

Research-Supported Framework for Developing Paraprofessional In-Service Trainings in O&M

Nicholas Brian Casias

Abstract

This study examined in detail the roles and responsibilities of paraprofessionals who work with students with visual impairments in public schools as recommended by experts/practitioners (within the itinerant orientation and mobility [O&M] service delivery model) to influence and develop in-service training and supervision methods.

Methodology

A Delphi approach was used because it allowed for a canvas of experts in the field, thus explicating current and promising practices that might be different from those of established curricula. This process involved two rounds of Qualtrics surveys that were presented to practitioners/experts. The first survey consisted of three questions that allowed for textual responses. The data were reviewed and analyzed. The second survey consisted of the aggregated responses and asked the participants to rank the importance in each category.

Participants were asked if they would be open to a follow-up telephone conversation to discuss research findings. Six participants were selected and were interviewed postsurvey. The interviews were recorded, and the data were coded. Listening to each recording revealed a list of key themes.

Research Questions

The research questions designed for the study were as follows:

1. What do orientation and mobility (O&M) specialists report are the roles and responsibilities of paraprofessionals who work with students who are visually impaired?

The New RE:view
Summer 2023, Vol. 1(2) 43-50
DOI: 10.56733/TNR.22.010

© 2023 Association for Education and Rehabilitation of the Blind and Visually Impaired

2. What do O&M specialists report are the training needs of these paraprofessionals?
3. What do O&M specialists report are the supervision needs of these paraprofessionals?

Population and Sample or Participants

The human participants for this study consisted of 11 O&M specialists (adult educators, 18 years of age or older with a minimum of 3 years teaching experience) who supervise paraprofessionals who work with students with visual impairments in public schools (within the itinerant O&M service delivery model) in Southern California. All participants possessed a clinical or rehabilitative service credential in O&M issued through the California Commission on Teacher Credentialing.

Major Findings

Round 1

In Round 1, the responses were organized into two major categories for the roles and responsibilities of paraprofessionals; specifically, reinforcement of O&M skills and monitoring of O&M skills.

Monitoring was defined as involving only observation of the student by the paraprofessional and subsequent reporting to the O&M specialist about the student's progress. Effective monitoring of a skill by a paraprofessional would require the paraprofessional to be knowledgeable about the appropriate skill; however, there would be no correction or redirection should the observed skill be inappropriate.

Reinforcing was defined as involving observation of the student by the paraprofessional, subsequent reporting to the O&M specialist about the student's progress, and could include correction and/or redirection should the observed skill be inappropriate. Effective reinforcing of a skill by a paraprofessional would require the paraprofessional to be knowledgeable about the appropriate skill and possess the ability to display the skill accurately.

In Round 1, the responses were organized into two major categories for the training needs of paraprofessionals: O&M-specific training needs and special-education-related (non-O&M)-specific training needs. *O&M-specific training needs* were defined as any subject matter that was unique to the field of O&M and would subsequently require a credentialed O&M to provide the training. These types of training needs would serve a paraprofessional specifically within the context of providing support to a student's O&M needs. *Special-education-related (non-O&M)-specific training needs* were defined as subject matter that was more general and

common across multiple disciplines of special education. These types of training needs could be addressed by a credentialed O&M and/or other credentialed members in the special education field. These types of training needs would serve paraprofessionals in a variety of contexts when they are supporting students.

In Round 1, the responses were organized into two major categories for the supervision needs of paraprofessionals: supervision by O&M and/or supervision by other. *Supervision by O&M* was defined as the O&M being responsible for supervising the paraprofessional in any matters related to O&M and/or specific O&M goals of student. *Supervision by other* was defined as another member of the individualized education program (IEP) team being responsible for supervising the paraprofessional in all IEP goals of students and areas pertaining to the paraprofessional supporting the student.

Round 2

In Round 2, the panel ranked the three lists of 20 generated responses for each question in Round 1 from most important to least important. Each participant's responses were weighted from 1–20. Total response scores were used to put items in priority order, with a low score of 11 to a high of 220.

