



# Recommendations for Improving Intervener Services

## BACKGROUND

The U.S. Department of Education's Office of Special Education Programs (OSEP) recognizes the current challenges faced by states and schools relative to the provision of high-quality intervener services for children who are deaf-blind. To respond to these challenges, OSEP asked the National Consortium on Deaf-Blindness (NCDB) to conduct an initiative to 1) collect information about current intervener services across the country and 2) develop recommendations for improving national, state, and local intervener services based on an analysis of the information collected. The recommendations presented on this website are NCDB's response to OSEP's request. They are intended to promote positive developmental and educational outcomes for children who are deaf-blind, from birth through age 21, by improving both the availability and quality of intervener services throughout the United States.

## WHAT ARE INTERVENER SERVICES?

The concept of intervener services for individuals who are deaf-blind arose in Canada in the 1970s (McInnes, 1999, p. 75) and has been developing as a practice in the U. S. over the past several decades. Intervener services are provided by an intervener, typically a paraeducator, who:

- a) has received specialized, in-depth training in deaf-blindness and
- b) works one-to-one with an infant, child, or youth who is deaf-blind.

In school settings, the intervener serves as a member of the student's educational team.

Deaf-blindness causes profound sensory deprivation. It creates a "disability of access" to visual and auditory information about the environment (people, things, events) that is necessary for learning, communication, and development (Alsop, et al., 2007, p. 1). Without frequent and responsive specialized support, a child with deaf-blindness has limited or no means to predict events or communicate his or her needs. Without access to meaningful information that sighted and hearing children receive incidentally, children with deaf-blindness are cut off from essential

formative learning experiences. Without a sense of safety and the ability to trust that others will respond to their needs, their readiness to learn and achieve their potential is compromised.

A skilled intervener can facilitate a child's access to environmental information, support the development and use of communication, and promote social and emotional well-being (Alsop, Blaha, & Kloos, 2000). Interveners provide access to sensory information that would otherwise be unavailable to children whose vision and hearing are severely limited or absent. They enable children to become aware of what is occurring around them, attach language and meaning to all experiences, minimize the effects of multisensory deprivation, and empower children to have control over their lives (Henderson & Killoran, 1995, p. 3).

In bringing increased attention to this service through the work of NCDB's Intervener Initiative, it is also important to identify what intervener services are not. An intervener is neither a teacher nor an expert in deaf-blind education. The provision of intervener services is not a panacea for surmounting the challenges inherent in educating a child who is deaf-blind. Rather, intervener services are one of a range of critical individualized supports that may be needed for children who are deaf-blind. Interveners work closely with other team members, and they need ongoing support from teachers of children who are deaf-blind and other experts in deaf-blindness.

## **CURRENT CHALLENGES**

There is broad agreement in the field of deaf-blindness that interveners provide a valuable service option in both school and community settings, for many children and youth who are deaf-blind. High-quality intervener services, provided by a well-trained intervener, are often necessary to provide an education in the least restrictive environment. Furthermore, intervener services play a critical role in providing children and youth with deaf-blindness access to the general curriculum. Unfortunately, there is a widespread lack of awareness of the role of interveners in many school districts and an insufficient number of trained interveners able to provide this valuable service. Currently, nationwide, only a very small percentage of children who are deaf-blind receive intervener services.

Additionally, the scope and quality of intervener services vary significantly from state to state and from school district to school district. It is clear that children and youth who are deaf-blind,

and their families, would be better served if partner stakeholders—including families, NCDB, state deaf-blind projects, universities, researchers, schools, and early intervention programs—would systematically collaborate in a nationwide effort to address the insufficiency of intervener services in most states.

## **REPORT ORGANIZATION**

This report is organized in a format that highlights the following four broad goals:

- Goal 1: Increased recognition of intervener services by educational personnel and within local and state written policies;
- Goal 2: Training and support to increase the availability of well-trained, competent interveners;
- Goal 3: Creating systemic awareness and change through support for families as partners; and
- Goal 4: Long-term sustainability of high-quality intervener services across the nation through the inclusion of intervener services in national special education policy.

Specific recommendations support the achievement of each goal. In turn, each of the recommendations includes *implementation strategies* that articulate action steps that NCDB, working in collaboration with state deaf-blind projects and other critical partners and stakeholders (e.g., families, university faculty, interveners, teachers, other service providers, and administrators), can carry out or facilitate to achieve the recommendation. In addition, the recommendations are associated with *anticipated outcomes*. Supporting data and clarifying information are included throughout the report.

## **ACKNOWLEDGEMENTS**

The work involved in developing these recommendations could not have been successfully implemented to date without the active support and involvement of hundreds of people across the country who generously gave their time and willingly shared their wisdom and experience. Please read the “Recommendations Development Process” and “Acknowledgements” section at the end of this document to learn more about the strategies implemented to collect information

and data about intervener services, which provided a base for these recommendations. Included is our grateful acknowledgement of the partners with whom we engaged.

Lastly, these recommendations are presented with a well-deserved acknowledgment and extension of sincere gratitude to the many individuals across the country who pioneered the foundational infrastructures for intervener services that are currently in place. The recommendations presented here are an evolutionary extension of work begun by others. They are very much grounded on the work of passionate and successful leaders in the field of deaf-blindness who, for many years, led the charge in advocating for high-quality intervener services.

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### **GOAL 1: RECOGNITION**

**Increase recognition and appropriate use of intervener services for children and youth who are deaf-blind.**

#### **Discussion**

Over the past two decades, significant efforts by many individuals across the nation have improved the availability of intervener services for children who are deaf-blind. Families have educated policymakers about the role of interveners and the positive impact an intervener can have on the education of a child who is deaf-blind. A number of state deaf-blind projects have developed creative ways to train interveners and support them in classrooms. Since 2002, there has been a national intervener task force that has developed valuable resources, including materials that raise awareness of intervener services and guidelines for intervener competencies. Nationally, two universities now offer online intervener training.

Unfortunately, despite these strides forward, the national infrastructure to support intervener services is fragmented and unevenly distributed across the country and within states. Only a few states officially recognize intervener services as a related service option or mention them in state special education administrative rules. While it is true that some children for whom an educational team determines that intervener services are needed to ensure a free, appropriate public education (FAPE) do receive them, many who might also require them do not.

Educational teams (IEP teams and IFSP teams) are often unaware of the purpose of intervener services and lack access to resources that would help them make good decisions about a child's need for them. These challenges, as well as the difficulty that school districts often face finding well-trained interveners (or individuals who could be trained), compromise the provision of intervener services for many children.

The recommendations for this goal are intended to extend the progress made so far by families, state deaf-blind projects, university faculty, and others to increase the recognition and appropriate use of intervener services as evidenced by the following:

- personnel responsible for the education of children who are deaf-blind who clearly understand the purpose of intervener services;
- families who clearly understand the purpose of intervener services; and
- national, state, and local education policies and practices that reflect and support the provision of intervener services for children who are deaf-blind if an IEP or IFSP team determines they are needed.

The recommendations for Goal 1 provide strategies to a) coordinate efforts to improve our nation's understanding and use of intervener services and b) establish intervener services as a universally understood related service or early intervention option for children who are deaf-blind. Successful implementation of the strategies will require in-depth participation from many stakeholders including:

- the National Consortium on Deaf-Blindness (NCDB),
- families,
- state deaf-blind projects,
- university faculty,
- interveners,
- early intervention and educational administrators,
- teachers and other service providers, and
- researchers in low-incidence disabilities.

Working together to solve problems is not new to this community of individuals who are involved in the lives of children who are deaf-blind. There are already informal and formal collaborations established across agencies, organizations, individuals, and families. These

partnerships provide a strong foundation that supports implementation of the identified strategies through a new centralized system for national coordination of activities to improve intervener services.

## **RECOMMENDATION 1**

**Develop a coordinated and expanded national approach to provide state and local early intervention and education agencies with information and tools needed to understand and use intervener services.**

### Why This Is Important

Many passionate leaders have worked for decades to expand intervener services and make them as effective as possible. Yet the practice remains inconsistently implemented, misunderstood, and relatively unknown in some states. In addition, there is significant variation in how the term "intervener" is used, especially with respect to the type of training that should be required for interveners. In some circumstances, the designation of "intervener" is inaccurately used to describe a paraeducator who works one-on-one with a child who is deaf-blind but has not had training in deaf-blindness. What is needed now is a consistently applied definition of intervener services and a nationally coordinated effort among multiple stakeholders that brings together knowledge and innovative strategies that are currently dispersed unevenly across the country, in order to build a comprehensive foundation for intervener services.

### Implementation Strategies

- ❖ The National Consortium on Deaf-Blindness (NCDB), state deaf-blind projects, and other stakeholders (e.g., families, early interventionists, teachers, related service providers, early intervention and educational administrators, interveners, and university faculty), will join forces to implement a comprehensive national intervener initiative. The initiative, coordinated by NCDB, will:
  - develop and disseminate a consistently applied national definition of intervener services, including clarification of the occupational role of the intervener;
  - organize workgroups to implement the recommendations in Goals 1 through 3 and identify additional needs and recommendations to improve intervener services, including at a minimum:

- intervener preparation and training,
  - continuing education needs of interveners,
  - coaching and supervision of interveners,
  - credentialing or certification of interveners,
  - interveners in community and home settings, and
  - interveners for infants and toddlers.
- create a web-based platform on which state deaf-blind projects, NCDB, families, and other organizations and individuals can interact and share knowledge—for example, to:
  - communicate ideas and concerns,
  - highlight intervener training and support models, and
  - access a shared video library related to intervener services (e.g., parent and professional insights, examples of interveners working with children).
- identify and implement strategies to increase collaborative efforts between agencies and organizations within individual states (e.g., state deaf-blind projects, parent training and information centers, family organizations) to improve intervener services at the state level.
- ❖ Develop and make available a core set of publications that increase understanding of intervener services and promote their development and use including, at a minimum:
  - concise fact sheets that promote an enhanced understanding of intervener services and explain the occupational role of a well-trained intervener,
  - publications that highlight promising intervener-training and support programs and provide strategies that describe how they can be replicated, and
  - publications that describe effective practices for intervener services.
- ❖ Design and launch a national data collection program to collect, compile, and make available data about the use of intervener services including:
  - characteristics of interveners and patterns of use (e.g., how many, where employed, education level),
  - characteristics of children and youth who receive intervener services, and
  - the nature of services being provided by interveners.

### Anticipated outcomes:

- An organized, cohesive, systematic approach to promoting and improving intervener services in the U.S.
- A national definition of intervener services that includes a clear description of the occupational role of an intervener.
- Improved recognition and appropriate use of intervener services.

## RECOMMENDATION 2

**Coordinate and expand efforts to inform and influence national, state, and local policies and practices so that they reflect and support the provision of intervener services for a child or youth who is deaf-blind when needed.**

### Why This Is Important

Deaf-blindness is, and will likely continue to be, the lowest of all low-incidence disabilities. In addition, the impact of this disability on development and learning is unique. Gaining and maintaining attention for the highly individualized services needed by such a low-incidence and diverse group is challenging. It is critical, therefore, that national, state, and local policies and practices appropriately reflect the unique needs of children who are deaf-blind, including the provision of intervener services when necessary. Without these services many children may not have access to a free and appropriate public education (FAPE).

