

**The Intervener
In Early Intervention and
Educational Settings
for Children and Youth
with Deafblindness**

**by Linda Alsop,
Robbie Blaha,
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SKI-HI Institute

Department of Communicative Disorders and Deaf Education
Utah State University
Logan, Utah 84322-6500

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INTRODUCTION AND PURPOSE

People rely upon information about the world around them in order to learn, function, and interact with others. Vision and hearing are the major senses through which this information is accessed. Individuals who have combined vision and hearing loss or deafblindness, are unable to access this essential information in a clear and consistent way. *Deafblindness is a disability of access* – access to visual and auditory information.

Deafblindness is defined by IDEA as, “concomitant hearing and visual impairments, the combination of which creates such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness” (Federal Register, 1999). Deafblindness does not necessarily refer to a total inability to see or hear. Many individuals who are deafblind have some usable hearing and/or vision. However, the concomitant effect of both vision and hearing loss is significant. It greatly affects the ability to access information.

Intervention for individuals who are deafblind is a *process* that creates access to visual and auditory information. It connects them to the world. *The role of the intervener is to facilitate this process*. The term “intervener” applies specifically to a trained individual who works one-to-one with a child or student who is deafblind in home, school, and community settings. The concept of having a person work one-to-one with an individual who is deafblind is not new. What is different is the use of the title “intervener” to designate a person who has training in specialized skills related to deafblindness and who works consistently with one child or student.

The purpose of this paper is to provide information about interveners and their role with individuals who are deafblind. It will describe the work of interveners in early intervention and educational settings provided under the Individualized Family Service Plan (IFSP) and the Individualized Education Program (IEP) for children and youth who are deafblind, birth through 21 years of age.

This paper is an effort to discuss important issues, clarify concepts, explain terminology, and answer

common questions in order to increase awareness and understanding about interveners and their role in the field of deafblindness. It is an effort to share knowledge and experience in order to support a productive discussion of the work of interveners. Above all, this paper is an effort to advocate for and support the use of interveners as a credible service delivery option for children and youth who are deafblind.

PROCESS OF INTERVENTION

When discussing the role of interveners, it is important to make a distinction between the *process* of intervention, which is specific to the needs of individuals with deafblindness, and the *logistic* issues that affect the implementation of that *process*. First the *process* of intervention will be discussed, along with the role of the intervener in facilitating that *process*. Then *logistic* issues related to the *process* will be addressed.

In considering the *process* of intervention, the impact of combined vision and hearing loss on learning and development must be acknowledged and understood. Without this understanding, it is difficult to develop, implement, and evaluate appropriate intervention practices. It is sometimes assumed that the needs of children and youth who are deafblind can be met with the existing supports available for children with other types of disabilities, but this is not always true.

Children who are deafblind have unique needs. Lack of access to visual and auditory information causes extreme difficulties in all areas of development. It creates isolation and prevents connection with the world. Learning, communication, and social and emotional development are especially affected. Individuals with deafblindness are a diverse group with a continuum of needs, which vary depending upon the age of onset of deafblindness, degree of sensory loss, presence of concurrent disabilities, and environmental conditions.

Although it is beyond the scope of this paper to accurately convey the full ramifications of deafblindness, it is important to address the primary needs of children and youth with this disability. These needs include *access to environmental information, communication, and social and emotional development*. The

process of intervention must address each of these needs. The following discussion describes these needs and discusses the relationship between them and the role of the intervener.

NEEDS OF CHILDREN AND YOUTH WHO ARE DEAFBLIND AND THE ROLE OF THE INTERVENER

Access to Environmental Information

Moment to moment, our vision and hearing give us the information we need to continuously expand our knowledge and to interact with the world around us. Difficulties in either seeing or hearing alone have a great impact. An individual with a hearing loss must use vision to help compensate for the lack of available auditory information. An individual with a vision loss must use hearing to help compensate for the lack of available visual information. When both vision and hearing are affected, this type of compensation cannot occur, and adequate and consistent amounts of sensory information are not available. This results in varying degrees of sensory deprivation, which occurs on a continuous basis, day after day, year after year.

