index for Interdisciplinary Collaboration (MIIC). Participants' perceptions of collaboration on interdisciplinary teams were measured with the Modified Index for Interdisciplinary Collaboration (MIIC; Oliver, Wittenberg-Lyles, & Day, 2007). The MIIC is a 42-item self-report questionnaire with a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Including four subscales of Interdependence and Flexibility, Newly Created Professional Activities, Collective Ownership of Goals, and Reflection on Process, the MIIC's conceptual framework is based on the original instrument, the Index for Interdisciplinary Collaboration (IIC; Bronstein, 2002); therefore, it is expected to have the same face validity with the IIC (Oliver et al., 2007). The internal consistency estimate of the MIIC, calculated as Cronbach's alpha, was found to be .94 for the present study. The subscale internal consistency estimates were found to be .87 for Interdependence and Flexibility, .77 for Newly Created Professional Activities, .80 for Collective Ownership of Goals, and .79 for Reflection on Process (Oliver et al., 2007). For the purposes of our current study, participants were asked to specify their agreement on the MIIC statements with regards to their current primary work setting and organization.

Data Screening and Analyses

Confirmatory Factor Analysis (CFA). To examine the fit for the single-factor solution of the CSS in our sample, we utilized Mplus 6 to run a CFA. Prior to conducting the analysis, we initially examined the necessary assumptions for the CFA (i.e., multivariate normality; Kline, 2011). We observed 26 cases as multivariate outliers in our sample. Upon the examination of these cases' influence on our results with and without them, we decided to remove these outliers from the final analysis. To have a robust understanding of our CFA results, we observed multiple fit indices for the single-factor model from Moe et al.'s (2018) EFA (i.e., chi-square test, root mean square error of approximation [RMSEA], confirmatory fit index [CFI], and standardized root mean square residual [SRMSR]), as recommended by Lent, Lopez, Brown, and Gore (1996).

Other validity analyses. We also examined convergent, divergent, concurrent, and incremental validity psychometrics of the CSS. We first explored the correlations between the CSS and the subscales of the SWAI, namely Client Focus (CF), Rapport (R), and Identification (I), for the convergent validity—as they measured similar, but not identical concepts. To explore divergent validity, we checked the correlations between the CSS, the MIIC, gender (identifying as male), and ethnicity (identifying as European American)—as all measured different concepts. Next, concurrent validity of the CSS was investigated through the examination of mean differences between participants without consultation training, those with one to two consultation training experiences, and those with three or more consultation training experiences. Finally, we tested incremental validity of the CSS via a hierarchical regression analysis in which predictive ability of the CSS was examined to predict participants' MIIC scores beyond the variables of age, gender, and years of experience.

Reliability analyses. Finally, we examined Cronbach's alpha coefficient as well as split-half reliability properties of the CSS for internal reliability.

Results

CFA

In our sample, the CFA fit indices for the single-factor model yielded a poor model fit for single-factor solution. Specifically, although non-significance is desirable (Tabachnick & Fidell, 2013), we obtained a significant result for the chi-square test of model fit. This test is known as sensitive to sample size (Lent et al., 1996), and to account for this, we continued with examining other criteria for our model fit. We also obtained initial values for RMSEA (.12) and CFI (.90) outside the recommended criteria for fit (RMSEA < .06, CFI > .95; Hu & Bentler, 1999). The SRMSR was the only index meeting the recommended fit criteria (.04 < .08; Hu & Bentler, 1999). After this initial review, we followed Cole and Maxwell's (2003) recommendations on examining modification indices. As a result of conducting necessary modifications, we removed nine items from the CSS, and the CFA results revealed a better fit for an 8-item version of the instrument the authors called the Consultation Skills Scale-Short Form (CSS-S; $\chi^2(28) = 86.21$, $p = .00$, CFI = .98, RMSEA = .075, 90% CI [.06, .90], SRMSR = .02). See Table 2 for means, standard deviations, and factor loadings of the eight items.

Table 2

Means, Standard Deviations, and Factor Loadings of the Items of the CSS-Short Form

Item #	Item labels	M^a	SD	Factor Loadings
1	I know how to help consultees improve programming issues for work with identified clients.	4.31	1.63	.86
2	I know how to develop a consultation contract.	3.71	2.21	.83
3	I know how to apply established problem-solving models to address consultee concerns.	4.23	1.76	.89
4	I am familiar with systems consultation.	3.77	2.10	.87
5	I know how to operate as an external consultant.	3.97	2.05	.87
6	I know how to operate as an internal consultant.	4.16	1.85	.87
7	I know how to assess the culture and climate of consultee organizations.	3.97	1.92	.85
8	I can address theme interference effectively with consultees.	3.88	1.98	.85

[a] Means are based on a scale of 1 to 5.

