

Appendix C

Recommendations on  
the Training of Interveners for  
Students who are Deafblind

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## Preface

The National Intervener Task Force, formed in January of 2002, is an informal network comprised of a variety of individuals representing state/multi-state deafblind projects, higher education institutions, agencies, and parents. The focus of the Task Force has been to develop a consistent understanding of issues and services related to the training and use of interveners in educational settings and early intervention settings. During the October 2002 Task Force meeting, participants requested that a small representative group be formed to summarize recommended intervener training practices and to review competencies recommended for intervener training. In response to this request, the SKI-HI Institute at Utah State University hosted a two-day meeting in February 2003 to review and recommend effective practices for the conceptualization and development of intervener training programs. Simultaneous to the Intervener Task Force activities, the SKI-HI Institute was also engaged in a variety of activities related to the identification of competencies for interveners. These activities included the development of multiple draft competency listings, field reviews, and revisions. In the fall of 2003, at the request of the SKI-HI Institute, staff, with the National Technical Assistance Consortium for Children and Youth, who are Deaf-Blind (NTAC), facilitated an external review of the proposed intervener competencies. The results of this review were used in the selection of the final intervener competencies. In the spring of 2004, the SKI-HI Institute and NTAC also facilitated the development of a national Community of Practice Focused on Intervenors and Paraprofessionals Working with Children and Youth who are Deafblind. (Note: By definition, an intervener is a paraprofessional who has training and specialized skills in deafblindness.) Based on the needs and activities previously identified and initiated by the National Intervener Task Force and others, the identification of recommended practices related to the training and use of interveners and paraprofessionals was targeted as the initial focus of activities proposed to the Community.

These include:

- Refining and recommending competencies and training content for interveners and paraprofessionals working with students who are deafblind.
- Recommending degrees of mastery, or levels of learning, for intervener training activities.
- Developing a recommended crosswalk between the identified mastery levels and the identified training practices/pedagogy needed to reach the identified mastery levels.
- Summarizing characteristics of existing training models.
- Integrating training activities into larger state professional development infrastructures (i.e. No Child Left Behind (NCLB) and IDEA comprehensive systems of personnel development (CSPD)).

## Appendix C

- Providing examples of documenting training and acquisition of competencies.
- Identifying recommended standards of practice related to the use of interveners and paraprofessionals in educational settings.

This paper represents the authors' initial attempts at addressing some of the training issues and needs identified through the Intervener Task Force activities, and subsequently by the Community of Practice. It is not intended to be an exhaustive response, nor all-inclusive. It is intended to provide information and resources that can guide in the planning and development of intervener training programs. Other issues such as the identification of standards of practice related to the use of interveners and paraprofessionals will be addressed in subsequent documents.

This paper provides:

- A common understanding of the definition and role of an intervener
- A comprehensive list of recommended intervener competencies and mastery levels necessary to become an intervener
- A portfolio process for the documentation of intervener competencies
- A discussion of recommended training practices
- A checklist of considerations for developing an intervener training system

It is hoped that this information will be useful and support the ongoing efforts related to the use of interveners and paraprofessionals with students and youth who are deafblind.

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## Beliefs

As the initial development and thinking behind this document evolved, it became apparent that many of the training practices and activities identified and included are not specific to a single content or category of disability. However, it also became apparent that the authors' thinking related to these practices was influenced by their underlying beliefs and values related to the training of interveners. These beliefs and values came from both the authors varied experiences in the training of interveners and the research on effective training practices. As a result, the following common beliefs were identified. These served as the context in which the training practices and activities were recommended.

1. Training should be available to support the needs of interveners regardless of when they start their job duties.
2. There is a need to simultaneously address issues interveners have with the students they currently serve, as well as to train interveners to have a broader grounding in deafblindness.
3. Training must be systematic. There are essential competencies that should be addressed first. There may be a variety of curricular sequences to the training, but training should be offered so that, over time, critical competencies are addressed.
4. Training must be made available and offered in multiple formats. No single instructional model for intervener training will meet all needs, and the model developed will be influenced by the fiscal and non-fiscal resources available in each state.
5. Effective training must include follow-up support to assure implementation of new skills.
6. There is value to having interveners interact with other interveners. Training should allow for at least occasional interactions, either by face-to-face, phone conferencing, or some type of distance technology (i.e. listserv, email, and videoconferencing).
7. Intervenors work as part of the IEP team. It is important that training also be available for teachers, parents and other professionals who supervise and work with interveners.

## Definition and Role of an Intervener

An intervener is defined as an individual who:

- Works consistently one-on-one with a student who is deafblind.
- Who has training and specialized skills related to deafblindness (Alsop, Blaha, and Kloos, 2000).

The specialized training needed to be an effective intervener should address a wide range of topics needed to understand the characteristics of deafblindness, appropriate strategies for teaching students who are deafblind (Robinson, Dykes, Grondin, Barnard, Bixler, Alsop, Wolf, Gervasoni, and Lauger, 2000), as well as the specific needs of the student (Striefel, Killoran, and Quintero, 1991).

