Family consultation competencies for educators of the visually impaired: a qualitative study of teacher perceptions in the greater northeastern United States

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FAMILY CONSULTATION COMPETENCIES FOR EDUCATORS
OF THE VISUALLY IMPAIRED:
A QUALITATIVE STUDY OF TEACHER PERCEPTIONS
IN THE GREATER NORTHEASTERN
UNITED STATES

by Karen S. Ross

A dissertation
submitted in partial fulfillment of the
requirements for the degree of
Doctor of Philosophy
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Dedication

To Matthew and Laura, who along with this dissertation, are my legacy to the future
Acknowledgements

Until this very moment, the dream of finishing my dissertation has been just a delicious fantasy. At times it has seemed as though the end would never come, that I would be stuck forever in the limbo state of "ABD." But at last it's done, and I can now revel in the public joy and private satisfaction of knowing that, by golly, I did it!

Between inception and completion, this dissertation and its author have survived a multitude of frustrations, illnesses, and temporary setbacks. Difficult choices have had to be made concerning both personal and professional goals. Perhaps my family understands that better than anyone, for they are the ones who have had to tolerate the frozen dinners, an untidy house, my unexplained mood swings, and the ever constant excuse, "I just don't have any time!" My children may never fully comprehend the sacrifice they have made so that Mommy could have her PhD.

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Abstract

Interest in the psychosocial wellbeing of the visually impaired has existed for years as a nebulous and undefined goal of educational programs for children. Yet there is a dearth of systematic inquiry into the influence of teachers on social and emotional development of children and families.

The purpose of this study was therefore to develop a foundation of knowledge relating to the role of specialist teachers in addressing the affective adjustment needs of visually impaired children and their families. Drawing upon the theories and intervention practices commonly used in the human service professions, 59 family consultation competencies were identified and grouped into four major knowledge areas, namely affective adjustment to blindness, principles and processes of change, interpersonal communication skills, and specific intervention strategies.

This research was exploratory and descriptive in nature, utilizing a semistructured interview format to produce data for both numerical and qualitative analysis. A 3-part questionnaire was administered orally to a sample of 20 certified and fulltime employed teachers of the visually impaired who were working in one of five major service delivery systems found in the Greater Northeast.

Participating teachers reported a range of 13.5 to 38.6% of their professional time spent in consultative interactions with teachers, parents, administrators, and related service providers, as
compared to a range of 15 to 50% of time given to direct student instruction and assessment.

Furthermore, regardless of situational differences in educational and occupational backgrounds, teachers perceived the process skills of interpersonal communication and relationship-building as necessary competencies in their ability to meet vision-specific psychosocial needs of visually impaired children and their families.

Variables which were considered by practitioners to influence their proficiency in providing consultative services included the nature and degree of professional preparation, trial and error experience, and interpersonal style or personality.

In summary, 49 of the original family consultation competencies presented in this survey were confirmed by participating teachers to be necessary, relevant, and appropriate to their professional responsibilities as educators of the visually impaired.
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Chapter I

Introduction

Background of the Study

The need for comprehensive developmental services to handicapped children has been affected in recent years by three primary influences: a Congressional mandate, newly defined job responsibilities for professionals involved in the educational process, and psychological studies of the impact of family systems on the growth and development of children with disabilities. These three forces have come together to create a multidimensional interest in the psychosocial well-being of handicapped children and their families (Gardner, 1982).

Furthermore, traditional service delivery models have given way to more experimental approaches which, in many cases, involve methodologies borrowed from other disciplines. One of these approaches is based on the consultant model of intervention which is widely used in the mental health professions. Its application to the field of education is the current subject of retrospective studies, since it has existed for a number of years in practice, but with little definition, in at least one disability area, that of special education for the blind and visually impaired.
The Mandate

Public Law (PL) 94-142, the Education for All Handicapped Children Act of 1975, has created in the past decade notable changes in the evolution of services to children with special needs. This milestone piece of legislation established the right of all children to a free and appropriate public education, regardless of the nature or degree of their handicaps (Mandell & Fiscus, 1981). It was designed to legally insure an organized and interdisciplinary approach to meeting the individualized educational needs of the exceptional child, as well as to provide a means for monitoring programs and for measuring progress toward specific student objectives.

Heward and Orlansky (1980) refer to special education as "The individually planned and systematically monitored arrangement of physical settings, special equipment and materials, teaching procedures, and other interventions designed to help exceptional children achieve the greatest possible personal self-sufficiency and academic success" (p. 29). The law was intended to create an optimum learning environment which would maximize each child's individual potential, but in so doing it has increased demands on teachers to utilize both their time and their skills in the most effective and efficient ways possible. As a result, traditional role definitions for special educators have begun to change.
In the June 1985 issue of *Phi Delta Kappan* a number of authors observe that teacher competency is no longer simply or narrowly defined on the basis of knowledge of subject matter and specific instructional techniques (Cooperman & Klagholtz, p. 691, Marczely, p. 702, & Tyler, p. 682). In the same issue, Smith suggests that such generic teacher performances as the ability to maintain classroom discipline and the ability to communicate clearly are often overlooked as requisite skills for classroom teachers. It can be shown, in fact, that actual teaching time for some groups of special educators has shifted away from content-specific objectives in favor of many non-teaching tasks which have been identified as necessary and relevant to the education process (Moore & Obenauer, 1982).

Perhaps one of the most challenging and yet least understood of these newly identified competencies for teachers is the mandated partnership between parents and special educators in the planning and implementing of individualized program goals for children (Mandell & Fiscus, 1981). Most special education professionals experience some level of involvement with the families of their students, either through school conferences, the PTA, home visits, advocacy or parent support groups, professional organizations, or special events. However, this relationship is often complicated by the fact that little or no formal training has been made available to teachers regarding the dynamics of family intervention. In many cases
teachers are unprepared for the sometimes rigorous intellectual and emotional demands of working with special needs families.

The Family

The influence of the family system on the health, growth, and overall well-being of the child is neither a recent nor a surprising phenomenon (Roedell, Slaby & Robinson, 1977). Over the years, numerous authors have noted that interactions between children and their primary caregivers, usually members of the immediate family, are in large part responsible for determining the child's ability to thrive, both physically and emotionally (Love, 1970; Sze, 1975; Warren, 1977).

Of all the factors which play a role in child development, it is the interplay between parent and child which is by far the most powerful (Burlingham, 1972). In the presence of a disability, parenting becomes an even more crucial issue, and not just for the handicapped child, but for parents, siblings, and extended family members as well (Turnbull & Turnbull, 1978). Parental involvement in the educational process can effectively insure that a most valuable resource, the family, is not overlooked.

Statement of the Problem

The purpose of this study was to develop a series of family consultation competencies for educators of the visually impaired, based
in part on existing theories and practices of consultation in the human services and business professions. These competencies focused specifically on affective adjustment issues related to disability and to the relationship between teachers and families in addressing the psychosocial needs of students.

Using a qualitative research methodology to generate and analyze data, a number of widely held perceptions about teacher competency and job function were discussed, resulting in a proposed mode of intervention known as family consultation.

Parental Involvement in the Education Process

In the past, parental involvement in school-related activities may have been selective and intermittent. Involvement was generally restricted to social functions and seldom had an impact on administrative decision-making. Today, the participation of families in the special education process is not only expected, it is also formally encouraged.

The rights and responsibilities of parents of special needs children were not explicitly mandated until PL 94-142, and it was largely because of parental activism that such landmark legislation and subsequent litigation came about at all. The Civil Rights movement of the 1950's provided the early impetus to parents in pursuing equal educational opportunities for their handicapped children (Hewett, 1977).
These developments, along with a widening intellectual curiosity to scientifically research, explain, and minimize differences of any kind, have revitalized efforts toward many social, legal, and educational reforms related to children, particularly those representing minority concerns. Consequently, the family unit is now recognized as not just an important force behind the growth and development of individual children, but also as a significant influence in the long-term process of educational and social change.

Educational systems today provide a legitimate channel through which the needs, rights, and views of the special needs family, and all its members, can be expressed. In the past, educators have readily attributed to parents the responsibility for many of the developmental problems experienced by children. Only recently has the family come to be regarded as a positive resource in the educational process. In fact, as a result of PL 94-142, parents, and students 14 years of age and older, have the legal right to assume an active role in the planning, approving, carrying out, and monitoring of specific educational goals.

The Changing Role of Teachers

The policies of the federal mandate add a new dimension to the traditional role of the teacher, who now is charged not only with providing direct services to handicapped children, but who
also is expected to interact with parents to provide information and support regarding the child's special educational needs. This interaction requires a skillful integration of the teacher's unique competency in a given specialty area with two other critical aspects of the parent/professional relationship: (a) achieving a basic understanding of the dynamics of a particular family system, and (b) acquiring a knowledge of appropriate interpersonal techniques which can enhance communication and cultivate mutually rewarding relationships between the service provider and the consumer (i.e., child, teacher, parent, or other professional).

The concept of a home/school partnership is somewhat familiar to the field of education for the visually handicapped. Specialist teachers who work with visually impaired children (VI educators) and families, in a wide range of program models, are in reality spending much of their time in fulfilling administrative and support functions rather than in academic instruction to students (Moore & Peabody, 1976). Whether by design or default, teachers have come to regard many services other than direct instruction as a vital extension of their teaching responsibilities.

Beneath the surface of their interactions with families and fellow professionals, there is often an underlying need for educators of the visually impaired to explain, and perhaps even to justify, their unique roles and responsibilities. The special needs of the student, and the teacher's role in addressing them, are frequently
misunderstood. The specialist teacher may therefore be regarded as a resource whose opinion is valued, as an intruder whose advice is upsetting the balance of the system, or as a mediator who has the potential to change unrealistic perceptions and expectations through the use of diplomatic persuasion.

The teacher's influence as a change agent may be most strongly felt when he or she is engaged in activities such as (a) acting as a liaison between home and school in order to facilitate communication and mutual support, (b) providing a reliable source of up-to-date and relevant information to parents or to other professionals, (c) coordinating and monitoring the involvement of professionals in related disciplines who may have little or no knowledge of visual handicaps and their educational implications, and (d) interacting with family members and school personnel in such a way as to encourage understanding and acceptance of the special needs and circumstances which result from visual impairment.

Ferrell (1985) refers to teachers as "buffers" between parents and the educational system, in that the specialist teacher is often regarded as the expert in situations where parents and school professionals assume adversarial views. Therefore, teachers who are skilled in mediation and public relations may develop a different concept of their profession than those who define teaching only in terms of academic instruction. If in fact teachers regard education as an ongoing developmental process rather than a means to an
academic end, perhaps they would benefit from specific training in interpersonal communication skills and case management strategies.

Consultation

The case manager approach to educating the visually handicapped can be compared to the consultant model of intervention which is widely employed in the mental health professions. As an alternative to the more intensive psychological services offered in one-to-one counseling relationships, mental health consultation provides a vehicle through which information and support can be disseminated to larger numbers of people on a short-term basis and in a less entangled format.

The primary focus of consultation is described by Griffith and Libo (1968) as a collaboration of all the "available or potential facilities, programs, and practitioners" as well as "other relevant community resources" for the purpose of addressing the mental health needs of a demographically varied group of people (p. 24). This model is especially practical in rural areas where the range of services, as well as their availability, may be severely limited by geography or by inadequate numbers of qualified personnel. In the case of educating a low-incidence population of visually impaired children, the direct service model has slowly evolved into one which relies heavily on a consulting model of intervention involving children, their families, and related school personnel.
The competencies involved in fulfilling such non-teaching case management tasks might collectively be referred to as family consultation skills. In general, they involve the interpersonal ability to build and maintain a myriad of connected relationships within the home and school environments and to convey information and support with empathic understanding of the unique circumstances of each individual child and the family of which he is a member.

**Teacher Preparation**

Teacher education has traditionally, and perhaps justifiably, devoted the vast majority of its efforts toward teaching teachers how to teach. In the past, most degree programs in special education may have at best offered only a narrow selection of courses addressing psychosocial development, family intervention, interpersonal relations, and case management techniques. Competency in these areas may have depended as much on the personal characteristics of teacher candidates as on a well-defined and sequential set of training standards (Roberts, 1973). However, as a result of PL 94-142, important changes in the role of the special education professional have occurred in the past decade. It seems appropriate and timely, therefore, to reassess the relationship between the theory of special education and its practical application, especially in regard to teacher competency.

Historically, educational services to the visually handicapped have emphasized the development of communication skills in reading,
writing, and listening via the medium which was determined to be most appropriate to the nature and degree of the student's vision loss. Literacy in these fundamental skills very often determined the blind or visually limited person's opportunities for academic achievement, social integration, and vocational readiness in a world dominated by the seeing. Beginning in the 1830's, with the emergence of residential schools for the blind in the United States, and continuing in the 1900's with the opening of day school classes, educators began to demonstrate growing commitment to the broader range of the needs of students regarding activities of daily living, orientation and mobility, utilization of residual vision, and use of technological resources. However, until the middle of this century comparatively little constructive attention had been given to the somewhat nebulous area of affective adjustment to blindness, either as a direct service to students or as a training priority for teachers.

Even though professional interest in the psychological health and social development of the visually handicapped is not new, there is an apparent lack of systematic inquiry into the influence of teachers on the affective adjustment of children with impaired vision. For example, the Pine Brook Report of 1954 refers to "the social and educational implications of the various conditions of the eye" as part of the first competency area in a proposed sequence of teacher preparation goals (p. 40). However, a recent article by Chapman
(1982) describes 16 content areas included in a field-based special education teacher training project at the University of Birmingham in the United Kingdom, in which the only mention of social/emotional development of the child is ranked 15th on the list. One might speculate as to whether this represents a reversal of priorities for educating visually handicapped children, or a lack of understanding as to what constitutes "good" affective adjustment and how educational systems can help children to achieve it.

The preponderance of family intervention programs which have emerged in the decade since PL 94-142 suggests that educators are acknowledging the interdependence between home and school in stimulating positive mental health in visually impaired students. A growing body of knowledge has resulted in programs which enlighten and support caregivers as they nurture the development of the handicapped child.

The majority of these programs, however, are content-oriented and may overlook the specific process skills involved in the parent/professional relationship. Skills such as group problem-solving, interviewing, and observation techniques are interpersonal strategies which may improve the teacher's ability to convey information in a meaningful and articulate manner, and thus enrich the environment for the overall social, emotional, and intellectual growth of the child in both home and school settings. Whereas teacher preparation programs have for the most part afforded only
cursory attention to the psychology of handicaps, even less consideration has been given to identifying specific competencies to help teachers operationalize educational theory into practical intervention strategies. Consequently, while a knowledge of factual and theoretical information regarding affective adjustment is necessary for the teacher's involvement with visually impaired children and families, it becomes even more useful if the teacher can apply that knowledge toward facilitating a productive working relationship between the home and the school.

Teacher preparation programs have tended to perpetuate this content-oriented model of intervention by training educators primarily in the specialized communication skills, as well as in the various curriculum areas and in instructional methods. The original content of formal teacher education courses in the 1920's and 1930's emanated from the domains of psychology, education, the various medical specialties and other social service areas (Abel, 1967), and eventually led to an expressed need for knowledge of the psychological implications of vision loss as an essential teacher competency. Prior to that time, the preparation of teachers took place within schools for the handicapped through an apprenticeship or in-service method of training (Roberts, 1973). Curriculum requirements focused on a general understanding of the educational implications of eye disorders as well as on a basic knowledge of specific communication techniques, activities of daily living, orientation and mobility skills, and classroom procedures.
Since the 1950's, a number of attempts have been made to define the role of the teacher of the visually handicapped (Abel, 1959; American Foundation for the Blind, 1961; Council for Exceptional Children, 1966; Jones, 1969; Mackie & Cohoe, 1956; Mackie & Dunn, 1955; Moore & Peabody, 1976, Pine Brook Report, 1954; Spungin, 1977). With the emerging popularity of the itinerant teacher model of service delivery it is increasingly important to re-examine teacher competencies from the perspective of the service provider rather than the program administrator or university instructor. In the words of Moore and Peabody (1976):

There have been no broad scale investigations calculated to show just what itinerant teachers of visually handicapped children do in carrying out their day-to-day professional responsibilities. Teacher educators and other professionals have expressed opinions based on theoretical orientation and upon personal experiences. An investigation of the functional realities faced by teachers in the field may test the validity of these opinions. (pp. 1-2)

The assumption is that teachers should be included in the process of determining what skills they need to do their jobs well. Results of this and similar studies imply that many practitioners are defining their job skills differently than certification requirements might suggest. In addition, existing teacher training standards may not be adequately exposing prospective educators to the actual challenges of the jobs they are preparing to enter. For example, in a nationwide study of VI educators, Spungin (1977) found that the competencies deemed important by teachers did not
necessarily coincide with those competencies rated highly by teacher educators. Such inconsistency between the needs of students and the skills of teachers creates a potential void in educational services for visually impaired learners.

Summary

In recent years, a variety of forces have influenced role definitions for teachers of the visually impaired. There is growing evidence to suggest that traditional competencies established for teachers by teacher educators, program administrators, and other experts in the field may not necessarily coincide with the functional realities of educating visually impaired children.

Furthermore, parental activism and recent legal mandates have increased attention to the special needs family and its influence as a powerful element in the psychosocial and educational development of handicapped children.

This study was therefore designed to explore the role of the specialist teacher in addressing the affective needs of visually impaired children and their families, and to identify specific intervention competencies to be incorporated into existing professional preparation programs.
Chapter II

Review of the Literature

In order to carry out this study a variety of theories and practices in education and related fields were examined. The search for information was limited in the beginning by the researcher's definition of consultation solely as an educational process. Recognition of the fact that consultation involves a multitude of generic skills which relate as much to procedures and to interactions as to content-specific tasks led to an array of interesting and pertinent resources. Information was found to be available, though not plentiful, from such divergent sources as education, psychology, mental health, social work, nursing, private industry, and a number of other professional disciplines. Material gleaned from these sources has been adapted and reorganized in such a way as to be meaningful and relevant to the unique needs of the visually impaired.

Additionally, while educational consultation may have been in use for many years as an intervention technique, it has only recently become the subject of systematic scientific observation. As Miller (1982) states, "the history of the helping professions suggests that first remedies are developed and then diagnoses and treatment strategies are devised to fit the remedies" (p. 352). As might be
expected, the literature represents a diversity of thought ranging from scientific opinion to abstract speculation. In keeping with Miller's observation, this study examines the, as yet undefined, process of consultation as it already exists in the field of education for the visually handicapped.

An overview of the literature suggests that the role of the specialist teacher as a consultant is not confined to interactions with non-specialist teachers, administrators, and professionals in other disciplines. It appears, rather, that consultative activities are very much a part of the teacher's direct involvement with children and families in dealing with life adjustment issues which result from the presence of a handicap. While there may be a theoretical commonality among all forms of consultation, the research to date implies that working with visually impaired children and their families requires a special aptitude which is unique to this disability group.

Affective Adjustment of Children and Families

Samuel Gridley Howe may have been the first to suggest that blind children were entitled to an education which trained them to become contributing members of a social and economic society (Farrell, 1956). As a result of his visits in the early 1800's to European schools for the blind, Howe concluded that the visually impaired could and should be educated in accordance with their
personal abilities in order to become productive and self-supporting adults. Throughout the 19th century, a number of residential school programs for the blind were established in the United States (Lowenfeld, 1973). In 1900, public school classes began to provide an alternative opportunity for children to remain with their families, in their home communities, sparing a lengthy and sometimes unhappy separation into unfamiliar surroundings. The family was finally being recognized as a vital influence in the educational development of the blind or visually impaired child.