### Implementation Strategies

- ❖ Produce and disseminate guidelines that IFSP/IEP teams can use to make informed decisions about the need for initial or continued use of intervener services for an individual child or youth.
- ❖ Using the core products described in Recommendation 1:
  - promote best practices for intervener services via information dissemination and technical assistance activities; and,
  - systematically disseminate resources to lawmakers, other policymakers, and union representatives to inform and influence policies related to intervener services.



- ❖ Work with OSEP to encourage U.S. Department of Education cross-agency (e.g., OSEP, Rehabilitation Services Administration, National Institute on Disability and Rehabilitation Research) recognition of intervener services.
- ❖ Work with state and national special education organizations and centers (e.g., Regional Resource Centers, the National Association of State Directors of Special Education, Parent Training and Information Centers) to design and implement strategies that inform and influence policies and practices related to intervener services.
- ❖ Work with state special education advisory councils to raise individual states' awareness of intervener services.
- ❖ Contribute to the growth of knowledge related to intervener services in the following ways:
  - develop professional publications including technical reports or peer-reviewed journal articles that summarize available data about interveners and describe the history and current status of intervener services in the U.S., and
  - promote research on intervener services by:
    - facilitating discussions among graduate students and researchers within the field of deaf-blindness,
    - assisting researchers in identifying children and families who can participate in research studies,
    - providing library support (e.g., literature searching) to researchers working in this area, and
    - identifying possible funding sources for intervener services research.

#### Anticipated Outcomes:

- Improved access to FAPE for children who are deaf-blind.
- An increase in the number of children for whom the IFSP/IEP appropriately reflects intervener services.
- Improved achievement of IFSP/IEP goals and objectives for children who are deaf-blind.
- Local, state, and national policies and practices that reflect the need for intervener services for children who are deaf-blind.
- Increased visibility of intervener services in the professional special education literature.

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## **GOAL 2: TRAINING & SUPPORT**

**Establish a strong national foundation for intervener training and workplace supports.**

### **Discussion**

NCDB designed the recommendations for Goal 1 to expand national, state, and local recognition and use of effective intervener services. They focus on efforts to increase knowledge of those services beyond the field of deaf-blindness. The recommendations for Goal 2 turn the focus back to the field by emphasizing the need to strengthen the current system of preparing and training interveners as well as the workplace supports available for interveners. These are intended to ensure that a) a sufficient number of well-trained interveners are available for children who require intervener services and b) working interveners have knowledgeable supervisors and access to experts in deaf-blindness.

Without an adequate supply of qualified interveners and an understanding of their role, decisions about the need for intervener services are more likely to be driven by the availability of an intervener rather than by a child's needs. That compromises the requirements of IDEA to develop and implement an individualized program of instruction to meet a child's unique needs as identified through appropriate evaluation. And when interveners are available, the service will not be effective without support from supervisors and expert consultants who can help interveners build their skills and respond to the changing needs of the children with whom they work.

Currently, specialized training to prepare interveners to work with children and youth who are deaf-blind is available through distance-education programs at two universities (East Carolina University and Utah State University) and, in several states, through programs operated by state deaf-blind projects. In addition, approximately 20 state projects report providing some support to interveners who are enrolled in one of the university programs, including tuition stipends, on-the-job coaching, and annual face-to-face workshops.

The task of providing workplace supports to interveners typically falls on state deaf-blind projects. A number of the projects have implemented strategies to provide training about intervener services to teachers and other team members and improve interveners' access to experts in deaf-blind education. Although the state deaf-blind projects have accomplished a great deal, limited staffing, restricted budgets, and the demands of meeting additional family and child objectives place serious constraints on a project's capacity to fully implement a training and support system for interveners. In addition, some projects report that their state and local education agencies do not support intervener services or specialized intervener training. Based on NCDB's review of current intervener services in the U.S., all of these factors contribute to a small number of qualified interveners in most states or none at all.

Significant efforts have gone into the development and updating of high-quality intervener training programs at East Carolina University and Utah State University. In addition, both are designed to enable their students to meet the Council for Exceptional Children's Specialization Knowledge and Skill Set for Paraeducators Who Are Intervenors for Individuals with Deaf-blindness. While the efforts of these programs and the state deaf-blind projects serve as a solid foundation upon which future training and workplace support systems can be built, it is clear that the existing national infrastructure is not adequate to meet current and anticipated future demands for intervener services. In the United States, almost 10,000 children between the ages of birth and 22 have been identified as being deaf-blind (NCDB, 2010). An NCDB survey of state deaf-blind projects suggests that fewer than 5% receive intervener services. It is not known for certain how many children require intervener services to receive a free and appropriate public education (FAPE); however, given the profound limitations that combined vision and hearing loss place on a child's ability to access information and communicate, it is likely that many more children would benefit from these services.

As recognition of intervener services increases, their use is likely to expand dramatically. It is crucial that the field of deaf-blindness prepare for this increase by strengthening the current system of intervener training and workplace supports.

Moving forward, there will also be a need for interveners to demonstrate that they have met basic competency standards by obtaining a national or state intervener certificate or credential. NCDB

survey results and panel discussions showed there is widespread support within the field of deaf-blindness for national credentialing of interveners, but there are unresolved issues about criteria and testing requirements and concerns about unintended consequences should certification or credentialing become mandatory.

The purposes of the recommendations for this goal are to provide resources and national coordination to expand current activities related to intervener training and continuing education, intervener access to experts in deaf-blindness, and opportunities for credentialing or certification. They also respond to the challenge of recruiting interveners and the need for mechanisms that allow interveners to form communities in which they can learn from each other.

### **RECOMMENDATION 3**

**Develop a national open-access intervener-training curriculum that aligns with the Council for Exceptional Children's *Specialization Knowledge and Skill Set for Paraeducators Who Are Intervenors for Individuals with Deaf-blindness*.**

#### Why This Is Important

Currently, there are two university-based online intervener training programs. In addition, six state deaf-blind projects report operating a training program in their states. They vary greatly in terms of format and intensity. In addition, although most state projects do not have formal intervener training programs, most do provide technical assistance to paraeducators as members of teams working with children who are deaf-blind. However, only small numbers of interveners have been trained in the majority of states. State deaf-blind projects report that insufficient funding and personnel limit the ability to create training materials, and most report that a standardized intervener training curriculum would help them better meet their state's need for interveners. A national open-access curriculum, created by leading experts in the field of deaf-blindness, would support consistent training across the country. It could be used to begin or update intervener training programs and expand continuing education opportunities. A national curriculum would not only save state deaf-blind projects time and money, but also provide state educational systems with a resource that could be used to implement intervener preparation programs at local colleges and universities.

### *Implementation Strategies*

- ❖ Establish a workgroup of individuals with expertise in intervener training to collaborate with NCDB on the development of an intervener training curriculum.
- ❖ Invite professionals from the field of deaf-blindness to submit intervener or general deaf-blind education training materials for review by the workgroup and possible incorporation into the curriculum.
- ❖ Develop the curriculum using new and existing materials.
- ❖ Create a web-based platform to host and provide free access to the curriculum.

The curriculum should:

- include content that can be used for initial training as well as for continuing education,
- offer materials in a variety of formats, including video footage,
- include modules that describe how to provide internships or practicum experiences for interveners-in-training,
- include guidelines for coaching and mentoring interveners,
- include guidelines that describe the level of resources and expertise needed to effectively implement the curriculum, and
- support the use of the curriculum materials to provide training to family members and to teachers and other service providers (in addition to interveners) who work with children who are deaf-blind.

Anticipated outcomes:

- Sufficient intervener preparation and training capacity across the country to meet a growing need for intervener services.
- An increase in the number of well-trained interveners.
- Increased consistency in the type of intervener training provided across the country.

## **RECOMMENDATION 4**

**Develop strategies to ensure that interveners have knowledgeable supervisors and access to experts in deaf-blindness who can provide consultation and coaching.**

### Why This Is Important

Although comprehensive initial training provides interveners with basic skills and knowledge, it is important to understand that interveners are neither teachers nor experts in deaf-blind education. They need knowledgeable supervisors and ongoing support from experts, such as teachers of the deaf-blind, who can a) provide coaching and close supervision to interveners who are enrolled in a training program and early in their careers, b) help interveners acquire and maintain the knowledge and skills needed to work effectively with particular children, and c) provide ongoing mentorship and professional development. (Note: in this report we use the term “teacher of the deaf-blind” to refer to a teacher who has extensive knowledge and expertise in the education of children with deaf-blindness. However, the majority of states do not currently have a specific certification process for this specialization.)

Unfortunately, classroom teachers and other educational team members often lack expertise in deaf-blindness and the state projects, which are funded to increase statewide capacity to serve children who are deaf-blind, do not have sufficient staffing to provide ongoing consultation to a large number of educational teams. In addition, there is a severe shortage of teachers of the deaf-blind to serve on educational teams or as consultants to those teams. Building a system that supports quality supervision and access to experts knowledgeable about deaf-blindness will be difficult because of budgetary constraints in every state but critical for the successful implementation of intervener services.

As noted in the introduction to this report, intervener services are just one of a range of individualized supports that may be required by children who are deaf-blind, including supports and services provided by other trained personnel. In particular, expansion of the workforce of trained teachers of the deaf-blind is needed. This recommendation considers the need for more teachers of the deaf-blind in the context of support for intervener services. It should be noted, however, that while beyond the scope of these recommendations, there is a critical need for a broader range of strategies to address the current shortage of these teachers.

### *Implementation Strategies*

- ❖ Use the intervener training curriculum described in Recommendation 3 to train teachers and other team members about deaf-blindness and the role of the intervener.
- ❖ Identify successful models used by state deaf-blind projects, university programs, and school districts that provide on-the-job support to interveners.
- ❖ Replicate these models to support an increasing number of interveners.
- ❖ In partnership with a broad group of stakeholders, examine the causes of the shortage of local experts in deaf-blindness, including teachers of the deaf-blind, and identify strategies to alleviate the shortage.
- ❖ Design and implement strategies to provide distance consultation, coaching, and mentoring through the use of technology applications.

Anticipated outcomes:

- Improved supervision of interveners.
- Increased opportunities for coaching and mentoring from teachers of the deaf-blind.

### **RECOMMENDATION 5**

**Expand opportunities for interveners to obtain a state or national certificate or credential.**

#### Why This Is Important

Support for intervener certification or credentialing (hereafter referred to only as “credentialing” for simplicity) is strong in the field of deaf-blindness. A new national credential for interveners became available in 2011 as the result of the efforts of a group of individuals associated with the National Intervener Task Force. However, while the national credential—offered by National Resource Center on Paraeducators (NRCP)—is a positive step forward, it requires 10 credits of intervener coursework at a college or university, which is currently available at one of only two existing university programs. It does not allow for pursuit of a credential by interveners who attend other programs, such as those sponsored by state deaf-blind projects or based on continuing education units instead of credit hours. A requirement that credentialing criteria include credited coursework may be feasible in the future, but at the present time, it should be broadened to include other options.

