This paper describes the Vermont Interdependent Services Team Approach (VISTA), a decision-making process for determining the educational support service needs of students with deaf-blindness or other multiple disabilities. The paper also analyzes perceptions of VISTA held by experts in a variety of fields. Specifically, VISTA provides a team process for determining: (1) needed services to support a student’s educational program; (2) educational relevance and necessity of the services; (3) functions of support services; and (4) frequency, mode, and location of service provision. A panel of 12 experts from major national organizations reviewed a revision of the VISTA procedures manual and found that the manual’s content was relevant for students who have education support service needs, including students with deaf-blindness, and verified the content as logical, consistent with exemplary practice, and not particularly controversial. Differences among reviewers were found in philosophical orientation and approval of the manual’s format. (Contains 13 references.) (DB)
Review of VISTA by Representatives of National Organizations

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May 31, 1996

Support for the preparation of this manuscript was provided by the United States Department of Education, Office of Special Education and Rehabilitative Services under the funding category, Research Validation and Implementation Projects for Children w.o are Deaf-Blind, CFDA 84.025S (H02SS40003), awarded to The University Affiliated Program of Vermont at the University of Vermont. The contents of this paper reflect the ideas and positions of the authors and do not necessarily reflect the ideas or positions of the U.S. Department of Education; therefore no official endorsement should be inferred.

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Review of VISTA by Representatives of National Organizations

As students with deaf-blindness and multiple disabilities have increasingly accessed general education schools and classes, they have often been accompanied by specialists representing fields such as orientation and mobility, speech/language pathology, physical therapy, occupational therapy, and school nursing among others (Cloninger & Giangreco, 1995). Recent studies regarding students with deaf-blindness have documented team sizes averaging 11 members and ranging as large as 21 members (Giangreco, Dennis, Edelman & Cloninger, 1994; Giangreco, Edelman, Dennis & Cloninger, 1995). The presence of so many team members highlights a set of the crucial educational questions for students with deaf-blindness and others who potentially have specialized supports needs. What services are needed to support the student's education? Are the services educationally relevant and necessary? Who should decide which services are needed? How will these decisions be made? Do these supports present any service gaps, overlaps, or contradictions? These and other questions face educational teams serving students with disabilities on an ongoing basis. Rational answers to these and other questions about support services are complicated by our collective professional history which has been marked by territoriality and fragmentation, as well as isolated decision-making and service provision (Dunn, 1991). Only within the past several years have many professional disciplines begun to shift away from expert models toward more collaborative approaches that include families as full partners in decision-making (Rainforth, York & Macdonald; York, Giangreco, Vandercook & Macdonald, 1992).
The purpose of this article is two fold. First, it offers a brief description of VISTA (Vermont Interdependent Services Team Approach) (Giangreco, 1996), an educational support service decision-making process. Second, this article presents data on perceptions of VISTA collected from experts in a variety of fields.

Description of VISTA

VISTA (Giangreco, 1996) is a support service decision-making process developed to address some of the problems historically associated with related service decision-making and provision in schools (e.g., fragmentation, gaps, overlaps, contradictions, service coordination). VISTA provides a team process for determining: (a) what services are needed to support specific components of a student's educational program, (b) the educational relevance and necessity of the services, (c) function(s) of support services, and (d) the frequency, mode (e.g., consult, direct), and location of service provision. VISTA provides a sequence of activities and forum for team members to explore the interrelationships among various potential support services. VISTA seeks to ensure that students with disabilities get the services they require educationally, that professional services are not unnecessarily overused, and that human resources are used efficiently.

In its current form, VISTA is described in a manual (approximately 160 pages) which begins with sections on the purpose and rationale for the model, current issues in related services, and ten guidelines. These ten guidelines include:

1. Establish and maintain a collaborative team
2. Define components of the educational program
3. Understand the interaction between program, placement &
4. Use a value system to guide decision-making: "only-as-special-as-necessary"

5. Determine functions of service providers and their interrelatedness

6. Apply essential criteria when making service recommendations: Educational relevance and necessity

7. Determine who has authority for decision-making: consensus

8. Match the mode and frequency of service provision to the function served

9. Determine the least restrictive location and strategies for service provision

10. Engage in ongoing implementation and evaluation of support services

The manual also includes directions for using VISTA (including 5 "To Do" Lists), several examples, a facilitator's guide, and blank forms. The VISTA process includes four major activities: (a) general preparation (e.g., forming a team, learning about team members' skills, getting to know the student, reading the VISTA manual), (b) getting ready for the VISTA Meeting (e.g., determining the components of the student's educational program), (c) having the VISTA meeting (e.g., considering potential support services as a team, evaluating suggestions based on criteria, reaching consensus on educationally necessary services), and (d) next steps after the VISTA meeting (e.g., subgroups do more refined planning, implementing team decisions, evaluating the impact of support services).

Review of VISTA

The first step in this study was to update the written rationale and directions for using VISTA that had been initially pilot-tested in 1989 and 1990 (Giangreco, 1994). In the early fall of 1994 an updated VISTA manual (Giangreco, 1995) was sent for review to a panel of experts affiliated with 11...
national organizations representing a variety of related service disciplines, special educators, parent and consumer groups, and general education teachers and administrators. These organizations included the: (a) American Association of the Deaf-Blind, (b) American Foundation for the Blind, (c) American Occupational Therapy Association, (d) American Physical Therapy Association, (e) American Speech/Language/Hearing Association (n = 2), (f) Association for Supervision and Curriculum Development, (g) Association for the Education and Rehabilitation of the Blind and Visually Impaired, (h) Deaf-Blind Coalition, Helen Keller National Center for Deaf-Blind Youth and Adults, (i) National Families Association for Deaf-Blind, (j) The Association for Persons with Severe Handicaps (Related Services Subcommittee), and (k) TRACES.