Through the years it has become increasingly apparent that education and support to parents is an essential component of any intervention program for handicapped children (Chapman, 1978; Fraiberg, 1977; Gardner, 1982; Turnbull & Turnbull, 1978). The family is the primary source of social and emotional stimulation in the early years, and even as the child's interpersonal experiences begin to expand beyond his early caregivers, the influence of parents remains profound. In fact, socialization and personality development are predicated on the extent to which early parent/child interactions have been mutually rewarding (Love, 1970).

Parental reactions toward their handicapped children are well-documented, and there is little disagreement that the presence of a visual disability is a difficult and stress-producing experience for families. In the words of Schulz (1980):

When a child is born blind or loses his sight at an early age, the family experiences the event as a severe loss. They have
not lost the child, but they have lost their original expectations of the child and their hope for his future. Suddenly they are confronted with the fact that their child will not be like other children, and the difference will be great. Either they are sure he will be denied all the normal activities of childhood or they are uncertain of the possibilities for him. They assume he will not be able to run and play and that he will require considerable help and care. Above all, he will not be able to share in the experience of seeing, which is so much a part of their life. (p. 89)

One factor influencing the feelings of parents about a handicap is their lack of knowledge about and experience with the loss of vision. Along with initial reactions such as fear, denial, anger, disbelief, and guilt (Kubler-Ross, 1969), some families may also demonstrate avoidance or withdrawal reactions which inhibit to an even greater extent the possibilities for healthy parent/child interaction (Featherstone, 1980, Lightfoot, 1978).

According to Kanner (1957), "Most parents can be helped to express, recognize, and eventually modify their attitudes for the mutual benefit of themselves and their children" (p. 18). Likewise, Jan, Freeman & Scott (1977) maintain that it is appropriate to focus intervention on reinforcing positive attitudes and behaviors as well as on changing the negative ones, for usually they occur simultaneously and are difficult to isolate from one another. Regarding the presence of varying and often conflicting family attitudes, Lowenfeld (1977) continues that "it is only the degree to which one (attitude) prevails over the other that determines the
character of the parent-child relationship." (p. 106)

The literature reveals that visual impairment in and of itself does not predispose a child toward maladjustment. It may, however, change the dynamics of the socialization process because of widely held misconceptions of the sighted about the blind (Warren, 1977). Buscaglia (1975) contends that it is society's attitude toward the handicapping condition, rather than the condition itself, which shapes the children's feelings about themselves and their disability.

Yeadon and Grayson (1979) support this notion that it is the perceptions of society as a whole which contribute to the myth of inherent differences between the sighted and the blind. Scott (1969) asserts, "the disability of blindness is a learned social role" (p. 14) which is acquired through the ordinary processes of social interaction and feedback. Cutsforth (1951) reinforces this premise: "Investigations into the life of the blind show that the characteristic emotional disturbances result from the social situations that blindness creates and not from the sensory privation in itself" (p. 122).

A collection of essays written by a cross-section of individuals with handicaps reveals a common theme of frustration at social ignorance and apathy (Orlansky & Heward, 1981). Many express concern that they are defined solely in terms of their disability, and are often presumed to be dependent, docile, melancholy, or maladjusted,
all on the basis of a label which unfairly draws attention to just one of their many personal characteristics.

Affective adjustment to blindness involves more than one's ability to adopt the stereotypical behaviors and social roles of the blindness system (Scholl, 1972). It is instead a complex series of feelings, behaviors, and expectations which Sze (1975) calls the "self-system." It involves an ongoing and ever-changing awareness of one's attitudes, behaviors, strengths, and limitations, and is in large part determined by interactions with others (Warren, 1977). Applying this concept to the effect that families have on the development of ego strength and personality in the visually impaired, Warren reasons:

If they expect him to behave with certain limitations that they believe (whether justified or not) to be characteristic of blind children, then these limitations will come to be a part of the child's self-concept and this will tend to find expression in his behavior. The case is that of the self-fulfilling prophecy." (p. 195)

Sommers (1944) suggests a pattern of reactive behaviors exhibited by blind children which appear to be learned from the example set by their primary caregivers. Four of these reactions, namely compensation, denial, defensiveness, and withdrawal, provide a coping mechanism through which the individual can come to terms with the disability, even if the method of adjustment is socially unacceptable. In other words, however effectively or ineffectively
the mechanism works, it still provides an important outlet for emotional tension. The fifth reaction is basically non-adjustive because the individual fails to achieve any semblance of control or insight into the routine life experiences of socialization. This suggests that the nature and intensity of early family relationships have a powerful effect on this adjustment process.

The attitudes of parents toward their visually impaired children, as well as the attitudes of the children toward themselves and their disabilities, are best influenced while such attitudes are in the making. When information, support, and guidance are made available to families early in the adjustment process, the more likely that open, accepting, and mutually satisfying relationships will result (Lowenfeld, 1971). Sommers (1944) concluded a study of the influence of familial and social environments on the personality development of the adolescent blind with the following:

The meaning the handicap held for the child himself seemed to depend largely on his social experience, especially in his early childhood. It was clearly evident from the data at hand that the blind individual tended to make a wholesome personal and social adjustment whenever their early life afforded them a reasonable amount of economic, physical, and emotional security, whenever they were fully accepted by the members of their family, and the parents were able to face their handicap in an objective way. On the other hand, blind children who were neglected and thwarted, whose childhood was deprived of a normal and wholesome environment, developed unfavorable or abnormal traits of personality and were, in almost all cases, unable to accept their handicap. The lack of satisfying parental love in
early childhood was responsible for the sense of an unfulfilled need and produced a feeling of loss which seemed to be more injurious to the personality of the blind child than his lack of sight. (p. 63)

The evidence appears conclusive. The family system plays a critically important and dynamic role in the affective adjustment of visually impaired children.

Intervention

Theoretically, the psychological implications of vision loss have always been an important influence in educational planning for the blind and visually impaired. However, until the 1960's little systematic research had been devoted to the reciprocal influences which affect adjustment patterns of handicapped children and their families. Mary K. Bauman (1973) notes that psychological studies of blindness which originated in the late 1800's tended to focus on the use of remaining senses for perceptual input, and accomplished little to enhance the understanding of the psychosocial needs of the blind. Limited efforts to investigate the social and emotional development of the visually impaired were made prior to World War II, but were "pretty much limited to attempts at mental measurement and achievement testing" (p. 94) and generally overlooked the realm of social competency.

Observations of blind children by Burlingham (1972) give the impression that social adaptation is "decisively influenced" by the lack of vision, in that its absence "disturbs and diminishes one of
the most important functions of the ego, i.e., the testing of reality" (p. 274). Sandler (1963) had earlier hypothesized that after the age of 16 weeks, the ego development of a blind infant enters a stage of "passive self-centeredness" that "basically cannot be reversed by the environment, although its outcome can be modified to a large extent by suitable mothering" (p. 346). Willis (1965) explains that the child becomes restricted in his ability to conceptualize the world around him because of difficulties in separating reality from fantasy, and because of perceptual information which may be incomplete and limited in accuracy.

In general, these examples suggest that psychoanalytic research may add to the theoretical base of information regarding psychosocial development of the handicapped, but its findings often express a pessimistic response to the value of specific intervention and treatment goals which are viewed with enthusiasm by many modern educators. Chapman (1978) points out that the literature is clearly divided "between those who contend that blindness leads to compensatory behavior which may be accompanied by introversion and even maladjustment, and those who find that the process of adjustment in blind persons is not significantly different from that of the sighted with regard to basic personality variables" (p. 114).

From the perspective of a professional educator, Barraga (1983) emphasizes the potential of early intervention with visually impaired children and their caregivers as a means of reducing the
impact of the sensory deficit. She reinforces the importance of ongoing support and guidance to families to promote affective, behavioral, and cognitive growth:

Psychological development must be fostered and expanded throughout life in order to maintain one's mental health. Although stresses and frustrations are a natural part of life for everyone, for the visually handicapped child, the alternatives available for coping with stresses and for reducing tension and anxiety may be restricted by environmental conditions and societal attitudes and expectations. (p. 34)

Organized programs to prevent or remediate problems in the affective adjustment of visually impaired children and their families (Hathaway, 1959) are inconsistent in quantity, quality, and availability. This inconsistency may in part result from a lack of definition as to what the specific goals of intervention should be. Also, there is little consensus as to which professional domain has the greatest potential impact in the area of family education and support. For example, the literature in psychology, sociology, and social work (Keat, 1974; Reisman, 1973) seems to imply that family intervention is best accomplished through therapeutic guidance provided by a counselor who is trained in one or more clinical techniques. On the other hand, the principles of mental health consultation suggest a more open-ended, shared, process-oriented experience which is problem-centered rather than client-centered (Caplan, 1977) and which encourages a partnership between service provider and client.
In the past decade, the field of education has also assumed both a responsibility and a desire to address the needs of families in relation to the growth and development of children with special needs (Heward, Dardig & Rossett, 1979). Of course, the choice of intervention method depends on any number of variables, including the complexity of the family's needs, the availability of services, the nature and degree of the child's handicapping condition or conditions, the qualifications of service providers, and the willingness of all parties to enter into a professional helping relationship.

A review of the published research prior to 1970 (Miller, 1971) indicated an ever-increasing need for counseling and guidance services to school-age visually impaired children. Miller suggests that there is a growing "awareness of the fact that the personal-social implications of blindness are fundamental to the vocational and academic needs" (p. 46) of students with little or no vision. Therefore, to encourage parallel growth in intellectual and psychosocial well-being, and to insure that the affective needs of students are identified and addressed in a timely fashion, perhaps there is room for overlap among the roles of service providers from different professional domains.

However, communication and coordination between education and psychology leave much to be desired. "Since many educators working with the visually handicapped are not psychologists, and since many
psychologists have had little opportunity to study the effects of reduced vision on children's behavioral responses" (Barraga, 1983, p. 119), there is little consistency in evaluation and treatment between the two fields.

Psychological education programs such as Developing Understanding of Self and Others (Dinkmeyer, 1970), and the Magic Circle (Bessell & Palomares, 1967), were originally designed to promote the affective growth of children in such areas as self-concept, interpersonal relations, and communication skills. They have been used with some success in groups of the visually impaired (Locke & Gerler, 1979-80). The greatest advantage of such commercially packaged curricula is that, while they are based on the principles and techniques of child counseling theory, they are applicable in a classroom setting by teachers not specifically trained in psychological counseling. Yet such programs are most effective when used with small groups of children rather than individual students, and therefore may require considerable adaptation for the one-to-one instruction usually provided by itinerant teachers to visually handicapped students. Another limitation is the failure of most programs to account for the unique dynamics of individual family systems which are a major influence on the child's ability to respond to the intervention process.

Clearly, those responsible for monitoring the affective adjustment of visually impaired children and families face an enormous challenge. Froyd (1973) suggests that educational systems
are in a position to assume such responsibilities which, for various reasons, other service models and individual providers are unable or unwilling to carry out:

The counselor for a family with a blind or severely visually handicapped child must be aware of the unique needs of this child as well as those common to all children. His task is to help the family discover how it can best care for this child, to provide information concerning ways to meet his needs for supplementary stimulation, where to find people and agencies who are prepared to help them and their child, and to provide consultation to others in the community who are also working with the family and child. The fact is, however, that all too frequently counseling is not available. The medical personnel who are the first to have contact with the family frequently do not recognize the need or do not know where the family can obtain adequate counseling. Social agencies set up to serve blind persons have as their primary charge the provision of rehabilitative services aimed at preparation for employment. Professionals in family and children's agencies, mental health clinics, etc. are not familiar with the particular needs and unique problems of the young blind or severely visually handicapped child and his family. (p. 256)

Given the multitude of social competency and personal adjustment issues encountered by visually impaired children, Hanninen (1979) proposes that the specialist teacher may be better qualified than other involved professionals to "go beyond the usual scope of the curriculum" (p. 16) in order to address those counseling needs related to affective growth of the child and family.

Role of the Special Educator

Research into the roles and responsibilities of teachers of the visually handicapped has produced "exhaustive lists of competencies" (Hanninen, 1979, p. 30) which reflect in varying detail the kinds of
services made necessary by the loss of vision. Early in the 1950's, a nationwide study examined the qualifications of specialist teachers in regard to the unique educational needs of blind and partially sighted pupils. A list of 82 competencies was rated by a national sample of 100 teachers of the blind to be very important, important, or less important (Mackie & Dunn, 1955). A similar list of 87 competencies was rated by 130 teachers of the visually impaired (Mackie & Cohoe, 1956). Results of these studies, the former in particular, suggest that a teacher's knowledge of the psychological and social implications of blindness, as well as understanding of the emotional climate of the home, are as vital to the teaching process as the knowledge of specific curriculum modifications and compensatory skills, or the use of adapted learning materials and equipment.

Not all of the early studies, however, were as unequivocal. In 1933, Merry reported a series of qualifications which experienced teachers of the blind believed they should possess. Interestingly, only passing reference was made to the psychological problems of blindness. Likewise, a study by the Council for Exceptional Children (CEC) made no mention at all to the teacher's ability to understand or address the psychosocial needs of visually impaired students (1966). Regardless of their individual outcomes, these studies represent an important era of growth in the attempt to define teacher competencies in relation to the diverse needs of children and families (Holman & Scholl, 1982).
The 1970's brought about a major philosophical shift in the goals of education in general. According to Roberts (1973) advances in medical, educational, and social research; changes in school organization patterns; and the development of innovative curricula and teaching techniques have all played a part in changing the traditional role of teachers. Additionally, the actual numbers of students requiring services have increased over the years through improved diagnostic and medical treatment procedures and through more effective child identification programs. And finally, changes in the social and technological values of society have modified the expectations of education for children with special needs in regard to vision. To meet the growing demands of a service delivery continuum which was, and still is, in transition, Taylor (1978) anticipates a need not just for more teachers, but for new and redefined teacher competencies as well.

Since the 1950's, special education in the United States has experienced significant and rapid growth. The numbers of children have increased and services have expanded as a result of changing educational philosophies and emerging social reforms related to children and the structure of the family unit. Parental activism has been the leading influence in creating an awareness of the legal and moral rights of the handicapped, and has had a direct impact on legislation which is intended to assure that those rights are not ignored or violated (Blackhurst & Burdine, 1981).
As a consequence of these developments, changes have also occurred in two other important and related aspects of education, namely research and teacher preparation. While much of the research effort has focused on issues of child development or diagnostic and treatment strategies for specific disability groups, there has also been a relatively recent interest in analyzing the continuum of existing service delivery models, and the role that teachers play in the process of educating handicapped children (Lowenfeld, 1973). Professional standards for service providers, teacher certification requirements and individual teacher competencies have all come under intense scrutiny in the last few decades (Abel, 1967; Council for Exceptional Children, 1976; Heller & Ridenhour, 1983; Taylor, 1978).

Professional educators in vision have responded to this period of transition with a substantial body of research of their own. As early as the 1950's, the National Work Session on the Education of the Blind with the Sighted (Pine Brook Report, 1954) identified a need to carefully examine the qualifications of specialist teachers working with blind and visually impaired children. A decade later, in 1967, Georgie Lee Abel reviewed the evolution of training programs for teachers of the visually handicapped. She found that, in general, programs were loosely organized and largely dependent on trial and error efforts which might not reflect the actual needs of students or their service providers. Early attempts to provide formal training for special educators in vision took place under the auspices of residential schools, and were later supported by private
organizations or advisory groups such as the American Foundation for the Blind, the National Society for the Prevention of Blindness, and the American Association for Instructors of the Blind. According to Abel, this support took the form of apprenticeships, summer training institutes, and professional publications which were designed to aid teachers in their job performance. Affiliations with institutions of higher learning began in 1918 when the first university-based teacher preparation program was established at the University of California. Since that time, the professional preparation of teachers of the visually handicapped has become increasingly more sophisticated.

The trend toward competency-based education in the mid-1970's created a timely environment in which to study the roles and responsibilities of educators of the visually impaired. While previous attempts to define the role of teachers had produced lists of specific qualifications or job functions, studies were beginning to show that the duties teachers were actually performing were inconsistent with those competencies which had been identified in the literature to date. As a result of this apparent contradiction, researchers at the University of Pittsburgh initiated a study to develop a functional description of the itinerant teacher of visually handicapped children in the Commonwealth of Pennsylvania (Moore & Peabody, 1976). A total of 66 itinerant teachers and teacher-consultants returned valid questionnaires. All were employed in public day school programs in geographic areas described as either
rural (32%) suburban-urban (50%) or inner city urban (18%). Respondents indicated that 59.17% of their time was devoted to direct instruction of children, 16.49% to driving, and 10.76% to consultation with parents, teachers, other professionals, and community agencies. The remaining time (approximately 13%) was divided among the tasks of preparation or procurement of materials, meetings, processing new referrals, and paperwork.

The study concluded with two very interesting observations. Given that teachers were reportedly spending more than 10% of their professional time in consultative activities, were sufficient time and flexibility built into their schedules so that they could carry out such non-teaching tasks? And second, were teachers being adequately prepared to provide the intensive guidance needed by many school-aged visually impaired children in order to achieve personal adjustment? The testimony of service providers in this and similar studies was beginning to suggest a growing correlation between consultation and teaching.

The overall function of teachers of the visually handicapped has been carefully studied and defined according to the organizational structure of the delivery system in which the child is serviced. In response to a "complete lack of clear, precise, functional descriptions of the teaching roles and their relation to different organizational patterns found in school programs for the visually handicapped," Spungin (1977, p. 7) developed a comprehensive study to define the specialized competencies necessary to teach visually
handicapped children. A field test edition of the Competency Based Curriculum for Teachers of the Visually Handicapped was compiled by a team of 28 professional teacher educators and was then distributed to a nationwide sample of 1933 teachers of the visually impaired, 807 (41%) of whom responded.

Of the 12 general goal areas identified by the original committee, Goal 7.0 is of particular relevance to the present study. It reads, "Teacher will demonstrate ability to identify and provide appropriate counseling and guidance services to visually handicapped learners, and significant others" (Spungin, 1977, p. 12). The goal is broken down into 11 basic knowledge areas, each describing the skills and achievement indicators which denote mastery in that area. Specific skills include the ability to evaluate family relationships, to foster positive self concepts and interactions with peers, to identify and collaborate with related professionals, and to make use of effective interviewing techniques.

Collectively, the knowledge and skill areas outlined in the Spungin study represent an elaboration of the teacher competencies proposed in a 1961 publication of the American Foundation for the Blind. In A Teacher Education Program for Those Who Serve Blind Children and Youth, 10 general competency areas for VI educators are described (pp. 22-23), four of which underscore the importance of the teacher's role in understanding and addressing the psychosocial needs of visually impaired students.

1. An understanding of exceptionality as a personal, psychological,
and social problem, particularly as it affects the blind person.

2. A knowledge of and skill in the use of tools and procedures relating to diagnosis, guidance, and counseling.

3. A clear perception of interpersonal relations and the role demanded of the teacher in establishing positive communication with blind or visually handicapped persons and providing interpretation to other professional personnel who function in the total program.

4. Insight to understand the communication process as it functions within the family, the community, and society at large when dealing with problems relating to the visually handicapped.

These competencies intimate that the educational process for blind and visually handicapped children far exceeds the traditional bounds of the teacher-student relationship. Additionally, they give credence to the non-instructional role of the special educator as a consultative support person to children, families, and related service providers.

Spungin appears to support this view. Practitioners responding to Goal 7.0 of her survey reported spending an average of 11.21% of their professional time in providing counseling and guidance services. Actual percentages for individual groups of respondents varied from a low of 5.91% for teachers in residential schools to highs of 14.14% and 15.5% for teachers employed in itinerant or teacher/consultant programs respectively.
Along with the Guidance and Counseling competency described by Spungin, Goals 8.0 and 10.0 are combined into a category of indirect services called School/Community relations. If the percentages of time spent by teachers in these non-instructional tasks are added to the percentages in the Guidance and Counseling category, the totals are increased to 8.47% for teachers in residential schools, 18.96% for itinerant teachers, and 24.14% for teacher consultants.