Validity Analysis

We obtained initial evidence for the construct validity of the CSS-S through our CFA results. Convergent validity of the CSS-S was established through the obtained significant correlation coefficients between the CSS-S and SWAI-CF ($r = .50$), SWAI-R ($r = .46$), and SWAI-I ($r = .46$). Indicating divergent validity for the CSS-S, the correlation coefficients between the CSS and the MIIC, gender, and ethnicity were .34, .05, and -.03, respectively. The results of a one-way ANOVA indicated concurrent validity for the CSS-S with significant differences between the three groups of participants without consultation training, those with one to two consultation training experiences, and those with three or more consultation training experiences: [$F(2,368) = 28.27$, $p = .00$]. Participants with three or more

consultation training experiences reported significantly higher consultation practice proficiency perceptions (M = 38.39, SD = 6.40) when compared to participants without consultation training (M = 26.47, SD = 8.96) or with one to two consultation training experiences (M = 32.62, SD = 9.67). Finally, showing incremental validity, the CSS-S also explained an additional 7% of the variance in participants' MIIC scores (R^2 = .132, p = .000), above and beyond the independent variables in the first (i.e., age, gender, and years of experience; R^2 = .004, p > .05) and second (i.e., SWAI; R^2 = .058, p = .000) blocks.

Reliability Analyses

The reliability analyses results showed satisfactory support for the CSS-S. For the present study, Cronbach's alpha coefficient for the CSS was .96; no items appeared to reduce the reliability coefficient of the scale. We also examined the Spearman-Brown coefficient for the split-half reliability and obtained .96.

Discussion

In this study, we obtained strong results for the single-factor structure as well as validity and reliability properties for a shorter version of the CSS-S in a sample of counselors. Our results also revealed further validation for consultation as a distinct area of practice.

Psychometric Qualities of the CSS-S

CFA results revealed that the CSS-S is a psychometrically sound unidimensional instrument, measuring counselors' consultation skills as a distinct modality relative to other professional counseling practice domains. In the current sample, upon poor fit of the initial single-factor solution, we further utilized modification indices and eliminated items. As a result, different than the original 17-item instrument (Moe et al., 2018), we obtained a shorter version of the CSS with eight items indicating a good CFA solution fit.

We further obtained significant results for the CSS-S via convergent, divergent, concurrent, and incremental validity procedures. For convergent validity, we found that counselors' CSS-S scores were moderately related to the subscales of the SWAI (i.e., Client Focus, Rapport, and Identification). These relationships revealed that the CSS-S measured a similar but different competency area compared to the area of supervision. We also found that counselors' CSS-S scores were unrelated to gender or ethno-cultural identification and were weakly related to the MIIC, establishing divergent validity. In other words, counselors' consultation skills were distinctly different than their gender or ethno-cultural identification and separate from their interdisciplinary collaboration ability. Supporting concurrent validity, counselors' CSS-S scores got higher as they had more consultation training (i.e., three or more consultation training experiences vs. one to two or no consultation training experiences). Beyond other variables (i.e., years of experience and supervisory working alliance), counselors' consultation skills significantly contributed to their interdisciplinary collaboration ability, indicating incremental validity of the CSS-S.

Finally, we examined the reliability of the CSS-S by observing the internal consistency across the items. Both Cronbach's alpha and split-half reliability results were strong, demonstrating satisfactory results for the CSS-S. The CSS-S appears to possess useful validity and reliability characteristics for assessing counselors' perceptions of their own abilities to practice consultation and may help scholars develop more empirically grounded scholarship on consultation as a distinct mode of practice.

Consultation and Supervision as Related and Distinct Areas of Practice

In addition to validation of the CSS-S, our findings also point out other significant information. The domains of consultation and supervision have long been conceptually linked in the literature, primarily in terms of both serving as modalities for senior clinicians to provide support and mentorship to their colleagues (Truneckova, Viney, Maitland, & Seaborn, 2010). The consultation paradigm of consultee-based mental health consultation (Newman & Ingraham, 2017) shares similarities to clinical supervision in terms of a shared focus on promoting skill development in consultees or supervisees to work with an identified client population or presenting problem. In the Discrimination Model, consultation is presented as one of the roles of clinical supervisors while training professional counselors (Bernard & Goodyear, 2018). According to the Discrimination Model, supervisors' engagement in a consultative, collaborative relationship is seen as a hallmark of supervisee development, in which the supervisee is invited to contribute as a peer and fellow professional expert (Bernard & Goodyear, 2018). From their phenomenological study of the supervisory relationship between female supervisors and supervisees, Mangione, Mears, Vincent, and Hawes (2011) also reported that consultation emerged as an important theme when participants reflected on how to create a collaborative environment during the supervision process. Adopting the role of consultant may enhance the supervision process for counselors-in-training (Sangganjanavanich & Lenz, 2012). For example, Granello, Kindsvatter, Granello, Underfer-Babalis, and Moorhead (2008) identified peer consultation as an intervention for promoting perspective taking and overall cognitive development in supervisees. The relationships between the counselors' perceptions of their consultation skills and supervisory working alliance in the current study were indications of the complementary relationship between counseling professionals' consultation and supervision roles. Our findings appear to promote the understanding that although consultation skills and different dimensions of supervisory work are intertwined, they are also distinct concepts, and expertise in one modality does not necessarily ensure expertise in the other.

