WORKING WITH CHILDREN WITH DEAFBLINDNESS: AN INTERVENER TRAINING PROJECT

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NATIONAL CENTER ON DEAF-BLINDNESS

Deaf-blindness

- Deaf-blindness causes profound sensory deprivation, creating a "disability of access"
- Without consistent and responsive specialized support, environmental information and concepts are
  - *Distorted*
  - *incomplete,*
  - *confusing*
- Children with deaf-blindness struggle to learn from the typical formative experiences that children with vision and hearing experience and access incidentally.
- Without a sense of safety and the ability to trust that others will respond to their needs, readiness to learn is compromised, and potential to achieve is limited.

Population of Students

- As of 12/1/2017 – 10,435 children & youth
  - *Served in Early Intervention (EI), Early Childhood Special Education (ECSE), & School Age Special Education (SE)*
  - *Almost all EI takes place in home*
  - *Majority in ECSE & SE – some portion of day in typical classrooms and often by professionals who are un- or under-trained in DB*
- 713 children/youth received intervener services (7% of the population)

(Schalock, 2018)

Intervener services

- Quality intervener services, when provided by a skilled intervener, can
  - *facilitate a child's access to environmental information*
  - *support the development and use of communication*
  - *promote social and emotional well-being (Alsop, Blaha, and Kloos., 2000, p.3-7).*

Intervener Services Cont.

- They also
  - *enable children to become aware of what is occurring around them*
  - *attach language and meaning to all experiences*
  - *minimize the effects of multisensory deprivation*
  - *empower them to have control over their lives (Henderson & Killoran, 1995, p. 3).*

What they are *not*

- An intervener is not
  - *a teacher*
  - *an expert in deaf-blind education*
  - *an individual who assumes primary responsibility for the student's education.*
  - *a panacea for surmounting challenges inherent in educating a child who is deaf-blind*

- ***Rather***, intervener services are one of a variety of critical individualized supports that may be needed

Intervener role

- Primary roles in educational setting:
  - *provide consistent access to instruction and environmental information that is usually gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deaf-blind*
  - *provide access to and/or assist in the development and use of receptive and expressive communication skills*
  - *facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being*
  - *provide support to help a student form relationships with others and increase social connections and participation in activities.*

Interveners are people who

- Believe that, with the right information presented in the right way, a student WILL LEARN
- Reduce the isolation of their student who is deaf-blind
- Foster meaningful participation and engagement in activities
- Seize opportunities to expand concept & skill development
- Respond to all communication attempts

- Develop bonds and foster trusting relationships
- Decrease anxiety
- Encourage socialization
- Support independence and self-determination
- Seeks to do WITH and not for
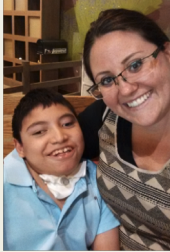- Motivate
- Are consistent

Parent's view

INTERVENER IN ACTION

Intervener on the team

- As a vital part of the team, interveners
  - *participate as an active member of the student's educational team*
  - *attend and participate in IEP meetings*
  - *attend regularly scheduled planning and feedback meetings with the teacher and other team members*
  - *actively supervised and supported by the classroom teacher and other professionals responsible for the child's IEP*
  - *receive ongoing support from professional educators with expertise in deaf-blindness.*

Challenges

- High-quality intervener services provided by a well-trained intervener are often necessary to ensure an appropriate education in the least restrictive environment,
- Unfortunately, there is a widespread lack of awareness of intervener services and of the role of interveners
- There is also an insufficient number of trained interveners.
  - *Currently, only a very small percentage of children who are deaf-blind receive intervener services*
  - *In many states, these services are provided under a different name*
  - *This lack of consistency is confusing*
  - *The scope and quality of services vary significantly*
- Collaboration across stakeholders is needed to promote intervener services wherever they are needed.

Training for interveners

- Open Hands, Open Access (OHOA) Modules
  - *State cohorts*
  - *Self Study*
- University Training Programs
  - *Central Michigan University*
  - *Utah State University*

Intervener Training Pilot Project

- One-time offering by NCDB
- An alternative option for state projects that do not use a university-based program or believe their states' training needs are best met through project-supported training
- Used
  - *OHOA Deaf-Blind Intervener Learning Modules*
  - *Synchronous meetings (participants*
  - *Monthly SDBP meetings*
  - *National Intervener Certification E-portfolio (NICE) System*
  - *Consultation and coaching offered by state deaf-blind projects*
  - *Intervener Training Project Materials*

NCDB & SDBP responsibilities

NCDB provided	Participating state deaf-blind projects were required to
• A module host • Technical assistance to participating state projects	• Develop and implement a process for providing TA (e.g., coaching, consultation) • Have an existing relationship with the school or agency where the candidate works • The school or agency must be willing to support the candidate as he or she goes through the training and certification process. • Mentor (or provide a mentor) for the candidate

The Pilot

- 3 Cohorts based on self-evaluation and experience
  - *Cohort 1 – 0-less than 2 years experience*
  - *Cohort 2 – 2-less than 5 years experience*
  - *Cohort 3 – 5+ years experience*