These figures are particularly revealing when compared to the percentages of time reportedly spent in other education-related activities. According to Spungin, (1977, pp. 70-77), there is a discrepancy of almost 23% between instructional time reported by teachers in residential schools (56.96%) and those employed as teacher/consultants (34.05%). The data suggests that educators of the visually impaired, particularly those who perceive themselves in a teacher/consultant role, spend almost half as much time addressing the psychosocial needs of students as they give to direct instruction.

Perhaps the most notable implication of the studies in this review is that the instructional role of the teacher is apparently diminishing in favor of a more indirect, non-teaching consultative role, and that a substantial percentage of these indirect services relates to the affective needs of visually impaired children and their families. The literature demonstrates a consensus among teachers that, for a variety of legitimate reasons, counseling and guidance services are consuming increasing portions of their professional time.
There is a second, and equally important, implication of the research to date. While teacher educators have long appreciated the importance of teacher competency in addressing the counseling needs of children regarding affective adjustment to blindness, few attempts have been made to define the specific knowledge and skill areas required to operationalize the intervention process, resulting in a missing link between the theory and practice of psychoeducational services to students.

Although many teacher training programs currently offer introductory coursework in child development, psychology, sociology, and family studies, the curriculum content is often fragmented and inconsistent, and may not include necessary competencies in human relations and interpersonal strategies. Swallow (1982) argues convincingly that teacher preparation curricula must be responsive both to national standards developed by the experts and to local needs emanating from the experiences of service providers and consumers. The studies in this review seem to reflect the perceptions of hundreds of practitioners who are acknowledging major changes in their professional relationships with students and their families.

Consultation

Teachers of the visually handicapped are many things to many people. Not only must they be qualified in the special compensatory skills unique to the disability of blindness, but they are also expected to work with students of all ages and academic levels, with
varying degrees of functional vision, in a wide range of educational settings (American Foundation for the Blind, 1961). And, as reported by service providers themselves, greater percentages of time are of necessity being given to working with teachers, administrators, parents, professionals in related disciplines, and community resources. This indirect form of intervention has come to be known as educational consultation, a process which has borrowed many of its basic principles from other professional fields in which consultation has proven to be a successful mode of service delivery.

The practice of educational consultation was examined in a 1982 study by Moore and Obernauer at the University of Pittsburgh. Types of support services offered by specialist teachers to regular educators working with mainstreamed students were grouped into four major classifications, namely: providing information, collecting information, providing suggestions, and assisting with instructional modifications.

With 536 of 835 teachers responding (64.2%) the data suggest that support services most often took the form of informal and unplanned contacts, rather than scheduled appointments or staff meetings, inservice programs, or written communications. The data also indicate that the factors which affected interactions between special and regular educators included, in descending order of frequency, lack of time, unwillingness of regular educators to receive help, lack of support from administrators, and lack of knowledge and skills needed to provide appropriate support services.
Although only 22.2% of the specialist teachers reported feeling adequately trained in the consultation skills described in the survey, the researchers speculated that respondent comments on individual survey forms revealed a probable misunderstanding of the purposes and functions of consultation. They went on to recommend that "the identification of communication skills necessary for all phases of the consultation process as well as techniques for training teachers to use those skills" (p. 92) would benefit the development of professional relationships between service providers and consumers.

Conoley and Conoley (1982) justify the increasing use of a consultation model of intervention as opposed to the direct service model frequently used in the helping professions. They suggest that traditional one-to-one or small group methodologies for service delivery can no longer meet the expanding caseload demands of professional caregivers. The authors further reason that, both in philosophical effectiveness and practical efficiency, consultation is a justifiable and desirable use of one's professional time and expertise.

Parker (1975) explains that consultation is, quite simply, a sharing of skills. It is a means to a desired end, rather than an end in and of itself. It is a process of mobilizing both internal and external resources in order for a system and all of its members to be better able to deal with problems, issues, and changes (Lippitt
According to Neely (1982) consultation involves an interdisciplinary collaboration which encourages joint planning and decision making, reciprocal teaching and learning, sharing of ideas and data, flexibility of roles, and equality of influence. The consultant is a change agent with the potential for both directive and nondirective influence. Lippitt & Lippitt (1978) explain:

In the more directive consultant role, the consultant assumes leadership and directs the activity. In the nondirective mode, the consultant provides data, for the client to use or not, as a guide for the client's self-initiated problem solving. These roles are not mutually exclusive but may manifest themselves in many ways at any stage in a particular client situation. We see these roles as spheres of competence rather than as a static continuum of isolated behavior. (p. 30)

Nondirective consulting is the conventional approach used by service providers in the mental health, clerical, or counseling fields, while the directive mode is more commonly used by technical experts engaged in specific problem-solving activities and crisis intervention. In educational consultation it is possible that either approach may be suitable, depending on the nature of the intervention, the skills of the teacher, and the individual needs of the consultee.

The theoretical framework for educational consultation emanates jointly from a variety of sources within the helping professions, including psychology, mental health, social work, nursing, and, of course, education. Perhaps the most widely recognized model of consultative intervention is employed in the field of mental health (Griffith & Libo, 1968). Described by Caplan (1970) as a process
which is focused either on the client, the consultee, the program, or administrative procedures, mental health consultation includes the interpersonal skills of problem analysis, decision making, relationship-building, and reinforcement. While the intervention may not be intended to be therapeutic, it often has therapeutic results. Within this continuum of services it is the consultee-centered approach which most closely approximates the specialist teachers' involvement with school personnel and parents when providing indirect services to visually handicapped students.

Consultee-centered consultation is effective in offering information and support to the consultee (e.g. teacher, administrator, counselor, parent) who has a particular skill deficit, or who lacks the general knowledge, self-confidence, or objectivity to deal with the needs of the individual client. According to Meyers (1981), "Mental health consultation is a problem-solving process that occurs between two professionals where one (the consultant) tries to help the other (the consultee) maximize the social-emotional development of clients (i.e., students) under the consultee's care" (p. 35). Any changes in the consultee's attitudes or behavior will ultimately benefit the child's affective adjustment, and may even provide a frame of reference for the consultee should a similar need by a different client or student be encountered in the future.

A second intervention approach which is relevant to educational environments is the process model of consultation (Schein, 1969).
Described by Brokes (1975) as a humanistic approach, it is a voluntary, temporary, dynamic relationship which is based on personal interactions, independently shared goals, and the belief that an organizational structure is only as effective as the individuals who participate in it. Rooted in social psychology, process consultation focuses on relationships within a system which may be interfering with task accomplishment (Conoley & Conoley, 1982). The process consultant is one who can facilitate changes in interpersonal dynamics and organizational procedures rather than concentrating on specific outcomes in the form of products or services (Lippitt & Lippitt, 1978). The techniques and theories of process consultation may be especially useful to the educator whose work with children is inhibited by the resistance, doubt, or anxiety of caregivers or teachers.

In any consulting relationship all parties assume a shared commitment toward a common value, issue, or idea. Even though the consultant's involvement is intended to influence the client toward some form of developmental change, long-term dependency on the helper is usually not in the best interests of the consultee (Lippitt & Lippitt, 1978; Neel, 1981) and should be discouraged.

Because the consultant often plays an advocacy role for a particular client or special interest group, it is important to recognize possible discrepancies between organizational goals and the
individual needs of persons involved in the relationship. Biklen (1978) points out that service providers also need to be aware of personal beliefs and behaviors which may interfere with professional responsibilities to the client or which may bias the consultant's perceptions of the issues and people involved.

In a thoughtful analysis of the role of the special education teacher consultant, Haight (1984) ponders the realities and limitations of this, as yet unproven, model of intervention. She cites a critical lack of role definition regarding both requisite skills and job responsibilities, as well as a dearth of research on professional preparation programs for teachers in specific disability areas. While a potpourri of generic consultation competencies has been borrowed from such professions as business, the health care industry, and psychology, the specific role functions of teacher consultants who work in unique educational settings or with unique populations of students have yet to be explored.

The consultant model of intervention for teachers of the visually impaired, as it is defined for the purposes of this study, is grounded on the premise that a child's intellectual and psychosocial development are simultaneous and inseparable functions (Cohen, 1962; Carter, 1974) and that mastery in either area is related to the affective adjustment of the family and its individual members (Freedman, 1966; Schulz, 1968; Telson, 1965). It is an
interdependent helping relationship which implies a mutual commitment
and a shared responsibility for change (Dirkmeyer, 1968; Keat, 1974).
The relationship is intended to be voluntary (Dirkmeyer & Caldwell,
1970), and temporary (Neel, 1981).

The purpose of the intervention is not to judge or to advise,
but to provide information and support in a non-directive manner
(Horsley, 1977; Tharp, 1975). The approach is generally process
oriented (Caplan, 1970; Brokes, 1975; Schein, 1969) in that attention
is given more to such interactive skills as relationship building,
problem analysis, conflict management and mutual decision-making than
to content-specific issues (Brokes, 1975; Froyd, 1973). Its essence
is always on changing the identified problems or circumstances rather
than focusing on the inner dynamics of the client or consultee, and
is therefore not intended to produce therapeutic results, although
therapeutic consequences may occur coincidentally. Consultation
relies heavily on communication and interpersonal skills as necessary
prerequisites to the success of the helping relationship (Beale &
Beers, 1982; Blocher, 1975; Cohen, 1975; Chinn, Winn & Walters, 1978;

Summary

A review of the available literature on psychosocial development
of the blind and visually impaired supports an observation made by
Buscaglia (1975) that affective adjustment of the child with a
disability is very much related to the attitudes and behaviors of
primary caregivers. Studies also suggest that psychological well-being has a direct impact on educational and vocational achievement (Lowenfeld, 1973).

The opportunity for collaboration between parents and school professionals is now supported both by scientific theory and recent federal legislation. PL 94-142 insures the rights, if not the obligations, of parents to participate in educational decision-making regarding the special needs of their children.

These forces have combined to create a growing initiative to study the roles and responsibilities of specialist teachers who work with visually handicapped children and their families. The research shows that educators are now spending significant amounts of their professional time in non-instructional tasks, a substantial portion of which relates to the counseling and guidance needs of students with impaired vision (Spungin, 1977). Most of these indirect services have been found to be related, in principle and in process, to educational consultation (Haight, 1984; Obernauer, 1982).

The following chapter describes the methodology used in this study to identify the specific consultation competencies utilized by teachers in addressing the affective adjustment needs of visually impaired children and their families.
Chapter III

Design of the Study

This chapter presents a detailed description of the research design used to study the consultant role of specialist teachers for the visually impaired. It begins with a discussion of the rationale for choosing a qualitative rather than quantitative approach to examining the topic, and is followed by a summary of the specific procedures used in the collection of data, namely the participants, instruments, and pilot study. The next section describes the process of data analysis used to understand and synthesize the results of the study.

Choice of Qualitative Research Methodology

This study began as an attempt to identify a foundation of knowledge related to the VI educator's role as a consultant to parents and other professionals in encouraging the affective growth of visually impaired children. Further, it was intended to develop a conceptual framework from which future research would evolve. The primary purpose was not to produce data for statistical analysis of a predictive nature, nor was it designed to test given hypothesis or to verify existing theory. Such a study would have been premature, since
teacher competency in the area of consultation is a relatively recent development in educational research and its viability has yet to be established. Therefore, a qualitative research approach was selected for its potential to formulate a theoretical base of knowledge for subsequent empirical investigation (Glaser & Strauss, 1967).

Qualitative research examines the subjective nature of reality (Giorgi, 1970). It allows for an original set of themes and anticipated outcomes which have been defined by the researcher to be expanded upon by the personal experiences, behaviors, and observations of the research participants. The very strength of qualitative research, according to Carey (1984), seems to lie in its inherent ability to represent the experiences of subjects in a personally meaningful and spontaneous fashion. Weiss (1981) suggests that generally qualitative methodologies tend to encourage subjects to "share in the definition of what is important" (p. 7) by allowing them to deviate from content areas which have been designated by the researcher as germane to the topic at hand (Glaser & Strauss, 1967).

Bogdan and Taylor (1975) conclude that qualitative methods permit researchers to know people at a personal as well as cognitive level, and "to see them as they are developing their own definitions of the world...qualitative methods enable us to explore concepts whose essence is lost in other research approaches" (pp. 4-5).

Carey (1984) elaborates:

In areas where knowledge is limited, social scientists turn to qualitative research methods to describe phenomena in an initial
exploratory effort. Qualitative research approaches allow hypotheses to emerge from the data, rather than generating data to test hypotheses shaped by the researcher's own 'set.' (p. 66)

For these reasons, qualitative research has gained increasing acceptance in the social sciences as a viable and necessary first stage in the growth of scientific wisdom.

Participants

According to Carey (1984), it is customary in qualitative research to limit sample size to relatively small numbers of subjects, particularly when the personal interview format is employed as the primary means of data collection. She cites the rationale of qualitative researchers based at Duquesne University who suggest that a "saturation" point of "diminishing returns" usually occurs after interviewing eight individuals. At this point key themes begin to repeat, and the data should be adequate to substantiate each identified theme (reported by LoPresti, 1981). However, in consideration of the possible heterogeneity among the population of teachers defined for this study, particularly in regard to such variables as age, number of years of experience, individual role definitions, and nature and extent of professional preparation, a sample size of 20 was decided upon to increase the likelihood of achieving a demographically balanced sample.

Access to teachers was gained through both formal and informal methods. The State Vision Consultants, as identified in the American
Printing House for the Blind's current list of Ex Officio Trustees, were contacted in each of the seven states to elicit their support and assistance in locating qualified teachers who were willing to participate. They were also requested to encourage individual program supervisors to allow up to 60 minutes of teacher release time for each interview session.

A survey sample of 20 certified, full-time employed educators of the visually impaired was identified in a seven-state region of the greater Northeastern United States. This area was chosen because it offered a geographically convenient representation of the five major service delivery categories defined in Chapter I, namely the State Education Agency, the Intermediate Education Agency, the Local Education Agency, the Private Non-Profit Agency, and the Self-Employed Independent Contractor. The seven states involved were Massachusetts, New Hampshire, Vermont, Maine, Connecticut, Rhode Island, and New Jersey.

Although the criteria used for selection of individual participants were explicitly defined, they were not based on any systematic sampling procedure. Instead, a technique commonly utilized in qualitative research known as "judgment" or "purposive" sampling was applied (Ackoff, 1953). Participants were initially screened from a specified category of teachers for the purpose of indepth study of their professional roles. Final selection was based on the following criteria:
1. All were certified or certifiable as educators of the visually handicapped.

2. All were currently employed full-time in day school or itinerant programs in 1 of the 5 service delivery models identified in the research methodology.

Residential school teachers were not included in the survey for two reasons. First, in many cases the primary field of certification required for employment in residential schools for the blind is not visual handicaps. It is not uncommon for residential school staff to represent certification in a variety of disability areas including deaf-blind and multihandicaps, moderate or severe special needs, and pre-school education. Secondly, residential school programs ideally offer a continuum of services which may include a clinical staff to provide counseling information and support to students and parents, relieving the teacher of at least some of the responsibility for family intervention. By contrast, these ongoing support services are generally not as readily available or accessible in the public school sector, and therefore the specialist teacher may bear much of the responsibility for consultation with families.

Identifying a sample of 20 qualified and available teachers turned out to be a much less challenging task than had been anticipated. The State Consultants, program supervisors, and individual teachers were supportive and helpful in every way. When prospective participants were contacted by phone to discuss the overall intent and procedures of the study and to verify their
participation, overwhelming enthusiasm for the study was clearly evident. In fact, most teachers appeared anxious for the opportunity to engage in discussion of educational consultation and role definitions for VI educators. In an effort not to contaminate the data collection process, all such discussions were postponed until after each interview session had been completed, at which time teachers were encouraged to freely contribute their ideas and comments.

Instruments

The survey instrument used in this descriptive study was a seven-page questionnaire which was administered during a personal meeting between the interviewer and each of the 20 subjects. The personal interview format is a useful means of data collection in the social sciences because it allows for a "face-to-face interpersonal role situation" (Nachmias & Niachmias, 1981, p. 90) in which the researcher is able to obtain spontaneous verbal and non-verbal responses to a fixed schedule of questions.

Babbie (1979) describes the many advantages of interview surveys. First, response rates are predictably higher than those resulting from self report surveys which are distributed by mail. A second decided advantage of personal interviews is that they reduce the likelihood of error or misinterpretation on the part of the respondent. Questions concerning instructions or the clarity of individual items can be addressed immediately by the interviewer to prevent any
misunderstanding of the survey instrument and its contents. Finally, interviews are particularly effective in allowing the researcher to make personal observations regarding the participants' general demeanor and commitment to the topic.

The questionnaire in this study was structured to the extent that wording of individual items and the sequence in which they were presented were consistent in each administration (Nachmias & Nachmias, 1981). Miller (1983) advises, however, that a structured interview need not be confined to "closed" questions with fixed responses. Open-ended questions are acceptable, if not useful, as long as uniformity of the instrument and procedures for administering it are maintained.

Section I of the instrument was a single-page Personal Information Sheet which contained 6 demographic questions related to the teachers' educational and professional experiences. Subjects completed this page at the beginning of each interview session. Whereas a self-report questionnaire will often begin with direct questions which are impersonal, non-threatening, and motivational in order to inspire respondents to want to continue, the opposite is generally true for surveys involving personal interviews. Babbie (1979) explains that giving survey participants the opportunity to offer brief personal descriptions which may reveal details of significance to the study can be an important first step in establishing interpersonal rapport between the interviewer and the interviewee. This opening verbal exchange can also provide a
comfortable prelude from which to introduce the remaining content of the study.

Section II of the instrument was four pages in length and comprised the main body of the questionnaire. This section initially contained 50 competency statements describing the potential consultative role of the specialist teacher in addressing the counseling-related needs of visually impaired children and their families. General content of the competencies was gleaned from the literature in education, mental health, psychology, social work, nursing, business, and other professional disciplines which involve a consultation model of service delivery. Specific skills and knowledge areas were selected and modified on the basis of their individual relevance to the topic of educational consultation, or for their specific correlation to the field of visual handicaps. Also included in the original instrument were six negative competencies which were clearly inappropriate to the role of a properly trained and certified special educator.

The field edition of the questionnaire listed the 50 items in random order, and included a five-point Likert response scale. Response choices ranged from Strongly Agree to Strongly Disagree, with a midpoint which suggested a neutral or undecided opinion about the competency.

Section III of the survey instrument presented the list of 12 general competency statements reported by Spungin (1974), which
respondents were asked to rank order in terms of overall relevance to the role of the VI educator. The number 12 was used to denote the competency perceived to be the MOST RELEVANT, while the number 1 indicated the competency perceived to be the LEAST RELEVANT.

Pilot Study

The pilot edition of the instrument was distributed to an eight-member review panel of professionals with varying experiences and expertise in special education and related fields. The purpose of this phase of the study was to establish content validity of the questionnaire in its entirety, and to solicit feedback regarding the overall focus of the study.

Panel members were contacted first by phone and then by letter to confirm their participation in the research project. A copy of the survey instrument was then mailed to each member, with a specific request that they edit the competencies in Section II of the questionnaire on the basis of relevance, organization, and content (See Appendix C). Members were provided with a Review Panel Response Sheet on which they were asked to describe their personal and professional qualifications to evaluate the topic of educational consultation. Additional space was provided for remarks or suggestions regarding the overall format of the questionnaire or the content of individual competency items.

Written responses from seven of the panel members were received within three weeks of the first mailing. The eighth member was
unable to respond until two months later due to unavoidable personal circumstances. Feedback was overwhelmingly positive in its support of the need for research into the relationship between the teaching and consulting roles of special educators.

