



Improving Support Service Decision-Making: consumer feedback regarding updates to VISTA

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ABSTRACT *This study provides data from 73 educational team members who used an updated version of the Vermont Interdependent Services Team Approach (VISTA) to assist them in planning educationally necessary support services for 11 students with multiple disabilities in general education classes. These data provide evaluative consumer feedback about changes in VISTA based on limitations identified through previous research. The results indicated that the changes were perceived positively by consumers, particularly related to overall quality, practicality, and more substantive involvement of parents and general education teachers in support service decision-making. Study respondents also identified areas in need of continued improvement in VISTA. Implications for future research, development, and practice are discussed.*

VISTA, the *Vermont Interdependent Services Team Approach* (Giangreco, 1996a) is a team planning process for making individual decisions about educationally necessary support services (e.g., physical therapy, speech/language pathology, psychological services) for students with disabilities. VISTA is based on a series of guiding principles and includes a set of systematic steps to assist teams with their decision-making. VISTA is purposely not standardised. Teams are encouraged to apply its principles and procedures in contextually individualised ways. Previous quantitative and qualitative research on VISTA has established its value and impact while highlighting its limitations and needs for improvements (Giangreco, 1994; Giangreco, Edelman, Luiselli, & MacFarland, 1996a, 1996b, 1998; Giangreco, Edelman, & Nelson, 1998; Giangreco, Whiteford, Whiteford, & Doyle, 1998). The most significant of these is related to practicality issues and the level of involvement of parents and general educators in support service decision-making. The remainder of this introduction is divided into three sections. First, limitations of VISTA are

described. Second, updates to VISTA are presented which were designed to address its limitations. Third, the purpose and importance of the current study are presented.

Limitations of VISTA

The procedures included in VISTA called for all team members to be present at a meeting where the process was used to make support service decisions. Although team members acknowledged the value of this approach, they also recognised the practical limitations (Giangreco, Edelman et al., 1998). It was not feasible logistically, particularly for support service providers with large caseloads, to attend VISTA meetings for every student on their caseload. Second, in order to maintain fidelity of the process, several first-time facilitators of VISTA in previous studies required technical assistance from someone more experienced with the process to facilitate it with a team because one of the forms used during the VISTA meeting, called the *VISTA Worksheet*, was found to be challenging for some team members to use (Giangreco, Edelman et al., 1996a). Third, while the research data indicated that consumers found that VISTA improved their team decision-making, there were still concerns that the procedures in VISTA were not giving parents and general educators a strong enough voice in support service decision-making (Giangreco, Edelman et al., 1996b, 1998). Even though parents and general educators participated in VISTA meetings, concerns persisted that their involvement was not as substantial as that of the related service personnel. This was traced, in part, to the fact that during a VISTA meeting support service personnel offered their opinions first. Parents, teachers, and even other support personnel, who each had opportunities to respond, often deferred to specialists who were offering opinions or recommendations (Giangreco, Edelman et al., 1998). In follow-up interviews team members indicated that sometimes they had questions or reservations about what was being suggested, but felt uncomfortable questioning the recommendations of team members (Giangreco, Edelman et al., 1998; Giangreco, Whiteford et al., 1998). This deference to team members who were perceived to be specialists existed in part because some individuals sought to avoid conflicts, confrontations, or being perceived as challenging another team member's competence. These findings highlighted some important areas in need of improvement in VISTA.

Updates to VISTA

On the basis of the aforementioned studies, a *Supplement to VISTA* (Giangreco, 1996b) was developed to augment the information and procedures included in the VISTA manual in an effort to be responsive to consumer feedback regarding the need for improvements in VISTA. This section describes some of the major changes related to the outlined concerns. In addition to those listed below, a variety of additional changes, not presented here, were outlined in an updated set of five "To Do" lists in the Supplement to VISTA. These "To Do" lists consist of specific steps to be taken in sequence to assist team members in making related service decisions

using VISTA. The five “To Do” lists include steps related to: (a) General Preparation, (b) Getting Ready for the VISTA Meeting, (c) Using the VISTA Worksheet at the VISTA Meeting, (d) Using the VISTA Team Summary at the VISTA Meeting, and (e) What’s Next After the VISTA Meeting.