The child with deafblindness will have difficulty learning through independent observation or exploration. The child may be unable to learn by detecting the results of his or her actions during everyday experiences, such as bumping a glass of milk off the table. The child may not see the glass fall, see and hear it land on the floor and stay in one spot, or see the milk spill and then be cleaned up. The child with deafblindness misses much essential information, and incidental learning is greatly limited. Over time, the child's conceptual development and experience base will differ significantly from that of other children.

Instead of effortlessly receiving a flow of information as others do, children who are deafblind must labor to attend, gather, interpret and synthesize information. They cannot learn what they do not detect, and they are unaware of what they are missing. They may be unable to access enough information to understand what is going on around them and to experience success and control over their environment. The resulting confusion and frustration often results in withdrawn or aggressive behaviors. Many children who are deafblind turn inward and spend their time in tactile stimulation. Their days are filled with sensation rather than information.

Role of the intervener: To facilitate the access of environmental information usually gained through vision and hearing, but which is unavailable or incomplete to the individual who is deafblind.

The need for access to information must be addressed in the assessment process and resulting IFSP or IEP for each child or student with deafblindness. This assessment process should involve a professional trained in deafblindness who can evaluate the impact of the combined sensory loss on the child's ability to effectively gather information from the environment. The IFSP or IEP must include programming that provides appropriate access to information for the child or student. This access will involve making accommodations and modifications and providing appropriate services and supports. The team may determine the need for an intervener to support this accessing of information for the individual with deafblindness. As directed by the team, there are many effective ways in which the intervener can consistently increase and clarify information.

In educational settings, the staff may find that, without the services of an intervener, instructional strategies and other modifications described in the IEP take too much time away from their responsibilities to other students. They may only be able to provide access when they have time, rather than when the child with deafblindness needs it. As a result, access to information for that child will be partial and inconsistent. There will be long periods of time when the child is disconnected from the environment. Teachable moments will be missed. The one-to-one support of an intervener can make it possible for the child to stay connected to the environment so that learning can occur.

The services of an intervener may be needed to provide constancy and consistency for the child or student with deafblindness. One-to-one support with the same person is important for many children who are deafblind. This may seem to contradict some interpretations of traditional transdisciplinary service delivery models for students with severe disabilities, since the traditional models have focused on staffing patterns to avoid dependency. However, children and youth who are deafblind require a high degree of consistency, trust, and mastery of skills before they can interact with multiple communication partners. Providing one-to-one support from a variety of staff members may not work with these children because

the number of people working with them creates too much novelty and confusion. Issues related to independence, trust, consistency, and generalization of skills are not exclusive to any model, but should be specifically addressed in the IFSP or IEP process for children and youth who are deafblind.

Communication

Communication is another area that is greatly affected by deafblindness. Due to a lack of visual and auditory sensory input, children who are born deafblind may be unaware that formal communication exists. They may not know that they can exert power over their environment with communication. Often, their communication attempts are missed or misunderstood because others don't realize that they are trying to communicate. The lack of communication skills may also make it difficult for them to readily express feelings and desires. They may express wants and needs through behaviors, but be unaware that their actions are being observed and interpreted by others. They may not be getting enough information to understand that they have caused something to happen.

Because of the combined sensory loss, children with deafblindness do not have the same opportunity as typical learners to acquire symbols to represent what they want to communicate. They do not have repetitive meaningful exposure to the incidental use of objects, pictures, sign language, or speech. They need systematic support to learn and progress through concrete and abstract communicative forms. Unfortunately, people who work with children who are deafblind are not typically trained in all the communication modalities that these children may need, such as signals, cues, braille, sign language, and so on.

Children who are deafblind may have difficulty finding conversational partners. Because of the impact of the sensory loss on concept development, these children may not share the same topics that others typically communicate about. The world of the child who is deafblind is so different from the hearing and sighted world that a common meaningful topic can seem difficult to find.

Role of the intervener: to facilitate the development and use of receptive and expressive communication skills.