As a result of comments offered by the review panel members, a number of revisions were made to the survey instrument.

1. Wording of the competencies was streamlined and clarified as much as possible, particularly in those items which were identified to be either ambiguous or suggestive. The number of items in the questionnaire was expanded from 50 to 59, and included 12 which were intended to produce a negative response. As a result, Section II of the questionnaire grew from 4 pages to 5 in length.

2. Rather than randomizing the items on the interview guide, the competencies were numbered and grouped into four cluster areas which correspond to the following categories: a) issues of affective adjustment to blindness, b) fundamental principles and processes of change, c) interpersonal communication skills, and d) specific intervention strategies.

Because the questionnaire was to be administered orally to individual subjects, the verbal instructions were expanded to include an explanation of the interview format being used and a brief explanation of the purposes of the study.

4. The response column was changed from a 5-point to a 4-point rating scale. Columns were marked with the response choices
Strongly Agree, Agree, Disagree, or Strongly Disagree. The category of Undecided was eliminated.

The revised edition of Section II of the survey instrument was pre-tested with an appropriately certified and currently employed teacher of the visually handicapped. The intent of this preliminary interview was to review the updated version of the entire questionnaire with an experienced practitioner whose insight into the role of the VI educator might lead to additional changes in both the format and content of the instrument.

As expected, the pre-test resulted in further modifications to the questionnaire, namely in the wording of specific items in Section II. When the teacher was asked whether or not the questionnaire offered a comprehensive overview of the potential consultative role of VI educators, she responded that, on the basis of her own professional knowledge and experience, all relevant competency areas involving non-instructional tasks and indirect services to children and families had been included.

A second and equally important purpose of the pre-test was to provide a practice session in which the interviewer could rehearse the predetermined procedures for administration of the survey. A valuable outcome of this experience was the expansion and clarification of the instructions to participants which preceded each interview session. It was also helpful in determining that insufficient time had been allotted for completion of individual
interviews. As a result, estimated administration time was expanded to 90 minutes.

Procedures

All 20 interviews had been originally scheduled to occur within a 30-day time period. However, because of the researcher’s sudden illness, the process of data collection had to be postponed and extended over a period of time nearly twice as long.

Seventeen of the interviews took place in a school or agency suggested by the participant. To accommodate individual time, distance and space factors, the remaining three interviews were scheduled in local public libraries.

It was expected that each interview would last from 60 to 90 minutes. In fact, actual administration time of the 20 interviews ranged from a low of 57 minutes to a high of 114 minutes. This variation can probably be attributed, quite simply, to individual differences among teachers in the amount of spontaneous discussion they chose to contribute.

Prior to each administration of the questionnaire, identical instructions were read to teachers to insure their understanding of the interview format (Appendix B).

The main body of the questionnaire, Section II, was tape recorded in its entirety. In addition, the interviewer took copious written notes to highlight important remarks offered by participants, and to document any personal ideas or observations generated during the discussion.
Analysis of Data

The original intent of this study was to produce a qualitative inquiry into the consultative role of 20 certified and full-time employed teachers of the visually impaired. However, because a larger sample size was used than is customary in qualitative studies, it was also designed to generate numerical information which could be quantified for the purpose of making systematic observations and comparisons.

The questionnaire used during the personal interview sessions yielded a series of simple descriptive statistics which were useful in classifying and summarizing the data for ease of analysis (Hinkle, Wiersma & Jears, 1979). According to Ary, Jacobs & Razavich (1979), such descriptive methods provide a logical procedure for organizing information into meaningful patterns and for establishing relationships among the variables being studied.

Qualitative analysis of both the tape-recorded and written data took place in multiple stages over a period of several months. Examination of individual interviews began immediately after each session was completed, in the form of a post-interview log in which the researcher's initial observations and reactions were recorded on index cards for future reference.

In contrast to the "consultant comparative method" described by Glaser & Strauss (1967) in which data collection and analysis are intended to occur simultaneously, it was decided to limit in-depth
scrutiny of the results until all the data had been compiled. This decision was made to protect the interview process from researcher bias in subsequent meetings with participants.

However, qualitative methodologies are clearly and unavoidably an intersubjective process (Westcott, 1979) which demand that the researcher be acutely aware of personal feelings, experiences, biases, and preconceptions which have the potential to influence the collection and reporting of data. Carey (1984) suggests that the researcher's personal relationship with or commitment to the topic are necessary and vital to the qualitative research process, but that a balance between empathy and detachment is necessary to preserve the integrity of the data.

Upon completion of the 20 interviews, numerical data were tabulated from each of the three sections of the questionnaire. Section II was then reviewed in conjunction with the accompanying tape recording. Written responses were edited, clarified, and expanded upon according to the text of the tapes. A contrasting color of ink was used to make additions or clarifications on the written questionnaires so that original responses could be distinguished from editorial notes written after the actual interviews.

Because of its qualitative nature, it was anticipated that specific research questions would result from, as well as determine, the course of this study. Therefore, it was neither necessary nor
useful to predict outcomes, in terms of hypotheses, until a body of knowledge related to consultation skills for educators of the visually handicapped had been identified and evaluated by practitioners in the field. The study was expected to generate as many questions as it would answer.

It was important, however, that the researcher have a clear definition of the intended direction of inquiry so that the study would accomplish its original objective of defining the consultative role of the VI educator. In order to maintain a focused and purposeful investigation of the topic, the following open-ended questions were constructed as a guide for the researcher's examination of the data:

1. What competencies were perceived by teachers to be most relevant to their interactions with children and families?

2. What was the relationship, if any, between the teachers' level of education and professional experience and the way in which they perceived the consulting aspect of their roles as VI educators?

3. What percentage of professional time do teachers actually devote to tasks which are defined in this study as involving "consultation" rather than "teaching" skills?

4. What personal characteristics, if any, affect the educator's job performance in a consulting role?

5. What key themes emerge from the data which might suggest a functional definition of educational consultation for teachers of the visually impaired?
Qualitative analysis of these and other questions will be supported by anecdotal references gleaned from extemporaneous remarks contributed by survey participants during the interview discussions.

Summary

This chapter began with a rationale for using a qualitative research methodology in an exploratory study of family consultation skills for educators of the visually impaired. A description of participants, instruments, and procedures was presented, followed by a summary of the guidelines used to analyze both the descriptive and anecdotal data obtained in the research process.

Chapter IV will examine in greater detail the data which resulted from personal interviews with 20 certified and full-time employed teachers of the visually impaired.
Chapter IV

Presentation and Discussion of Results

The first two chapters have presented an historical perspective of the role of specialist teachers in educating visually handicapped children. A rationale was introduced for understanding the evolution of teacher competencies which accommodate changes in the educational, legal, medical, and psychosocial expectations for children with impaired vision. The dynamic role of special needs families in the educational process was also discussed. Chapter III suggested a qualitative research methodology designed to investigate a theoretical framework of educational consultation for educators of the visually impaired.

Chapter IV presents the personal background data from a sample of twenty certified and full-time employed teachers of the visually handicapped in the six New England states and New Jersey. The chapter begins with a discussion of the participants' demographic characteristics pertaining to their educational and occupational histories. A summary of numerical data which resulted from Sections II and III of the questionnaire is then described, along with a representative selection of extemporaneous comments made during the interview discussions. The chapter concludes with a synopsis of significant themes which emerged from the personal interviews used in the data collection process.
Demographic Description of Participants

This section presents participant responses to questions in Section I of the questionnaire which related to educational and occupational experience. Questions regarding age and ethnicity were not included on the Personal Information Sheet because they are either unnecessary or irrelevant to the purposes of the study. Table 1 lists all of the demographic information obtained from participants.

Education

Each of the twenty participants had completed a university-based professional preparation program for teachers of the visually impaired. Seven of the teachers gained their degrees at the Bachelor's level, eleven at the Master's level, and one at the Doctoral level. The remaining teacher had attended a graduate level non-degree certificate program which met the certification standards of the state in which she was employed. Table 2 summarizes these educational data.

Eighteen participants held current special education teaching certificates in their states of employment. The remaining two had valid special education teaching certificates in other states, but were currently teaching in a state which had not yet developed certification standards in visual handicaps.

Five teachers had earned degrees in other human service professions besides special education. Three had undergraduate majors in either psychology or sociology, while two were trained in orientation and mobility at the graduate level. At the time of the
<table>
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<th>State</th>
<th>Model</th>
<th>Job Title</th>
<th>Area Served</th>
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SEA = State Education Agency  
LEA = Local Education Agency  
IEA = Independent Education Agency  
PNP = Private Non-Profit Agency  
IC = Independent Contractor
Table 2

**Educational Profile of Participants by VI Preparation and Degrees in Related Fields**

N = 20

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<th>Masters</th>
<th>Doctoral</th>
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</table>

*Currently enrolled in master's level Counseling Psychology program*
interview, one participant was enrolled in a university graduate program in Counseling Psychology.

**Employment**

Table 3 describes the participants' occupational characteristics in terms of service delivery model in which currently employed, role definition, geographic area served, and extent of professional experience in education of the blind and visually impaired.

A total of 20 certified and full-time employed teachers were interviewed in the six New England States and New Jersey. Massachusetts and New Jersey were represented by 5 teachers each, and 3 were from New Hampshire. Two teachers were interviewed in Connecticut, Maine, and Rhode Island. One teacher came from Vermont.

Each of the participants was employed full-time in one of the five service delivery models specified for this study. The greatest number of teachers (7) were employed by a State Education Agency (SEA), followed by 5 who worked directly for a Local Education Agency (LEA) in individual cities and towns. Three teachers worked in a consortium or collaborative setting (also referred to as an Intermediate Education Agency or IEA), and 3 were employed by private non-profit agencies (PNP). The smallest group of teachers represented (2) were self-employed as independent contractors (IC).

Twelve participants described themselves as itinerant teachers, while 7 perceived their roles as that of teacher/consultants. One teacher worked full-time in a public school resource room.
### Table 3

**Occupational Profile by Service Delivery Model, Role Definition, Area Served, and Years of VI Teaching Experience**

<table>
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</tbody>
</table>
The majority of teachers surveyed (10) described the geographic area in which they currently worked as suburban. Three teachers reported primary employment in rural settings, while two teachers divided their time equally between the two. Four teachers worked in urban communities and one spent time in both urban and rural schools.

A wide range of professional experience in education of the visually impaired was represented in the sample of 20 teachers, as shown in Table 3. Four of the participants had 5 years of experience or less, while 7 had been working between 6 and 10 years. Four teachers had been employed in the field between 11 and 15 years. The remaining 5 teachers had professional experience ranging from 16 to 28 years.

Of the 20 teachers surveyed, 16 had devoted their entire teaching careers to education of the visually impaired. Only 4 teachers indicated any additional experience in regular education or in a disability other than vision. Two of the participants also reported experience in educational administration.

As a group, the 7 teachers employed by State Education Agencies possessed the greatest amount of experience. The teachers with the least experience were those who worked for private non-profit agencies.

**Time Percentages**

Each teacher was then asked to estimate the average percentage of time spent every week in seven different education-related activities. An eighth category, entitled "other," allowed
participants to describe any additional tasks or activities not included in the categories provided. Only 4 teachers responded to this category. Because the teaching activities reported in this category were in reality equivalent to those described in the original 7 teaching activities, the category was eliminated, and the percentages were added into the most appropriate of the original 7 categories. Table 4 shows the actual percentages of time reported by each teacher in each category.

The category of Direct Service was intended in this study to include any activity involving direct student contact, namely instruction and assessment. Professional time given to direct service ranged from a low of 15% to a high of 70%. Itinerant teachers tended to spend slightly more time in direct service activities (38.75%), as compared with teacher/consultants who reported an average of 31.43%. Not surprisingly, the Resource Room teacher spends the vast majority of her time (70%) in direct student instruction.

These figures are somewhat inconsistent with the role definitions for teachers of the visually impaired which were proposed by Spungin (1977), and commonly used by educators in the field today to distinguish between the teaching and consulting roles of teachers. Spungin suggests that most teachers who spend 50% or less of their time in direct service to students are more appropriately referred to as teacher/consultants because of the non-instructional nature of at least half of their professional time. This apparent contradiction by current survey participants may simply reflect a lack of information
### Table 4
Percentages of Weekly Time Spent in Education-Related Activities

<table>
<thead>
<tr>
<th>Subject</th>
<th>Direct Service</th>
<th>Consult w/Tchrs</th>
<th>Consult w/Fams</th>
<th>Consult w/Admin</th>
<th>Consult w/Rel SP</th>
<th>Paper Tasks</th>
<th>Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>70.0</td>
<td>10.0</td>
<td>10.0</td>
<td>-</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2</td>
<td>50.0</td>
<td>15.0</td>
<td>5.0</td>
<td>1.0</td>
<td>4.0</td>
<td>5.0</td>
<td>20.0</td>
</tr>
<tr>
<td>3</td>
<td>30.0</td>
<td>5.0</td>
<td>5.0</td>
<td>-</td>
<td>15.0</td>
<td>25.0</td>
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</tr>
<tr>
<td>4</td>
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<td>3.0</td>
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<tr>
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<tr>
<td>6</td>
<td>40.0</td>
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<td>5.0</td>
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<td>25.0</td>
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<td>9</td>
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<td>15.0</td>
<td>15.0</td>
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<td>-</td>
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<td>50.0</td>
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<td>10.0</td>
</tr>
<tr>
<td>18</td>
<td>50.0</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>19</td>
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<td>20</td>
<td>50.0</td>
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<td>15.0</td>
<td>-</td>
<td>9.0</td>
<td>10.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Mean  
37.5  11.85  8.15  3.6  6.35  13.55  17.7
or understanding of previous research attempts to accurately define the roles of educators who work with blind and visually impaired children.

The seven categories of teaching activities presented in Section I of the questionnaire included 4 which pertained to the education-related task of consultation. For ease of comparison, these 4 categories were grouped to produce a single figure representing each teacher's overall involvement in consultation. Table 5 shows that the range for Total Consultation time was 13.5% to 38.6%. These figures were then compared to those in the Direct Service column in Table 4 to show the relationship between the two teaching activities (Direct Service and Total Consultation) which were consistently reported by participants to represent the largest percentages of their professional time.

As might be expected, the resource room teacher indicated that most of her time was spent in direct service with students (70%) and only 30% in consultation-related activities. In contrast, the 12 itinerant teachers reported that only 38.75% of their time was devoted to direct instruction and assessment, while 28.5% was spent in consultation with teachers, families, administrators, and related service providers. The 7 teacher/consultants surveyed actually spent more time in providing consultative services (32.88%) than in direct instructional services to students (31.43%). There was little difference in the time spent by itinerant teachers and teacher/
<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>Direct Service</th>
<th>Total Consult</th>
<th>Consult w/Tchrs</th>
<th>Consult w/Fams</th>
<th>Consult w/Admin</th>
<th>Consult w/Rel SP</th>
<th>Paperwork/ AdminTasks</th>
<th>Travel</th>
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<td>IEA</td>
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<td>11.33</td>
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<td>3.33</td>
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<td>1-5 yrs</td>
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<td>7.5</td>
<td>2.75</td>
<td>5.75</td>
<td>9.25</td>
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<td>6-10 yrs</td>
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<td>14.0</td>
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<td></td>
</tr>
<tr>
<td>11-15 yrs</td>
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<td>38.6</td>
<td>16.8</td>
<td>9.6</td>
<td>6.2</td>
<td>6.0</td>
<td>15.8</td>
<td>15.6</td>
</tr>
<tr>
<td>N=5</td>
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<tr>
<td>16-28 yrs</td>
<td>33.75</td>
<td>28.25</td>
<td>11.25</td>
<td>7.0</td>
<td>3.75</td>
<td>6.25</td>
<td>19.25</td>
<td>18.75</td>
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<tr>
<td>N=4</td>
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</tbody>
</table>
consultants in paperwork/administrative tasks, and a difference of only 3% in the time devoted to travel.

By stratifying the survey sample according to model of service delivery, it is observed that the teacher group which spent the most amount of time in direct service to students (50%) also spent the least time engaging in consultative interactions (13.5%). These two teachers, who were self employed as independent contractors, also indicated that 25.9% of their weekly schedule is expended in travel between appointments. The only group to have spent more time in travel (26.67%) were the three teachers employed by Private Non-Profit Agencies, which happened to be located in two of New England's most rural states where caseloads tended to be larger and more geographically diverse.

Conversely, those service providers employed directly by the local cities and towns identified the two categories of paperwork/administrative tasks (7.0%) and travel (10.2%) as requiring the least amount of their professional time. Local Education Agency teachers were also distinguished by their reporting more time in consultation-related activities than teachers in any other service delivery system, and they were second only to Independent Contractors in the amount of time devoted to direct instruction and assessment.

The seven teachers employed by State Education Agencies were the only group to give more time to consultation (33.99%) than to direct instruction and assessment (30.71%). This group, more than any other
service delivery system, allowed 19.57% of their time for paperwork and administrative tasks.

The two teacher groups which most resemble each other in time spent in direct service are those employed by Intermediate Education Agencies (35.0%) and Private Non-Profit Agencies (36.67%). These groups also report similar amounts of time for paperwork and administrative tasks (16.33% and 15.67% respectively). They are different, however, in that teachers in private agencies spend approximately 6% more time in travel than in consultation, whereas IEA teachers spend approximately 6% more time in consultation than in travel.

When considering the extent of professional experience in education of the visually impaired, the teacher group which reported the greatest amount of professional time given to consultative services (38.6%) involves five teachers who had been working in the field for 11-15 years. This group also spends the least time in direct instruction and assessment (30.0%). Teachers with the fewest years of experience report more time in direct service (45%) and less in consultation (25.5%) than teachers at any other level of experience.

In summary, the teacher groups who spent the most time in consultation are those who regard themselves as teacher/consultants, who have between 11 and 15 years of professional experience, and who are employed by Local Education Agencies.
Relevance of Competencies

Section II of the survey instrument was comprised of a 5-page questionnaire which contained 59 competency statements related to the potential consultative role of VI educators. This portion of the instrument was administered orally, via personal interview, and was tape recorded in its entirety.

Survey participants were asked to rate each competency for its relevance to their perception of the overall roles and responsibilities of teachers of the visually impaired. A four-point Likert-type rating scale provided the response choices of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SA). The 59 competencies were grouped into four individual clusters of 11, 12, 13, and 23 items. A total of 12 items (20%) were designed to produce a negative response as being clearly inappropriate to the role of the VI educator, or to generate discussion of particularly nebulous, ill-defined, or controversial issues related to job function. Of those 12 items, one-third received greater than 50% disagreement from participating teachers, one-third received between 26% and 50% disagreement, and one-third received 25% disagreement or less. Table 6 shows the response percentages for each of the 12 negative items. Later in this chapter, a revised list of competencies will be presented.

These figures suggest that either the perceptions of
Table 6

Response Percentages to 12 Intended Negative Competencies

<table>
<thead>
<tr>
<th>#</th>
<th>Description</th>
<th>SA/A</th>
<th>D/SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>#9</td>
<td>Intervention</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>#19</td>
<td>Intervention</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>#10</td>
<td>Affective Adjustment</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>#10</td>
<td>Intervention</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>#8</td>
<td>Affective Adjustment</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>#6</td>
<td>Change</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>#5</td>
<td>Affective Adjustment</td>
<td>55%</td>
<td>*35%</td>
</tr>
<tr>
<td>#8</td>
<td>Communication</td>
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<td>30%</td>
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<td>20%</td>
</tr>
<tr>
<td>#4</td>
<td>Intervention</td>
<td>85%</td>
<td>15%</td>
</tr>
<tr>
<td>#16</td>
<td>Intervention</td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

*10% undecided
participating teachers did not coincide with the researcher's preconceived ideas about the relevance of certain competencies in the questionnaire, or that the wording of individual items did not accurately convey their intended meaning. Also, because the survey sample was not truly representative of the total population of educators of the visually impaired in the United States, these figures should not be regarded as statistically significant, but rather as guidelines to suggest trends of thought among current survey participants.