Additional Insights from the Interviews

Six respondents who provided itinerant services in the largest counties of Southern California by population (Los Angeles County, San Diego County, Orange County, Riverside County, San Bernardino County, Ventura County) were interviewed postsurvey. The interviews were recorded, and the data were coded. The interviews were valuable in that they added a sense of understanding for the primary researcher regarding the surveyed O&M specialists' interpretation of the language in the survey responses. The interviews emphasized or expanded and reiterated the major themes that had begun to take shape in Round 1 of the survey responses. Additional insights revolved around the shared experience among O&M specialists of a need to advocate for their rehabilitative service model and to educate others about their rehabilitative service model. In-service trainings can and do serve as a functional vehicle for those specific needs.

Alignment of Current Research with the Literature Review

On the basis of the literature review conducted, the following key themes were identified: role release in O&M, O&M as both instructor and consultant, and O&M as both family and community educator. The O&M specialist can role-release many components (Hatton et al., 2003; McEwen, 2009) such as teaching others how to

facilitate items that will add to later O&M instruction, develop strategies for adults to incorporate consistent terminology and routines, and monitor and provide feedback for the other adults as they provide intervention. Cmar et al. (2015) agreed that O&M specialists may role-release some basic instructional duties (e.g., monitoring route travel) to individuals who interact with students daily.

A transdisciplinary approach becomes the most appropriate option for working with students with multiple disabilities because it allows different members of the team to perform specific functions associated with another member's traditional role. That role-release approach not only benefits the child but also enriches the professionals by incorporating and sharing information, skills, and perspectives of a variety of disciplines (Bailey & Head, 1993; Kelley et al., 1993). As a consultant, an O&M specialist may role release some basic instructional duties (e.g., monitor route travel) to a teacher, parent, or paraprofessional who interacts with a student daily (Griffin-Shirley et al., 2006).

The O&M specialist is responsible for designing and implementing ongoing in-service education activities in O&M for teachers, other professionals, paraprofessionals, administrators, parents, and consumers (i.e., individuals with visual impairments; Griffin-Shirley et al., 2000). In-service activities should provide information about the role of the O&M specialist and the goals of the O&M program. O&M in-service activities should also focus on the roles of all appropriate school personnel in the development and reinforcement of concept development, sensory skills training, motor development, and formal O&M skills. To be effective, O&M training should be infused into school curricula and activities, supported and reinforced by all individuals connected with the student (Griffin-Shirley et al., 2000).

This research aligned with or agreed with the literature in that part of O&M roles and responsibilities are that of both instructor/consultant and family/community educator with an expected focus on providing training and supervision regarding role-released O&M skills to individuals who interact with students daily. This research added to the literature by providing the beginning of a framework or template for developing paraprofessional in-service models and trainings in O&M. Variations of the trainings framework and template are dependent on the clinical expertise of the O&M providing the training.

Students should receive direct instruction for any new skills from a certified O&M specialist. Paraprofessionals should receive direct instruction for supporting students from a certified O&M specialist. Two immediate variations of the framework uncovered differ in the inclusion of a focus on direct correction or intervention,

which, in turn, intensifies the level of involvement of a paraprofessional support in the instruction (see Table 1).

Further alternate variations of the framework uncovered would differ in the inclusion of a focus on O&M specific training needs coupled with special-education-related training needs (non-O&M specific), which, in turn, increases the volume of subject matter to cover in the training (see Table 2).

Table 1. First variation of the framework.

No direct correction or intervention

Monitor

O&M skills on campus

Proper cane mechanics on campus

Report

Concerns to O&M

Progress to O&M

Other

Promote independence

Minimal interaction as possible (shadow)

Ensure

Student safety

Route travel consistency

Direct correction or intervention

Reinforce:

O&M skills on campus

Proper cane mechanics on campus concept development

Skills taught on campus

Concepts and techniques after receiving training

Provide:

Human guide

Feedback to student

Opportunity to practice O&M goals

Other:

Support O&M goals

Assist student in classroom

Demonstrate proper human guide

Encourage mobility cane use

Note. O&M = orientation and mobility

Table 2. Second variation of the framework.

