

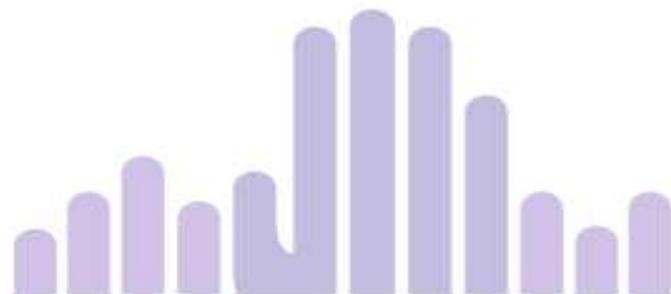


Intervenor Services

The future is in your hands

Version: March 8, 2018

**Technical Competencies Training Resource Guide (Appendix):
Training Gap Analysis
LIVING DOCUMENT
Intervenor Services Human Resource Strategy
Education and Training Sub-Committee**



Preamble

The objective of the Education and Training Sub-Committee was to identify current training and development opportunities for intervenors, including gap assessment, partnership potential, and improved access to education and training opportunities.

As part of the intervenor training analysis and a review of the Behavioural Competencies for Intervenor Services, a standardized set of technical competencies were created. The Education and Training Sub-Committee developed an Intervenor Services Training Resource Guide to assist in the teaching of the Technical Competencies. The gaps contained in this document were identified through the development of the Technical Competencies and Intervenor Services Training Resource Guide, in consultation with various stakeholders.

The intention is that the information contained in this document will inform the development of future training and resources for intervenor services.

Below are the general training gaps identified by the Education and Training Sub-Committee:

- Only one college in the province that offers an Intervenor for Deafblind Persons Program; they historically graduate 15-20 intervenors per year; this does not meet the needs of Intervenor Services agencies, since service providers in Ontario collectively employ approximately 600 intervenors, with agencies hiring approximately 185 intervenors annually (based on data collected from 13 Intervenor Services providers for 2014-2015).
- Limited opportunities for agencies to collaborate with colleges concerning the relevancy of intervenor curriculum content to the needs of the field.
- Inconsistencies in the amount and type of training available from service providers due to limited number of training hours agencies can provide
- Limited opportunities for educating individuals who are deafblind and families regarding intervenor services
- Some of the workshop materials listed are difficult to locate or no longer exist
- Some agencies do not have specific training for intervenors or a staff person responsible to train new intervenors.
- Time and resources are limited for back-filling to train intervenors; as a result, training is often done while observing other intervenors
- Limited options or additional challenges for a Deaf person to get training to work as an intervenor or take part in professional development if they are already working as an intervenor

Below are the specific training gaps related to each of the technical competencies; otherwise, training is available as noted within the Training Resource Guide:

Numbers in brackets reference specific technical competencies points. Please note that this is not an exhaustive list.

Technical Competency #1: Understanding Deafblindness

In order to provide effective intervenor services, an intervenor must have a comprehensive understanding of theories and practices related to deafblindness.

Please note: This technical competency is intended to be a high level overview.

Training Gaps:

- Historical timeline and record of the development of intervenor services is not widely accessible and is not currently available online (1.5)

2 Approved March 20, 2018

Technical Competency #2: Values, Ethics and Principles of Intervenor Services

In order to provide effective intervenor services, an intervenor must demonstrate a thorough understanding of their unique role and the philosophies that guide the delivery of services. Intervenors provide an essential service for individuals who are deafblind. Intervenors must strictly adhere to a code of ethics and deliver services in a professional manner.

Training Gaps:

- Limited training available on ethics; GBC graduates or intervenors with a sign language interpreting background would have more extensive training on ethics (2.4)
- Limited training on working as part of an interdisciplinary team (2.5)
- No specific training course on theories of empowerment, advocacy and self-determination (2.6)
- Limited training on the theory of self-reflective practice (2.7)
- Minimal training specifically provided professional boundaries and conflict of interest, as it relates to the role of an intervenor (2.8)
- Limited training on the rights of individuals who are deafblind is limited, other than the mandatory AODA training (2.9)
- No specific training on how to professionally complete a variety of different documents/reports within an agency; their function, importance, and to whom they are submitted (2.10)
- No specific training on abuse, how to report abuse, the intervenor's role within that, and abuse prevention, as it relates to deafblindness (2.11)

Technical Competency #3: Strategies Used in Providing Intervenor Services

In order to provide effective intervenor services, intervenors must understand and consistently implement appropriate strategies, which reflect the uniqueness of the individual.