Respondents

This national panel of experts included 7 women and 5 men, seven of whom had earned doctoral degrees, one a certificate of advanced study, and three had Master's degrees. One member had completed some college work. One respondent had a disability and half of the group had a family member with a disability (e.g., child). Panel members had an average of over 21 years (SD = 5.97) of experience in the field, ranging from 11 to 33 years. Panel members were purposely selected based on their professional or personal knowledge and experience.

Data Collection and Analysis

Panel members were asked to read the VISTA manual, then respond to a series of statements about its content, relevance, and logic, using a Likert-style scale where 1 was anchored with the phrase "Strongly Disagree" and 7 was anchored with the phrase "Strongly Agree" to reflect their individual
opinions. Data were coded for quantitative analysis using the SAS System (SAS Institute, 1989). Panel members' responses reflected their individual opinions and should not be considered an organizational endorsement of VISTA, but rather a willingness on the part of these organizations to lend their respective expertise to this review activity through an individually selected member. Panel members were also asked to rate the overall quality of the VISTA manual given the options: "poor," "adequate," "good," and "excellent" and to offer any additional feedback by writing comments. Half of the panel offered specific editing suggestions.

Results

As shown in Table 1, the national reviewers agreed that the content of VISTA was relevant for both students with deaf-blindness as well as those with other disabilities who have educational support service needs. Despite verifying VISTA's content as logical, consistent with exemplary practice, consistent with the practices of their organizations, and not particularly controversial, they indicated that the ideas presented in VISTA were not currently in wide use among people affiliated with their organizations. Reviewers indicated that the content of VISTA included important areas for training and technical assistance.

Although most of the national reviewers rated the overall quality of draft version of VISTA as "good" or excellent" (see Table 1), not all of them shared similar philosophical orientations with each other nor did they necessarily share the same opinions about the manual's format. For example, two reviewers expressed concern about VISTA's emphasis on placing and supporting students with disabilities in general education classes rather than advocating for a more traditional "continuum of placements," including
specials schools and classes. One reviewer expressed usability concerns, fearing the manual was "too long." Several reviewers commented favorably about the manual's format of highlighting "Key Points," "Questions to Ask Yourself and Your Team," and extensive examples. Feedback from reviewers was used to update the currently published VISTA manual (Giangreco, 1996).

Conclusion

VISTA represents an approach to support service decision-making that has the potential to be useful for making educational support service decisions for students with deaf-blindness and others with complex support service needs. VISTA has undergone the scrutiny of representatives of several, diverse, national organizations serving students with deaf-blindness and has been found to be relevant, logical, and consistent with exemplary practices. Further, it has been identified as containing content that represents important areas of training and technical assistance. Since the completion of this study, VISTA has been evaluated with 11 educational teams serving students with deaf-blindness who are served in general education classes to explore its impact on team decision-making (Giangreco, Edelman, Luiselli & MacFarland, in press; Giangreco, Edelman, Luiselli, MacFarland & DeCaluwe, 1996). This ongoing data collection has resulted in additional updates to VISTA (Giangreco, 1996a) that continue to be field-tested. The recently completed studies regarding VISTA and those still in progress, provide a practical example of how research data can be applied to educational practices in ways designed to assist educational teams and ultimately improve educational outcomes for students with disabilities and their families.
References


Giangreco, M.F. (1996a). *Supplement to VISTA (Vermont interdependent services team approach): A guide to coordinating educational support services*. Burlington, VT: University of Vermont, University Affiliated Program of Vermont.


Table 1: National Expert Feedback On VISTA
(Scores based on 1 to 5 Likert-style scale)

<table>
<thead>
<tr>
<th>Variable</th>
<th>n</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The content is relevant for use with other people with disabilities, beyond those who are deaf-blind.</td>
<td>12</td>
<td>4.67</td>
<td>0.49</td>
</tr>
<tr>
<td>2. The content represents important areas of training and technical assistance needs for people affiliated with my organization.</td>
<td>12</td>
<td>4.58</td>
<td>0.69</td>
</tr>
<tr>
<td>3. The content is logical.</td>
<td>12</td>
<td>4.58</td>
<td>0.51</td>
</tr>
<tr>
<td>4. The content reflects exemplary practice.</td>
<td>12</td>
<td>4.50</td>
<td>0.80</td>
</tr>
<tr>
<td>5. The content is relevant to people affiliated with my organization who work with people who are deaf-blind.</td>
<td>12</td>
<td>4.25</td>
<td>0.97</td>
</tr>
<tr>
<td>6. The content is consistent with the mission, code of ethics, and/or guidelines for practice established by my organization.</td>
<td>12</td>
<td>4.25</td>
<td>1.06</td>
</tr>
<tr>
<td>7. The content is controversial.</td>
<td>12</td>
<td>2.91</td>
<td>1.08</td>
</tr>
<tr>
<td>8. The ideas presented are currently in wide use by people affiliated with my organization.</td>
<td>12</td>
<td>2.83</td>
<td>1.11</td>
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</tbody>
</table>

Generally I would rate the overall quality of this manuscript as:

- Excellent: 6
- Good: 5
- Average: 1
- Poor: 0

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