Children who are deafblind cannot completely overcome their isolation and learn to communicate on their own. To provide the level of understanding and response necessary for the development and use of communication skills, another person may need to be consistently available. Without the services of an intervener, the staff-to-student ratio may prohibit the amount of proximity and attention required to instill in the child the imperative, underlying understanding that communication exists and is within his or her power. The intervener can provide this proximity and attention, and can consistently recognize, respond and reinforce the child's behaviors and attempts at communication.

The intervener can play a key role in facilitating communication with others, including family, peers, team members, and casual acquaintances. Successful communication experiences with this circle of people will encourage the child who is deafblind to continue to interact. Any communication system that truly works for the child must be shared with everyone in contact with that child. The intervener can promote this by providing continuous "on the spot" teaching and support to everyone with whom the child interacts.

Social and Emotional Well-Being

Deafblindness results in varying degrees of isolation and disconnection, which are incomprehensible for those with vision and hearing. The barrier of deafblindness around these children makes it difficult for many people to approach them, much less convey information to them. Children with deafblindness may not consistently observe and imitate the mores and social graces that are essential for social acceptance. In addition, they must use different rules of touch and personal space in order to get information. Since touch is not a common way to interact with others, this can result in negative reactions from others.

Sometimes the demands of the hearing and seeing world upon individuals with deafblindness can be overwhelming. People may seem to come and go, touch, talk, demand, push, pull – all within a matter of seconds (van Dijk, 1999). Generally most people are inconsistent in their interactions. In short, individuals who are deafblind live in a world that can seem to alternately come at them or disappear into thin air.

As a result, many interactions with people can seem confusing or purposeless. Children with deafblindness may even perceive others as menacing because of prior negative or unsettling experiences (e.g., medical interventions). They may feel they have no power and are at the mercy of others. They may not form the social bonds required or develop positive human relationships. They may detach from others and avoid social interaction. This social deprivation results in stress which can manifest itself as withdrawal, aggression, depression, and self-abuse.

***Role of the intervener: to develop and maintain a trusting,
interactive relationship which can promote social and emotional well-being.***

The *process* of intervention must include emotional bonding and trusting relationships with others. The role of the intervener is to provide a consistent presence and maintain an interactive relationship of trust with the individual who is deafblind. This type of relationship can sustain and help motivate the individual to be in contact with the world outside his or her body.

The educational team may have concerns about a student's emotional state or behaviors toward people. In some instances, too many people may be working with the child. An intervener can provide the opportunity for the child to connect with one person who can establish a base of security and motivation.

An intervener can support the process of building bridges to others. Ultimately, it will be the child's ability to establish positive relationships with people that determines success in learning and raises overall quality of life. People who work with children with deafblindness must first be able to read and then decode their responses. The understanding of how to reach them must be used to make natural and instructional environments emotionally manageable for them. These children find relief in being understood, and they know which people truly understand them.

THE ROLE OF THE INTERVENER

The primary role of the intervener is to

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

This role is the key to the *process* of intervention for individuals with deafblindness. It connects the individual to the world and must be a part of everything that the intervener does. This role is applicable to all ages of children and youth who are deafblind from infancy through age 21, and it can be carried out in any setting, including early intervention, educational, and community programs.

As the child with deafblindness progresses, the specifics of the *process* of intervention may change in terms of individualized strategies and programming. For example, a child may move from using signals and gestures to using sign language. As a result, the skills of the intervener, or the actual intervener, may need to change in order to accommodate for this expanding communication need and to facilitate increased interaction with the environment. However, the overall *process* of intervention for that child and the role of an intervener in facilitating that process will remain the same.

Interveners will also have other responsibilities as they work with children and youth who are deafblind in early intervention or educational settings. The nature of these responsibilities will depend upon the needs of the individual child and the goals of the IFSP or IEP. For example, an intervener who works in the home with an infant may be involved in routines such as dressing, eating, self-help, and play. The intervener who works in a classroom with an elementary student may be involved in programming that includes physical therapy, academic work, and social activities. An intervener working with a high school student may be involved in job coaching.