### *Implementation Strategies*

- ❖ In partnership with stakeholders, including the NRCP and the National Intervener Task Force, and with input from a broad group of stakeholders:
  - review the current National Intervener Credential, including the criteria and processes involved;
  - consider current and future needs for an intervener credential and short- and long-term goals of intervener credentialing;
  - determine additional needs that may exist related to a national intervener credential;
  - if needed, identify additional credentialing bodies that could offer a national credential that meets those needs; and
  - determine the most feasible credentialing options and move forward with efforts to expand pathways to a national credential that are applicable to interveners with a variety of training backgrounds.

#### Anticipated outcomes:

- Increased opportunities for interveners to gain a credential indicating they have acquired the core set of skills needed to provide intervener services.
- A consistent way for early intervention and education agencies to identify interveners who have acquired the core set of skills needed to provide intervener services.

### **RECOMMENDATION 6**

**Establish a national intervener jobs clearinghouse to assist in intervener recruitment and job placement.**

#### Why This is Important

Currently, the number of interveners working in the U.S. is small and there is no system in place to track who they are or where they work. As the use of intervener services grows, it will be important to have a centralized way to help interveners find employment, to assist school districts in recruiting qualified staff, and to track the number of trained interveners available nationwide.



### *Implementation Strategies*

- ❖ Convene a workgroup of interveners and other individuals who have knowledge of intervener hiring practices (e.g., educational administrators, state deaf-blind project personnel) to determine the elements needed to design an online jobs clearinghouse.
- ❖ Develop a secure online jobs clearinghouse reflecting those elements.
- ❖ Publicize the availability of the clearinghouse through current intervener training programs, interpreter training programs, state deaf-blind projects, and other relevant agencies and organizations.
- ❖ Maintain the clearinghouse data on an ongoing basis.

Anticipated outcomes:

- Improved intervener recruitment.
- Intervener access to the clearinghouse for the purpose of identifying employment opportunities.

### **RECOMMENDATION 7**

**Provide resources (e.g., technology applications, technical assistance) that help interveners establish organized online and face-to-face communities where they can improve their knowledge and skills by sharing ideas and experiences with each other.**

### Why This is Important

Because deaf-blindness is a very low-incidence disability, children who are deaf-blind are typically widely dispersed. As a result, interveners often report feeling isolated and lack opportunities to interact with and learn from each other. Some state deaf-blind projects address this within individual states by creating online discussion groups or occasional face-to-face meetings, but this is not available in most states and there are currently no organized state or national communities of interveners.

### *Implementation Strategies*

- ❖ Convene a workgroup of interveners, state deaf-blind project personnel, and university faculty to determine desired features of an online community of interveners.
- ❖ Develop and maintain a web-based platform providing those features.

- ❖ Publicize the availability of the site and train interveners in its use.
- ❖ Explore opportunities for interveners to occasionally meet in person (e.g., state meetings, national or regional conferences).

Anticipated outcomes:

- Better prepared, more knowledgeable interveners.
- A decrease in the isolation experienced by interveners.
- Active state and national intervener communities.

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### **GOAL 3: FAMILIES**

**Build the capacity of families to participate in decision about intervener services for their children and in efforts to improve these services.**

#### **Discussion**

For many years, family advocacy has been a driving force behind the movement to make intervener services a recognized and viable option for children who are deaf-blind. It is not surprising, therefore, that there was great interest and participation from families in NCDB's initiative to develop recommendations for improving intervener services. One hundred nineteen individuals completed a survey for parents and guardians and thirteen represented the parent perspective on a family panel. In survey comments and during the panel discussion, they described the challenges and successes experienced when advocating for intervener services for their children. Some described the current system as one that places them in an adversarial position with educators and school districts and shared their frustration at being put in such a position. Parents whose children have interveners reported that their own advocacy was a key factor that led to their child's receiving those services. Many indicated that having an intervener has had a profoundly positive impact on their child's learning and quality of life.

Collectively, the purpose of all of the recommendations in this report is to create a national system for intervener services centered on what is best for children and families. Family input

and participation will be essential when each recommendation is carried out. However, families also have specific needs that are not addressed by the recommendations for Goals 1 and 2. Therefore, the two recommendations for Goal 3 supplement the others by creating resources and tools for families.

## **RECOMMENDATION 8**

**Develop information resources and tools and disseminate them to family members to increase their knowledge of intervener services and enhance their ability to communicate effectively with educators, administrators, and others about those services.**

### Why This Is Important

Although parents who participated in the family panel were very knowledgeable about intervener services, many said that it had been difficult for them to obtain that knowledge and wished they had learned about interveners sooner. They expressed concern that many families across the country remain uninformed, and they believe families need better access to information in order to participate as full partners on IFSP/IEP teams making decisions about intervener services for their children.

A number of state deaf-blind projects and other organizations have already developed family-focused products about intervener services, so an important component of the strategies for this recommendation is to highlight what already exists and develop additional information resources as needed. In particular, active collaboration between NCDB, state deaf-blind projects, the National Family Association for Deaf-Blind (NFADB), the National Deafblind Intervener Initiative (NDBII) Parent Group, and parent training and information centers (PTIs) will be essential.

### Implementation Strategies

- ❖ Review existing family-focused resources related to intervener services.
- ❖ Use existing resources (if available) or develop new products that families can use to:
  - promote communication about intervener services with early interventionists, educators, and administrators,
  - inform decisions related to intervener services for their child, and

- inform and influence state and local policies to encourage and promote high-quality intervener services.
- ❖ Collaborate with family organizations to distribute information to families who have limited knowledge of interveners. This will include efforts to reach out to groups who are typically underrepresented (e.g., racial and ethnic minorities, families who live in rural areas, and families who are socioeconomically disadvantaged).

#### Anticipated outcomes:

- An increase in the number of family members who are knowledgeable about intervener services.
- An increase in the number of family members who can effectively advocate for intervener services for their children when appropriate.
- An increase in the number of family members who participate in initiatives to improve intervener services.

### RECOMMENDATION 9

**Develop and implement strategies that create opportunities for families to share ideas and experiences and work together to impact intervener services at local, state, and national levels.**

#### Why This Is Important

Comments that NCDB received in response to a survey for parents and guardians and via input during a family panel discussion illustrate how important it is for families to have opportunities to share their experiences related to intervener services, and especially to have opportunities to talk to each other about those experiences. Because deaf-blindness is a rare disability, families of children who are deaf-blind are typically separated from each other by great distances. Many state deaf-blind projects already conduct activities to help family members form connections within their states. The strategies below are meant to augment those activities and bring increased focus to intervener services. They also promote continued involvement by families in the effort to expand and improve intervener services in the United States.

### *Implementation Strategies*

- ❖ Establish accessible web-based and/or telephone groups where family members of children who are deaf-blind can share ideas and experiences about intervener services.
- ❖ Partner with key family organizations (e.g., NFADB, NDBII Parent Group, PTIs) to implement strategies for recommendations that promote appropriate effective intervener services for children who are deaf-blind.
- ❖ Develop a curriculum module about intervener services to supplement current family leadership curricula that educate family members and help them to mentor others.

### *Anticipated outcomes:*

- Increased family understanding of intervener services.
- Increased opportunities for family members to connect online or by telephone to discuss their experiences with intervener services.
- Increased collaboration among families on activities to promote appropriate intervener services.

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## **GOAL 4: SUSTAINABILITY**

**Sustain high-quality intervener services across the nation through the inclusion of intervener services in national special education policy.**

### Discussion

The intent of the recommendations outlined in Goals 1, 2, and 3 is to build a solid foundation for the provision of intervener services throughout the United States. Many individuals and agencies across the country have a passionate interest in ensuring the availability of high-quality intervener services for children and youth who are deaf-blind. They include parents, state deaf-blind project personnel, teachers, administrators, interveners, university faculty, NCDB, and others. While it is true that implementation will take time and hard work, these recommendations can be accomplished with a united effort by this broad community.

However, sustaining progress gained through the achievement of recommendations outlined in this report is likely to be extremely difficult without legislation that recognizes intervener services as related service and early intervention service options. Therefore, the single recommendation for this final goal is to include such a provision in the Individuals with Disabilities Education Act (IDEA).

Children and youth who are deaf-blind are a diverse, low-incidence, geographically dispersed population of students. It is often difficult to gain attention to their need for specialized services in today's complex special education systems. For decades, though, services for children with this disability have been mandated in federal education law. IDEA specifies a minimum funding level to “address the educational, related services, transitional, and early intervention needs of children with deaf-blindness” (IDEA, 2004a). The current deaf-blind technical assistance network, consisting of one national center (NCDB) and 52 state deaf-blind projects is funded under this mandate to build the capacity of early intervention and education agencies in every state to serve students with deaf-blindness. While current language in IDEA does not preclude the use of intervener services for children who are deaf-blind, including these services in IDEA as both a related service and an early intervention service would highlight the need for these services for many children. The combination of technical assistance provided by the state deaf-blind projects and improved provision of intervener services at the local level would enhance the capacity of states to provide children who are deaf-blind with a free appropriate public education in the least restrictive environment.

The decision to recommend advocating for the inclusion of intervener services in IDEA was not made lightly. The implications would be significant at national, state, and local levels and it is not coincidental that this recommendation is the last. While inclusion of intervener services in IDEA would enhance the long-term sustainability of these services in our country, doing so before a foundation is established could actually have a negative impact on the long-term provision and availability of high-quality intervener services. If systems are not in place to recruit, train, and provide on-the-job support and supervision for interveners and to assist IFSP/IEP teams in determining a child's need for intervener services, schools and other agencies responsible for FAPE would struggle to meet the demand.

A number of features of the other recommendations in this report must be in place in order to be ready for the increase in the use of intervener services that inclusion in IDEA could create. At a minimum, significant progress will need to be made on the following:

- increasing the educational systems’ understanding of the purpose of intervener services and their potential benefits for children and youth with deaf-blindness (Recommendation 1);
- ensuring that interveners have access to high-quality training (Recommendation 3);
- ensuring that interveners have ready access to workplace supports at the local level, including professionals with expertise in deaf-blindness (Recommendation 4); and
- enhancing family involvement in decision-making about intervener services for their children (Recommendation 8).

These foundational efforts will help to ensure that a base of support for intervener services is well established, thus maximizing the likelihood that congressional decision-makers will understand both the importance and the implications of the inclusion of a provision about intervener services in IDEA.

## **Recommendation 10**

**Congress should ensure the long-term sustainability of intervener services for children and youth who are deaf-blind by including them under the definition of "related service" and as an early intervention service in the next reauthorization of the Individuals with Disabilities Education Act (IDEA).**

### Why This Is Important

For many children and youth who are deaf-blind, access to high quality intervener services is needed to support specially designed instruction identified in an IFSP or IEP. By definition, a related service is a service that “may be required to assist a child with a disability to benefit from special education” (IDEA, 2004b). Early intervention services are defined, in part, as services that “are designed to meet the developmental needs of an infant or toddler with a disability” (IDEA, 2004c). Clearly, many children who are deaf-blind need intervener services in order to benefit from the special education provided to them. Quality intervener services support a child’s ability to participate appropriately in developmental and educational opportunities, to engage with the physical environment, and to access the general curriculum. Children who are deaf-

blind would be well served if IDEA specifically identified intervener services as both a related service and an early intervention service option.