The competency statements in Section II were intended to function as an interview guide through which the opinions of survey participants might be defined and categorized for ease of comparison. Numerical results of the questionnaire are presented in the form of simple frequencies (Tables 7-10), showing which competencies were perceived by subjects to be the most relevant, those which were perceived to be the least relevant, and those which elicited the most controversy. An outline of key themes which emerged from the data is proposed for further discussion in Chapter V.

Response to the survey instrument was generally enthusiastic. Not only did participants demonstrate an interest in and curiosity about the topics presented, but they also showed relative ease with the process of introspective self-analysis needed to examine their personal views and experiences related to the consultation process.
Affective Adjustment

The first competency cluster in the questionnaire contained 11 items related to the knowledge of affective adjustment issues specific to blindness and visual impairment (Table 7). Six of the competency statements received unanimous support from teachers who either agreed or strongly agreed with the competency. Items 3 and 6 were identified as the most relevant of the 11 competencies in this cluster, receiving the highest number of Strongly Agree responses. (In fact, only 3 other items in the entire questionnaire received such uniform agreement.) Two of the items (7 and 9) were viewed as positive by the majority of respondents in spite of receiving a total of 5 dissenting votes between them.

The 3 remaining competencies (5, 8, and 10), which were designed to be clearly inappropriate to the role of the VI educator, generated the greatest amount of disagreement from participating teachers. Each of these items received between 7 and 13 negative votes. Although no provision was made on the questionnaire for a neutral or "undecided" response, two subjects chose not to respond to item 5.

A comment by one of the survey participants seems to sum up the message conveyed by the entire sample: "In most cases, the teacher of the visually impaired is regarded as the single most informed resource in vision" and therefore requires a diversity of knowledge in many education-related areas, including psychosocial adjustment. However, the consensus was that teachers do not generally receive
Table 7
Frequency of Responses to First Competency Cluster:
Knowledge of Affective Adjustment Issues

N=20

A certified teacher of the visually impaired should be able to:

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Demonstrate an understanding of normal child development, particularly in terms of social and emotional adjustment.</td>
<td>(11)</td>
<td>(9)</td>
<td>( )</td>
</tr>
<tr>
<td>2.</td>
<td>Demonstrate a basic understanding of family dynamics.</td>
<td>(6)</td>
<td>(14)</td>
<td>( )</td>
</tr>
<tr>
<td>3.</td>
<td>Recognize the impact of the visual impairment on the family system, as well as on its individual members.</td>
<td>(18)</td>
<td>(2)</td>
<td>( )</td>
</tr>
<tr>
<td>4.</td>
<td>Identify the various environmental factors which may influence the affective adjustment of the VI child/family. (Such as ....intellectual, social, emotional, medical)</td>
<td>(11)</td>
<td>(9)</td>
<td>( )</td>
</tr>
<tr>
<td>5.</td>
<td>Describe both the genetic and environmental predictors of personality maladjustment in the visually impaired child.</td>
<td>(1)</td>
<td>(10)</td>
<td>(7)</td>
</tr>
<tr>
<td>6.</td>
<td>Assist the VI child/family to differentiate between those attitudes, behaviors, and circumstances which are a direct result of the visual impairment, and those which are not related.</td>
<td>(16)</td>
<td>(4)</td>
<td>( )</td>
</tr>
<tr>
<td>7.</td>
<td>Make objective data-based observations of the interactions which occur between the VI child and significant others.</td>
<td>(3)</td>
<td>(14)</td>
<td>(3)</td>
</tr>
<tr>
<td>8.</td>
<td>Distinguish between clinical depression and the temporary inability to cope with day-to-day issues which may result in anger, frustration, or avoidance.</td>
<td>(1)</td>
<td>(11)</td>
<td>(7)</td>
</tr>
<tr>
<td>9.</td>
<td>Differentiate between those attitudes and behaviors which are rational in nature, and those which are based on emotion.</td>
<td>(2)</td>
<td>(16)</td>
<td>(2)</td>
</tr>
<tr>
<td>10.</td>
<td>Analyze the fantasies of the VI child when acted out in spontaneous play.</td>
<td>(1)</td>
<td>(6)</td>
<td>(12)</td>
</tr>
<tr>
<td>11.</td>
<td>Assess when and how the VI child/family might benefit from a referral for therapeutic counseling.</td>
<td>(11)</td>
<td>(9)</td>
<td>( )</td>
</tr>
</tbody>
</table>

*Two subjects "undecided"
adequate training in these topics (e.g., items 1, 2, 3, and 4) as part of their professional preparation programs. "I've never had a course that really addresses these issues," states one teacher who goes on to suggest that such information would most certainly be useful to her now.

A knowledge of family dynamics was viewed as important by many of the participants, one of whom remarked, "There are many influences in the family besides the visual impairment, some of which may take precedence over the vision." The perception seemed to be that a well-informed teacher is better able to help the family identify and evaluate its needs, and to separate the impact of the visual impairment from other family circumstances which may be unrelated to the vision.

Of particular concern to one teacher was the fact that too often families experience confusing or conflicting information from professionals in a number of education-related disciplines, namely medicine and psychology, who "may not have the opportunity to observe or work with students in the familiar surroundings of their home or school." She continues, "Teachers don't seem to have the credibility that doctors and counselors do, and yet I'm the one who sees these kids regularly and really gets to know their needs." This teacher regarded herself as a valuable resource to families in identifying and interpreting relevant medical and psychological information, but she felt unsupported in her efforts to incorporate that information
into her own psychosocial growth objectives for the student.

Another teacher described her current job as "not just dealing with day-to-day issues which involve technical assistance, but also working with parents who need help in understanding and accepting" the visual impairment. "Training in affective adjustment," she continues, "would make me more aware of feelings and reactions, and it would help me to understand how I can be of help to families who are unsure of their personal needs and feelings."

Four of the competencies in this category (3, 5, 8, 11) received marginal disagreement and one item (6) was viewed by nearly half the teachers as inappropriate to the role of the VI educator. However, many teachers echoed the feelings of one who commented that an "awareness of such complex adjustment issues" is vital to the teacher's ability to develop an holistic understanding of the student's needs, and to provide support to students and families through periods of crisis or transition. Knowledge of psychosocial adjustment and how it is influenced by the family system was reported to be "a useful guide in recognizing potential problem areas," and in knowing when to seek out the assistance of appropriately qualified professionals in related fields. Most teachers were clearly anxious to involve other specialists in a team effort to encourage psychological well-being of the entire family.

Principles of Change

The second cluster of competencies in the questionnaire contained 12 statements related to the fundamental principles
involved in the process of change. These competencies are presented in Table 8. Two items on which participants agreed unanimously were competencies 1 and 12, the latter of which was clearly perceived as the most relevant competency in this category.

Four additional items (4, 7, 9, and 10) were also rated highly with 19 positive votes and 1 Disagree vote each.

Teachers expressed differing feelings regarding the remaining 6 competencies. Items 2, 3, 5, 6, 8 and 11 received between 2 and 8 negative responses each, with one teacher expressing, for no known reason, particular indecision about item 8.

Extemporaneous comments offered by participants during the interview suggest that a "willing family" and "a creative, patient teacher" are the most important factors in a helping relationship centered on change as one of its primary goals. Most teachers were cautiously alert to the potential power of their involvement with families and were cognizant of the mutuality of parent/professional responsibilities. One teacher pointed out that "families have to live with the decisions we make, so why not involve them in the process?" Another teacher added, "Thinking for the family cripples them and takes away their roles as parents." Further, she suggested that it erroneously implies that "teachers have all the answers."

Yet another teacher suggested that change or transition of any kind can be at once an exhilarating and threatening process, and that it is therefore incumbent on the service provider to offer subtle,
Table 8

Frequency of Responses to Second Competency Cluster: Knowledge of the Principles and Processes of Change

N=20

A certified teacher of the visually impaired should be able to:

<p>| | | | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>1. Recognize and distinguish between the cognitive, affective, and behavioral stages in the process of change.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(5) (15) ( ) ( )</td>
</tr>
<tr>
<td>2. Identify the individual conditions which may inhibit or encourage the change process in an individual or in a given family system.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(1) (17) (2) ( )</td>
</tr>
<tr>
<td>3. Determine for the child/family the specific risks and benefits of any identified goals for change.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(5) (11) (4) ( )</td>
</tr>
<tr>
<td>4. Assist the family in defining alternative choices and their possible consequences regarding specific attitudes, behaviors, and circumstances which are related to the visual impairment.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(11) (8) (1) ( )</td>
</tr>
<tr>
<td>5. Teach the child/family to self-monitor their progress toward change by keeping a descriptive log of pertinent events and feelings.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(1) (13) (6) ( )</td>
</tr>
<tr>
<td>6. Provide directive advice for the child/family when they appear to be unable to make decisions for themselves.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(6) (6) (8) ( )</td>
</tr>
<tr>
<td>7. Document relevant changes in the social, intellectual, affective, and medical status of the VI child/family.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(7) (12) (1) ( )</td>
</tr>
<tr>
<td>8. Identify a range of acceptable attitudes, behaviors, and circumstances which are intended to replace those that are determined to be dysfunctional.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(3) (13) (4) ( )</td>
</tr>
<tr>
<td>9. Assist the VI child/family in developing an action plan for achieving the agreed upon changes, by determining together what the anticipated outcomes might be.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(7) (12) (1) ( )</td>
</tr>
<tr>
<td>10. Measure, by observation, the child/family's readiness for change.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(2) (17) (1) ( )</td>
</tr>
<tr>
<td>11. Assist the family in reshaping any maladaptive attitudes, behaviors, and circumstances by role modeling for them a more appropriate set of norms.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(7) (8) (5) ( )</td>
</tr>
<tr>
<td>12. Recognize the limitations of the VI educator's professional responsibility as a change agent in working with children and families.</td>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>(13) (7) ( ) ( )</td>
</tr>
</tbody>
</table>
non-directive support in influencing family choices and decisions.
"I don't feel responsible for changing negative circumstances within
the family, but I do feel a responsibility to help them recognize
problems and to consider alternative solutions. In some cases I can
be their best resource, and in others I'm their only resource!"

However, survey participants were clearly divided in their
opinions as to the appropriateness and extent of their involvement as
a change agent in working with families. Reactions ranged from
"That's not my style" and "It's not my job" to "I would need more
training to do this properly" and "If only I had more time." The
reasons most cited for choosing not to address specific psychosocial
issues were, in order of frequency: lack of training, lack of time,
parental apathy, and fear of liability. One teacher was particularly
frustrated at her inability to "reach" the very families who appeared
to have the greatest need or the greatest potential for change. "I
was not prepared to work with parents who aren't interested,
enthusiastic, involved, or even caring. I always thought families
would want information, want to cooperate, want to accept help, and
want to grow. I was wrong." This presents the potential for an
obvious conflict of values between clients and service providers.

Without exception, all 20 participants agreed that teachers need
to be aware of limitations in their time, their skill, and their
professional responsibility in supporting children and families
through the process of affective adjustment to the presence of a
disability. Likewise, teachers "need to be aware of their own buttons when they're being pushed," as was the case with a pregnant teacher who was experiencing avoidance with a family whose baby was born with a brain tumor. She painfully acknowledged that "there is no way I can handle what's going on in other people's heads if I don't know what's going on in my own." However disquieting, this teacher was realizing that the unknown health of her unborn baby was affecting her objectivity and her effectiveness in supporting a family in need.

**Communication Skills**

Table 9 presents the data resulting from the third cluster of competency statements, which focused on the teacher's knowledge and understanding of specific interpersonal communication skills related to the process of family intervention. Of the 13 items listed, participants unanimously favored 6 of them (2, 3, 6, 10, 11, and 13) as relevant to the role of the VI educator, with competency 11 receiving the highest number of Strongly Agree votes.

The remaining 7 items (1, 4, 5, 7, 8, 9, and 12) elicited only marginal disagreement, in that no individual competency received more than six dissenting votes, none of which were in the Strongly Disagree column. Items 8 and 12, which were designed to evoke a negative response, received the greatest disagreement with six and five Disagree votes respectively.
Table 9

Frequency of Responses to Third Competency Cluster:
Knowledge of Interpersonal Communication Skills

N=20

A certified teacher of the visually impaired should be able to:

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<thead>
<tr>
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<th>SA</th>
<th>A</th>
<th>D</th>
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<tbody>
<tr>
<td>1. Conduct an exploratory interview which encourages family members to identify for themselves those attitudes, behaviors, and circumstances which they perceive to be dysfunctional.</td>
<td>( 5)</td>
<td>(12)</td>
<td>( 3)</td>
<td>( )</td>
</tr>
<tr>
<td>2. Provide constructive feedback and positive reinforcement as needed.</td>
<td>(14)</td>
<td>( 6)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>3. Recognize that the process of communication consists not only of language, but also of the knowledge, experiences, feelings, and expectations of both the speaker and the listener.</td>
<td>(13)</td>
<td>( 7)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>4. Engage the child/family in creative problem-solving (i.e. mutual decision making).</td>
<td>( 7)</td>
<td>(11)</td>
<td>( 2)</td>
<td>( )</td>
</tr>
<tr>
<td>5. Encourage an open dialogue with the family concerning attitudes about the disabled member as well as about the disability itself.</td>
<td>( 9)</td>
<td>( 9)</td>
<td>( 2)</td>
<td>( )</td>
</tr>
<tr>
<td>6. Recognize and interpret non-verbal messages in the process of communication (e.g. body postures and gestures, facial expressions, vocal intonations).</td>
<td>(10)</td>
<td>(10)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>7. Ask questions in a probing but non-intrusive manner.</td>
<td>( 7)</td>
<td>(12)</td>
<td>( 1)</td>
<td>( )</td>
</tr>
<tr>
<td>8. Use structured role play as a communication technique to explore issues and/or to verify information.</td>
<td>( 1)</td>
<td>(13)</td>
<td>( 6)</td>
<td>( )</td>
</tr>
<tr>
<td>9. Model effective interpersonal communication skills so that they can be learned by others through observation, imitation, and reinforcement.</td>
<td>( 6)</td>
<td>(11)</td>
<td>( 3)</td>
<td>( )</td>
</tr>
<tr>
<td>10. Incorporate preventive (developmental) intervention into current remediation strategies for existing issues.</td>
<td>( 6)</td>
<td>(14)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>11. Know when it is more appropriate to listen than to speak.</td>
<td>(17)</td>
<td>( 3)</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>12. Convey information in a manner which reflects one's own personal and professional opinions.</td>
<td>( 6)</td>
<td>( 9)</td>
<td>( 5)</td>
<td>( )</td>
</tr>
<tr>
<td>13. Focus on the process of communication, as well as on the content.</td>
<td>( 8)</td>
<td>(12)</td>
<td>( )</td>
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</tbody>
</table>
Overall, the 13 competencies in this category were viewed by participants as being the most relevant of the four cluster areas presented in the questionnaire. Also, the competencies relating specifically to communication and interpersonal techniques produced more verbal discussion by participating teachers than those in any of the other three clusters.

Many teachers in the survey agreed that their most successful interactions with families tended to occur when students and parents were encouraged to play an active role in identifying dysfunctional attitudes, behaviors, or circumstances regarding the disability. Furthermore, some teachers suggested that family members "are often their own best resource" for identifying viable solutions to problems. According to the experience of teachers in the survey sample, the deeper the investment of time and energy made by both client and service provider, the more likely that positive and healthy relationships would result.

However, survey participants were quick to set limits on their professional involvement in cases where family problems exceeded the expertise and responsibility of the VI educator, referring frequently to "other qualified professionals" in mental health, psychology, and social work as possible resources. In the words of one teacher, "We need to recognize that not just one person or intervention strategy is enough" to satisfy the many and varied needs of most families with a visually impaired member.
A number of teachers also implied that one of the most obvious influences on the special educator's ability to interact comfortably and effectively with families is "personality." Terms such as "natural skill" and "personal style" were often used to describe teachers who seemed to be "good at getting along with others in their jobs." One participant went so far as to suggest that teacher effectiveness is "more a function of personality than of knowledge."

The need for specific teacher training in the process skills associated with interpersonal communication was pointed out by one teacher who suggested, "Not everyone who enters the field of special education has equal skill in interpersonal relations." Further, the survey participant who reported the most experience in education of the visually impaired (28 years) suggested that training alone cannot always imbue the teacher with the necessary sensitivity required by caregivers to build wholesome and productive relationships. She explains, "Some teachers can deal with families only on an academic level, remaining emotionally detached from the realities of the problem. At the very least," she suggests, "they should be sensitized to issues, ideas, and techniques which will increase their awareness of the many dimensions of good communication" so that interactions with families are improved.

Participating teachers also identified a number of other ways in which knowledge of positive interpersonal strategies has enhanced parent/professional relations in their own experiences. It has
"saved time, not only in defining issues but also in selecting and prioritizing goals." It has prevented parents and professionals alike from "spending too much time talking about the impairment instead of the child." Additionally, good communication skills are useful in preventing parents from revealing "more than the teacher needs to know," and in preventing teachers from "probing for more information than is necessary or relevant" to the purposes of the intervention.

Two teachers alluded to situations in which it was appropriate to acknowledge an understanding of individual needs and circumstances within a family which may have been painful or embarrassing to all or some of its members. The ability of the teacher to "communicate empathy with both words and actions" has helped some teachers to gain the "trust and confidence of parents who want their privacy respected but who may be silently calling out for help." The example was given of a somewhat demanding and overprotective mother of a seriously visually impaired toddler whose father was slowly dying from a debilitating illness. The parents' need for support regarding their son's vision fluctuated with their need to be left alone to deal with other important and at times more immediate concerns. Whether by personal sensitivity or professional insight, the service provider in this case needed to be attuned to such extenuating circumstances so that the visual impairment was kept in perspective with the other legitimate needs of the family. Perhaps more importantly, the teacher
needed to be able to convey an understanding of such diverse and often conflicting needs so as not to violate the trust or privacy of the family.

Finally, two teachers mentioned specific factors which interfered with communication and inhibited the development of an interactive relationship with families. The first teacher suggested that the depth, content, and tone of a conversation may vary according to "where it takes place and who is present," necessitating both tact and sensitivity on the part of the service provider. She went on to explain that verbal interactions at a crowded meeting in a school lounge or agency hallway might be very different than those which occur in the privacy of one's home or office.

Secondly, and perhaps more obviously, are those communication inhibitors which result from language, cultural, ethnic, and socio-economic differences between teachers and the families with whom they work. As one teacher whose caseload is located primarily in poor, multicultural, urban neighborhoods observes, "There is a different set of rules for communicating with clients who are experiencing financial or emotional stress." Another survey participant elaborates, "Knowing when to stop" a conversation which has ceased to be relevant or productive is "as important a skill as knowing what to say and how or when to say it," particularly in situations where client and service providers do not share the same values and goals.
The subleties of non-verbal communication were also viewed by teachers as an important consideration in working with families. One participant suggested, "My car, my clothes, my hairstyle, my jewelry can all exaggerate the differences between me and my clients who regard me as rich because I earn $22,000 a year. I am very careful to weigh my appearance and my words with parents who see themselves as different from me. I don't want them to prejudge me any more than they want to be judged unfairly or inaccurately."

**Intervention Strategies**

The fourth and final cluster of competencies in Section II of the questionnaire included 23 items related to intervention strategies, which were described as specific procedural techniques for working with visually impaired children and their families. As shown in Table 10, almost half of the items were unanimously viewed by survey participants as relevant to the role of the VI educator, with items 2, 8, and 11 receiving the most favorable support. Another three competencies (3, 5, and 15) received generally positive feedback with the exception of one "Disagree" vote each.