In each of these cases, although the intervener has other responsibilities, he or she must continue to facilitate the *process* of intervention. Throughout all routines and activities, the individual with deafblindness will need consistent access to environmental information and support for communicative interaction and social and emotional well-being.

PROGRAM PLANNING AND THE INTERVENER

The need for an intervener for individuals with deafblindness is always determined through the IFSP or IEP process. When discussing the use of interveners in early intervention or educational settings, it is essential to base the discussion on the requirements of the Individuals with Disabilities Education Act Amendments of 1997 (IDEA), the federal law that supports special education programming for children and youth with disabilities.

An understanding of deafblindness as a disability of access to visual and auditory information and a knowledge of the *process* of intervention that is appropriate for this disability are both essential to program planning. When developing an IFSP or IEP for a child or student who is deafblind, key questions should be asked:

- Does the individual have access to ongoing sensory information, which is needed for learning and interaction with the environment and which is equal to that of the other learners?
- Does the individual have access to natural and least restrictive environments, the general curriculum, and appropriate activities?
- Does the current IFSP or IEP programming include the accommodations and modifications that are necessary for concept and skill development, individualized learning, appropriate activity pacing, and positive reinforcement?
- Does the individual have a communication system that allows for interaction – both receptive and expressive – with parents, siblings, peers, teachers, service providers, and others? Do these people know how to interact with the individual?
- Does the individual use assistive listening devices and vision aids? Do environmental and instructional accommodations need to be made to maximize the use of residual vision and/or hearing?

- Does the programming include strategies to support social and emotional well-being, and does the individual have trusting relationships with others?
- Does the programming ensure that the *process* of intervention will be in place for the individual?

When planning an individualized program for children and youth who are deafblind, appropriate assessment and evaluation of child-specific needs, particularly related to combined vision and hearing loss must be done. This process must involve people with expertise in the area of deafblindness, who understand the effects of combined sensory loss on learning and development. The team must be able to identify the needs related to type and degree of sensory loss, to develop outcomes and objectives that meet those needs, and to determine appropriate services and supports, so that the child can learn from and participate in his or her natural or instructional environment.

The use of interveners with children and youth who are deafblind can be implemented within the existing early intervention and educational process. This does not mean that an intervener is automatically prescribed for a child or student who is deafblind. It does mean that an intervener should be a valid option on a menu of services that support the implementation of the specially designed instruction identified on the IFSP or IEP.

Intervener Services in Early Intervention Settings Under the IFSP

The need for an intervener for very young children who are deafblind (birth to 3 years) is determined by IFSP process. IDEA requires that the child's IFSP team accomplish the following:

- Determine the child's present levels of physical, cognitive, communication, social or emotional, and adaptive development. Since deafblindness affects all areas of development, especially those related to communication, learning, and social and emotional development, this discussion must address the impact of combined vision and hearing loss on those areas.
- Determine the family's resources, priorities, and concerns related to enhancing the child's development. Since early intervention services are family centered, this discussion should focus

on family priorities and concerns. It should also include the anticipated needs for the child in life and the families' needs to support the child's development. In addition, family resources should be identified, including those that are in place and those that should be enhanced. During this discussion, issues related to deafblindness and its impact on the family should be addressed, taking into consideration the family's concerns and resources.

- State the major outcomes expected to be achieved for the child and family. In early intervention, expected outcomes for children who are deafblind and their families should include strategies guided by the child's needs to access environmental information, develop and use communication skills, and maintain social and emotional well-being.
- Determine the specific early intervention services necessary to meet the unique needs of the child and the family, including the frequency, intensity, and method of delivering services. This is a discussion of the services needed to reach the identified outcomes for the child and family. At this point, the services for an intervener could be addressed as an option for meeting deafblind-specific child and family needs.
- Determine the natural environments in which early intervention services shall appropriately be provided. An intervener can facilitate the *process* of intervention in any environment in which the parents choose to participate.