### **Recommendations Development Process**

NCDB developed these recommendations in response to a request from the Department of Education's Office of Special Education Programs (OSEP) in October 2011. As noted throughout this report, the recommendations are grounded upon the achievements of many individuals who have worked diligently for years to promote intervener services in the U.S.

The process of developing the recommendations involved two phases:

1. The collection of detailed information about the current status of intervener services and practices in the U.S.
2. Development of recommendations to improve future intervener services based on an analysis of the information gathered during Phase 1.

#### ***Phase 1: Information Gathering***

NCDB used the following combination of methods to gather data and other information from a variety of sources. This is the first time that comprehensive information about intervener services in the U.S. has been collected.

#### ***Surveys***

In-depth surveys were developed to gather specific information from four key groups of individuals with knowledge of intervener services:

- state deaf-blind projects;
- parents and guardians of children who are deaf-blind;
- interveners; and
- early intervention and educational administrators.

All of the surveys were anonymous and administered online. To gain as large a response as possible, we announced the surveys widely across the network of deaf-blind projects and organizations using a variety of e-mail discussion groups, web sites, and Facebook pages.



## ***Interviews***

To learn specific details about current methods of intervener training, we conducted extensive interviews with:

- the directors of the two online university intervener-training programs — East Carolina University and Utah State University — and
- representatives from 25 state deaf-blind projects.

## ***Visits to two state deaf-blind projects***

NCDB staff visited the Minnesota and Texas state deaf-blind projects to learn about methods of intervener training and workplace supports and discuss issues regarding the use of interveners in their states. Both projects have long histories of active involvement in intervener services.

## ***Literature reviews and document collection***

We conducted a detailed review of the literature on intervener services. Prior to this initiative, NCDB already had a comprehensive collection of information resources as part of its DB-LINK Library. We also identified and collected a number of unpublished documents from individuals who participated in interviews.

In addition to formal information-gathering strategies, NCDB made announcements about the initiative to the field and invited anyone to contact us with questions or comments. The resulting informal conversations informed the work of the initiative.

A great deal of information was collected during Phase 1. Data summaries are available at <http://www.nationaldb.org/IntervenerDataSummaries.php>. A more detailed report of the findings is under development.

## ***Phase 2: Development of Recommendations***

In late March and early April of 2012, prior to developing the recommendations, NCDB facilitated six 2-hour online discussion panels consisting of groups of individuals with a strong interest in intervener services. There were two panels of combined state deaf-blind project personnel and university faculty, and one panel each of parents or guardians, interveners, teachers, and early intervention or educational administrators.

Prior to panels, NCDB provided the participants with summaries of the information gathered during Phase 1, and during the panels, NCDB asked them to respond to structured questions. The questions were based on an analysis by the NCDB Intervener Initiative Team of data gathered during Phase 1. Each panel was facilitated. Participants also had an opportunity to provide any additional information they wished to share either in writing or by phone following their panel.

After all of the panels were completed, NCDB staff conducted numerous meetings to develop the recommendations. They are based primarily on our analysis and interpretation of information collected during Phase 1 and insights gained during the panel discussions.

### **Acknowledgements**

Although NCDB determined the recommendations, we were assisted in this initiative by experts who have been actively engaged in intervener services activities for many years, as well as by individuals and agencies involved in the lives of children who are deaf-blind in other ways. They provided essential information for the development of the recommendations. The high level of interest and enthusiasm shown for this project demonstrates the importance of intervener services for children who are deaf-blind and their families.

We are deeply grateful to everyone who assisted us in this endeavor. We want to particularly acknowledge the following groups and individuals. Although all provided input and assistance, the recommendations are NCDB's and do not necessarily reflect the opinions of the following participants or their agencies and organizations.

### ***Consultants***

We would like to express our heartfelt thanks to Linda Alsop and Robbie Blaha who served as consultants to NCDB's Intervener Services Initiative Team during our information-gathering phase. Ms. Alsop is a national leader on interveners and intervener services, having led the National Intervener Task Force since 2002, and served both as the director of the online Intervener Training Program at Utah State University and as the editor of a 2-volume textbook for interveners, *Understanding Deafblindness: Issues, Perspectives, and Strategies*. Robbie Blaha, also a national leader, works with the Texas Deafblind Project. Ms. Blaha has worked in the field of deaf-blind education for 40 years and has been deeply involved in intervener services

activities in Texas since the early 1990s. We are grateful to both of them for sharing their extensive knowledge and wisdom with our Intervener Services Initiative Team.

### *State Deaf-Blind Projects*

We are also grateful to the state deaf-blind projects, our partners in the deaf-blind technical assistance network. Five of the state projects— Arizona, California, Minnesota, Texas, and Utah—have been working on activities related to intervener services since the 1990s, while others started this work more recently. Many representatives from the state projects have been involved in the National Intervener Task Force. Regardless of where along the continuum states are with respect to intervener services, their response to our requests for information was overwhelmingly generous and extremely useful for this endeavor.

Of the 52 state deaf-blind projects, representatives from 42 (80%) responded to a lengthy, in-depth anonymous survey about intervener services in their states and provided their professional opinions about various aspects of intervener services. An additional 16 project personnel responded to just the professional opinion part of the survey. Many projects also responded promptly to requests for additional information and disseminated announcements about NCDB's surveys to families, interveners, and administrators.

Twenty-five of the fifty-two state projects participated in formal interviews about details of their project's intervener services activities, and many provided documents used in those activities. Others participated in numerous informal conversations with NCDB staff. A special thank you goes to the Minnesota and Texas deaf-blind projects whose staff members gave generously of their time and knowledge when they provided onsite overviews of their activities to NCDB staff.

### *Families*

Families provided extensive details about their personal experiences with intervener services as well as their insights into the overall system of intervener services via the parent/guardian survey and during the family panel discussion. This information was extremely helpful during the development of the recommendations. We want to thank the parents who provided advice to NCDB during the development of the parent/guardian survey—Laura Fonseca, Diane Foster,

Melanie Knapp, Djenne and Michael Morris, and Sally Prouty—as well as the 119 anonymous individuals who took the survey.

### *University Faculty*

Linda Alsop, director of the intervener training program at Utah State University, and Alana Zambone, director of the intervener training program at East Carolina University, both participated in extensive interviews about their programs and shared their knowledge of intervener services in the U.S. and their states (intervener services initiatives have been ongoing in Utah and North Carolina for many years). They also provided very helpful documentation. Ms. Alsop and Dr. Zambone participated on panels along with other university faculty.

### *Interveners*

Input from interveners was essential for us to learn about the level of support that is available to interveners working in classrooms and other settings and to gather preliminary data about the current workforce of interveners (e.g., years of education, type of intervener training). Many thanks to Tammi Morgan, Vicki Spencer, and Erin Hladky Yanez, who provided advice during the development of the NCDB survey for interveners, and to the 128 anonymous individuals who completed that survey.

### *Administrators*

A range of administrators employed in schools and local and state early intervention and education agencies shared their wisdom and experience via an anonymous survey and on our administrators' panel. They provided insight into intervener services in their states and their own knowledge of and attitudes toward intervener services. Administrators are on the front lines when it comes to providing intervener services for children who are deaf-blind. Their knowledge of the educational system and the place within that system where intervener services fit was invaluable.

### Panel Members

Input via panel discussions from individuals with knowledge of intervener services was an important part of NCDB's recommendations development process. The information gained from these discussions was illuminating, and the panelists' comments were thoughtful and perceptive.

Both types of information provided context and depth to the data gathered during Phase 1 of the process. We want to thank all of the following individuals for the time and energy they committed to this endeavor.

<b>Panel 1: State Deaf-Blind Project Personnel &amp; University Faculty</b>	<b>Panel 2: Families</b>	<b>Panel 3: Interveners</b>
Karen Blankenship	Stephanie Bernhagen	Brenda Bujold
Leslie Buchanan	Ellen Bowman	Amy Harrison
Megan Cote	Robbie Caldwell	Jennifer James
Diane Kelly	Alison Caputo	Nancy Kotyk
Beth Kennedy	Deanne Curran	Barbara Martin
Cheryl Levasseur	Diane Foster	Tammi Morgan
Jennifer Miller	Vivecca Hartman	Cindy Skiles
Chris Montgomery	Melanie Knapp	Vicki Spencer
Sam Morgan	Cyndie Pfohler	Erin Hladky Yanez
Kristen Parsons	Lisa Rohr	
Sally Prouty	Deanne Rothbauer	
Alana Zambone		
<b>Panel 4: State Deaf-Blind Project Personnel &amp; University Faculty</b>	<b>Panel 5: Teachers</b>	<b>Panel 6: Administrators</b>
Linda Alsop	Doreen Bohm	Jackie Brennan
Susan Bashinski	Tina Hertzog	Maggie Mathews
Maurice Belote	Kristin Knight	Brent Pitt
Mark Campano	Jennifer Lester	Gayle Robbins
Cathy Lyle	Angel Perez	Elaine Robertson
Cyral Miller	Sarah Shreckhise	William Trant
Rose Moehring	Becky Wolf	Steve Young
Terry Rafalowski-Welch		
Cindi Robinson		
Eva Scott		
David Wiley		

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## Supporting Materials

A web-based, multimedia version of this report is available at <http://interveners.nationaldb.org>. Intervener Services Initiative Data Summaries that report a selection of data gathered as part of this initiative are available at <http://www.nationaldb.org/IntervenerDataSummaries.php>.

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### **About the National Consortium on Deaf-Blindness (NCDB)**

NCDB is a national technical assistance (TA) and dissemination center for children and youth who are deaf-blind. It is funded by the U.S. Department of Education's Office of Special Education Programs (OSEP). In partnership with state deaf-blind TA projects throughout the U.S., NCDB conducts initiatives and activities to achieve the following goals:

- increase the capacity of state and local early intervention and education agencies to improve policies and practices for children and youth who are deaf-blind;
- promote the use of evidence-based practices; and
- increase the capacity of families to develop relationships with fellow families, service providers, and others, and expand their knowledge of deaf-blindness and skills in self-advocacy and self-empowerment.

For more information about NCDB, intervener services, or other topics related to deaf-blindness, visit [nationaldb.org](http://nationaldb.org) or contact:

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### Intervener Certification/Credentialing

The availability of credentialing and/or certification of interveners is currently an important topic to families and professionals who work with children who are deaf-blind. Competencies for training interveners have been developed (Alsop, 2004) and adopted by the Council for Exceptional Children (CEC, 2009). In addition, a national credential has been established as the result of the work of an ad hoc group from the National Intervener Task Force. However, although NCDB survey data indicates widespread support within the field of deaf-blindness for certification and/or credentialing (hereafter referred to only as “credentialing” for simplicity), there are still many concerns and unresolved issues.