One significant change was establishing a core team versus full team approach to using VISTA. Minimally, the core team consists of the parents, classroom teacher, and special educator. Core teams may include others as determined to be individually appropriate such as the student, paraprofessional, or related service providers, who are building-based rather than itinerant. More typically, related service providers are designated as extended team members or situational resources to the core team. The core team approach to VISTA creates an option for core teams to get input from support service personnel without necessitating their presence at a VISTA meeting. This option results in fewer team members at the meeting, shorter meetings, proportionally more time for parents and teachers to have input, and puts more emphasis on understanding the support service needs of those who spend the most time with the student with disabilities, namely their classroom teachers and parents.

The core team approach is strongly consumer-driven where the consumers are the core team members. The updated VISTA “To Do” lists pertaining to General Preparation and Getting Ready for the VISTA Meeting include added emphasis on developing a shared framework among all team members as well as extending the knowledge and skills of team members to increase their capability to become more active and effective consumers of support services. The core team approach begins with the capabilities of parents and teachers to determine areas where assistance is needed beyond their own skills and knowledge, given that they are knowledgeable consumers about the potential contributions and involvement of support services.

Another major change in VISTA addressed consumer feedback by redesigning the VISTA Worksheet along with the corresponding procedures for facilitating the VISTA meeting (see Figure 1). The revised worksheet is simplified, reducing the need for technical assistance. Second, its procedures give classroom teachers and parents a greater voice in decision-making and decreases the likelihood of deferring to specialists. The revised VISTA Worksheet, presented horizontally on a page, includes a far left column that lists components of a student’s individually determined educational program (e.g., priority learning outcomes, additional learning outcomes, general supports); this is similar to the earlier version. To the right of that first column are five additional columns that prompt team members through a series of questions to assist them in making support service decisions in reference to each of the listed educational program components.

The first in the set of five queries referencing each educational program component is directed to the classroom staff (e.g., classroom teacher, paraprofessional). They are asked, “Can you (classroom staff) address the student’s educational program component under consideration without additional specialised support?” If the classroom staff say “Yes,” they are asked to describe how they would address the component so that other team members would have a basis to evaluate their response, before having the opportunity to indicate their agreement or disagreement.

VISTA Worksheet

Student Name _____
 Page _____ of _____

#	1. Educational Program Components (see Program-at-a-Glance for details)	2. Classroom Staff OK without more support? Y or N	3. What Kind of Additional Support is Needed?	4. Who Could Provide?	5. Relevant & Necessary? Y or N	5. Team Agrees? Core All

*** Use additional pages as needed**

FIG. 1. Supplement VISTA Worksheet.

If everyone agrees, it is noted and the team moves on to consider the next educational program component.

If the classroom staff say “No,” indicating that they do not feel they can address the educational program component without additional specialised support, the second question is posed. The classroom staff are asked, “What kind of support is needed for the student to access and/or participate in the identified educational program component?” Here the classroom staff are encouraged to clarify what they think they need (e.g., equipment, information, demonstration of a procedure) rather than identifying a specific person or discipline. The team then discusses their concern and offers their perspectives.

Once clarified as a group, the team considers the third question, “Who has the capability to provide the supports?” The emphasis in this part of the VISTA meeting is to consider natural supports and ways to expand the capacity and capability of the core team members before considering the use of specialised support personnel, though selection of specialised supports is an available option.

In the fourth column, team members are challenged to evaluate the proposed support services critically by verifying that they are both educationally relevant and educationally necessary. The *Supplement to VISTA* provides an updated list of criteria for teams to consider educational relevance and necessity.

Last, in the far right column, core team members are asked to verify their consensus agreement about what has been discussed and challenge themselves again by asking if the services they are proposing are required to meet student needs, yet “only as special as necessary.” Decisions made by the team members in attendance using both the VISTA Worksheet and VISTA Team Summary are shared with extended team members who were not in attendance for review and consideration before being finalised.

Purpose and Importance

The purpose of this study was to evaluate the changes in VISTA by having teams use the updated process and provide evaluative feedback. Toward this end the following research questions were posed:

1. Did consumers who used both the original and updated versions of VISTA think one was better than the other?
2. How did the consumers who used the updated version of VISTA rate its practicality and overall quality as an approach to support service decision-making and planning?
3. Did the updated version of VISTA address the concerns raised in initial studies regarding opportunities for involvement of general education teachers and parents?
4. What were the aspects of VISTA that consumers liked best, least, and what suggestions would they offer to improve VISTA further?