Intervener Services in Educational Settings under the IEP

The need for an intervener for children and youth who are deafblind, ages 3 through 21, is determined through the IEP process. IDEA requires that the child's team do the following:

- Determine the present levels of the child's educational performance. This discussion of the child's present strengths and needs, and how those strengths and needs affect participation and progress in appropriate activities, should take into account the impact of the combined vision and hearing loss as well as any additional disabilities. At this point it is important to discuss the *process* of intervention which would be critical to meeting those child needs.

- Identify annual goals, short term objectives, and/or benchmarks. Two questions are asked: First, how are those goals and objectives related to meeting the child's needs, or to enabling him or her to participate and progress in appropriate activities? Second, is there a direct correlation between goals and objectives and the present levels of educational performance? During this process, it is essential to consider sensory loss issues.
- Write a statement of special education, related services, supplementary aids, and services to be provided to the child or on behalf of the child. The question is asked: Do these services enable the child to advance appropriately toward attaining the annual goals, to be involved or progress in appropriate activities, and to be educated and participate with disabled and nondisabled children in the activities? This is the time to discuss the staff and services that are needed to implement the goals and objectives. At this point, an intervener may be determined as an appropriate related service, supplementary aid or service for the student. Although, IDEA does not specifically mention interveners as related service providers, the list of related service providers is a non-exhaustive one. Therefore, an intervener may be considered a related service, if the IEP team so determines.
- Write a statement of program modifications and supports for school personnel that will be provided for the child. At this point, if the services of an intervener have been determined to be appropriate, a discussion of the need for deafblind-specific training for both the intervener and the team should follow. Without this training the IEP may not be implemented.

LOGISTICS

As previously mentioned, the term *logistics* refers to the mechanical issues related to the work of interveners. *Logistics* are operational and systems related. They include considerations for intervener training, support, and supervision. *Logistics* issues which must be addressed in order to support the intervener in facilitating the *process* of intervention. Problems with *logistics* can, in fact, undermine the success of the intervener. While the role of the intervener in facilitating the *process* of intervention is a consistent one, *logistical* issues related to the work of interveners may be addressed somewhat differently from program to program and state to state. Although it is not the intent of this paper to address all of the *logistic* issues associated with the use of interveners, the following section will discuss *logistics* as they relate to intervener training and supervision and support.

INTERVENER TRAINING

The importance of training for interveners cannot be overemphasized. Intervenors must understand deafblindness, the intervention process, and how they can most effectively support that process. In addition, the skills of the intervener must fit the specific needs of the child who is deafblind.

Without adequate training, the intervener may function more as an instructional aide, a general paraprofessional, or a care provider. Experience has shown that a person designated to work as an intervener and provide one-to-one support to a child who is deafblind, but who has little or no opportunity for training specific to deafblindness, will experience frustration and confusion and be unable to facilitate the *process* of intervention for that child.

Individuals who are deafblind are a diverse group with extremely unique needs that are not typically addressed in preservice training programs for teachers and other service providers. Intervener training programs must be tailored to address the diversity of needs, while at the same time providing basic core information related to deafblindness. It is essential that those providing training to interveners have training, skills, and experience in working with children and youth who are deafblind.

Training should be provided at two levels. First, the intervener needs instruction about deafblindness, including the characteristics of vision and hearing loss, receptive and expressive communication, concept development, and learning. Second, the intervener needs training related to the specific needs of a particular child with whom the intervener works. Child- specific training may vary depending upon

- The age of the child or student
- The age of onset of deafblindness
- The severity of vision and hearing loss
- The presence of other disabilities in addition to the sensory losses
- The communication needs of the child or student (e.g., is he or she a proficient communicator or still developing communication skills?)
- The setting in which the services are to be provided

Since interveners are a part of the IFSP or IEP team that works collaboratively to develop, implement, and evaluate appropriate programming for children and youth who are deafblind, they should receive training that will help them acquire teaming and collaboration skills, and an understanding of their roles and responsibilities within the team. These skills can help the intervener act as a bridge, not a barrier, between the child and other team members. Intervenors also need training in professional ethics and legal issues.