The remaining 12 items elicited considerable disagreement, some of which had been anticipated by the inclusion in the questionnaire of several competencies that were intended to be either ambiguous or clearly inappropriate to the job responsibilities of teachers of the visually impaired. For example, participating teachers verified that they do not perceive themselves as qualified to prescribe medications (item 9) or to provide therapeutic counseling (item 19).
Table 10

Frequency of Responses to Fourth Competency Cluster:

Knowledge of Practical Intervention Strategies

N=20

A certified teacher of the visually impaired should be able to:

1. Provide information and support in a non-judgmental manner.

2. Establish a helping relationship with the child/family which is based on mutual trust, empathy, and patience.

3. Avoid the use of potentially discriminating references to the cultural, ethnic, religious, and socio-economic status of the family.

4. Determine the psychological origin of defense mechanisms which may be used by children or parents to avoid needed intervention.

5. Provide non-directive support to the VI child/family in establishing realistic goals and limits.

6. Complete a non-intrusive and comprehensive home assessment.

7. Construct a verbal agreement with the child/family which demonstrates a shared commitment toward the agreed upon goals of the intervention.

8. Participate as a professional member of an interdisciplinary team which is jointly responsible for defining and implementing an intervention plan.

9. Recommend and monitor the use of prescription medications.

10. Establish credibility with the VI child/family by presenting oneself as an expert in the field of vision.

11. Respect and enforce issues of confidentiality.

12. Refrain from doing for the child/family that which they are able to do for themselves.

13. Identify the local, state, and national resources which relate to the social/emotional needs of VI children/families.
14. Use self-disclosure selectively and appropriately.

15. Provide crisis intervention as needed, for specific vision-related problems.

16. Recognize when transference is occurring.

17. Avoid speculation and bias which may be predicated upon the child/family's past relationships with other service providers.

18. Interpret the results of clinical diagnostic evaluations related to the psychological needs of the VI child/family.

19. Provide therapeutic intervention to address the psychological needs of children/families based on the recommendations of a clinical diagnostic evaluation.

20. Decrease or terminate support services when the VI child/family can reasonably be expected to function independently.

21. Be aware of one's own philosophical, moral, social, and intellectual values in relation to his/her role as a human service professional.

22. Refrain, both physically and emotionally, from family situations in which individual needs and circumstances may exceed the expertise and/or the responsibility of the VI educator.

23. Conceptualize a personal style of intervention which is based on one's own educational training and professional experience.
Item 10, which refers to the VI educators' ability to "establish credibility with VI children and families by presenting oneself as an expert in the field of vision," had the most diverse spread of responses. There are at least three possible explanations for the divided reactions to this competency. The item may have raised feelings of uncertainty from practitioners about the legitimacy of their involvement with families, or it may have raised doubts about their own professional competence in dealing with affective adjustment issues. It is also possible that the researcher's phraseology did not accurately convey the intended meaning of the item, thereby leading to misinterpretation by participants.

Not unexpectedly, teachers seemed to be intimidated by the use of the word "expert" in Item 10. No fewer than eight participants preferred the word "credibility" instead, which, as described by one teacher, "depends on one's skill at conveying personal competence and confidence, both of which grow from time and experience." Another teacher defined credibility in terms of her "knowledge," as well as her ability to "establish and maintain rapport" with clients.

Two participants expressed even stronger opinions. "Parents and other professionals tend to put me in the role of expert, expecting more from me than I sometimes feel qualified to give. My credibility comes from my abilities, and from my sincerity and willingness to help, not from my teaching credentials." The second teacher adds, "I would seriously discredit myself if I tried to
sell myself as an expert. If I'm really good at what I do, people will know it. They'll see it for themselves."

Item 7 received approval by teachers for its value in defining and communicating goals. "Even if the teacher and family agree to disagree," in the words of one educator, they have at least taken the time to confront important issues and to make decisions together. "The act of communicating can sometimes be as important as the end result," suggests the teacher.

Competency 17 referred to teacher bias which sometimes results from information made available from previous service providers. While agreeing with the overall intent of the statement, two of the survey participants noted qualified exceptions, claiming that teachers should avoid speculation based on second-hand knowledge. "I can learn from other people's impressions and experiences, although it's important that I refrain from judging past circumstances and events in a biased way," suggests one participant. Another teacher continues,

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It may not be possible to ignore biased information from the past. In fact, sometimes it can be useful in judging situations and making decisions about how to approach the family. Most children and families are not presented to us as a blank slate. That's why teachers need to self-evaluate their prejudices and involve other professionals as needed.
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And finally, "We're only human. It's hard to separate personal bias from our work."

Interestingly, it was noted by the only teacher to disagree with item 3 that the cultural, ethnic, religious, and socio-economic status of the family "may be as critical an influence in the
adjustment process as the visual impairment, and that those factors need to be identified, acknowledged, and dealt with in a tactful and non-discriminatory way," in order to clearly define the psychosocial issues related to the visual disability. She cautioned, however, that "having too much information can endanger the teacher's perspective about the family" and thus shift the focus of intervention away from the child.

On the other hand, some of the teachers suggested, in response to items 1 and 5, that a little "judgmental interference" may be an effective way of "challenging" the child or parent to rethink their ideas and attitudes. "Any form of advocacy or interaction with a client requires some direction based on the preconceived notions of the service provider," suggested a teacher who believed that "one can be non-directive with families and still be able to channel negative energy into productive and meaningful efforts toward self-improvement."

Competencies 12, 20, and 22 also elicited thought-provoking discussion from teachers, who seemed to be expressing reservations about deciding when, how, and for what reasons to decrease or terminate services to families. "What I think a family can do for themselves may not coincide with what they think they can do. Therefore, the teacher needs to be very careful not to withdraw support prematurely." Another teacher elaborates, "This is
especially difficult when your views differ from those of the family, or when you have a very good relationship with them and you feel you'll be abandoning them if you leave." This same teacher recognizes, however, that "sometimes teachers can be more of a hindrance than a help if they try to intervene in situations inappropriately." Still another participant reasons, "It's difficult not to become involved with the family or with the cause they represent. If I'm not involved, I feel I may not be doing my job."

Acknowledging one's own personal or professional limitations, she suggests, may not only "go against the personality of the service provider, but it also violates the basic concept of human services."

It was the opinion of at least three of the survey participants that recommending changes in the nature or extent of services to individual families may be difficult for "systemic" rather than personal reasons. One teacher suggests, "It's not always possible to institute changes in an educational plan because of the procedural demands of the system itself. It takes a lot of time to evaluate, justify, and document goals so that they'll be approved for modification. Sometimes it's easier just to tolerate the status quo and not to rock the boat."

The second teacher proposed, quite simply, that "philosophical differences with one's employer may interfere with the teacher's ability to make recommendations about continuing or withdrawing
services." Her opinion is reinforced by the teacher who feels that "this is easier to do as an employee of a specialized school or agency rather than a generic system, because loyalties aren't compromised as much in an organizational setting where everyone shares the common goal of serving the needs of visually impaired kids."

A third teacher expressed concern that these intervention competencies represented an ideal situation which the constraints of her job did not permit her to fulfill. Not only did she feel limited by a lack of time but also by parental attitudes toward the teacher as a helper to the child, not the family. "In fact," she continues, "in some ways I'm glad to be relieved of the responsibility of becoming too involved with the families of children I teach. I would like very much to have a clearer definition of what my roles and limitations are in the whole area of consultation."

There was virtually no disagreement from teachers regarding competency statements 21 and 23, which refer to both personal and professional self-awareness. One of the most experienced participants summed up the general feeling from the entire survey sample by observing, "Who you are and what you do are so closely interrelated. It takes a certain kind of person to be a good human service professional, even though not all of us have the same intellectual abilities, philosophical viewpoints, or ethical standards." She went on to explain that while many of the skills presented throughout the questionnaire might be "inherent in the overall personality of the individual service provider," it is
possible that many of them could be acquired through specific skills training and through the "cumulative life experiences" which all professionals acquire over time.

Revised Competency List

Based on the percentages of response choices to the 59 competency statements in Section II of the survey instrument, and supported by anecdotal references from interviews with the 20 participating teachers, 10 items have been eliminated from the original list of family consultation competencies.

Earlier in this chapter, Table 6 listed the response percentages to 12 competencies in the original questionnaire which were intended to elicit a negative reaction from participants. Those 12 items were grouped into three equal categories of four items each: those receiving greater than 50% negative response, those receiving 26-50% negative response, and those receiving 25% negative response or less. As anticipated, the first four competencies in Table 6 were perceived by participating teachers as being clearly inappropriate to the role of the VI educator and were therefore omitted from the competency list. The second four items received between 30% and 40% disagreement, suggesting considerable doubt about their relevance to job roles and responsibilities reported by participants. These items were also omitted.
Interestingly, two additional competencies which were not intended to produce a negative response unexpectedly evoked considerable debate during the interviews. Item 5 in the second competency cluster (Principles and Processes of Change) and Item 6 in the fourth competency cluster (Intervention Strategies) each received six negative votes (30%). Because these two items appeared to be controversial in the minds of several teachers in the survey, they were likewise removed from the competency list.

Somewhat reluctantly, it was decided to retain on the revised competency list the last four items reported in Table 6. Because they did not receive the degree of negative response which had been anticipated, it was felt that they should be included as a viable family consultation competency until further investigation proved otherwise.

As a result of these changes, the final list of competencies, as shown in Table 11, contains 49 items which were judged by current survey participants to be relevant and appropriate to the consultation role of VI educators in addressing the affective adjustment needs of blind or visually impaired children and their families.

Competency Priority

Section III of the questionnaire asked survey participants to rank order 12 competency statements regarding the overall roles and
Table 11

Revised List of
Family Consultation Competencies for Educators of the Visually Impaired

KNOWLEDGE OF AFFECTIVE ADJUSTMENT ISSUES

A certified teacher of the visually impaired should be able to:

1. Demonstrate an understanding of normal child development, particularly in terms of social and emotional adjustment.

2. Demonstrate a basic understanding of family dynamics.

3. Recognize the impact of the visual impairment on the family system as well as on its individual members.

4. Identify the various environmental factors which may influence the affective adjustment of the VI child/family (such as...intellectual, social, emotional, medical).

5. Assist the VI child/family to differentiate between those attitudes, behaviors and circumstances which are a direct result of the visual impairment, and those which are not related.

6. Make objective data-based observations of the interactions which occur between the VI child and significant others.

7. Differentiate between those attitudes and behaviors which are rational in nature, and those which are based on emotion.

8. Assess when and how the VI child/family might benefit from referral for therapeutic counseling.

KNOWLEDGE OF THE PRINCIPLES AND PROCESSES OF CHANGE

A certified teacher of the visually impaired should be able to:

9. Recognize and distinguish between the cognitive, affective, and behavioral stages in the process of change.

10. Identify the individual conditions which may inhibit or encourage the change process in an individual or in a given family system.

11. Determine for the child/family the specific risks and benefits of any identified goals for change.

12. Assist the family in defining alternative choices and their possible consequences regarding specific attitudes, behaviors, and circumstances which are related to the visual impairment.
13. Document relevant changes in the social, intellectual, affective, and medical status of the VI child/family.

14. Identify a range of acceptable attitudes, behaviors, and circumstances which are intended to replace those that are determined to be dysfunctional.

15. Assist the VI child/family in developing an action plan for achieving the agreed upon changes, by determining together what the anticipated outcomes might be.

16. Measure, by observation, the child/family's readiness for change.

17. Assist the family in reshaping any maladaptive attitudes, behaviors, and circumstances by role modeling for them a more appropriate set of norms.

18. Recognize the limitations of the VI educator's professional responsibility as a change agent in working with children and families.

KNOWLEDGE OF INTERPERSONAL COMMUNICATION SKILLS

A certified teacher of the visually impaired should be able to:

19. Conduct an exploratory interview which encourages family members to identify for themselves those attitudes, behaviors, and circumstances which they perceive to be dysfunctional.

20. Provide constructive feedback and positive reinforcement as needed.

21. Recognize that the process of communication consists not only of language, but also of the knowledge, experiences, feelings, and expectations of both the speaker and the listener.

22. Engage the child/family in creative problem-solving (mutual decision making).

23. Encourage an open dialogue with the family concerning attitudes about the disabled member as well as about the disability itself.

24. Recognize and interpret non-verbal messages in the process of communication (e.g. body postures and gestures, facial expressions, vocal intonations).

25. Ask questions in a probing but non-intrusive manner.

26. Model effective interpersonal communication skills so that they can be learned by others through observation, imitation, and reinforcement.
27. Incorporate preventive (developmental) intervention into remediation strategies for existing issues.

28. Know when it is more appropriate to listen than to speak.

29. Convey information in a manner which reflects one's own personal and professional opinions.

30. Focus on the process of communication, as well as on the content.

KNOWLEDGE OF PRACTICAL INTERVENTION STRATEGIES

A certified teacher of the visually impaired should be able to:

31. Provide information and support in a non-judgmental manner.

32. Establish a helping relationship with the child/family which is based on mutual trust, empathy, and patience.

33. Avoid the use of potentially discriminating references to cultural, ethnic, religious, and socio-economic status of the family.

34. Determine the psychological origin of defense mechanisms which may be used by children or parents to avoid needed intervention.

35. Provide non-directive support to the VI child/family in establishing realistic goals and limits.

36. Construct a verbal agreement with the child/family which demonstrates a shared commitment toward the agreed upon goals of the intervention.

37. Participate as a professional member of an interdisciplinary team which is jointly responsible for defining and implementing an intervention plan.

38. Respect and enforce issues of confidentiality.

39. Refrain from doing for the child/family that which they are able to do for themselves.

40. Identify the local, state, and national resources which relate to the social/emotional needs of VI children/families.

41. Use self-disclosure selectively and appropriately.

42. Provide crisis intervention as needed, for specific vision-related problems.

43. Recognize when transference is occurring.
44. Avoid speculation and bias which may be predicated upon the child/family's past relationships with other service providers.

45. Interpret the results of clinical diagnostic evaluations related to the psychological needs of the VI child/family.

46. Decrease or terminate support services when the VI child/family can reasonably be expected to function independently.

47. Be aware of one's own philosophical, moral, social, and intellectual values in relation to his/her role as a human service professional.

48. Refrain, both physically and emotionally, from family situations in which individual needs and circumstances may exceed the expertise and/or the responsibility of the VI educator.

49. Conceptualize a personal style of intervention which is based on one's own educational training and professional experience.
responsibilities of teachers of the visually impaired, as identified by Spungin (1977), from LEAST RELEVANT (indicated by the number "1") to MOST RELEVANT (indicated by the number "12").

In examining the responses, particular attention was given to Goal statement 7.0, which describes the knowledge and skill areas necessary for VI educators to address the counseling-related needs of visually impaired children and significant others. Table 12 shows the actual responses of 19 of the 20 teachers surveyed. One subject was eliminated from the sample because of an incorrectly completed response sheet.

This exercise was designed to determine the relative order of importance, in the opinion of survey participants, of the teacher's role in addressing the psychosocial needs of VI children and families, in comparison to the 11 other major job functions described in the Spungin research. However, a meaningful comparison between Spungin's specific goal statements and the consultation competencies presented in the current study is neither useful nor possible, because the parameters used to define and group individual skill areas in the two studies are incompatible.

However, a few observations regarding the data which resulted from this exercise are summarized in Table 13 and are described below:

1. When stratifying the sample according to service delivery model, a broader range of means is observed with SEA teachers
<table>
<thead>
<tr>
<th>Subject</th>
<th>Model</th>
<th>Definition</th>
<th>Years</th>
<th>Rank Order for Goal 7.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LEA</td>
<td>RR</td>
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<tr>
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<td>IT</td>
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<td>3</td>
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<td>IT</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>4</td>
<td>IEA</td>
<td>IT</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>5</td>
<td>LEA</td>
<td>TC</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>SEA</td>
<td>IT</td>
<td>16</td>
<td>*</td>
</tr>
<tr>
<td>7</td>
<td>LEA</td>
<td>IT</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>SEA</td>
<td>TC</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>SEA</td>
<td>IT</td>
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<tr>
<td>20</td>
<td>LEA</td>
<td>IT</td>
<td>4</td>
<td>11</td>
</tr>
</tbody>
</table>

*Response sheet completed incorrectly*
Table 13
Mean Ranking of Goal Statement 7.0
by Service Delivery Model, Role Definition, and
Years of VI Teaching Experience

N = 19*

1 = Least important of 12 competencies
12 = Most important of 12 competencies

<table>
<thead>
<tr>
<th>Service Delivery Model</th>
<th>N</th>
<th>Mean Rank</th>
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<tr>
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<tr>
<td>TC</td>
<td>7</td>
<td>4.86</td>
</tr>
<tr>
<td>RR</td>
<td>1</td>
<td>8.0</td>
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</table>

<table>
<thead>
<tr>
<th>Experience by Years</th>
<th>N</th>
<th>Mean Rank</th>
</tr>
</thead>
<tbody>
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<td>4</td>
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<tr>
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<td>7</td>
<td>6.29</td>
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<tr>
<td>11-15</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>16-28</td>
<td>3</td>
<td>7.0</td>
</tr>
</tbody>
</table>

*One questionnaire completed incorrectly
assigning the greatest importance to Goal 7.0 while Independent Contractors ranked it the lowest among all subgroups surveyed.

2. When stratifying the sample according to role definition, educators who perceive themselves in the role of itinerant teacher rank Goal 7.0 considerably higher than educators who regard themselves as teacher consultants.

3. When stratifying the sample according to the number of years of VI teaching experience, a relatively balanced distribution of the means occurs within the moderate range of relevance, with the exception of the group of teachers having only 1-5 years of experience. This group ranked Goal 7.0 higher than any other subgroup within the sample.

Key Themes and Assumptions

The descriptive data presented in Tables 1-13 reveal several recurring themes and assumptions concerning the consultative role of VI educators in addressing the affective adjustment needs of visually impaired children and their families. Using a representative selection of extemporaneous remarks offered by teachers during the interview process, these numerical data have been scrutinized and discussed in detail. Among the key themes formulated from the research data, eight of them merit additional consideration and discussion. They include:
1. Family consultation is a functional reality of the VI educator's involvement with students. Teachers reported spending an average of 30% of their professional time each week in consultation-related activities, and an average of 8.15% of that time was devoted specifically to working with families. Many teachers indicated that were it not for the constraints of time and marginal support from employing schools or agencies, an even greater amount of their weekly schedules could justifiably be devoted to family consultation. Furthermore, the VI educator's role as a psychological support and sounding board for children and families is, according to the teachers surveyed, a valuable tool in increasing student initiative and parental cooperation toward the goals of self-awareness and change.

2. Teacher competency in providing consultative services to families is influenced by the number of years of professional experience in education of the visually impaired. The more seasoned teachers in this survey sample had received, for the most part, less formal education in the psychosocial and familial problems associated with visual impairment. However, most felt that they had developed, over time, at least limited expertise in family intervention simply as a result of trial and error experience.

3. The opportunity for teacher consultation time with families may be inhibited by service delivery models which do not support, either in principle or in practice, the consultative role of the VI
educator. In the current survey, the greatest amount of consultation
time with families occurred in Intermediate Education Agencies
(10.33%), followed by State Education Agencies (9.0%) and Local
Education Agencies (8.4%). Independent contractors and teachers
employed by Private Non-Profit Agencies spent 6.0% and 5.0%
respectively in family consultation activities. Administrative
constraints related to caseload size, funding limitations, lack of
time, and duplication or overlapping of services available from other
specialists were the reasons most often given by teachers for having
limited involvement with families.

4. Educators of the visually impaired do not make a distinction
between the roles and responsibilities of the itinerant teacher, and
those of the teacher consultant. For the most part, the research
data showed little correlation between the job titles reported by
teachers and the percentages of time reportedly spent in specific job
functions related to consultation and direct service activities. As
stated earlier in this chapter, this apparent contradiction may
merely indicate a lack of information or understanding regarding role
definitions for teachers of the visually impaired.

