

Deafblind Focus

Volume 13 No. 1

Fall 2001



Project News and Notes . . .



This newsletter focuses on assessment of students who are deafblind and the PHASES (Psychologists Helping to Assess Students' Educational Strengths) training. Our sincere appreciation is extended to our guest author, Dr. Harvey Mar. Dr. Mar is a clinical psychologist in New

York City and was the lead presenter for the PHASES training. He has extensive background and experience in the psychoeducational assessment of individuals with dual sensory impairments.

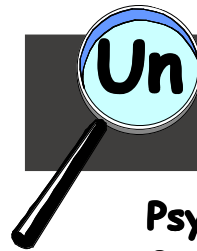
2001 Deafblind Child Count

Are you "in the dark" about who qualifies as a deafblind student? Why you should report them as deafblind to our Project? How do you report students to the Project? If so, you are not alone.



Soon, the information on the 2001 December 1 child count will arrive on many of your desks. Not only will it contain directions from the Indiana Department of Education, Division of Special Education on reporting students for reimbursement purposes, it also will have a packet from the Indiana Deafblind Services Project. This packet will contain directions for reporting students to our census. For some of you, this will be just a matter of turning in students as dual sensory impaired on your normal

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Under the Magnifying Glass: PHASES

Psychologists Helping To Assess Students' Educational Strengths

Imagine that you are about to be interviewed for an important job. You prepare by anticipating questions, considering what the employer is looking for, thinking about what makes you uniquely suited for the position. You arrive at the interview nattily dressed and confident. There's some idle chat, and then the interview begins in earnest. You are asked, "How many days make a year on the planet Neptune? Name the currency of Myanmar. In what direction is the Leaning Tower of Pisa leaning?" When you look puzzled, the interviewer clucks and shakes her head, jots down a few notes, then continues with other questions that really have nothing at all to do with the job. You leave the interview feeling like "the weakest link," knowing that you did not have a chance to demonstrate your competence.

As ludicrous as it sounds, this experience may not be so different from what students who are deafblind go through in traditional psychological evaluations. Such evaluations involve the use of formal tests to obtain information about a person's intelligence, language skills, academic abilities, social competence, and emotional functioning. There are literally thousands of psychological tests. But unfortunately, most tests are not appropriate for use with individuals who have dual sensory impairments and other disabilities because they require normal vision and hearing and because they were developed for use with children in general education programs.

Yet, in schools across the country, the "competencies" of deafblind children and adolescents are often judged by tasks that are invalid because they have little connection to the students' actual learning experiences, achievements, or educational needs and goals. When these tests are administered to deafblind students whose curricula have been individualized throughout their school years, the students

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typically perform poorly. The “results” may reflect low IQ or achievement scores. They may focus on one’s delays and disabilities instead of true capabilities, leaving students and their families disheartened. Indeed, in one recent survey of parents and guardians of school-age children who were deafblind (Mar & Sall, 1999), 43% of the respondents felt that the findings of recent psychological evaluations were not useful or did not accurately reflect the skills of their children.

Suppose that the job you are applying for is that of a store manager or an information technician or a home health aide, and suppose that the questions now have to do with work experience. No matter that you’re the perennial loser of Trivial Pursuit - the interviewer seeks to assess your competencies **in the context** of the work environment. What special skills and knowledge will you bring to the job? How will you identify and address problems? Will you be able to interact and communicate well with others? In this interview, there is close correspondence between the skills being assessed and the skills required for the job.

Similarly, an assessment that seeks to understand how a deafblind student actually performs functions, understands tasks, and responds socially is usually more meaningful to students, teachers, and their parents. Areas of evaluation, like communication and life skills, are relevant to the student’s educational goals. “Results” of the evaluation are viewed in terms of the student’s progress toward those goals and the degree of participation in tasks and routines, as opposed to failures or lack of knowledge. Instead of the use of formal intelligence tests, this type of evaluation may involve observations of the student in everyday school and classroom environments and routines; interviews of teachers, parents, and peers; or interactions between the evaluator and the student during typical learning activities.

So why don’t psychologists and other evaluators simply change their ways? There are several reasons. Many psychologists lack familiarity with the unique educational issues and challenges of students who are deafblind, and resort to “standard” assessment procedures. Graduate schools and training programs may not teach alternative procedures for evaluating children with “low incidence” disabilities. School districts may insist on getting IQ scores or other quantitative data to qualify students for special educational services.