Opportunities for intervener training are rapidly emerging. Currently, intervener competencies are being defined and options are being explored to make intervener training more available and accessible. In those states where intervener training is occurring, it is being offered through various formats such as the following:

- Workshops
- Conferences
- Monthly Classes
- Onsite Training
- Mentoring Networks
- Distance Learning Programs

SUPERVISION AND SUPPORT

Logistical issues related to supervision and support can greatly affect the work of interveners. Intervenors must receive good support from administrators, supervisors, and colleagues. Since they do not work in isolation, it is important that the chain of supervision be clear. In early intervention settings, they may work under the supervision of an early intervention specialist or other service provider. In educational settings, they work under the direction of the classroom teacher. Since intervenors are a part of the team that works together to develop and implement appropriate programming for the child, good communication between the teacher, the team, and the intervener is essential.

The intervener should attend all planning and IFSP or IEP meetings, and participate in the give and take of information about the child. During the development of the IFSP or IEP, the intervener can provide valuable information and share insights about the child's unique learning needs. Rather than supplanting members of the IFSP or IEP team, the intervener assists them in their efforts to implement the child's programming. All members of the team must be aware of the role of the intervener and how it interfaces with their roles. This will aid them in giving the intervener assistance and support as needed.

Since every child's team should include a professional trained in deafblindness, the intervener, as well as other members of the team, should have access to that person for training and support. This professional could be a local district consultant or itinerant teacher, a state deaf-blind project staff person, someone affiliated with a state school for the deaf or school for the blind, or an independent consultant.

In educational settings, the intervener will need scheduled time to work with the teacher and other team members to prepare for working with the child. Tasks requiring preparation time include the following:

- Lesson planning
- Reviewing and modifying materials
- Making accommodations to the instructional environment
- Preparing reports
- Meeting with related services staff and the IEP team
- Observing regular education classes to prepare for the inclusion of the student

The intervener must be released from regular duties in order to participate in inservice training related to deafblindness as needed. In addition, the intervener must not be considered interchangeable with other paraprofessionals when making duty assignments. The intervener has been trained to work specifically with a particular child with deafblindness and must be available to that child. The intervener may not be pulled to perform other duties (e.g., lunchroom supervision, bus duty, substituting for other aides or teachers who are absent) if it interferes with the child's programming.

SUMMARY

Deafblindness is a unique and complex disability, and no two individuals who are deafblind are alike. Children and youth who experience the concomitant effects of both vision and hearing loss, even mild levels of loss or acquired loss, face challenges in areas of learning, communication, and development. Deafblindness, as a disability, greatly challenges the professionals and service systems that respond to the alternate learning and communication styles of these children and youth.

For children and youth who are deafblind, a *process* of intervention must be in place which will connect them to the world. This process must provide access to environmental information, support for the development and use of communication, and opportunities to develop social and emotional well-being. It has been the premise of this paper that interveners can be a critical component in facilitating this *process* of intervention. In order to do this, however, they must have deafblind-specific training and competence and appropriate supervision and support to work as a part of the IFSP or IEP team process.

This paper has discussed issues, clarified concepts, explained terminology, and answered common questions in order to increase awareness and understanding about interveners and their role in the field of deafblindness. There are many questions to be answered in the future through further discussion, research, and practice. The field of deafblindness is rapidly changing in response to the ongoing evolution of understanding, advances in technology, and the increasing accessibility of information and training. As these changes occur, continued efforts should be made to provide clarity, understanding, and support for the

appropriate use of interveners as a credible service delivery option for children and youth who are deafblind.

COMMONLY ASKED QUESTIONS

1. Who determines whether or not a child/student should have an intervener?

The child's educational team determines the need for an intervener during the IFSP or IEP process. This takes place after a thorough evaluation and determination of the child's needs.

2. What about inclusion for the individual who is deafblind?

The services of an intervener facilitates inclusion for the child or student who is deafblind. With an intervener, the *process* of intervention can be in place in any setting determined to be the natural or least restrictive environment for the child. Placement can be directed by the child's needs rather than by what a particular setting can provide. The intervener facilitates access to information and supports communication and interaction, all of which connect the child who is deafblind to the world.