5. Professional mobility is low among educators of the visually
impaired. Among participating teachers 16 had accumulated all of
their teaching experience in VI education. Only two subjects
reported any experience in supervisory or administrative positions.
6. Communication and interpersonal techniques are perceived by teachers to be the most important element in the parent/professional relationship. According to teachers, knowledge of vision-specific issues, theories, and techniques is useful only to the extent that the teacher can translate those skills into practical consultation strategies. In other words, theory without process is ineffectual and at times even destructive to the helping relationship.

Teachers who perceived themselves to be good communicators appeared to be much more intuitive and self-assured in their consultative role to families. Furthermore, there was overall agreement among participants that communication is a complex interpersonal process which involves far more than the teacher's ability to speak. Also recognized as necessary components in expressive and receptive communication were listening, reading, writing, reasoning, and such nonverbal cues as body language, facial expressions, and physical appearance.

7. There appears to be a fundamental correlation between personality and teacher effectiveness in working with families. Participants frequently referred to such personal characteristics as insight, empathy, resourcefulness, self-awareness, and patience as necessary attributes for caregivers in a meaningful and mutually satisfying relationship with families. This assumption also reflects the observations of the interviewer regarding the facility with which
individual teachers were able to contribute their ideas and opinions. The professional conduct of teachers and other care providers, it seems, may be as much an expression of who they are as what they know.

8. Professional preparation programs may not be adequately training teachers for the situational realities of their jobs, particularly in regard to their almost inevitable role as a consultant to families. In the opinion of the majority of participants in this survey, limited information concerning affective adjustment of the handicapped, family dynamics, and specific intervention strategies was offered during their pre-service preparation programs. Too often, when an attempt was made to cover such material, it was theoretical rather than practical in nature, leaving teachers without the necessary process skills to incorporate effective consultation techniques into their educational intervention plans. One participant even suggested that "It takes either 2 people, or 1 person with 2 degrees to do this job right." Yet another observed, "Teacher preparation programs spend nearly 100% of their time training teachers how to do only 50% of their jobs."

A few of the participating teachers acknowledged, however, that in recent years increased attention has been given to the consulting teacher model of intervention, verifying for some the legitimacy of indirect services as a means of educating visually impaired children, particularly in regard to psychosocial development and family adjustment.
Summary

This chapter has described and examined the descriptive data collected during personal interviews with twenty certified and full-time employed educators of the visually impaired. Significant themes and assumptions which emerged from the data were summarized and will be discussed further in Chapter V.

In general, the teachers in this survey reported professional involvement with families of visually impaired students ranging from casual and infrequent contact to ongoing and meaningful relationships which focus on information-sharing and mutual decision-making regarding specific student-centered objectives. The nature and degree of involvement depends on many variables, including the commitment of the family, the expertise of the teacher, and the extent of support from the service delivery system which employs the service provider.

According to participants, professional competence in carrying out these consultation-related activities is in part the result of personal style or experience, though a working knowledge of the theories and practices of family intervention and educational consultation is perceived to be both necessary and relevant to the role of the VI educator.

The data shows that significant amounts of professional time are being spent in non-instructional and indirect services to children
and families, most often in the form of consultation with teachers, parents, administrators, and related service providers. Competencies which were reported by VI educators to be the most important were those which involved the process skills of interpersonal communication and relationship-building. Results of the survey support the premise that most specialist teachers, regardless of situational differences in educational and occupational backgrounds, are relying on consultative intervention techniques to address the psychosocial adjustment needs of blind and visually impaired children.
Chapter V

Conclusions and Recommendations

Overview

This exploratory study has examined the consulting role of VI educators in addressing the affective adjustment needs of visually impaired children and their families. Using a 3-part questionnaire which included 59 teacher competencies related to psychosocial development and family intervention, twenty certified and full-time employed teachers of the visually impaired were interviewed to determine their perceptions of the relevance of consultation as an intervention model for working with children and families.

Throughout the history of formalized services to children with limited or no vision, frequent reference has been made to psychosocial development as a vital element in the educational process. Although the intent of special education programs has always been primarily to prepare the handicapped student for social and vocational integration into the seeing world, little research was documented, until recently, concerning the influence of families and educational systems on the psychological well-being of the visually impaired (Abel, 1967; American Foundation for the Blind, 1961).
The functional relationship between vision and social/emotional development has been observed and studied by both educators and psychologists in recent decades (Barraga, 1983; Cutsforth, 1951; Fraiberg, 1977; Hathaway, 1959; Sandler, 1965). Some, like Scott (1969), have concluded that the physical anomaly of blindness or visual impairment very often results in "learned social roles" which are a direct consequence of inadequate or inappropriate social stimulation. Others, including Warren (1977) and Burlingham (1972), have gone on to suggest that family attitudes and interactions are perhaps the single most important influence in the development of personality and self-esteem of visually impaired children.

Yet another body of research, including such recent proponents as Moore & Peabody (1976) and Spungin (1977), has explored changing role definitions for specialist teachers of the visually impaired. These studies have given increased credibility to teacher consultation as a viable model of intervention with visually impaired children and their families.

**Significant Findings**

The purpose of this qualitative study was to explore the role of the VI educator in addressing the affective needs of visually impaired children and their families. The study was intended to develop a foundation of knowledge related to consultation skills for teachers, specifically in relation to the impact of visual impairment on psychosocial development.
Although the research methodology did not include predetermined hypotheses, it was designed to generate observations from which questions for further research might evolve. Chapter IV summarized those observations into 8 key themes which represent the collective views of the twenty survey participants.

Role of the Teacher Consultant

Perhaps the most obvious commonality among these key themes is the perception by teachers of an holistic interest in the education of their visually impaired students. In spite of individual differences in job title, years of experience, service delivery model, level of professional preparation, or geographic setting, most participants agreed that their roles as educators are no longer strictly confined to traditional direct teaching tasks. With the exception of one resource room teacher, survey participants reported a range of only 15 to 50% of their professional time spent in direct service to students, as compared to 7 to 55% of their time devoted to consultation with teachers, families, administrators, and related service providers. The data suggests that, regardless of situational variables, teachers of the visually impaired are spending considerable amounts of time in non-instructional activities and indirect services. Previous studies by Spungin (1977) and Moore & Peabody (1976) corroborate this finding.

This study also revealed a willingness, if not a necessity, on the part of VI educators to rise to the challenge of addressing the
basic psychosocial needs of children and their families, as long as they feel they have the appropriate training and support to do so. Many teachers justified their involvement with families, which consumed 2-15% of their professional time, on the basis that affective adjustment is an integral part of the educational process. Others suggested that their roles as specialist teachers implied an obligation to oversee the relationship of the visual impairment to other developmental areas besides the academic. A few even suggested that they had inherited the responsibility of dealing with psychosocial issues because of the reluctance of other professionals who may not be alert to the educational or psychological implications of impaired vision.

A common occurrence, however, seems to be that teachers are sometimes expected to deal with student- and family-related issues which may be more appropriately handled by a school psychologist, social worker, guidance counselor, or private therapist. Teachers in this study were concerned that these and other mental health professionals might fail to recognize the potential impact of the disability on the adjustment process or, conversely, that they might overemphasize the importance of the visual impairment to the exclusion of other equally relevant variables. As suggested above, some participants even cited examples of service providers who chose not to become involved in individual cases because of their perceived lack of experience, exposure, or training in visual handicaps.

For these reasons, VI educators have little choice but to
provide basic non-therapeutic information and support to students and families in need, at least on an interim basis, until referral to a more appropriate service provider can be arranged. This intervention might justifiably be referred to as psychoeducational consultation for it involves not only a specific knowledge of affective development and family dynamics, but it also requires the interpersonal skill to apply that knowledge with special needs families. Clearly the most important elements of this consulting process are, as reported by teachers, the ability to recognize and define relevant psychosocial adjustment issues, and to build healthy interpersonal relationships through good communication.

While a few teachers insisted that this intervention approach should be restricted to vision-related issues, most agreed that it is difficult for parents and teachers alike to make the distinction between those family attitudes, behaviors, and circumstances which are a direct result of the visual impairment, and those which are not related. Therefore, interdisciplinary communication among service providers is important to insure that needs and resources are properly identified, and to avoid the unnecessary overlap of professional support services.

It is clear, however, that teachers of the visually impaired do not want the legal or moral responsibility for providing therapeutic counseling for which they are neither trained nor properly licensed. Teachers participating in the current study voiced unanimous agreement that their involvement in the psychosocial adjustment of
children and families should be limited to a non-directive, process-oriented, and temporary helping relationship which emphasizes shared responsibilities and mutual decision-making. It is important, therefore, that teachers are able to make observations and recommendations concerning affective adjustment which are educationally, psychologically, and ethically sound. Once again, the critical element in this process is the ability to understand and convey information in a manner which is both unbiased and non-judgmental.

This study demonstrates the difficulty in distinguishing between the teacher's role in providing psychological support and information to visually impaired students and their families, and the responsibilities of other professionals who are qualified to provide therapeutic counseling to remediate more complex psychological needs. It appears, in fact, that the functional roles of the educator and counselor may at times be more alike than they are different. Results of this survey suggest that the humanistic, non-cognitive characteristics of personality, for which aptitude is difficult to observe and measure, are as critical to the teacher's successful job performance as the knowledge of specific theories and teaching techniques. Tuttle (1984) identifies a number of personality traits and assisting behaviors which the teacher-counselor must possess in order to be effective. Competence in these non-therapeutic counseling skills enhance the teacher's ability to build meaningful and productive relationships with clients.
Furthermore, the involvement of educators in the family intervention process is very often the functional equivalent of therapeutic counseling which may be offered by a social worker, school psychologist, guidance counselor, or private therapist. Methods may vary according to the professional expertise of the service provider, but the resulting impact on affective development is very often the same. Teachers and counselors alike might agree that there are a variety of important influences which play a part in the social and emotional development of individuals with disabilities, and that it is difficult to isolate one from the other. Therefore, while the interpersonal relationship between service provider and client has been identified as very important, the communication which takes place among professionals is equally valuable in insuring the appropriateness and diversity of services to families.

This overlap between the domains of education and counseling is an inevitable byproduct of renewed interest in the psychological, as well as academic and vocational well-being of handicapped students. While the educator's role may still be ambiguous and ill-defined in regard to educational counseling, Tuttle (1987) suggests that, like it or not, the specialist teacher is an obvious and perfectly viable source of psychological support to visually impaired students.

Regardless of job title or role description, all teachers in this survey agreed that they are involved to some significant degree in addressing the psychological needs of children and families. The
nature and extent of these counseling-related services suggest a new dimension to the traditional role of the VI educator which is reflected by such job titles as teacher/consultant or consulting teacher. This indirect form of intervention is becoming increasingly more time-consuming for educators and is perceived by them to be a viable and essential aspect of their professional responsibilities to visually impaired students and their families.

**Professional Preparation**

An important implication of this phenomenon is a possible discrepancy between the education of teachers and the education of their visually impaired students. Many of the participating teachers were frustrated by differences between the emphasis of their professional preparation programs and the functional realities of their jobs. While it was apparent that they valued their training in braille, structure and function of the eye, educational and legal implications of vision loss, materials adaptation and procurement, teaching strategies, and use of technological aids, many expressed concern that they were still not adequately prepared for some of the more nebulous job responsibilities of the VI educator, specifically in those competency areas which this study refers to as consultation.

This finding reinforces past observations by Abel (1967) and Taylor (1978) who suggest an ongoing need to regularly evaluate teacher preparation programs so that they accurately reflect the needs of visually impaired students, and their service providers as
well. If, as some practitioners are suggesting, the goals and practices of their professional preparation programs are incongruent with the day-to-day realities of their jobs, then it is indeed time to re-examine the ideologies of education for the blind and visually impaired in comparison to the education of their specialist teachers.

This study has shown that there is a diverse and somewhat eclectic collection of competencies which describe the functional realities of the VI educator's role in addressing the counseling-related needs of children and families. As reported by the teachers in Section I of the survey instrument, up to 40% of their professional time is given to consultative activities with teachers, families, administrators, and related service providers, supporting the assumption that consultation is a substantial and necessary service being provided by special education teachers of the blind and visually impaired.

Section II of the instrument contained 59 original competency statements related to family consultation, including 12 items (20%) which were intended to produce a negative response or to elicit discussion of controversial issues. Eight of those items were perceived by more than 25% of the participating teachers to be clearly inappropriate to the role of the VI educator and are therefore omitted from further discussion. The remaining 4 of those 12 items did not generate the degree of negative reaction which was
anticipated, although they did create considerable analysis and debate on the part of teachers in the survey. While the current study does not entirely discount these 4 competencies as irrelevant or inappropriate, it does suggest that their value is questionable. However, these competencies were not deleted from the competency list because the extent of disagreement by teachers was only marginal. Two additional items were also omitted from the revised competency list because they received an unexpectedly high number of negative responses from participating teachers.

The forty-nine items which remain describe a broad spectrum of family consultation competencies for educators of the blind and visually impaired. These competencies focus on 4 main content areas, namely affective adjustment, the principles and processes of change, interpersonal communication skills, and practical intervention strategies. Collectively, they emphasize the process skills associated with translating knowledge of consultation-related activities into practical application strategies.

Because standards of "success" for teacher/consultants have yet to be defined and measured, it is not yet known whether competence in a consulting model of intervention is dependent upon the formal training, cumulative life experiences, or interpersonal techniques of the practitioner, or on some other unknown quantity or skill. However, participating teachers expressed an emphatic desire for
increased familiarization with new ideas and methodologies which can potentially enhance their abilities to deal with the functional realities of their jobs, which include considerable time and attention to the psychosocial adjustment needs of both children and families.

The concept of consultation as a means of providing indirect and non-instructional services to special needs students is now recognized and justified as an authentic modification of traditional service delivery models. Therefore, opportunities for exposure to, and training in, family consultation skills need to be made available at both the preservice and inservice levels of professional preparation for educators of the visually impaired.

In and of itself, consultation is a generic process involving theories and practices from many professional domains, including education. Although the competencies contained herein have a specific focus on family adjustment issues regarding visual impairment, most of the skills are easily applicable to other types of consultative intervention in other disability groups. A generic course in consultation theories and practices for all special education professionals would be a useful and timely effort in enhancing the role of teachers and improving services to children and families. The 49 competencies identified in this study provide a basis of inquiry from which to develop such a course of study.
Given the already complex and rigorous expectations of existing VI professional preparation programs, it is anticipated that these proposed competencies may be competing with numerous other important and relevant training goals which have been established and tested over time. In spite of these priorities, however, it seems apparent that as the needs of blind and visually impaired students grow and change, so do the needs of their service providers. If teachers are in fact devoting as much of their time and energy each week to consultation activities as they are to direct involvement with students, as the results of this study suggest, then there should be little doubt that special education practitioners need to achieve at least a basic level of competence in the process of consultation.

Implications for Future Research

This exploratory study provided a great deal of information pertaining to the role of VI educators in providing consultative services to blind and visually impaired children and their families. As anticipated, the results derived from these qualitative data raise as many questions as they answer, thus suggesting many possible themes to be the focus of future research efforts. A number of those questions are outlined below:

1. Continued exploration of changing job responsibilities and time commitments is needed to clarify the ever-changing role of
specialist teachers for the visually impaired. Teachers are spending increasing amounts of time in non-instructional tasks and consulting services. The precise nature of these indirect services, and the competencies required by teachers to carry them out, need to be subjected to continuing observation and revision so that roles and responsibilities among service providers, students and families, program administrators, and teacher educators are clearly defined and effectively carried out.

2. The consultation competencies identified for the present study need to be tested on a larger sample of teachers which is representative of all the program models and situational variables discussed in Chapter IV. Additionally, the practical application of these competencies could be field tested, under close supervision, with a small group of student interns or with certified teachers who are currently employed.

3. Parents of blind and visually impaired children should be surveyed to determine their perceptions of the personal and professional characteristics of service providers whom they observe to be the most effective and most desirable to work with.

4. There is an apparent need to examine current professional preparation programs for educators of the visually impaired in
relation to the content and sequence of course offerings related to family intervention. Specific attention should be given to courses or course modules which address psychosocial adjustment of the handicapped, family dynamics, and consultation or interpersonal communication skills for service providers. It would be interesting to note which courses are required or elective, and which are taught by experienced special education professionals or by adjunct lecturers who may have little or no expertise in visual handicaps.

5. It would likewise be worthwhile to examine current methods for recruitment and selection of teacher candidates currently applying to professional preparation programs to determine whether their entry-level qualifications and personal attributes are consistent with the realities of the profession and with current certification standards. Perhaps all students entering accredited degree programs in a given semester and year could be surveyed to identify their personal, educational, and occupational backgrounds. This information could be useful in defining future recruitment practices. It is even possible that teacher educators have a moral responsibility to screen program applicants for their readiness and appropriateness to enter a profession which relies so heavily on the ability to receive, comprehend, and transmit information.
It might also be interesting to note the attrition rate among students in VI teacher preparation programs. Careful screening of applicants regarding both personal and professional qualifications could eliminate later concerns about retention of students in the program.

6. A survey of the interviewing, hiring, and monitoring practices among special education administrators, agency directors, and program supervisors would greatly enhance the understanding of teacher mobility and attrition. If a relationship between institutional support and job satisfaction can be established, services to students might be improved through organizational changes in individual service delivery systems. The origins of job dissatisfaction might then be traceable either to inappropriate training and placement, or to inadequate supervision, so that program goals and staff assignments can be adjusted accordingly.

7. It would be most interesting to examine the relationship between personality type and choice of special education as a career goal. The present study suggested a possible correlation between the interpersonal skills demonstrated by participating teachers and the degree to which they rated the relevance of consultation competencies presented in the survey. Perusal of the literature might elicit previous research attempts to study
the human factor in job selection and performance.

8. **Ethical guidelines for service providers to visually impaired children and their families need to be established.** Specialist teachers have a moral and legal obligation to serve the well-being of the student or consultee, and in so doing to uphold the standards of the profession in a responsible and competent manner (Lippitt & Lippitt, 1978). However, because role expectations for teacher consultants are often inadequately defined, if defined at all, there is little basis for the supervising and monitoring of job performance, and therefore the potential for controversy is ever-present (Conoley & Conoley, 1982). A possible solution is to include in every job contract a written code of ethics for teacher consultants who work with blind and visually impaired students and their families.

9. **A study of the work habits of service providers in education or rehabilitation of the blind and visually impaired would be useful in assessing techniques for management of time and resources.** Perhaps roles and responsibilities could be streamlined to increase productivity, to prevent the overlap or duplication of effort, and to insure that the best interests of children and families are served in the educational process.

**Summary**

This chapter summarized the observations which resulted from a qualitative analysis of the VI educator's role in addressing the
psychosocial needs of blind and visually impaired children and their families. In keeping with the original goal of the research project, a basic foundation of knowledge relating to the theory and processes of family consultation for teachers of the visually impaired was identified from three main sources: previous research regarding role definitions for VI educators, literature from education and other professional disciplines which offer a consultation model of intervention, and the current study, which examined the perceptions of 20 certified and full-time employed teachers of the visually impaired in the Greater Northeastern United States.

As anticipated, this research project has generated as many thought-provoking questions as it was able to answer. A number of issues concerning family consultation skills for educators of the visually impaired remain unstudied and unresolved, nine of which are suggested as possible topics for future research efforts. However, the results of this study clearly lead to three main conclusions which provide a theoretical basis for a consultation model of intervention for VI educators.