Several states and agencies have been acting to address these problems. One innovative program was

designed by the Indiana Deafblind Services Project, which aimed to provide training and technical assistance to school psychologists, educators, families, university faculty, and other service providers. The program was called PHASES, an acronym for “Psychologists’ Helping Assess Students’ Educational Strengths.” PHASES was designed as a systems change program which focused on providing inservice training to psychologists across the state of Indiana. PHASES involved collaboration among the Indiana Deafblind Services Project, the Division of Special Education of the Indiana Department of Education, and the Indiana Association of School Psychologists.

The PHASES Project

PHASES grew out of a clear need voiced, in part, by school psychologists responsible for the assessment of students with deafblindness. In 1997, the Indiana Deafblind Services Project sponsored a statewide needs assessment of school psychologists regarding their practices, competencies, and training needs (Newman, 1997). A questionnaire was distributed to 373 school psychologists, of whom 158 responded. Some 87% of the respondents indicated interest in participating in a training program; 60% had not attended any inservice training programs on assessment of children with deafblindness and severe disabilities; and 41% considered themselves to have inadequate training to evaluate these students. Based in part upon these identified needs, the Indiana Deafblind Services Project designed PHASES.

“I have no clue as to what to use with a child who is deafblind.”

- Indiana School Psychologist
BEFORE PHASES training

One of the goals of PHASES, however, was not only to provide training to school psychologists, but to develop or increase “state and local capacity.” By this is meant that PHASES would seek to identify specific psychologists around the state who represented good “investments” for training. Prospective trainees would include those who were well established within their communities, were planning to stay in their present jobs, and/or had interest and experience serving individuals with disabilities. Once trained, these psychologists could then serve as valuable resources for deafblind children and their families within their own counties or geographic regions, as well as mentors or partners to other school psychologists who might be called upon to evaluate children with deafblindness.

School psychologists were recruited with the support of the Indiana Association of School Psychologists (IASP). This organization, which is affiliated with the National Association of School Psychologists, is divided into seven geographic regions. Psychologists from each region were invited to apply for participation in an extensive training program, with the understanding that if accepted, the applicant would be required to complete five full days of training, spread over several sessions during a three-month period. Eventually, a total of 20 psychologists were selected for participation, two from each of the seven IASP regions, and 6 others from special schools or programs serving students with deafblindness and other severe disabilities.

Training occurred during two consecutive days in January 1999, two consecutive days in March, and one day in April 1999. In addition, a long-term one-



day follow-up meeting occurred in the fall of 1999. The training program was designed to involve a combination of teaching methods, including traditional lecture, interactive discussion, panel discussion, case analyses involving reviews of actual students in Indiana schools (resulting in educational recommendations), videotape analyses, small-group and team tasks, and “homework” between sessions.

The main program presenter was Harvey Mar, Assistant Professor of Clinical Psychology in Pediatrics of the College of Physicians and Surgeons of Columbia University. Other presenters included four parents of deafblind students who took part in a panel discussion, Melanie Davis, Coordinator of the Indiana Assessment System of Educational Proficiencies of the Department of Educational Studies at Purdue University, and Karen Goehl, Director of the Indiana Deafblind Services Project.

The Indiana Deafblind Services Project provided each participant with extensive training materials throughout the workshops, such as copies of assessment instruments, videotapes, articles, fact sheets, resource lists, etc. The Indiana Deafblind Services Project also paid for travel costs, hotel accommodations, and meals for the entirety of the training program. All sessions took place in a large

meeting room at a conference center of a hotel in Indianapolis.

The content of the workshop focused on nontest approaches to psychological evaluation, which emphasized evaluation of deafblind students in natural contexts and situations. This approach has been termed “contextual” or “ecological” and presumes that observations of individuals across a sample of real-life school and home activities provide the most useful information about the communication, problem solving, adaptive, social interaction, and academic skills. In this approach, the “tools” of evaluation are not formal tests, but the evaluator’s ability to identify critical educational concerns, describe communication skills and behaviors, observe competencies, recognize specific challenges, and think creatively about solutions using psychological theory and knowledge.

Focus on Practical Skills

Whereas traditional psychological evaluations might generally suggest the educational programs and classroom supports for students, contextual evaluations result in specific recommendations that can be directly implemented in the classroom, school, and home. For example, recommendations might focus on: how to increase or improve social interaction opportunities for the deafblind student; how to adapt lessons so that they are meaningful; what specific communication interventions should be considered; how to promote the student’s attention and motivation; and how to increase participation in functional skill routines.