#### *Advantages and Disadvantages of Credentialing*

Respondents to the state deaf-blind project and educational administrator surveys identified both significant advantages and disadvantages to credentialing in response to open-ended questions on this topic. The first part of this document provides a summary of their responses, beginning with the state deaf-blind project personnel.

#### *Advantages (State Deaf-Blind Project Respondents)*

The most common potential benefits identified by state deaf-blind project respondents were that clear standards associated with credentialing would:

1. promote awareness and use of interveners and lead to better acceptance and recognition of the practice (respondents used words like *credibility*, *legitimacy*, and *respect*) and
2. help ensure consistent training and a standardized knowledge and skill set that would enable interveners to provide high-quality support to students who are deaf-blind.

Other advantages mentioned included:

- ♦ a possible decrease in staff turnover due to recognition of a standardized intervener skill set,
- ♦ professionalization of the occupation,
- ♦ the possibility of a higher rate of pay, and
- ♦ a mechanism for demonstrating completion of training.



#### Relevant comments:

- ◆ *It would . . . help enormously to get more local districts comfortable with this service option and not feel they were stepping out into the unknown.*
- ◆ *Makes it a profession and gives guidelines and competencies interveners are expected to have no matter where they are trained. Ensures that adequate training has been taken and that adequate skills are in place to maintain the integrity of the practice. National consistency of standards empowers systemic recognition/change at the state level.*
- ◆ *Recognizes the difference in the role from that of other paraprofessionals. Allows for an identified pool of interveners and gives some standards of expertise and experience. Allows for ongoing training that will improve the skills and ethics of individuals serving as interveners. Creates a profession that will ultimately improve the quality, availability, and use of interveners.*
- ◆ *Raises awareness of the profession and provides the professional credibility to help administrators understand the importance of this level of support for the student. Provides objective criteria on which to base human resources decisions, such as pay enhancement. Leads toward standardization of training and professional expectations. Helps clarify roles with the educational team.*

#### **Disadvantages (State Deaf-Blind Project Respondents)**

Although the potential advantages associated with credentialing offered by the state deaf-blind project survey respondents were very similar, there was a great deal of variation in their comments regarding potential disadvantages. The following outline summarizes the primary disadvantages that were identified.

1. Cost (e.g., for training and salaries).
2. Job instability for interveners.
  - ◆ *Creating a certification area for a low-incidence certificate puts the person at risk for being RIFed if the students relocate or graduate.*
  - ◆ *No way to keep people in the role if the DB student moves on.*
  - ◆ *Not necessarily enough jobs . . . available for individuals who want to work exclusively as an intervener, especially in very rural settings.*
3. Resistance from LEAs.
4. Would result in shortages of interveners.
  - ◆ *[Lack of] availability of a credentialed work force to fill all the needed positions. . . . The credential might become a barrier to hiring someone to fill a needed support role in the absence of credentialed applicants, particularly while the profession is in its emerging stages.*
  - ◆ *Parents have a misunderstanding about how many of these individuals exist and want someone who is certified when that person doesn't exist in that area.*
5. Would require an increased commitment from interveners (e.g., cost and time for training) for the low pay that is currently available to them.

6. Increased paperwork/bureaucracy for interveners (e.g., licensing requirements).
7. May lead to exclusion of individuals who might otherwise be good interveners.
  - ◆ *Raises the bar higher, which could be seen as a con as it possibly limits people, financially or functionally.*
  - ◆ *Many good paraprofessionals will not take the training and thus will not be viewed as interveners.*
  - ◆ *Not all classroom assistants can do the schooling required.*
8. There is a lack of available training programs to provide the credential.
9. There is currently a significant lack of local support from experts (e.g., teacher of the deaf-blind) to provide support to interveners.
  - ◆ *I think it's very important that in addition to the paraprofessional credential, that we are also seeking a professional certification—i.e. Teacher of the Deafblind. I feel it's quite dangerous to have only paras as the local experts.*
  - ◆ *Credentialing a paraprofessional position with no professional position seems very odd—a bit like the cart before the horse. Or a cart without a horse. Where is it going and who is in control?*

Eight respondents said that there are no disadvantages.

#### Additional relevant comments:

- ◆ *I don't see disadvantages to credentialing, but I do see problems with the launching of intervention as a profession. These problems are hardly insurmountable, but will likely create challenges for our project, LEAs, and families for the next few years as systems are developed.*
- ◆ *Most immediately, [it would be difficult to meet] the need should this certificate/credential become required. We could not prepare enough interveners to make trained personnel available. If the requirement was phased in, that would help.*

#### **Advantages and Disadvantages (Educational Administrators)**

The advantages and disadvantages reported by the administrators were very similar to those for the state deaf-blind project respondents. However, six particularly emphasized the difficulties that are likely to occur related to locating credentialed interveners to hire, especially if credentialing becomes a legal requirement. Their comments are listed here.

- ◆ *Unintended consequences of a required credential might mean a student who needs assistance can't get the assistance because of lack of an available credentialed person. It is one thing to find persons who are trained or who are willing to be trained in large, metropolitan areas where a variety of services exist and another in rural areas of a state where services are non-existent or difficult to locate/identify.*
- ◆ *If there are not enough people who are credentialed or certified and it becomes a requirement, the availability of qualified people would be reduced, and there may not be enough people to work with the number of students that are out there.*

- ◆ *The question comes up as to what to do when you need an intervener, but can't find someone certified. Do you go without anyone in this role and not implement the IEP that states an intervener is needed or do you put someone in this position and provide the training? What are the implications to a district or specialized school for having an uncertified person in this role?*
- ◆ *It will be hard to get enough credentialed staff. Similar to orientation & mobility specialists or teachers of the visually impaired. If they are "credentialed" then you are required to use someone who is "credentialed," but there are not enough people out there. So you sit with no one, when you might have been able to train a paraeducator to do the work without a credential.*
- ◆ *Limits to number of graduates and qualified individuals.*
- ◆ *It is already hard to locate and hire interested people, and our district is located in a very large urban area. If they have to be credentialed I am afraid it would make that more difficult for us and nearly impossible for small, outlying school districts to find interveners.*

### ***Current Availability of Certification or Credentialing***

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#### ***State Level***

The state deaf-blind project survey asked respondents if their state currently has a process for credentialing or certifying interveners. The results show that certification or credentialing in states is very limited.

<b>States That Have a Process for Certifying or Credentialing Intervenors</b>	<b>Number</b>	<b>Percent</b>
Yes	1	2%
No	38	91%
Working on it	3	7%

#### ***National Level***

As noted in the introduction to this document, there is currently a national intervener credential. It is available from the National Resource Center on Paraeducators (NRCP)—housed at Utah State University—and became available beginning in 2011. The requirements include the following:

- ◆ *A minimum of 10 hours of credited coursework from an Institution of Higher Education (university or college). This coursework must include a supervised practicum experience.*
- ◆ *A Practicum experience (minimum of 2 credit hours) under the supervision of the course instructor and the guidance of a trained Intervener Coach. This practicum includes a minimum of 100 hours of contact time with a child who is deaf-blind and a minimum of 3 coaching sessions.*

- ◆ *A completed Intervener Portfolio based on the National Intervener Competencies which provides documentation that the intervener has acquired the knowledge and skills needed to be an effective intervener.*

(Information from <http://www.nrcpara.org/intervener>. Retrieved July 3, 2012.)

Currently, only the Utah State University intervener-training program meets all of these requirements.

Level of Awareness of the National Intervener Credential (Results from State-Deaf-Blind Project and Administrators Surveys)		
	State Deaf-Blind Project Personnel	Educational Administrators
I have not heard of this credential	12%	61%
I have heard of the credential but do not know the details of the credentialing process	24%	26%
I am somewhat familiar with the credentialing process	27%	7%
I am very familiar with the credentialing process	37%	3%

### *Certification/Credentialing Status of Respondents to NCDB Survey of Interveners*

As shown in the table below, approximately 40% of respondents to the survey of interveners indicated that they had already obtained or were working toward a certificate or credential. However, respondent comments following the question suggest that the certificates they referred to are primarily certificates of program completion rather than certificates sanctioned by their states.

Certification/Credentialing Status of Respondents to Intervener Survey	Percent %
I have a certificate	20%
I am currently working towards a certificate	11%
I have the intervener national credential from National Resource Center for Paraeducators (NRCP)	4%
I am currently working toward the intervener national credential from the NRCP	6%
I do not have a certificate or credential but would like to have one	32%
I do not have a certificate or credential but I don't think I need one	9%
Other	18%

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For details about the process used to gather this information, go to  
<http://interveners.nationaldb.org/developmentProcess.php>

For details about the Intervener Initiative Surveys, go to  
[http://www.nationaldb.org/documents/products/survey\\_details.pdf](http://www.nationaldb.org/documents/products/survey_details.pdf)



## National Consortium on Deaf-Blindness 2.0

### Current Intervener Training Programs and Activities

Efforts to establish formal training methods and programs for interveners began in the U. S. in the 1990s, although less formal systems existed prior to that time. Currently, there are two universities—East Carolina University and Utah State University—that have online intervener training programs. In addition to, or working in collaboration with, an online training program, most state deaf-blind projects conduct intervener training activities of some type. The information below is taken from NCDB's surveys of state deaf-blind projects and educational administrators, and interviews conducted with the two university program directors and with state deaf-blind project personnel.

#### *University Programs*

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##### *East Carolina University*

ECU offers a Deafblind Intervener Certificate Program that consists of four progressively advancing online courses that occur over four semesters (two years). The courses are offered through the Web, directed independent study, and other models of distance learning. Participants must also complete 150 hours of practicum experience. Twenty continuing education credits are awarded for successful completion of the first year of the program and 24 are awarded for the second year.

##### *Utah State University*

The program consists of two 4-credit online courses. Intervenors can also opt to take a 2-credit practicum experience that includes a minimum of 100 hours of contact time with a child who is deaf-blind and a minimum of 3 coaching sessions. The practicum is one of the requirements for the National Intervener Credential available through the National Resource Center on Paraeducators. The program was developed as part of a U. S. Department of Education (USDOE) Fund for the Improvement of Postsecondary Education grant from 2005 to 2007. Development of an additional course and enhancement of the practicum experience is currently being developed as part of a USDOE Paraprofessional Preservice Program Improvement Grant.

## *State Deaf-Blind Project Training Programs and Activities*

The 42 respondents to the state deaf-blind project survey were asked to indicate which of the following types of intervener training activities are conducted by their projects. The results indicate that it is more common for the state projects to offer training for a range of service providers that include interveners, rather than solely for interveners.

Percentage of Projects that Offer the Following Activities	
Child-specific training with the intervener and educational team	68%
Child-specific training with just the intervener	52%
Large-group training events (e.g., classes, workshops, summer institutes) that are not child-specific and are open only to interveners	26%
Large-group training events that are not child-specific and include other service providers	64%
Refer to higher education program	30%
Coaching	45%
Mentoring	19%
Project does not conduct intervener training activities at this time	21%

## *In-State Programs*

To supplement survey data, NCDB also interviewed personnel at state deaf-blind projects known or thought to have a systematic approach to intervener training. At least 6 state projects report offering an in-state training program. These vary in scope and intensity, but typically involve face-to-face and/or online workshops, lessons, or courses that take place each year.