The role of the intervener is to:

- Facilitate access to environmental information usually gained through vision and hearing, but which is unavailable or incomplete to the individual who is deafblind.
- Facilitate the development and/or use of receptive and expressive communication skills by the individual who is deafblind.
- Develop and maintain a trusting, interactive relationship that can promote social and emotional well-being (Alsop, et al, 2000).

## Implications of Title 1 and IDEA Reauthorization on Intervener Training Programs

Inherent in the definition and role of the intervener, is the need to identify and delineate the training requirements, or competencies, needed to be an intervener. The need for increased training and development of standards for paraprofessionals has also been recognized in recent years by IDEA and Title 1, as amended by “No Child Left Behind” which has had a major impact on the training and use of paraprofessionals for the delivery of instructional support in both general and special education settings. Although, Title 1 acknowledges, “properly trained paraprofessionals can play important roles in improving student achievement” and that they “augment and reinforce teacher’s efforts”, it also acknowledges that many paraprofessionals lack the education and training to be effective in their roles (Title 1 Paraprofessional Nonregulatory Guidance, 2004, pg. 6). As a result, Title 1 has established minimum educational requirements for paraprofessionals and has charged each state to develop and adopt standards for training, which will lead to these minimum standards. As states initiate their paraprofessional standards process, many are grappling with adoption of competencies required for all paraprofessionals

while simultaneously addressing those competencies needed by individuals who are providing services to students with more challenging needs, such as students with autism or deafblindness. Other states are looking at minimal competencies to meet the Title 1 qualifications with further training and support provided related to more specialized skills. Regardless of a states individual approach, a framework of identified competencies for interveners will assist in guiding their thinking and in their respective adoption process.

Developers of training programs for interveners and paraprofessionals working with students who are deafblind are faced with the task of integrating their activities into the larger paraprofessional state initiatives and training activities. This is now a multiple task process going far beyond just the simple identification of competencies and provision of training. Specific strategies must also be addressed to systematically integrate intervener training into larger scale state reforms.

## **The Identification and Adoption of Intervener Competencies**

Although many paraprofessionals are highly trained and experienced, those who have minimal or no training in deafblindness may not be considered interveners. Not only do interveners need skills specific to the students with whom they work, but they must also have an overall understanding of deafblindness and the intervention process itself. Consequently, one of the foremost tasks involved is the identification of competencies and skills needed to be an adequately and appropriately trained intervener. The SKI-HI Institute at Utah State University has developed Competencies for Training Intervenors to Work with Children/Students with Deafblindness, which is a comprehensive set of competencies for training interveners (see Appendix A). These competencies cover eight broad areas of content which include:

1. Demonstrating knowledge of deafblindness and its impact on learning and development.
2. Demonstrating knowledge of the process of intervention and the role of the intervener, and having the ability to facilitate that process.
3. Demonstrating knowledge of communication including methods, adaptations, the use of assistive technology, and having the ability to facilitate the development and use of communication skills.
4. Demonstrating knowledge of the impact of deafblindness on psychological, social, and emotional development, and having the ability to facilitate social and emotional well-being.
5. Demonstrating knowledge of sensory systems and issues, covering all five senses, and having the ability to facilitate the effective use of the senses.

6. Demonstrating knowledge of motor, movement, and orientation and mobility strategies that are appropriate for children/students who are deafblind, and having the ability to facilitate orientation and mobility skills.
7. Demonstrating knowledge of the impact of additional disabilities on the child/student who is deafblind, and having the ability to provide appropriate support.
8. Demonstrating professionalism and ethical practices.

These training competencies can be used to:

- Guide curriculum development and the evaluation of intervener training activities
- Guide the evaluation of the acquisition of an intervener's knowledge and skills
- Guide the selection of competencies for specific paraprofessionals during the state's development and adoption activities under Title 1 and IDEA

In order to evaluate an intervener's acquisition of knowledge and skills, the Intervener Portfolio Assessment (see Appendix B) has been developed based on the aforementioned competencies for Training Interveners to Work with Children/Students with Deafblindness (see Appendix A). The portfolio document is intended to be one vehicle that can be used to provide the documentation that many states now require in their personnel standards for paraprofessionals.

## **Levels of Learning for Staff Development and Training**

When developing and delivering an effective intervener training program, it is critical to identify the ultimate level of learning desired for participants in order to determine the training strategies or pedagogy that should be used. Butler (2001) describes the desired outcome, or level of learning, of typical staff development as one of the following:

- Information Transfer where participants receive information about new skills and approaches.
- Skill Acquisitions where participants are taught a specific way to implement a skill.
- Behavior Change where new information and skills are taught with the expectation that learners will apply the new skills and change their behavior.

Of these, the Behavior Change Staff Development model results in the highest level of learning and implementation of new skills by participants (Butler, 2001; Korinek, Schmid, McAdams, 1985).