Answering these questions is important because relatively few documented planning processes exist to assist teams in making decisions about educationally relevant

and necessary support services. Data are sparse that establish the utility, impact, or development of educational and related service planning processes. Additionally, findings from previous and current research on VISTA demonstrate that limitations in planning processes such as VISTA can be identified and the processes incrementally improved through data-based consumer feedback.

Method

Research Sites

In the spring of 1996 and during the 1996–1997 school year, data were collected from personnel in 11 public school sites in three states (i.e., Massachusetts $n = 3$, Utah $n = 5$, Vermont $n = 3$) where students with disabilities who had multiple service needs were educated in general education classrooms. The students were included in general education from kindergarten and grades 1, 2, 3, 5, 8, and 12. Six sites were located in suburban schools in large metropolitan areas, four sites were in small towns or rural areas, and one was in a remote location.

The seven male and four female students educated at these sites all were deaf-blind, ranging in age from 5 through 21 years. Each of these students also was reported to have significant cognitive delays and additional disabilities such as orthopedic, health, and behavioural impairments. Eight of the sites included a portion of team members who had previously used earlier versions of VISTA. Three of the sites included team members who had not previously used VISTA.

Participants

A total of 73 educational team members participated in this study. Thirty of the respondents were related services providers (speech/language pathologists, $n = 8$; occupational therapists, $n = 8$; physical therapists, $n = 4$; teachers of the blind and visually impaired, $n = 3$; teachers of the deaf and hearing impaired, $n = 3$; nurse, $n = 1$; deaf-blind specialist, $n = 1$; counselor, $n = 1$; intervener, $n = 1$). The remaining respondents included 12 general education teachers, 11 special educators, 11 parents (mothers $n = 8$, fathers $n = 3$), 7 paraprofessionals, and 2 school administrators. For 64% of the respondents ($n = 47$), this was their first experience with VISTA, while 36% ($n = 26$) had experience using the earlier version of VISTA at least once within the previous year.

Design, Data Collection, and Analysis

A posttest-only design was used in this evaluation of the updates to VISTA. The 11 teams used the VISTA process and then immediately upon completion were asked to complete a 12-item questionnaire. The respondents were asked if they had participated in a VISTA meeting the previous year. If they responded “Yes,” they were asked to circle one of three statements that most accurately reflected their opinion comparing the original version of VISTA and updated version based on the

Supplement to VISTA. They chose between: (a) I thought the original version of VISTA was better than the updated version of VISTA; (b) I thought the original version and the updated version of VISTA were about the same; and (c) I thought the updated version of VISTA was better than the original version. All respondents were asked to rate the overall quality of VISTA as an approach to support service decision-making and planning given the options: (a) poor, (b) fair, (c) good, and (d) excellent.

Given a 10-point Likert-style scale where 1 was anchored with the phrase "Strongly Disagree" and 10 was anchored with the phrase "Strongly Agree," respondents were asked to circle the number that most accurately reflected their perspective for each of six statements based on their experience using VISTA. Respondents were also given the option to circle "Don't Know." The statements were: The updated version of VISTA: (a) provided significant opportunities for the classroom teacher to have substantive input into support service decisions and express his/her support needs; (b) provided significant opportunities for parents to have substantive input into support service decisions and express his/her support needs; (c) provided significant opportunities for special educators to have substantive input into support service decisions; (d) provided significant opportunities for related service providers to have substantive input into support service decisions; (e) puts more decision authority in the hands of consumers (e.g., classroom teachers, parents) than earlier versions of VISTA; and (f) is practical.

Study participants were also asked to write responses to the questions: (a) What did you like best about the updated version of VISTA? (b) What did you like least about the updated version of VISTA? and (c) What suggestions would you offer to improve VISTA? An open space was available with the instruction, "Please write any additional comments here if you wish to further explain your responses". All data were collected and sent to the first author who conducted the analyses of the data using SAS (1996). Narrative responses were transcribed and categorised.