Throughout the workshop series, the emphasis was on development and application of practical skills. Therefore, school psychologists were actively involved in many training activities that had immediate impact upon their work. For example, following the first series of meetings (January, 1999), psychologists were given a particular assessment tool focusing on evaluation of communication skills and behaviors (The Dimensions of Communication). Workshop participants were each expected to use the tool to evaluate one or more students in their school districts before the next set of meetings began (March, 1999).

The workshops were also used to assist in the actual evaluations of three students who were deafblind. Prior to the second workshop series (March, 1999), psychologists from three regions of Indiana volunteered to present their cases to the full group of workshop participants. After obtaining parent and school consents, these psychologists were responsible for obtaining background information, providing a brief videotape of the student across typical school and classroom routines and settings, and interviewing parents of the students. Each case was presented in a specific sequence of steps, which had been discussed

in an earlier workshop session. The task of the workshop participants was to identify the critical educational, social, and behavioral issues for each student, as well as to provide an extensive description of the students' competencies (as opposed to deficiencies). The group was also required to generate specific recommendations (written in plain language) that could be directly applied by teachers, parents, and therapists as they worked with the students.

Goals and Outcomes

The primary objective of PHASES was to provide training and support to school psychologists within Indiana to learn to conduct meaningful evaluations of deafblind students. But unlike many training programs which simply provide participants with information through lectures and discussion, PHASES was also designed to yield three demonstrable outcomes:

- (1) Establish a network of school psychologists in Indiana who could share information and resources about evaluation of students with deafblindness and other severe disabilities.

The Indiana Deafblind Services Project worked in collaboration with the Indiana Association of School Psychologists to promote the development of a network among the school psychologists who attended the workshop series. Efforts have been made by individual psychologists to continue contact with those who attended, and to engage in professional activities, such as presentations to other psychologists. This is the first large-scale effort in the country in which trained psychologists seek to expand resources and knowledge about evaluation of children with deafblindness to others within the field.

- (2) Produce a package of training materials, including a condensed videotaped version of the workshops, for distribution to other psychologists and evaluators.

The Indiana Deafblind Services Project, along with presenter, Dr. Harvey Mar, and the Indiana Department of Education produced a multimedia package of training materials from the PHASES project. These materials consisted of handouts, resource information, and videotapes of the training presentations. Two tapes were developed. *Assessing Children Who Are Deafblind: Conducting a Contextual Evaluation*, provided an overview of a model for assessing students with deafblindness. The second, *Assessing Children Who Are Deafblind: The Parent Point of View*, presented commentaries and concerns of parents of four very different children with

deafblindness. These materials were specifically designed for use by school psychologists, and packages were distributed across the state, as well as to other state and national organizations.

- (3) Effect positive changes in the actual practices of school psychologists during the course of training.

The success of a workshop is frequently evaluated by some "satisfaction measure" completed by the participants at the end of training. A workshop might be evaluated in terms of its organization, relevance of

information received, preparation of the speakers, etc. The PHASES project also sought to determine whether the training provided to school psychologists made any real and significant changes in their approaches to working with children and adolescents.

"I try to describe cognitive functioning as it relates to social, communication, and daily living skills. I emphasize the student's strengths rather than limitations . . ."

- Indiana School Psychologist after PHASES training

A questionnaire was developed to evaluate school psychologists' practices in evaluation of children with deafblindness and other severe disabilities. The questionnaire was administered at the beginning of the first workshop session, and then again after the last workshop session several months later. Responses to these questionnaires were informally reviewed and analyzed to examine changes in practices. Some examples of these changes follow.

For one question, the psychologists read a brief description of a student who was deafblind and had other multiple, severe disabilities. They were then asked, "How confident are you that you could do a valid and meaningful evaluation of this student?" Only 2 of 21 respondents reported feeling "very" confident. The majority felt that they were "not at all" confident, and some felt that they were "somewhat" confident. By the end of the workshop series, attitudes changed. No psychologist responded "not at all" with respect to confidence level, and 9 reported feeling "very" confident.

Under the Magnifying Glass: PHASES

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Another question asked about what specific procedures and instruments psychologists would use to evaluate the student who was described. Prior to the workshop, psychologists often felt at a loss, and reported that they would resort to the use of existing published tests:

“From the Developmental Profile II (assessment tool designed for use with very young children), I would attempt to derive an estimate of the cognitive functioning.”

“Guess-timate from Vineland or Alpern-Boll (two assessment tools).”