Levels of learning have also been characterized as:

- Awareness training that results in the participant's increased realization of the importance of the new information and an increased familiarity with, and understanding of, content.
- Knowledge and Skills training that results in the participant's understanding of the content, being able to speak knowledgeably about the content, and being able to use the skills. However, more experience, guided and independent practice, and feedback are needed for independent implementation.
- Implementation training that results in the participant's successfully and independently applying the skill in a variety of settings (Killoran, 2002; Killoran, Templeman, Peters, and Udell, 2001; Showers and Joyce, 1980).

In conceptualizing and developing intervener training programs, the resulting desired level of learning must be considered in the initial decision-making process, in order to identify the training strategies and to design the activities needed to be most effective.

## **Recommended Training Practices**

Although a wide variety of staff development training models exist, their effectiveness for lasting change is highly dependent upon the training practices they employ. Many researchers have studied and identified the instructional practices that influence the effectiveness of training, and their results have been consistent across the past two-plus decades (Butler, 2001; Giangreco, Edelman, and Broer, 2001; Templeman and Peters, 1998; Joyce and Showers, 1980). Training practices that result in participants attaining an implementation or behavior change level of mastery include:

1. Presentation of content or theory.
2. Modeling of the presented content.
3. Guided practice including:
  - corrective feedback
  - re-teaching
  - reinforcement
4. Independent practice including:
  - corrective feedback

- re-teaching
- reinforcement

5. Ongoing follow-up and assessment including:

- corrective feedback
- re-teaching
- reinforcement

## Matching Levels of Learning with the Training Practices

The decision of which of the effective training practices to include in an intervener training activity is dependent upon the level of learning that has been identified as the outcome for the specific training. Although there is the need for conducting training at both the awareness and the knowledge and skills levels of learning, most intervener training should be aimed at the implementation of new skills. In order to assure implementation of new skills, intervener training models should be based on:

- Behavior change outcomes where new information and skills are taught with the expectation that learners will apply the new skills and change their individual behaviors.
- Implementation training that results in the participants successfully and independently applying the skills in a variety of settings.

The relationship between effective practices required for each of the levels of learning is presented in Figure 1.

## Training Practice Level of Learning Awareness Knowledge and Skill Implementation

1. Presentation of content or theory
2. Modeling of the presented content
  - Uses Only Training Practices 1 and 2
  - Uses Training Practices 1 through 4
  - Uses All Training Practices 1 through 5

3. Guided practice, including:

- corrective feedback
- re-teaching
- reinforcement

4. Independent practice, including:

- corrective feedback
- re-teaching
- reinforcement

5. Ongoing follow-up and assessment, including:

- corrective feedback
- re-teaching
- reinforcement

Figure 1: Matching Levels of Learning with the Training Practices

There are a variety of ways to train interveners ranging from one-on-one training, to ongoing group inservice, to community college classes. In most states, inservice training is being provided by the state/ multi-state deafblind project. Some states are also exploring the provision of intervener training through community college programs, consistent with NCLB. However, regardless of the how the training is provided, it should include the afore-mentioned characteristics to reach the identified outcomes or learning levels.

## **Intervener Training Programs**

The success of an effective training program lies not only in the setting or methodology of how the training is delivered, but also in the training practices that are used. Thus, no single “ideal” model for training interveners is recommended by the authors. Indeed there are a number of training options, ranging from one-to-one instruction to classroom/ group instruction. (A more detailed discussion of training issues that are specific to intervener training programs will be included in a subsequent document). Each state will need to develop its own training model, based on its needs and resources. In addition, the design of training model activities is dependent upon a variety of considerations, which include among others:

- Grant issues
- Participant variables
- Resource issues
- Personnel
- Fiscal
- Standards of Practice Issues
- State systems support

Each of these areas must be considered and addressed when determining the type and appropriateness of the training activity to be developed. A more detailed checklist of these considerations is included in *Considerations for Developing an Intervener Training System* found in Appendix C.

## Summary

The development and implementation of an intervener training program is a complex process, which must address both individual training issues and systems integration activities. Recent federal legislation related to adequately and appropriately trained paraprofessionals impacts the identification of intervener training competencies and necessitates their alignment with larger state paraprofessional initiatives. Effective training also requires the allocation of fiscal and non-fiscal resources that allow for the follow-up training and support needed by interveners to independently implement new knowledge and skills. This would include sufficient staff to provide on-site follow-up consultation and technical assistance. This paper addresses some of the issues to be considered in the systematic development of an intervener training program, and includes documents that can facilitate that development.

- The *Competencies for Training Intervenors to Work with Children/Students with Deafblindness* includes recommended knowledge and skills for intervenors, and can guide in the development of training curriculum and in evaluation activities. (Appendix A)
- The *Intervener Portfolio Assessment* provides a tool for documenting the acquisition and demonstration of those intervener competencies. (Appendix B)
- In *Considerations for Developing an Intervener Training System*, a checklist for conceptualizing a comprehensive, integrated system is provided. (Appendix C)

These documents are all intended to work together, and can provide information, insights,

and resources that can guide in the development of effective intervener training programs. The authors are available for questions or further clarifications.

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