- Cohort 1
  - *9 participants*
- Cohort 2
  - *8 participants*
- Cohort 3
  - *4 participants*
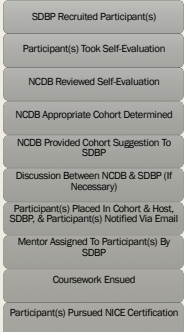- Total states = 7 (AR, CA, DE, IL, LA, NC, VA)

Basic Framework

- SDBP Recruited Participant(s)
- Participant(s) Took Self-Evaluation
- NCDB Reviewed Self-Evaluation
- NCDB Appropriate Cohort Determined
- NCDB Provided Cohort Suggestion To SDBP
- Discussion Between NCDB & SDBP (If Necessary)
- Participant(s) Placed In Cohort & Host, SDBP, & Participant(s) Notified Via Email
- Mentor Assigned To Participant(s) By SDBP
- Coursework Ensued
- Participant(s) Pursued NICE Certification

Replicating the Project

- Yes, you can use the materials we developed!
- Partner with your State Deaf-Blind Project is best
- On your own
  - We have made the QHOA Modules available in an additional format
  - Web-based without ability to utilize a host

Before the Modules Start
Behind the scenes

■ Behind the scenes:
  – *Ensure participants understand the expectations of the modules, discussions, assignments and deadlines*
  – *Enter participants in the modules*
  – *Edit settings, show or hide sections or assignments*
  – *Enter due dates and cut off dates*
  – *Open Module(s) on the start dates*

Before the Module starts

When the module is open:

• Welcome participants
• Give any additional instructions, reminders and dates of module
• Emphasize any portion of the module you wish for participants

During the Module

■ During the module:
  – *Participate in discussions*
  – *Provide feedback and comments to submitted assignments*
  – *Provide additional questions in feedback to facilitate further thinking. Ask clarifying questions.*
  – *Document OHOA or in another format completion of each assignment.*

During the Module continued

- *Send reminders of upcoming due dates and modules.*
- *Send participant status to contact persons midway through module and at end of module.*
  - Example: Rebecca has completed 75% of the module as indicated on the progress bar or completed 3/5 assignments.

After the Module

- After the module:
  - *Document module completion of each participant or arrange an extension.*
  - *Provide any additional comments to discussions or assignments*
  - *Close/hide module after all assignments have been graded or given feedback. Once closed/hidden participants no longer have access to the module.*

Synchronous Meetings

SYNCHRONOUS MEETINGS WERE HELD FOR ONE HOUR TO PROVIDE EXTRA TEACHING, INFORMATION AND DISCUSSION. THE NUMBER OF MEETINGS VARIED BY COHORT.

TOPICS INCLUDED: CONCEPT DEVELOPMENT, NONSYMBOLIC/PRESYMBOLIC COMMUNICATION, BEHAVIOR, AND NICE

EXAMPLE ASSIGNMENT: READ DEVELOPING CONCEPTS WITH CHILDREN WHO ARE DEAF-BLIND BY BARBARA MILES, APPLY INFORMATION TO A SHORT VIDEO AND SUBMIT OBSERVATION AND REFLECTION.

Coaching Materials

- Based on research
- Estimated: after teachers learn about a new strategy, observe it being demonstrated, and practice it, only about 5% will actually implement it consistently in the classroom.
  - *When coaching is added, this estimate rises to 95% (Joyce & Showers, 2002).*
- Coaching Practitioners of Children Who Are Deaf-Blind Resource Page

Tips

- Develop a trusted relationship with participants.
- There appeared to be a rhythm to how folks worked. Most participants submitted most of the work towards the end of the deadline.
- Contact participants if they haven't logged in or started the module as seen on the Progress Bar.
- Give folks reminders and extra encouragement around holidays or school breaks to log in and continue working.

Tips Continued

- Keep due dates yet be flexible if participants need extended times (Hurricane Harvey, fires in California, death of family member, surgery of participant).
- Place additional resources in the Welcome and Orientation Module for a localized place to house additional information. Keep Welcome and Orientation Module open through all modules.
- If participants have sensory impairments, additional modifications may be needed. For example, responses in ASL via YouTube.

Comments from a participant

Input from a coach

Survey of States – Outcomes of Pilot

- All responded Strongly Agree or Agree that their participants were better prepared to perform their job as an intervener
- The most helpful parts of the program
  - *Modules as teaching tools*
  - *Synchronous meetings (peer-to-peer TA)*
  - *Interactions with their intervener participant(s)*
- Suggestions for changes
  - *Make it a longer process (2 years vs. 1 year)*
  - *Instructions/training on distance training*
- Overall satisfaction with the program – 100% responded that the program was of high quality

Survey of Participants

- When asked if they felt better prepared to perform their job as an intervener, 92% answered strongly agree or agree
  - *Asked for more information about data collection, instructional strategies, environmental conditions, accommodations for students with CIs*
- The most helpful parts of the program
  - *Modules as teaching tools*
  - *Assignments*
  - *Interaction with host*
- Suggestions for changes
  - *None. All respondents indicated liking the timing, modules, and program overall*
- Overall satisfaction with the program – 100% responded that the program was of high quality

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Questions?

Contact

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