“I would report the likely mental age.”

“Bayley (infant measure) if you have to have an IQ score.”

“I have no clue as to what to use with a child who is deafblind.”

In the “post-test” after training had been completed, comments of participants shifted to emphasize the use of more meaningful evaluation approaches:

“I try to describe cognitive functioning as it relates to social, communication, and daily living skills. I emphasize the student’s strengths rather than limitations of ‘severe mental retardation,’ which has no useful purpose.”

“Communication and functional skills will be very important to measure.”

“In terms of levels of communication, describe how student gets her needs met and positive social interactions with teachers, parents, siblings, and peers.”

Undoubtedly, the most significant change that took place over the course of the workshop was the increased sense of empathy and support for parents that each psychologist had developed. In the one-day follow-up to the workshop series, the school psychologists, nearly all of whom returned for the meeting, arose one by one to talk about their work with parents. One commented that she made it an effort to start visiting children in their homes and communities. Another reported that she viewed herself as the advocate for parents during team meetings. All of the psychologists agreed that they

had come to understand and respect the daily challenges faced by parents of deafblind children.

PHASES was the first project of its kind. Its scope was statewide. There have been efforts—two years later—to continue information sharing among psychologists in Indiana. There is an active informal network of psychologists who participated in the training. Many of these psychologists have gained expertise and confidence to serve the needs of children within their own schools and communities.

Additional information about PHASES can be obtained by contacting the Indiana Deafblind Services Project, Blumberg Center, School of Education, Room 502, Indiana State University, Terre Haute, IN, 47809, (800 622 3035). The PHASES Training Information and Videotape Multimedia Package can be checked out through the project’s Resource Materials Center or through DB-LINK, National Information Clearinghouse on Children Who Are Deaf-Blind (800) 438-9376; www.tr.wou.edu/dblink.

Announcements

Indiana Newborn Hearing Screening Scores Well

Indiana’s newborn hearing screening scored a rating of “excellent” in a recent state-by-state report card issued by the National Campaign for Hearing Health.

The ratings were awarded to states that screen 90 percent or more of their infants. Indiana is one of 34 states to adopt legislation supporting universal newborn hearing screening to test an infant’s hearing abilities shortly after birth.

(Reprinted from *Focal Point*, September 2001, FSSA: Indianapolis, IN)

711 New Number for Indiana Relay Service

Indiana has adopted a new dialing number - 711 - to access Relay Indiana. However, the old number, 1-800-743-3333, still can be used.



Project News and Notes . .

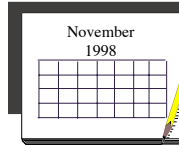
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CODA report; for others, you may need to send forms directly to the Project. Remember, it is acceptable to report a student under a different category for reimbursement and still report them directly to our project as eligible for our services, if they have **both** a hearing and vision impairment.

Keep in mind, that most people who are deafblind are not totally blind and totally deaf. There is tremendous variety in the degrees of vision and hearing loss, and a great range of individual abilities. A person is considered to be deafblind for purposes of receiving services from the project if: they have both a documented vision and hearing impairment, ranging from mild to severe; or, they function as if they have both a hearing and vision loss, based upon inconsistent responses to auditory and visual stimuli in the environment or inconclusive responses during hearing and vision evaluations. A conclusion that a child is functionally deafblind may be reached based upon an educational evaluation for purposes of initially reporting that child to the Deafblind Project.

By reporting a child to the Indiana Deafblind Services Project census, the service provider, the child, and his or her family are eligible for services from the project. These services include: site-based and child focused consultations, family learning weekends and support activities, help with the development of educational strategies, transition, and information from our resource materials center. Reporting new students or providing updates on previously reported students may be done throughout the year by contacting the Indiana Deafblind Services Project.

If you are still "in the dark" contact: Lisa Poff at 812-237-7679 or 1-800-622-3035 or e-mail soeedwa@befac.indstate.edu with your census questions.



Upcoming Events

Training Activities for Teachers of the Visually Impaired for 2001-2002

December 6 & 7, 2001: *Cortical Visual Impairment*, Presenter: Christine Roman; *Braille Literacy: Curriculum Outcomes for Reading and Writing*, Presenter: Diane P. Wormsley; *Promoting Literacy for Students with Low Vision*, Presenter: Frances Mary D'Andrea

March 14, 2002: *Communication Strategies for Infants and Preschoolers who are Visually Impaired and Have Additional Disabilities*, Presenter: Deborah Chen

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