- ♦ **Arizona** – A series of six or more face-to-face intervener team trainings provided over a two-year period; at least 13 full days of training (104+ hours). The training is student centered and participating teams also receive on-site technical assistance during the two year training period. Participants are required to complete individual and team assignments.
- ♦ **Minnesota** – A face-to-face training program that occurs over 6 weekends from October through April (sixty-six total hours). It results in a certificate and 66 CEUs. The project also offers an advanced training in the summer and includes an option to receive university credit.



- ◆ *New Jersey* – Involves six full days of face-to-face group training between November and March plus 3 to 4 hours of individualized hands-on training at each trainee’s work site.
- ◆ *Oregon* – A team approach model in which training is provided to everyone in a classroom who interacts with the focus child. The training is conducted over a series of 4 to 6 sessions with follow-up between sessions.
- ◆ *Pennsylvania* – Two large-group trainings (in August and May), webinars, and at least monthly visits to child-specific teams by project staff and a consultant.
- ◆ *Utah* – Includes six full-day sessions that include two days of orientation and child-specific training before the intervener is placed with a child and nine web-based lessons. These are followed by a three-month practicum experience which is supported by at least six onsite coaching visits from deaf-blind teacher specialists. Participants have the option to receive university credit.

### *Use of an Online University Program for Coursework*

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NCDB identified 21 state deaf-blind projects that in some way utilize the USU and/or ECU intervener training programs to provide coursework to interveners-in-training. This model appears to be an emerging trend where coursework is provided online by the university program and supplemental activities are carried out by the state deaf-blind project. It is primarily occurring with USU, but several state projects send students to ECU. [Note: 30 of the 42 states (72%) that responded to the state deaf-blind project survey indicated that they refer students to a college or university-based program, suggesting that we did not identify all of the state projects that are using the higher education option.]

Some states pay all or part of a student’s tuition (either with project funds or additional state funds). Others are not able to provide tuition assistance, but refer or encourage students to attend. Supplemental activities include the following (vary from project to project):

- ◆ facilitate enrollment,
- ◆ provide onsite technical assistance,
- ◆ provide coaching to students working to obtain the national intervener credential via USU,
- ◆ hold introductory or annual face-to-face workshops,
- ◆ encourage or send teachers or other team members to the training as well as the intervener,
- ◆ support online connections among interveners and educational teams, and
- ◆ track interveners who are going through the program.



This is still a relatively new model. Most state projects that are utilizing university-based programs for coursework have been doing this for only 1 to 3 years (some as long as 5 years) and typically only small numbers of interveners in each state have completed the programs. When asked what types of services and supports would help the state deaf-blind project better meet the state's need for interveners, 73% of state deaf-blind project personnel and 66% of administrators said that the availability of more college- or university-based programs was "somewhat important" or "very important."

We also asked respondents to rate their level of agreement or disagreement with statements about advantages and disadvantages of intervener-training programs. The following results from the state deaf-blind project survey and administrators' survey show that most respondents believe that online programs have primarily advantages and few disadvantages. Our interviews, however, show that most states with in-state training programs feel the in-state training is very important for their states and prefer not to use an online program.

Potential Advantages or Disadvantages	agree or strongly agree (state projects)	agree or strongly agree (administrators)
Increased use of these types of programs would provide more consistent intervener-training across the country	84%	83%
There is a need for more university-based online-training programs	66%	70%
They eliminate the need for state deaf-blind projects to create their own training programs	17%	23%
Online access makes it easy to reach people spread over large geographic areas	93%	90%
College coursework is too difficult for many paraprofessionals	21%	40%
The tuition costs are high compared to in-state training	52%	63%
The training that interveners need does not require college- or university-based instruction	14%	33%
The programs take too long to complete	11%	17%
It takes an important function away from the state deaf-blind project	9%	27%
Online instruction is not an effective training method for interveners	12%	27%

The surveys found strong support among state deaf-blind project and educational administrator respondents for the following two types of training methods:

- ◆ child-specific training provided to the intervener and team in combination with large group training and
- ◆ university or college coursework with support from a state deaf-blind project.

This reflects the two primary training models that are currently in use, as described above.

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## National Consortium on Deaf-Blindness 2.0

### Definition and Use of the Term *Intervener*

A number of state deaf-blind projects and ad hoc groups from the National Intervener Task Force have produced excellent publications and products over the past decade that define and describe the role of interveners. These publications, as well as results from NCDB intervener services surveys, indicate that there is good agreement among the state deaf-blind projects and other entities familiar with intervener services about what an intervener is and does. However, there is a lack of a consistently-applied definition and variation in the way the term “intervener” is used. This may create confusion and contribute to a lack of understanding and recognition of intervener services among families and educational personnel.

#### *Definitions*

The National Intervener Task Force definition:

*An intervener is defined as an individual who works consistently one-to-one with a student who is deaf-blind and has training and specialized skills related to deaf-blindness.*

In our surveys, NCDB used a definition based on the following one from a 2008 Department of Education *Federal Register* notice inviting applications for the current state deaf-blind projects.

*An individual who has received specialized training to assist children who are deaf-blind by:*

- ◆ *facilitating access to environmental information,*
- ◆ *supporting their development and use of communication skills, and*
- ◆ *promoting their social and emotional well-being by maintaining a trusting and interactive relationship.*

*(Alsop, Blaha, & Kloos, 2000)*

Percent of Survey Respondents Who Agreed With the Definition	
State Deaf-Blind Projects	86%
Administrators	100%
Parents/Guardians	91%

Despite this high level of agreement, many respondents provided comments indicating that the clarity of the definition could be improved. The following additions were suggested by state deaf-blind project personnel:

- ◆ a description of the type of training an intervener receives,
- ◆ inclusion of the term “paraprofessional,”
- ◆ use of the term “in-depth training,” rather than just “training,”
- ◆ language indicating that an intervener:
  - ◇ provides *direct support* to the student,
  - ◇ functions as part of a team,
  - ◇ modifies educational materials and concepts,
  - ◇ provides access to social interaction,
  - ◇ facilitates connections with others in his or her environment,
  - ◇ is assigned to one student, not the classroom,
  - ◇ attends meetings about the student,
  - ◇ does not do common paraprofessional tasks (e.g., bus duty), and
  - ◇ is credentialed by National Resource Center on Paraeducators (1 respondent only).

One respondent pointed out that the role of community and home interveners may be different because they are not part of a team.

### *Use of the Term Intervener*

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From the state deaf-blind project survey: *In your state, are terms other than intervener used to describe paraprofessionals who receive specialized training as described above?*

- ◆ Yes – 31%
- ◆ No – 69%

From the survey of interveners: *Is intervener your official job title?*

- ◆ Yes – 39%
- ◆ No – 61%

Respondents to the survey of interveners entered a wide variety of alternate titles:

- ◆ 40 were paraeducator roles (e.g., instructional assistant, paraprofessional),
- ◆ 5 were terms similar to intervener (e.g., communication facilitator, communication intervener),
- ◆ 13 were teacher titles (e.g., special education teacher, teacher of the deaf/hard of hearing),
- ◆ 8 had the title of interpreter, and
- ◆ 5 were in a miscellaneous category (e.g., registered nurse, administrative assistant).

State deaf-blind project survey respondents also commented that a number of alternate terms are used in their states.

- ◆ Generic paraprofessional terms:
  - ◇ instructional assistant,
  - ◇ classroom assistant,
  - ◇ paraprofessional, and
  - ◇ teacher aide.
- ◆ Specialized terms similar to “intervener”:
  - ◇ communication facilitator or partner,
  - ◇ paraprofessional in the role of intervener,
  - ◇ interpreter-tutor,
  - ◇ communication intervener,
  - ◇ IGI (interpreter guide intervener),
  - ◇ one-to-one classroom facilitator,
  - ◇ one-to-one classroom aide, and
  - ◇ DeafBlind 1:1.

The primary reason given (by 6 respondents) for not using the term intervener is that it is not recognized by their state.

**Relevant comments:**

- ◆ *“Intervener” is not listed by our state regulations; therefore, administrators told parents they could not use the term.*
- ◆ *Our state doesn’t recognize interveners as a job class, nor do any of our school districts, county offices of education, or special education local plan areas.*
- ◆ *Often the definition of intervener that was shared at the beginning of this survey is not what people understand it to mean . . . they just think it is a one-on-one for the deaf-blind child.*

Other reasons given for not using the term intervener:

- ◆ lack of understanding of the meaning of the term,
- ◆ worries about responsibilities that may be incurred by using the term (e.g., implications for specialized training and costs to school districts), and
- ◆ only want to use the term intervener for credentialed interveners (1 respondent).
  - *Comment: This is still evolving somewhat in our state, but at this time we intend to only call someone an “intervener” if they have received their intervener credentials. That having been said, we certainly support the acquisition of the specialized deafblindness training whether or not individuals ultimately pursue credentialing. Those without the credentials might be called “Interveners in Training” or “Paraprofessionals with specialized training in deafblindness.”*

## References

- Alsop, L., Blaha, R., & Kloos, E. (2000). *Intervener in early intervention and educational settings for children and youth with deafblindness*. Monmouth, OR: Western Oregon University, Teaching Research, National Technical Assistance Consortium for Children and Young Adults Who Are Deaf-Blind.
- Department of Education. (2008). Office of Special Education and Rehabilitative Services; overview information; technical assistance and dissemination to improve services and results for children with disabilities — state technical assistance projects to improve services and results for children who are deaf-blind; notice inviting applications for new awards for fiscal year (FY) 2008. *Federal Register*, 73(58), 15744–15750.

For details about the process used to gather this information, go to  
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## National Consortium on Deaf-Blindness 2.0

### Family Experiences With Intervener Services

Experiences with intervener services vary considerably from family to family. They encompass whether a child has intervener services, the process of determining a need for those services and obtaining them if appropriate, and perceptions of the usefulness of the services for a particular child. This document summarizes some of the information gathered from NCDB's survey of parents and guardians.

#### *Some Details About the Parent/Guardian Survey*

- ◆ 119 individuals completed the survey
- ◆ 81% have a child between the ages of 6 and 21
- ◆ 47% first learned about intervener services from their state deaf-blind project (the next most common source—22%—learned about these services from a parent organization)

The children of approximately half of the survey respondents either currently, or used to, have intervener services.

Child's Current Status Related to Interveners	Percent of Respondents
a. My child currently has an intervener	42%
b. My child used to have an intervener	6%
c. My child does not have an intervener but I would like him or her to have one	25%
d. I have attempted to acquire an intervener for my child, but have not been successful	7%
e. My child does not need an intervener	4%
f. My child has a one-on-one paraprofessional aide, but this person has not had training in deaf-blindness	14%
g. Don't know	3%

#### *Additional Responses for Those Who Reported That Their Child Does Not Have Intervener Services (But They Would Like Him or Her to Have Them)*

Thirty-three percent of parents or guardians who chose "c" or "d" above, responded to this follow-up question, "To what extent do you agree or disagree that the following factors are reasons that your child does not have an intervener?" Below is the percentage who "agreed" or "strongly agreed" with each statement.