O&M-specific training (only)

Human guide

Basic cane skills

Basic orientation skills

Basic visual skills

Basic visual impairments

Blindisms

Descriptive language

O&M IEP goals

White cane knowledge

Basic route travel

Instructor positioning

Basic psychosocial implications of blindness and vision loss

Occlusion experience

O&M-specific training needs and special-education-related (non-O&M-specific) training

Encouraging independence

Levels of prompting

Promoting problem solving

Basic multiple disabilities

Basic concept development

Ways to step back

Data collection

Note. IEP = individualized education program; O&M = orientation and mobility**Recommendations for Practitioners**

The following are recommendations for practitioners:

- Practitioners should use the results of this study as a framework or template for developing and modifying their own in-service models and trainings.
 - Practitioners should address the intensity of the role and level of responsibility placed on paraprofessionals (monitoring or reinforcing) in their own itinerant service model.
 - Practitioners should address whether they will adopt a supervisory role of paraprofessionals in their own itinerant service model.
-

Recommendations for Universities

The following are recommendations for universities:

- Universities should use the results of this study to assist future practitioners with the development and modification of their own in-service and training models.
- Universities should further develop consensus or best practices for para-educators based on their own research methodologies and studies.
- Universities should give thought to incorporate within their curriculum a “soft skills foundation” necessary to facilitate successful trainings alongside the standard theory and application of O&M.

Recommendations for Policy Makers

Currently the *Guidelines for Programs Serving Students With Visual Impairments 2014* (California Department of Education, 2014) and the California Education Code do not address the roles and responsibilities of paraprofessionals who work with students with visual impairments in public schools (within the itinerant O&M service delivery model). Training and supervision needs of paraprofessionals presently remain unaddressed as well. It is recommended that policy makers give attention to these specific areas of need through recommendations of surveyed expert practitioners in the field. Furthermore, if statewide policy and program is not an immediate plausible remediation, then each individual Special Education Local Plan Area within California should give thought and attention to addressing the highlighted needs at a local regional level.

References

- Bailey, B., & Head, D. (1993). Providing O&M services to children and youth with severe multiple disabilities, *RE:view*, 24, 57–66.
- California Department of Education. (2014). *Guidelines for programs serving students with visual impairments 2014* (Rev. ed.). http://www.csb-cde.ca.gov/Documents/VI%20Guidelines/VI_Guidelines_110314.pdf
- Cmar, J. L., Griffin-Shirley, N., Kelley, P., & Lawrence, B. (2015). *The role of the orientation and mobility specialist in public schools*. Position paper of the Division on Visual Impairments and Deafblindness. Council for Exceptional Children.
- Griffin-Shirley, N., Kelley, P., & Lawrence, B. (2006). *The role of the orientation and mobility specialist in the public school*. Position paper of the Division on Visual Impairments, Council for Exceptional Children. Council for Exceptional Children.
- Griffin-Shirley, N., Trusty, S., & Rickard, R. (2000). Orientation and mobility. In A. Koenig & M. Holbrook (Eds.), *Foundations of education: Instructional strategies for teaching*

children and youths with visual impairments (Vol. 2, 2nd ed., pp. 529–568). AFB Press.

Hatton, D. D., McWilliam, R. A., & Winton, P. J. (2003). *Family-centered practices for infants and toddlers with visual impairments*. The University of North Carolina at Chapel Hill, FPG Child Development Institute, Early Intervention Training Center for Infants and Toddlers with Visual Impairments.

Kelley, P., Davidson, R., & Sanspree, M. (1993). Vision and orientation and mobility consultation for children with severe multiple disabilities. *Journal of Visual Impairment & Blindness*, 87, 397–401.

McEwen, I. R. (2009). *Providing physical therapy services: Under Parts B & C of the Individuals With Disabilities Education Act (IDEA)*. American Physical Therapy Association, Section on Pediatrics.

Nicholas Brian Casias, Ed.D., C.O.M.S., Assistant Professor/Coordinator, O&M Specialist Training Program, California State University Los Angeles.

Corresponding Author email: Ncasias2@calstatela.edu

Published online 11 September 2023