Training Gaps:

- Physical changes resulting from an illness or late manifestations of an etiology are typically better understood than those related to the aging process. (3.10)
- Training related to the competency of adapting to an individual's changing needs is typically woven throughout broader trainings on deafblindness and intervenor services (3.11)
- Note: numerous articles, etc. mention the need for allowing sufficient processing time with individuals who are deafblind, but don't elaborate much beyond that. (3.11)
- Again, training related to the importance of general conversation, sharing news and information is woven throughout other training without being specifically identified as a separate competency. (3.13)

Technical Competency #4: Theories and Practices of Communication

Communication is an integral part of intervenor services. In order to be effective in their practice, intervenors must understand the theories of communication and demonstrate their practical application, as it relates to an individual who is deafblind.

Training Gaps:

- Very little training resources specifically for intervenors working as part of a communication team (4.3)

- No advanced ASL classes for intervenors – most ASL courses listed in the resources above provide basic sign language skills only. They also do not take into consideration or use examples on how to adapt ASL when working with someone who is Deafblind. (4.6)
- Intervenors who work with culturally Deaf people should have fluency in ASL to work in certain settings i.e. medical appointments. Preferable intervenors working with this population would have the fluency in ASL prior to working as an intervenor and should obtain this education at the College level and not learn ASL on the job. Limited number of intervenors have graduated from GBC's Intervenor program. Interpreters may not be interested in working as an intervenor as the pay scale is lower and the work load/travel is more extensive. (4.6)
- No specific/in-depth training courses, other than at George Brown College's Intervenor Program, on how to adapt sign language or how to properly use tactile methods other than minimal training provided by some of the intervenor services providers. (4.6)
- Limited training on interpreting skills. Only graduates from an interpreter training program or graduates from the Intervenor program would have training in this area. These skills are beneficial (or essential depending on the complexity of assignments an intervenor is involved with) when working with culturally Deaf deafblind people. (4.9)
- Availability of training for LSQ interpreters/intervenors (4.9)
- George Brown College's Interpreting Program offers ASL-English and English-ASL classes but only offered if enrolled in the program – can these courses be offered to the intervenor students or in the Continuing Education department (4.9)

Technical Competency #5: Social, Emotional, and Psychological Impact of Deafblindness

In order to provide effective intervenor services, intervenors need to have an understanding of the social, emotional, and psychological impact of deafblindness, and the requisite skills to support individuals.

Training Gaps:

- Individual agencies do not have specific training on this topic (5.6)

Technical Competency #6: The Relationship between Deafblindness and Health, Mental Health and Aging

In order to provide effective intervenor services, intervenors must demonstrate knowledge of health, mental health, and aging, and be aware of implications for an individual who is deafblind.

Training Gaps:

- There is very little training that is available to intervenors that are specific for people that are deafblind (6.1)
- Many conditions that cause deafblindness have not been studied/researched very extensively, and therefore we do not yet have knowledge of the late-onset medical manifestations that may present themselves in aging populations (6.2)
- There is not a lot of information available on how deafblindness impacts the health of individuals, and how the intervenors may be able to assist them (6.3)

Technical Competency #7: Sensory Systems

In order to provide effective intervenor services, intervenors must demonstrate an understanding of the complexity of combined hearing and vision loss, and the integration of the sensory systems, in relation to an individual who is deafblind.

Training Gaps:

- None identified

Technical Competency #8: Orientation and Mobility (O&M)

In order to provide effective intervenor services, intervenors must understand orientation and mobility and support an individual's use of O&M techniques, strategies, and aids.

Training Gaps

- Most O&M training resources are developed for the Blind. Training for Deafblind is limited because there is no "one skill fits all" solution due to the wide variety of impacts deafblindness has on an individual (8.1)
- Training must be tailored to each specific individual depending on multiple factors including the degree of combined vision/hearing loss and possibly other mitigating factors including age, medical fragility etc. (8.1)
- In theory, it would require an intervenor to be able to participate in a full O&M Certificate program to create a full understanding of O&M for the Blind and then adapt the skills for the individual who is deafblind. (8.3)
- Limited formal training programs available in Canada (8.3)
- GBC graduates would most likely have the most training with a one semester course dedicated to the subject (8.3)
- Individuals who are deafblind must understand representations of objects, have good spatial awareness in order to use a tactile graphic (8.4)
- No current training for intervenors on how to work with individuals using a guide dog (8.5)
- Very low percentage of individuals who are deafblind use dog guides giving Intervenors very few opportunities for exposure and observation to how they are used (8.5)

Technical Competency #9: Use of Assistive Devices and Technology

Assistive devices and technology enhance an individual's ability to communicate and access information. An intervenor must demonstrate an understanding of assistive devices and technology used by, or available to, an individual.

Training Gaps:

- None Identified