Possible Factors Influencing Provision of Intervener Services	Percent of Respondents Who Agreed or Strongly Agreed
My child's school says my child does not need an intervener	44%
My child's school says they cannot pay for an intervener	47%
Educators at my child's school do not understand what an intervener does	64%
My child's school would provide an intervener for my child but say they cannot find a qualified person to take the job	12%

### Relevant Comments:

- ◆ *I don't believe our school knows what our son's needs really are as a deaf-blind student, so they just scrape by day after day.*
- ◆ *They offer him a person who knows sign language but he is not with [her] all the time. She does not know anything about his visual impairment and doesn't care to be trained.*
- ◆ *We have identified a person who has expressed an interest/commitment to becoming our son's intervener. She does not currently have intervener training, but wants to begin the training as soon as she can. In our state, interveners are practically unheard of, so educating the school district has been the biggest hurdle.*
- ◆ *I really need assistance in my attempts to get an intervener in place for my 6-year-old son so that he, too, can reach his fullest potential.*

### Results for Respondents Who Reported That Their Child Has (or Previously Had) Intervener Services

The information in this section comes from the parents and guardians who told us that their child currently has an intervener (50 children) or used to have an intervener (7 children). For 82%, provision of an intervener was written into the child's IEP. Although the parents/guardians who took this survey described variation in the level of difficulty they encountered when obtaining intervener services for their child, more than half reported they found the process easy.

Level of Difficulty	Percent of Respondents
Very difficult	15%
Difficult	27%
Easy	40%
Very easy	18%



**Relevant Comments:**

- ♦ *Easy at first, but once the agency realized that the intervener would naturally need to communicate with all members of the team the process became very, very difficult. Around IEP time, I always got sick.*
- ♦ *To get an intervener was not as hard as getting a "trained" intervener. Our school district has been wonderful and supportive; it is just that we could not find a trained intervener to fill the position.*

Respondents were asked about a variety of situations that might occur during interactions with school or school district personnel when intervener services are considered. The responses indicate that many parents/guardians who took the survey had positive interactions related to intervener services, but more than half perceived that the educational personnel they encountered had limited knowledge of deaf-blindness and intervener services.

Interactions With Educational Personnel	Percent of Respondents who Agreed With Statement
School or school district personnel said my child did not need an intervener	15%
School or school district personnel said that training in deaf-blindness was not necessary for paraprofessionals who work with children who are deaf-blind	15%
School or school district personnel said the school could not afford an intervener for my child	17%
My child's school had difficulty finding a qualified person to be an intervener for my child	37%
There were educators and/or administrators at my child's school who understood deaf-blindness	42%
There were educators and/or administrators at my child's school who understood what an intervener does	46%
There were educators and/or administrators at my child's school who were willing to learn about interveners	73%
There were educators and/or administrators who were open to trying an intervener for my child	65%
My state deaf-blind project provided <b>information</b> about interveners to personnel at my child's school or school district	65%
My state deaf-blind project provided <b>training</b> about interveners to personnel at my child's school or school district	58%

The next two tables show the respondents' impressions of their child's level of improvement in communication, learning, and quality of life after obtaining intervener services. The majority indicated there was a great deal of improvement in most areas.

<b>Improvement in Communication Since Having Intervener Services</b>	<b>not at all</b>	<b>somewhat</b>	<b>a lot</b>	<b>don't know</b>
Overall ability to express his or her wants, needs, and feelings	3.7%	33.3%	61.1%	1.9%
Ability to express himself or herself using a method or methods of communication (e.g., objects, pictures, gestures, signs, speech)	5.6%	37.0%	57.4%	0.0%
Ability to understand others' communication (e.g., objects, pictures, gestures, signs, speech)	1.9%	37.0%	61.1%	0.0%

<b>Improvement in Other Areas</b>	<b>not at all</b>	<b>somewhat</b>	<b>a lot</b>	<b>don't know</b>
Participation in classroom activities	0.0%	24.1%	68.5%	7.4%
Awareness of what is going on around him or her in the classroom	3.7%	24.1%	63.0%	9.3%
Exploration of environment	0.0%	31.5%	63.0%	5.6%
Independent movement	3.7%	35.2%	53.7%	7.4%
Relationships with peers	3.8%	30.2%	62.3%	3.8%
Behavior	3.8%	22.6%	69.8%	3.8%
Happiness at school	1.9%	11.1%	83.3%	3.7%
Participation in social activities	3.7%	20.4%	70.4%	5.6%
Involvement in community (e.g., volunteering, a job, participation in community recreational activities)	26.9%	21.2%	32.7%	19.2%

**Relevant Comments:**

- *My son has been able to be integrated in a special classroom in his neighborhood school due to an intervener. Otherwise the district would insist on a special school setting due to his level of disabilities. Without his intervener he would not be able to be maintained in his classroom environment.*
- *Keeping an intervener on my child's IEP has been a fight every year. So far, we have prevailed even though they tried to remove it by substituting an interpreter. Intervener is, however, still on the IEP. I believe an intervener is the difference between success and failure for deaf-blind children.*

The next three tables show respondents ratings of a number of miscellaneous issues or needs that are sometimes associated with intervener services. They include experiences with intervener services in schools, supports related to intervener services, and the importance of parent advocacy.

Experiences with Intervener Services	disagree or strongly disagree	neutral	agree or strongly agree	don't know
My child is still isolated because the intervener is the only person he or she interacts with at school.	83.6%	7.3%	3.6%	5.5%
My child's intervener has not received adequate training.	74.1%	11.1%	9.3%	5.6%

Importance of Additional Supports	not at all important	somewhat important	very important
Getting training for myself that is similar to the training interveners receive, so that I can better support my child at home.	1.9%	31.5%	61.1%
Opportunities to communicate directly with my child's intervener.	1.9%	13.0%	81.5%
Having an intervener at home, in addition to at school.	13.0%	33.3%	48.1%

Importance of Parent Advocacy	Percent of Respondents
Not at all important	7%
Somewhat important	30%
Very important	63%

#### Relevant Comments:

- ◆ *I'm speechless, it is overwhelming at how important the parent advocating is!*
- ◆ *The school knew what my child needed and provided from the beginning. We didn't know what an intervener did.*
- ◆ *I did not even know I needed one (way back in early childhood), so I'm glad it was all done for me.*
- ◆ *Children are now getting interveners without parents having to request - IEP teams are making the suggestions more and more. I have seen the evolution of understanding/acceptance in my state over the past 20 years.*
- ◆ *At different stages my advocacy has been important in keeping the intervener full time, in educating new team members, and in working with the team to learn to work with an intervener.*
- ◆ *D/B children live in a world of snap shots that are all out of order. Nothing makes sense. An intervener arranges those snap shots into an album, in order, and labeled so our children can take their time, process the information and move on to the next page at their own pace. These children will simply not succeed without one. There is not a standard at present to measure the difference an intervener makes, and that may very well be intentional. I have been astonished at the resistance to this service by educators who should know better. We have lost sight of the child in all the bureaucracy.*

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## National Consortium on Deaf-Blindness 2.0

### Intervener Training and Workplace Supports

This summary includes information gathered from the state deaf-blind project, intervener, and educational administrator surveys about current resources for intervener training and on-the-job coaching and supervision. It also provides a snapshot of existing intervener workplace supports, including support from educational team members.

#### STATE DEAF-BLIND PROJECT RESOURCES

##### Staffing and Funding Levels of the State Deaf-Blind Projects that Responded to the NCDB Survey

Full-Time Equivalent Personnel	Numbers of State Projects	Percent
Less than 1.0	7	16.7%
1.0 to 2.0	15	35.7%
2.01 to 3.0	10	23.8%
More than 3.0	9	21.4%

Level of OSEP Funding Per Year	Numbers of State Projects	Percent
Less than \$100,000	11	26.2%
\$100,000 to \$199,000	17	40.5%
\$200,000 or greater	14	33.3%

##### State Deaf-Blind Project Resources Available for Intervener Training and Support

State deaf-blind project respondents were asked to rate the sufficiency of their current expertise, staffing levels, and funding to provide intervener training and workplace supports. The following tables show the percentages of respondents who indicated a 4 or 5 (i.e., relatively high) rating on a 5-point scale for expertise, time available, and funding. The responses indicate that most feel they have sufficient expertise, but more limited time and money.

**Percentage of projects that indicate they have sufficient expertise for the following:**

Conduct intervener training	71%
Provide coaching to interveners	76%
Develop intervener training materials (e.g., modules, curricula, handouts)	61%
Conduct data collection related to the use of interveners (e.g., how many, work setting)	68%

**Percentage of projects that indicate they have sufficient funds to pay for the following:**

Pay for intervener training events (e.g., classes, workshops, summer institutes)	37%
Pay for general travel expenses associated with training	24%
Pay for outside consultants (e.g., for training or coaching)	24%
Conduct awareness-raising activities related to interveners	43%
Pay for the development of intervener training materials (e.g., modules, curricula, handouts)	15%
Purchase intervener training materials (e.g., modules, curricula, handouts)	26%

**Percentage of projects that indicate they have sufficient time (i.e., enough personnel) to conduct the following:**

Conduct intervener training events (e.g., classes, workshops, summer institutes)	44%
Provide intervener coaching	37%
Provide follow-up support to interveners who have completed training	42%
Develop training materials (e.g., modules, curricula, handouts)	20%
Conduct awareness-raising activities related to interveners	46%
Conduct outreach to promote the use of interveners	46%
Track interveners	51%
Collect data related to your state's use of interveners	49%

**Relevant Comments**

- ◆ While the expertise exists, lack of time is a huge factor (we have lots of other activities in our grant, too).
- ◆ We have the expertise but not the time to develop materials. Collaborative materials always turn out best and are more consistent.
- ◆ Providing training events is more about money than it is about time.

## Factors that Impact Recruiting and Bringing Interveners Together for Training

State deaf-blind project personnel who took the NCDB survey perceive a greater degree of difficulty than do educational administrators when it comes to recruiting interveners and arranging for participants to attend intervener training.

Percentage of State Projects That Indicated the Following Are Easy (4 or 5 on a 5-point scale)	
Recruiting individuals who are interested in becoming interveners	26%
Recruiting individuals who are qualified to participate in intervener training	29%
Obtaining permission from school districts to release interveners for training	26%
Bringing interveners from dispersed locations together to attend training events	14%

Percentage of Administrators Who Indicated the Following Are Easy (4 or 5 on a 5-point scale)	
Recruiting individuals who are interested in becoming interveners	50%
Recruiting individuals who are qualified to participate in intervener training	50%
Arranging for release time so that individuals who want to become interveners are able to attend training	43%
Funding intervener training	47%

## INTERVENER WORKPLACE SUPPORTS AND CHALLENGES

### Support from Other Team Members

The survey of interveners asked the respondents to rate their team members in the following areas:

- ◆ Knowledge of deaf-blindness (on a scale from 1 to 5 with 1 indicating “know nothing” and 5 indicating “a lot”).
- ◆ How well they understand the intervener’s role (on a scale from 1 to 5 with 1 indicating “very poorly” and 5 indicating “very well”).
- ◆ How much they value the intervener’s input (on a scale from 1 to 5 with 1 indicating “not at all” and 5 indicating “a lot”).