Results

In rating the overall quality of the updated version of VISTA, 97% of the respondents rated it "good" ($n = 32$) or "excellent" ($n = 39$) as an approach to support service decision-making and planning for students with disabilities, while less than 3% ($n = 2$) rated it "fair." Of the 26 study participants who previously had used VISTA, 25 responded to the question where they were asked to compare the updated version of VISTA with the original version. Eighty-four percent of those respondents ($n = 21$) indicated that they thought the updated version was better than the original while 16% ($n = 4$) thought the two versions were "about the same." None of the respondents indicated that the original version was better than the updated version.

As shown in Table I, study participants indicated that the updated version of VISTA provided significant opportunities for input from core team members, special educators, parents, and teachers while retaining a high level of involvement from related service providers. Additionally, study participants indicated that the

TABLE I. Likert-style data on updated VISTA (total $n = 73$)

Variable	<i>n</i>	<i>M</i>	<i>SD</i>
The Updated Version of VISTA:			
1. Provided significant opportunities for special educators to have substantive input into support service decisions	71	9.27	1.11
2. Provided significant opportunities for parents to have substantive input into support service decisions and express his/her support needs	72	9.19	1.21
3. Provided significant opportunities for the classroom teacher to have substantive input into support service decisions and express his/her support needs	64	9.11	1.38
4. Provided significant opportunities for related service providers to have substantive input into support service decisions	71	8.76	1.55
5. Puts more decision authority in the hands of consumers (e.g., classroom teachers, parents) than earlier versions of VISTA	42	9.07	1.22
6. Is practical.	68	8.21	1.82

updated version of VISTA put more decision authority in the hands of consumers (e.g., classroom teachers, parents) than earlier versions of VISTA and their ratings indicated that they perceived VISTA as practical.

In their narrative responses, study participants described some of the attributes of the updated VISTA as being “easy to read and understand,” “shorter and more direct,” “concise,” “clear,” and “organised.” One respondent summarised the improved practicality of the updated version of VISTA by writing, “The calm, deliberate approach and analytical style allowing input from all participants was very effective and satisfying.” In describing what they liked least about the updated version of VISTA, by far the most common concern reported was that it was perceived as “lengthy” and “time consuming.” Time concerns related to both learning the VISTA guidelines and procedures as well as actually using VISTA. This may explain the slightly lower score for the “practicality” variable in Table I in comparison to the other variables.

When asked to give “suggestions for improvement,” study participants offered varied input. Not surprisingly, the primary suggestion for improvement was to seek ways to shorten the time it takes to learn and complete VISTA. Correspondingly, team members sought administrative support, particularly to arrange conducive training and meeting times.

Some felt that the VISTA manual and supplement would benefit from ongoing editing to reduce educational jargon and simplify the language used to describe the process. They looked forward to having the updated information from the supplement infused into a single updated VISTA manual to avoid the inconvenience of having to refer to two documents.

Another major suggestion theme related to training needs. Some participants suggested that there be differentiated training levels. For example, more intensive training could be available for facilitators while other team members might be able to participate effectively with a shorter, less detailed training experience. Use of a

video-taped example of VISTA was suggested as a way to address the different learning styles of team members and potentially save time.

Despite the positive ratings of VISTA regarding opportunities for parental participation, a small set of study participants suggested that the need to ensure parental participation could not be over emphasised and that cross-cultural issues may necessitate adaptations in the process. Lastly, it was suggested that VISTA include guidelines or process steps to assist teams in determining the potential need for paraprofessional involvement in a student's education.

Discussion

These data collected from team members clearly indicate that the changes in VISTA, as outlined in the *Supplement to VISTA*, have improved VISTA in areas where concerns from previous research had been identified. The feedback of consumers also served to identify continuing needs for improvement in VISTA. The findings of this study should be considered in light of its design limitations. Most notably, the posttest-only design of this study does not provide experimental verification of the findings. However, the posttest-only design does provide a quick, simple, and relatively user-friendly way to gather consumer feedback within the normal flow of school activities. Additionally, it served as an effective way to evaluate changes in VISTA and identify areas that are in need of continued improvement. Additionally, any data that require retrospective comparisons (e.g., previous versions of VISTA with updated versions) should be considered cautiously.