Limitations

The current study involved limitations that need to be reported. First, we specifically targeted counseling professionals in this study and did not include participants from other fields. Another group of counselors or participants from other fields (e.g., social work, nursing) may have yielded different results than the ones we obtained in this study. Second, we did not examine some of the specific demographic variables (e.g., specialty areas, position) within our data set. Those variables may have influenced the results of the current study. Lastly, despite being part of a master list of licensed counselors, self-selection of our participants in this study could indicate participants' interest in consultation as an area of practice. The authors may not have reached out to enough participants who lacked knowledge and experience of consultation, or had sufficient participants with experience as a supervisor to effectively complete the SWAI-S.

Implications for Future Research and Practice

Our results supporting the psychometric qualities of the CSS-S have both research and practical implications, many of which are connected to one another. The lack of a psychometrically sound measure of counselors' consultation skills has limited research on consultation efficacy in the counseling literature and the research base of other helping fields (Dougherty, 2013). Assessing counselors' perceptions of their consultation skills with the CSS-S can help to clarify and contribute to consultation efficacy research in counseling and counselor education. The small number of items on the CSS-S also offers researchers the convenience of a brief measure for participants to self-assess their consultation skills and can help clarify how this construct influences other areas of counseling practice. For example, the CSS-S may be used with participants from different specialty areas of counseling (e.g., school counseling, mental health counseling) and different professional development levels (e.g., counseling

interns, counselors working toward licensure, licensed counselors) to understand the participants' consultation skills perceptions and their potential needs. Researchers also could utilize the CSS-S to address the need for examinations of consultants' relative competence to practice consultation from a theory-based foundation. The CSS-S could address the gap between consultation training, practice, and research. Particularly, as counselors and counselor educators prepare to operate in a modern clinical environment, where behavioral and physical health care professionals are encouraged and expected to collaborate effectively, assessing counselors' consultation abilities could help support development of the skills necessary to operate within the integrated care paradigm. Similarly, because of the generic language of the instrument, researchers could establish the validity and reliability properties of the CSS-S with samples from other fields (e.g., social work, nursing). In these efforts, researchers also could compare professionals from different fields (e.g., counseling vs. nursing) to examine similarities and differences among the participants' consultation skills perceptions as well as other variables (e.g., consultation training and practice experiences), and explore the discipline-specific factors that may influence how consultation is practiced and when it is considered to be an effective intervention.

Researchers have identified the process nature of consultation as an impediment to establishing the efficacy of consultation (Erchul & Sheridan, 2014). Consultants' ability to practice consultation as a distinct helping intervention is both a process and outcome variable, and a valid measure of this construct can help to establish baseline levels of consultant ability or serve to identify when during the consultation relationship a consultant feels most capable. In tandem, counselor education programs could use the CSS-S as a baseline instrument to identify relative levels of familiarity with the consultation paradigm and tailor their consultation-related pedagogy to the needs and expectations of counselor trainees with different levels of consultation proficiency. Being able to assess consultation proficiency also can help to clarify when and what types of training are most effective. Questions related to where in the curriculum this domain should be introduced, what methods are optimal for ensuring retention and mastery, and what benchmarks exist for the development of consultation skills can be explored empirically with the measure presented in this study.

Conclusion

We presented the results of a psychometric investigation of the CSS-S, a derived measure assessing participants' perceptions of their skills to practice consultation as a distinct modality based on specific knowledge and skills. The preliminary findings demonstrate support for continued use of the CSS-S in research on consultation and support previous conceptual scholarship identifying consultation as complementary to but also distinct from clinical supervision and interprofessional collaboration. Training in consultation (i.e., coursework, supervised experience, postgraduate workshop attendance) appeared to increase participants' perceptions of consultation skills as measured with the CSS-S. Consultation is a distinct mode of counseling and behavioral health practice, and being able to assess consultants' perceptions of their own abilities is an important step in advancing the research base on consultation theory and how this domain can be employed to promote better outcomes for clients, students, and communities, not only in educational and clinical settings, but also in integrated health care settings.

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