The next chart shows the percentage of respondents who chose a “4” or a “5,” indicating a high level of knowledge, understanding, and valuing of input. The majority of personnel in most categories valued the intervener’s input. Rates of knowledge about deaf-blindness and understanding of the intervener’s role were higher for parents and for personnel with a background in sensory disabilities than they were for other personnel.

Role	Know about Deaf-Blindness	Understand the role of an intervener	Value your input
General education teacher	10%	21%	66%
Special education teacher	47%	52%	78%
Parent	71%	73%	88%
School principal	14%	16%	47%
Teacher of the deaf and hard of hearing	63%	57%	70%
Teacher of the blind and visually impaired	66%	64%	74%
Orientation and mobility specialist	62%	65%	79%
Occupational therapist	39%	50%	72%
Physical therapist	37%	51%	77%
Speech therapist	34%	50%	64%
Paraprofessionals who are not interveners	24%	29%	59%
School district personnel	17%	21%	42%

**Percent of Interveners Who Are “Often” Pulled Away From Student They Have Been Assigned to for Other Duties**

Bus duty	27%
Playground duty	19%
Lunch duty	31%
Work with students other than your student with deaf-blindness	32%

69% of interveners who took the survey said they are invited to attend IEP meetings. 91% did not receive a raise in pay after completing training.

**Opportunities for Consultation and Coaching from Experts in Deaf-Blindness**

Intervener who responded to the NCDB survey receive support and consultation from state deaf-blind project personnel using a variety of methods, but 25% have no contact at all (the survey did not ask about frequency of contact).

**Contact Interveners Have With Their State’s Deaf-Blind Project**

No contact	25%
Telephone consultation	36%
Online consultation	41%
Onsite visits	46%
Other	20%



### **Relevant Comments**

Several comments from the state deaf-blind project survey suggest that it is often deaf-blind project staff members who serve as local experts:

- ◆ *Local mentors are non-existent here. The DB project will have to be the support system.*
- ◆ *Without the deafblind project, supports from the districts will not be there.*
- ◆ *I am a coach and expert available to the interveners in this state, but they do not have experts in their districts.*
- ◆ *The local experts and coaches — this is the part that deaf-blind projects would need to play in the process of training interveners.*

State deaf-blind project personnel and administrators perceive relatively high rates of workplace challenges for interveners in a number of areas including pay, lack of access to deaf-blind specialists, and few opportunities to connect with other interveners.

#### **Perspectives of State Deaf-Blind Project Personnel and Educational Administrators of Workplace Challenges Faced By Intervenors**

<b>Challenge</b>	<b>% of state deaf-blind project personnel who rate this as very common</b>	<b>% of administrators who rate this as very common</b>
Low pay	73%	43%
There are not enough deaf-blind specialists to provide technical assistance	42%	42%
Receive only limited support from the state deaf-blind project	17%	10%
Are not accepted as contributing partners at educational team meetings	24%	17%
Feel isolated because other team members lack knowledge of deaf-blindness	29%	20%
Have few opportunities to interact with other interveners	51%	43%
Receive limited support from the classroom teacher	20%	10%
Receive limited support from other team members	29%	3%
Receive limited support from school administrators	29%	13%

*Ninety-one percent of the interveners who took our survey said they would like to continue working as interveners. The following are selected comments from survey respondents that describe improvements in working conditions that would encourage them to stay in this line of work:*

- ◆ *Having more training available and be[ing] more included in the education team. Having more input and being invited to meetings. I spend more time with my student than anyone else, am more familiar with what is going on with her, and yet administration treats me like a para rather than a trained intervener.*
- ◆ *I think it would be helpful for the teachers involved with deaf-blind students and campus administrators to attend an informational meeting before school begins to learn about the student's abilities/disabilities and other characteristics that might affect other students in the classroom.*
- ◆ *Raising awareness about the intervener support model, get it added as a recognized support model under IDEA, call interveners "professionals" and stop referring to them as "paraprofessionals" especially with all of the knowledge, skills and techniques they must master to provide effective intervention. Advocate for the intervener model to be a recognized service model for adults with deafblindness and not just an educational support. That would also provide various settings for interveners to apply their skills and services and develop career paths.*
- ◆ *I love what I do but find it hard to make it on such low pay. Would love it if it was required for school districts to have certified interveners for students with deafblindness because I could possibly get a pay raise. I will continue to do this whether I get a raise or not. However, there are many times when I worry that I may have to get a second job to make ends meet.*
- ◆ *Recognition on the state and national level. Look at educational interpreters as a model. They have clear job descriptions and pay scales. When my student graduates, I am unsure where I will work next. There is no way to advertise my skills since most school districts don't know what I do or what students need interveners like me.*

For details about the process used to gather this information, go to  
<http://interveners.nationaldb.org/developmentProcess.php>

For details about the Intervener Initiative Surveys, go to  
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## National Consortium on Deaf-Blindness 2.0

### Acceptance and Recognition of the Need for Intervener Services

A key concern identified by NCDB from surveys and other intervener services initiative activities is that there is a widespread lack of recognition and acceptance of these services among educational personnel. This document summarizes findings from NCDB's state deaf-blind project and administrator surveys. Other data summaries (*Family Experiences With Intervener Services*, *Intervener Certification/Credentialing*, *Intervener Training and Workplace Supports*) also address the themes of acceptance and recognition.

#### *Support for Intervener Services*

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Although there is believed to be a lack of recognition of intervener services among educational personnel generally, the respondents to NCDB's state deaf-blind project and educational administrator surveys indicated strong support.

- ◆ 93% percent of 42 state deaf-blind project respondents "agreed" or "strongly" agreed with the statement, "It is important for children who are deaf-blind to have the option of an intervener if they need one."
- ◆ 77% of 30 administrators indicated they are "very supportive" of interveners for children who are deaf-blind.

Only 3 of the 42 state projects that responded to the survey, however, indicated that intervener services are recognized in their state's educational administrative rules or regulations.

#### *Raising Awareness*

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Most of the 42 states who responded to NCDB's state deaf-blind project survey reported that they provide information about interveners to raise awareness, help a specific child, and promote the use of interveners. Specifically, they provide info about interveners to:

- ◆ families (37/42)
- ◆ SEA administrators and/or staff (32/42)
- ◆ LEA administrators and/or staff (36/42)
- ◆ school building administrators (34/42)
- ◆ educational team members (37/42)
- ◆ other service providers (34/42)

These results indicate that the state projects are putting effort into awareness-raising. However, it may not be as effective as desired given respondents' answers to other survey questions. Specifically, the survey asked them about their perceptions of the beliefs and attitudes of the educators they interact with during technical assistance activities. Using a 5-point scale ("strongly disagree" to "strongly agree") respondents were asked to indicate their level of agreement with a series of statements as applied to eight different categories of individuals—SEA personnel, Part C personnel, LEA personnel, school administrators, regular education teachers, related services providers, and families. In each case, they were asked to think about individuals in these categories who had responsibility for children with deaf-blindness.

The following table lists the percentages of state deaf-blind project respondents who *"agreed" or "strongly agreed"* with the statements for each role. For example, 30% of respondents agreed or strongly agreed that SEA personnel who are responsible for services that affect children with deaf-blindness *know what an intervener is*.

	Role							
	SEA pers.	Part C pers.	LEA pers.	School admins.	Regular ed. teachers	Related services providers	Special ed. teachers	Families
Know what an intervener is	30%	18%	18%	11%	13%	28%	36%	44%
Believe that interveners are an important option for children who are deaf-blind	35%	16%	16%	13%	21%	27%	39%	51%
Believe that specialized skills and training are needed for paraprofessionals who work one-on-one with children who are deaf-blind	54%	47%	41%	31%	52%	63%	65%	80%
Use the term intervener to refer to a paraprofessional who does not have specialized skills and training in deaf-blindness	19%	12%	22%	22%	20%	26%	24%	31%
Know that an intervener can be hired first and then receive training	49%	20%	28%	35%	25%	32%	37%	27%

Respondents were asked for their opinions about why an SEA might not support intervener services. Their responses, summarized in the following list, were very similar and relate primarily to a lack of understanding about intervener services and to financial, labor, and policy constraints.

- ◆ Lack of awareness/knowledge on the part of SEA personnel (e.g., what interveners do, why they are needed, the impact they can have, and the difference between interveners and paraprofessionals).
- ◆ Funding concerns (salary, budget).
- ◆ Personnel issues:
  - ◇ finding qualified interveners or personnel who can be trained,
  - ◇ staff turnover,
  - ◇ union and collective bargaining issues,
  - ◇ the time that training involves,
  - ◇ supervision issues, and
  - ◇ differentiation of duties.
- ◆ The lack of a federal requirement that intervener services be considered for children who are deaf-blind (e.g., they are not currently a related service in IDEA).
- ◆ The low-incidence of deaf-blindness (SEAs have many other areas to address and deaf-blindness is a low priority).
- ◆ Concerns about creating codependency.
- ◆ The reality that in states with strong local control, even supportive SEAs can't influence implementation.

### **Relevant comments:**

- ◆ *Lack of understanding about the role of an intervener and deaf-blindness. Lack of recognized position of intervener in state code/policy. Fiscal concern that every child/family would want one.*
- ◆ *Concerns regarding confusion and overlap of the role with a paraprofessional. No licensing standards. No specific mandates.*
- ◆ *My SEA is falling apart at the seams due to statewide budget slashing. This (interveners) is small potatoes for a very rapidly dwindling agency to even think about, let alone support. In addition, my state believes that each school district should be allowed to do its own thing with minimal direction from a state agency.*
- ◆ *A challenge for me in my state. I share information about interveners, but never know if someone from my state has been trained. There is not a national database to access to see if certain folks followed up with the information.*
- ◆ *There are no [rules] (yet) that support the use of interveners. Our SEA is unlikely to do much more than cite federal law (which they already do) and will not require the use of interveners unless there is a federal mandate.*

## LEA Support

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The state deaf-blind project respondents were also asked their opinion of why LEAs might not support the use of interveners. The reasons they gave were very similar to those reported for SEAs. However, there were additional reasons mentioned that are specific to LEAs including:

- ◆ difficulty releasing staff for training,
- ◆ concerns that interveners have more knowledge and qualifications related to deaf-blindness than classroom teachers and related service providers,
- ◆ concerns about setting a "precedent" for one-to-one supports for children at the same time that budget cuts have reduced the number of paraprofessionals in many districts,
- ◆ lack of SEA support regarding the needs of children with deaf-blindness, and
- ◆ the perception that a student "sees and hears well enough."

### Relevant comments:

- ◆ *Money, money, and money [and] lack of understanding about the role of an intervener.*
- ◆ *LEAs are hesitant to too narrowly define a paraprofessional role, fearing that it will set a precedent for other student support, that they won't be able to move that person if they want to spread the support to other children, that they won't be able to find a trained person or provide the necessary training, that it will imply more pay, that it will set up a hierarchy in the paraprofessional ranks that will cause them trouble, and in some places, they simply don't understand the whole concept.*

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