In referring to Table I, it should be noted that variable 5 (put more decision authority in the hands of consumers than earlier versions of VISTA) has an n size ($n = 42$) that was substantially lower than the other 5 variables where the n size ranged from 64 to 72. While the varying n sizes represented participant choice to select "Don't Know", the wording of variable 5 called for a comparison between the original and updated version of VISTA. Twenty-four of the 26 study participants who had used VISTA previously responded to the variable 5 statement by selecting a number on the Likert-scale, as did 18 of the 47 participants who had not used VISTA previously. Comments indicated that some respondents perceived variable 5 as only appropriate for response by those who had previously used VISTA. Those 18 who did respond, but who had not previously used VISTA, used their reading and review of the original VISTA manual, provided along with the *Supplement to VISTA*, as a basis for comparison and responding. This highlights a caution and a limitation. First, the caution is that these data should be viewed in light of the fact that 57% of the respondents to variable 5 based their response on experience with both versions while 43% based their response on review of the original VISTA manual and their experience using the updated version. The limitation is one that is common to virtually all questionnaires, namely idiosyncratic interpretation of questionnaire items.

These data offer a variety of implications for practice and future development. First, this study, particularly when considered in conjunction with previously conducted research on VISTA, offers an example of how data of various kinds can be

used directly to inform and improve educational practices. By continually asking questions about the utility of planning processes and their “goodness of fit” with a set of guiding principles (e.g., family involvement, capacity-building, contextual responsiveness, common goals, educational necessity) we can incrementally improve how and what we do as educational teams. While the clarification of underlying values which influence planning and decision-making (e.g., inclusion, collaboration, individualisation) is essential to effective team functioning, so too is our ability to create guidelines and procedures to operationalise those values in our efforts to pursue the important lifestyle outcomes they are designed to support. Data of the sort presented in this study allows the concerns of various constituencies (e.g., parents, teachers, related service providers) to be heard and acted upon.

In reviewing what study participants identified they liked least about VISTA and their suggestions for its improvement, it was not surprising that they identified the ever-present problem of insufficient time. While suggestions to seek ways of shortening and streamlining both the learning and use of VISTA have been and should continue to be pursued, it may be helpful to consider another perspective simultaneously. Learning a multi-step process such as VISTA and making consensus decisions does take more time than autocratic or democratic approaches to decision-making. While some might consider this an inevitable limitation of any group consensus planning or decision-making process, we may be well advised to alter the way we think about our time and how we spend it.

Making time to discuss and develop a shared framework is vital to productive ongoing team functioning and we are assuming that well-functioning teams are desirable. Taking time to clarify a student’s educational program and our roles as team members is time well spent. As we consider future changes in VISTA to save time, we must be vigilant to ensure that expediency is not confused with efficiency. One could reasonably argue that even though a process such as VISTA may represent an initial, and some might say substantial, expenditure of time, if done well it may save time over the course of the school year while also increasing the quality and impact of the educational program.

Maybe our concerns about time should acknowledge that high quality effective planning and decision-making does take time and that our challenge is to make sure that we use that time wisely. We do not help students, families, or professional staff by saving time if those expedient approaches to planning result in an inadequate educational program or ineffective supports. This viewpoint should encourage us to revisit a variety of factors that have an impact on team functioning such as caseload size for special educators and related service providers, administrative supports, scheduling, team meeting procedures, and case management.

We can increase the likelihood of improved outcomes for students with disabilities when we continually reflect on our practices and seek ways to align and adjust them so they fit together in a coherent and viable manner that is constantly referenced to individually determined valued life outcomes for our students.

Planning processes, such as VISTA, are always “works in progress,” as well they should be since we are continually learning more and this influences our thinking and actions. Data collection efforts should continue on VISTA and other planning

processes so that consumers can have current information upon which to base decisions about potential adoption of processes. Equally as important, collection of evaluative data provide an important source of field-based information from consumers that can be used to advance our educational practices. Future research and development efforts should: (a) evaluate the impact of future updates to VISTA; (b) explore its use for other populations of people with disabilities where support service decision-making is critical, such as students with severe behavioural disabilities; and (c) explore adaptations to its use across the age-span and in nonschool settings, such as day care centers, places of employment, and community living options.

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