The first and most important observation involves growing evidence to suggest that special educators working with visually impaired children are spending considerable amounts of time and energy in consultation-related activities with families and with other related service providers as well. Oftentimes the focus of this consultative intervention has more to do with the affective than
the academic needs of students, which is perceived by teachers to be an appropriate and necessary aspect of their professional responsibilities.

Secondly, participating teachers overwhelmingly verified the relative importance of the majority of consultation competencies presented in the survey, particularly those which describe the interpersonal strategies of effective communication and specific intervention techniques. It is apparent that the educational process is viewed by participants as involving much more than academic instruction. The data show that teachers with widely diverse backgrounds in educational training and occupational experience share a philosophical commitment to serving the holistic needs of blind and visually impaired children in relation to psychosocial development.

The third observation from participating teachers involves speculation about their lack of professional preparation in the process skills of family consultation. The competencies presented in Section II of the survey instrument seemed to make participants aware of their own skills and weaknesses in addressing the affective needs of children and families. Of the 59 competencies in the original questionnaire, 49 were rated by teachers as being relevant to their roles as VI educators, and are recommended as viable and necessary training goals for professional preparation programs in visually
handicapped studies. This represents a major clarification of the functional realities of the roles of VI teacher consultants.

This study has identified a foundation of knowledge related to family consultation competencies for educators of the blind and visually impaired. It provides a theoretical framework from which specific consultancy models of intervention might be developed, and it supports the consultative as well as the educative function of the specialist teacher's role in addressing the psychosocial adjustment needs of visually impaired children and their families.
References


Statement of Position: Division for the Visually Handicapped, Council for Exceptional Children.


Appendix A

Letter to Review Panel (1-27-86)

Review Panel Response Sheet

Letter to Review Panel (2-28-86)
Dear Colleague:

As some of you may be aware, I am currently involved in my doctoral dissertation research at Boston College where, with the guidance of Dr. Richard Jackson, I have pursued an interdisciplinary program of studies in Special Education, Administration, and Counseling Psychology. A particular interest in teacher education has evolved from this unique combination of coursework into a desire to evaluate the "consultant" role of the teacher of the visually handicapped in terms of addressing the counseling-related needs of children and families. Over the years my professional experiences in direct service, program administration, and teacher preparation have made it increasingly apparent to me that consultation is an inherent part of the role of the specialist teacher.

A review of the literature in the various human service professions such as nursing, mental health, psychology, sociology, and social work has produced a series of proposed teacher competencies which collectively represent a process-oriented approach to family intervention. These competencies are an attempt to define the specific skills necessary to the consultation process, and are intended to broaden the VI educator's proficiency in three major knowledge areas:

1- family dynamics and the affective adjustment to blindness
2- the fundamental principles of the process of change
3- effective communication and interpersonal skills

As a means of validating these competencies in terms of their relevance to the role of the teacher of the visually handicapped, I will be conducting personal interviews with a stratified sample of appropriately certified and full-time employed teachers in the six New England states and New Jersey. Resulting data will be analyzed both qualitatively and quantitatively, and will be substantiated with anecdotal references from the interviews.
I invite you to participate in the initial phase of this study as one of eight members of a review panel whose unique experiences and expertise can be of valued importance in establishing the validity of the research in general, and the survey instrument in particular. You will find attached a list of the identified competencies, along with a five-point rating scale which is designed to measure the extent to which you agree or disagree with each individual item in terms of relevance to the role of the VI educator. After perusing the questionnaire, would you kindly consider the following questions as a guide in analyzing your overall response to the study:

**RELEVANCE**
- According to your perception of the role of the educator of the visually impaired, which of the 50 items presented would you select as being the MOST RELEVANT, and which ones as being the LEAST RELEVANT. Please feel free to specify as many items as you wish, and to elaborate with personal comments or biographical references which you feel are appropriate.

**ORGANIZATION**
- Are the wording and format of the questionnaire clear and understandable?
- Are the items presented in such a manner as to accurately reflect the stated purpose of the research, as you understand it to be?

**CONTENT**
- Do the items collectively represent a viable teacher preparation goal for educators in training to work with visually impaired children and their families?
- What common themes would you identify from the competency list as being pertinent to the general goal of meeting the counseling-related needs of visually impaired children and their families from an educational perspective? Have any key elements been omitted?

A number of other counseling-related competencies were identified in the literature, such as "the ability to demonstrate empathic understanding", but have been intentionally eliminated from this study for the following reasons:
1. Empathy is one of many psychological constructs which is difficult to define, observe, and measure.

2. The presence of such psychological constructs may in general relate more to one's personality than to its potential to be acquired through educational training.

3. These constructs may be more applicable to a therapeutic counseling relationship than to the intervention provided by a teacher/consultant.

It would be very helpful if you could respond to the questionnaire as soon as possible, and return your comments to me no later than February 18, 1986. Should you have any questions about the research or your participation on the review panel, please feel free to contact me at the address and phone number listed below.

Thank you very much for your assistance and support. I shall look forward to hearing from you.

Sincerely,

(Ms.) Karen S. Ross, Doctoral Candidate
20 Shadow Oak Drive
Sudbury, Massachusetts 01776
(617) 443-7102
REVIEW PANEL RESPONSE SHEET

NAME________________________________ POSITION________________________________ 

NATURE OF SERVICE DELIVERY SYSTEM IN WHICH YOU ARE CURRENTLY EMPLOYED__________

________________________________________

ARE YOU PRESENTLY INVOLVED IN THE EMPLOYMENT, SUPERVISION, OR TRAINING OF VI EDUCATORS? ______ If yes, please specify________________________

PLEASE LIST ANY PERSONAL OR PROFESSIONAL EXPERIENCES WHICH YOU FEEL CONTRIBUTE TO YOUR ABILITY TO EVALUATE THE "CONSULTATION" ROLE OF THE VI EDUCATOR (INCLUDE ANY COURSES TAUGHT OR TAKEN)

________________________________________

________________________________________

________________________________________

________________________________________

* * * *

SPACE IS PROVIDED BELOW FOR YOUR RESPONSE TO THE QUESTIONS LISTED IN THE ENCLOSED LETTER. YOU ARE ALSO ENCOURAGED TO MAKE COMMENTS PERTAINING TO INDIVIDUAL ITEMS DIRECTLY ON THE QUESTIONNAIRE.

1) MOST RELEVANT COMPETENCIES________________________________________

________________________________________

LEAST RELEVANT COMPETENCIES________________________________________

________________________________________

2) ORGANIZATION OF QUESTIONNAIRE

WORDING________________________________________

FORMAT________________________________________

OVERALL PRESENTATION________________________________________

3) CONTENT OF QUESTIONNAIRE

KEY THEMES________________________________________

VIABLE TEACHER PREPARATION GOAL (WHY OR WHY NOT?) __________________________
Dear Colleague:

Recently you were invited to participate in a review panel for my doctoral research project at Boston College, by responding to a list of competencies related to family consultation skills for educators of the visually impaired.

I am pleased to report that as of today I have received feedback from all but one of you. Your comments have not only been extremely helpful in confirming the need for such a study as this, but much to my relief they also expressed your agreement that certain competencies listed in the questionnaire are clearly inappropriate to the professional responsibility of the VI educator.

As a result of your suggestions, the following revisions have been made to the survey:

1. Wording of the competencies has been streamlined and clarified as much as possible, particularly in those items which you identified to be either ambiguous or leading.

2. Rather than randomizing the items on the interview guide, the competencies have been numbered and grouped into four broad cluster areas which correspond to the following categories: a) issues of affective adjustment to blindness, b) principles and processes of change, c) interpersonal communication skills, and d) specific intervention strategies.

3. Because the questionnaire will be administered orally to individual subjects, the directions have been expanded to include an explanation of the interview format being used.

4. The response column has been changed from a 5-point to a 4-point rating scale. Columns are marked with headings "Strongly Agree, Agree, Disagree, or Strongly Disagree."
During the month of March, the questionnaire is being administered via personal interview to a stratified sample of certified and full-time employed teachers of the visually impaired in New England and New Jersey. Since the purpose of the study is to establish a theoretical body of knowledge related specifically to family consultation skills, subjects will be encouraged to contribute extemporaneous remarks after each item is presented. They will also be given the opportunity to elaborate on any of the competency areas which they feel are insufficiently addressed in the questionnaire.

Once again I thank you for your time and your assistance as a member of my research review panel. Should you have any further suggestions or comments, please feel free to contact me at any time.

Sincerely,

(Ms.) Karen S. Ross
Doctoral Candidate
20 Shadow Oak Drive
Sudbury, MA 01776
(617) 443-7102

cc: Dr. Richard M. Jackson
Dr. Bernard A. O'Brien
Dr. Alec Peck
Appendix B

Oral Instructions to Participants
Thank you for agreeing to participate as a subject in my doctoral research project.

As I've mentioned to you during our initial conversation, the purpose of my study is to attempt to identify the competencies involved in the "consultation" aspect of your role as a VI educator. I will be focusing specifically on "family consultation skills," those which relate, in your opinion, to your professional involvement with VI children and their families in addressing the issues of affective adjustment related to vision loss.

I will be presenting you with a three-part questionnaire which should take us approximately one hour to complete. Section I of the questionnaire is a Personal Information sheet which requests details of your educational and professional experiences. Please be as specific as possible in answering each of the questions.

Section II will be presented in the form of a personal interview. I will be reading to you a list of 59 education- and counseling-related teacher competencies which may in some way describe the nature of your involvement (past, present, or anticipated) with families of children who are visually impaired. I am not attempting to measure the extent of your experience. I am more interested in knowing how you perceive the responsibilities of the VI educator in a "consulting" role, as well as that of a traditional "teaching" role.

As I have mentioned, this part of the questionnaire will be
administered orally. As I reach each competency, I would like you to try to classify your initial reaction to the item into one of four response choices, namely, Strongly Agree, Agree, Disagree, Strongly Disagree. The following criteria should be considered to help you determine your response:

1. Is the competency relevant to the overall role of the VI educator? For the purposes of this study, relevance is defined in terms of "importance" and "appropriateness."

2. Does the competency relate to the ideal role of the VI educator? While job-specific examples are welcome to clarify any given response, it is important that you try to generalize your ideas in terms of role "potential" rather than the realities or constraints of a particular "job placement."

As I record your responses to each item, I will allow time for you to elaborate on any competency, if you so desire. If you have no comment, or if you wish to reserve comment until all competencies have been read, please so indicate by saying "continue" or "no comment." I will be taking notes as we speak, and you are welcome to do the same.

There are 59 items in total. Once we have completed the entire list of competencies you will be given the opportunity to return to any of the items for additional discussion. After the structured portion of the interview is finished, I will be asking you a number of general and open-ended questions to follow up on specific issues which may have been raised during the interview, to clarify any information which is unclear
or incomplete, and to synthesize your overall reaction to the competency list in general. Section II of the questionnaire will be tape recorded in its entirety.

Section III contains a listing of the 12 goal statements identified by Spungin in the "Competency-Based Curriculum for Teachers of the Visually Handicapped: A National Study (1977)" to describe those "specialized competencies necessary to teach visually handicapped children over and above those necessary to teach sighted children" (page 11). You are asked to rank order these 12 statements in terms of RELEVANCE to the overall role of the VI educator, once again using "importance" and "appropriateness" as the deciding criteria. The number "12" should be used to denote the goal which you perceive to be the MOST RELEVANT and the number "1" should denote the goal which you perceive to be the LEAST RELEVANT.

Are there any questions before we begin?
Appendix C

Research Instrument
SECTION I

PERSONAL INFORMATION SHEET

1) Check the category which most accurately represents your job description.

___ Resource Room Teacher ___ LEA
___ Day Class Teacher ___ IEA
___ Itinerant Teacher ___ SEA
___ Teacher/Consultant ___ Independent Contractor
___ Other ___ Private Non-Profit Agency
        (Please specify)

2) Teaching Experience:

(No. of years total) (No. of years in vision)

3) Which of the following terms most accurately describes the geographic setting in
which you work?

___ Rural ___ Urban ___ Suburban

4) Are you certified in Education of the Visually Impaired?  ___ Yes  ___ No

If yes, how did you obtain your certificate?

___ University Teacher Preparation Program
    ___ Bachelors ___ Masters ___ Doctorate
___ Non-degree Certificate Program
___ Grandfathered

5) Please indicate if you have earned a degree in any of the following human service
professions other than education.

___ Nursing ___ Sociology
___ Social Work ___ Other
___ Psychology

6) On the average what percentage of your time each week do you spend in the
following tasks? (Please estimate to the best of your ability).

___ Direct Service to VI Children ___ Consultation with Related Service
    Providers
___ Consultation with Teachers ___ Paperwork/Administrative Tasks
___ Consultation with Families ___ Travel
___ Consultation with Administrators ___ Other  (Please specify)
KNOWLEDGE OF AFFECTIVE ADJUSTMENT ISSUES

A certified teacher of the visually impaired should be able to:

1. Demonstrate an understanding of normal child development, particularly in terms of social and emotional adjustment.
2. Demonstrate a basic understanding of family dynamics.
3. Recognize the impact of the visual impairment on the family system, as well as on its individual members.
4. Identify the various environmental factors which may influence the affective adjustment of the VI child/family. (Such as ....intellectual, social, emotional, medical)
5. Describe both the genetic and environmental predictors of personality maladjustment in the visually impaired child.
6. Assist the VI child/family to differentiate between those attitudes, behaviors, and circumstances which are a direct result of the visual impairment, and those which are not related.
7. Make objective data-based observations of the interactions which occur between the VI child and significant others.
8. Distinguish between clinical depression and the temporary inability to cope with day-to-day issues which may result in anger, frustration, or avoidance.
9. Differentiate between those attitudes and behaviors which are rational in nature, and those which are based on emotion.
10. Analyze the fantasies of the VI child when acted out in spontaneous play.
11. Assess when and how the VI child/family might benefit from a referral for therapeutic counseling.
KNOWLEDGE OF THE PRINCIPLES AND PROCESSES OF CHANGE

A certified teacher of the visually impaired should be able to:

1. Recognize and distinguish between the cognitive, affective, and behavioral stages in the process of change.

2. Identify the individual conditions which may inhibit or encourage the change process in an individual or in a given family system.

3. Determine for the child/family the specific risks and benefits of any identified goals for change.

4. Assist the family in defining alternative choices and their possible consequences regarding specific attitudes, behaviors, and circumstances which are related to the visual impairment.

5. Teach the child/family to self-monitor their progress toward change by keeping a descriptive log of pertinent events and feelings.

6. Provide directive advice for the child/family when they appear to be unable to make decisions for themselves.

7. Document relevant changes in the social, intellectual, affective, and medical status of the VI child/family.

8. Identify a range of acceptable attitudes, behaviors, and circumstances which are intended to replace those that are determined to be dysfunctional.

9. Assist the VI child/family in developing an action plan for achieving the agreed upon changes, by determining together what the anticipated outcomes might be.

10. Measure, by observation, the child/family's readiness for change.

11. Assist the family in reshaping any maladaptive attitudes, behaviors, and circumstances by role modeling for them a more appropriate set of norms.

12. Recognize the limitations of the VI educator's professional responsibility as a change agent in working with children and families.
A certified teacher of the visually impaired should be able to:

1. Conduct an exploratory interview which encourages family members to identify for themselves those attitudes, behaviors, and circumstances which they perceive to be dysfunctional.

2. Provide constructive feedback and positive reinforcement as needed.

3. Recognize that the process of communication consists not only of language, but also of the knowledge, experiences, feelings, and expectations of both the speaker and the listener.

4. Engage the child/family in creative problem-solving (i.e. mutual decision making).

5. Encourage an open dialogue with the family concerning attitudes about the disabled member as well as about the disability itself.

6. Recognize and interpret non-verbal messages in the process of communication (e.g. body postures and gestures, facial expressions, vocal intonations).

7. Ask questions in a probing but non-intrusive manner.

8. Use structured role play as a communication technique to explore issues and/or to verify information.

9. Model effective interpersonal communication skills so that they can be learned by others through observation, imitation, and reinforcement.

10. Incorporate preventive (developmental) intervention into current remediation strategies for existing issues.

11. Know when it is more appropriate to listen than to speak.

12. Convey information in a manner which reflects one's own personal and professional opinions.

13. Focus on the process of communication, as well as on the content.
A certified teacher of the visually impaired should be able to:

1. Provide information and support in a non-judgmental manner.

2. Establish a helping relationship with the child/family which is based on mutual trust, empathy, and patience.

3. Avoid the use of potentially discriminating references to the cultural, ethnic, religious, and socio-economic status of the family.

4. Determine the psychological origin of defense mechanisms which may be used by children or parents to avoid needed intervention.

5. Provide non-directive support to the VI child/family in establishing realistic goals and limits.

6. Complete a non-intrusive and comprehensive home assessment.

7. Construct a verbal agreement with the child/family which demonstrates a shared commitment toward the agreed upon goals of the intervention.

8. Participate as a professional member of an interdisciplinary team which is jointly responsible for defining and implementing an intervention plan.

9. Recommend and monitor the use of prescription medications.

10. Establish credibility with the VI child/family by presenting oneself as an expert in the field of vision.

11. Respect and enforce issues of confidentiality.

12. Refrain from doing for the child/family that which they are able to do for themselves.

13. Identify the local, state, and national resources which relate to the social/emotional needs of VI children/families.
14. Use self-disclosure selectively and appropriately.

15. Provide crisis intervention as needed, for specific vision-related problems.

16. Recognize when transference is occurring.

17. Avoid speculation and bias which may be predicated upon the child/family's past relationships with other service providers.

18. Interpret the results of clinical diagnostic evaluations related to the psychological needs of the VI child/family.

19. Provide therapeutic intervention to address the psychological needs of children/families based on the recommendations of a clinical diagnostic evaluation.

20. Decrease or terminate support services when the VI child/family can reasonably be expected to function independently.

21. Be aware of one's own philosophical, moral, social, and intellectual values in relation to his/her role as a human service professional.

22. Refrain, both physically and emotionally, from family situations in which individual needs and circumstances may exceed the expertise and/or the responsibility of the VI educator.

23. Conceptualize a personal style of intervention which is based on one's own educational training and professional experience.
Please rank order the following twelve goal statements in terms of relevance to the overall role of the teacher of the visually impaired. The number "12" should be used to denote the goal which you perceive to be the MOST RELEVANT, and the number "1" should denote the goal which you perceive to be the LEAST RELEVANT.

NOTE:

GOAL 1.0 Teacher will demonstrate knowledge of normal and atypical developmental patterns in visually handicapped learners.

GOAL 2.0 Teacher will demonstrate the ability to assess visually handicapped learners using a variety of informal and formal procedures.

GOAL 3.0 Teacher will demonstrate the ability to select, design and/or modify specialized curricula for visually handicapped learners.

GOAL 4.0 Teacher will demonstrate proficiency in the operation of media and devices necessary for the education of the visually handicapped learner.

GOAL 5.0 Teacher will utilize instructional strategies to facilitate learning in visually handicapped children.

GOAL 6.0 Teacher can effectively utilize instructional materials, media, devices, aids, etc. appropriate to the individual needs of visually handicapped children.

GOAL 7.0 Teacher will demonstrate ability to identify and provide appropriate counseling and guidance services to visually handicapped learners, and significant others.

GOAL 8.0 Teacher will demonstrate ability to utilize local, state and national resources to assist in the delivery of services to the visually handicapped learner.

GOAL 9.0 Teacher will demonstrate knowledge of and opportunity for research with visually handicapped learner.

GOAL 10.0 Teacher will accept responsibilities of being a member of the teaching profession and will make a commitment to improve services for visually handicapped learners.

GOAL 11.0 Teacher will demonstrate ability to administer and/or supervise programs for visually handicapped learners, including ancillary personnel, para-professionals, and volunteers.

GOAL 12.0 Teacher can demonstrate the ability to evaluate both instructional sequences and overall program effectiveness of various school programs and agencies serving visually handicapped learners.