3. Who pays for the intervener?

Funding for staff to implement the IFSP may or may not be the responsibility of each state's Part C lead agencies, consistent with the specific state policy on the charging of parent fees and the use of third-party billings. However, the IFSP team will clearly articulate and indicate the appropriate financial responsibility during the IFSP development. Staffing to implement the IEP is determined by and funded by the local school district. They may receive supplemental support, but the responsibility lies with the local school district.

4. How much do interveners get paid?

Because interveners must receive additional training and acquire the knowledge and skills that are required for working with individuals who are deafblind, this position should not be viewed as an entry level position. Salaries should reflect the depth of the interveners competence and specialized skills. As more

training is developed and intervener competencies are defined, the issue of compensation should become clearer.

5. What is the difference between an intervener and a classroom aide or paraprofessional?

A classroom aide or paraprofessional is generally involved with more than one child and often does some general housekeeping in the classroom as well. An intervener will be involved with one student with deafblindness and will spend time in programming for that specific student. The intervener will need inservice training in deafblindness and will need preparatory time for making the adaptations and modifications that are needed to implement the student's IEP. The intervener may not be asked to perform other duties, such as lunch room supervision, bus duties, and so on.

6. What is the difference between an intervener and an interpreter?

Interpreters are commonly defined through national certification (Registry of Interpreters for the Deaf [RID] or National Association of the Deaf [NAD]) and a Code of Ethics. Neither of these explicitly addresses the needs of children in educational settings or the needs of children who are deafblind. Although this is an area of expanding knowledge, resources, and training, it is an issue that is still gaining clarification through the work of many entities, such as a deafblind interpreter training curriculum and the RID.

An intervener needs a broader range of communication skills to meet the wide range of communication needs for children who are deafblind. Beyond various forms of sign language used by interpreters, interveners may also use touch cues, object cues, assistive technology, and other modes of communication, any of which may be important parts of a child's system of communication.

7. What is the difference between an intervener and a Support Service Provider (SSP)?

A Support Service Provider is not an educational support service, and is not a part of an IFSP or IEP process. It is a service provided to individuals who are deafblind to support activities outside of the school setting. The definition and role of the SSP with individuals who are deafblind are currently being addressed by organizations such as the American Association of the DeafBlind (AADB) and the Helen Keller National Center (HKNC).

8. Does the intervener create a barrier between the individual who is deafblind and the world?

This is a training issue for the intervener. The intervener must be trained to facilitate the *process* of intervention, which will connect the child to the world and promote the building of relationships with others. This means that the intervener acts as a bridge, not a barrier.

9. Will the intervener create dependency on the part of the individual who is deafblind?

This is also a training issue for the intervener. Since we are all dependent upon information in order to function, the individual who is deafblind will be dependent upon being able to access information. However, rather than creating dependency on the part of the individual who is deafblind, the intervener promotes independence by facilitating access to information and the world, while at the same time promoting opportunities for the individual to solve problems, make decisions and choices, and interact fully with others.

10. Does the intervener take the place of the teacher?

No. In educational settings, the teacher is responsible for all individual program development. The intervener, with supervision and support from the team, assists in the implementation of the IEP. As part of the team, the intervener can participate in program development and implementation.

11. What is the relationship between the intervener and the family of the individual who is deafblind?

The specifics of this relationship can be determined as part of the IFSP or IEP process. Interveners who work in home settings will have opportunities to communicate with parents about child programming and

progress. The intervener can positively impact the child with deafblindness as well as the family, by facilitating the *process* of intervention with the child while at the same time, modeling deafblind-specific strategies for the family. In educational settings, ideally as a part of the team, the intervener should have the opportunity to communicate with parents through conversations or written notes. This type of communication can support consistency between what is being implemented at school and what is happening at home.

12. Is the word “intervener” spelled with an “er” or an “or”?

The term *intervenor* was originally used in Canada with the “or” ending. As programs were developed in Utah, the use of the “er” ending was used to designate new strategies and programs, particularly in the early intervention system. In the United States, the use of interveners has been implemented somewhat differently than in Canada, because of the Individuals with Disabilities Education Act (IDEA).

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