



CONTEMPORARY ISSUES IN HEALTH, EDUCATION AND WELFARE OF PEOPLE WITH DISABILITIES

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STRATEGIES FOR TEACHING CHILDREN WITH DEAF BLINDNESS

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Introduction

Children with deaf blindness require teaching methods that are different from those of children who have only hearing or vision loss. When both vision and hearing are affected, especially from birth or early in life, natural opportunities to learn and communicate can severely be limited. The term deaf-blindness implies a complete absence of hearing and sight, in reality, it refers to children with varying degrees of vision and hearing losses. The type and severity differ from child to child. The key feature of deaf-blindness is that the combination of losses limits access to auditory and visual information (National Center on Deaf Blindness 2017).

Individuals learn about the world mostly through their senses of vision and hearing. Vision and hearing are the main sensory avenues for accessing and interacting with the world around us and for perceiving events as close or distant. When vision and hearing are reduced, even to a mild level, the losses affect the ability to communicate, develop personal relationships,

and acquire concepts. Deaf blindness affects human development and wellbeing. The population of learners who are deaf blindness is highly diverse. Students who are deaf blind are rarely totally deaf and totally blind; most students have some usable hearing and/or vision. Ninety percent of students identified as having deaf blindness have additional disabilities. These may include additional motor, health, behavioural, and/or developmental disabilities. Some students may be able to learn academics, while others may require a more functional approach to learning. Students who are deaf blind are the most diverse and complex group of students receiving special education services. Although, the term deaf blindness implies a complete absence of hearing and sight, most children who are considered deaf blind have some functional vision or hearing (National Blind Centre, 2007).

An individual who is deaf blind is one who has a combined loss of vision and hearing. Neither vision or hearing can be used as a primary source of accessing information. (The Canadian Deaf blind and Rubella Association definition) This is a functional definition, based on the combined effects of the losses rather than on a specific degree of loss to one or the other of the senses. The two sensory losses multiply and intensify the impact of one another, creating a severe disability which is unique (Pam Ryan N.D)

The combination of losses limits access to auditory and visual information. Children with deaf blindness require teaching methods that are different from those for children who have only hearing or vision loss. "When *both* vision and hearing are affected, especially from birth or early in life, natural opportunities to learn and communicate can be severely limited" (NCDB, 2007). Although definitions of deaf blindness vary around the world, there is universal recognition of the deleterious effects that dual sensory impairments have on access to environmental information, as well as acknowledgment that this unique disability requires specific teaching strategies to abet and support learning (Ernsveldt, 1996).

Vision and hearing are major senses through which people gain information about the world in order to learn, function and

interact with others. Individuals with deaf blindness are not able to access this essential visual and auditory information in a clear and consistent way.

A combined loss gives a person a distorted picture of the world and leads to immense difficulties in communication, mobility, learning, and interaction. All those with deafblindness experience sensory deprivation, and are isolated from the world to varying degrees. Each person requires a unique educational approach - a range of learning opportunities and a variety of teaching modalities (auditory, visual, kinesthetic, and tactual) in an accessible environment - in order to ensure he/she has the opportunity to reach his/her full potential. The challenge for each individual is to make sense of the world using the limited information that can be accessed.

Teaching Strategies for Children with Deaf blindness

A person who has deaf-blindness has a greater or lesser extent of hearing and vision loss. This results in difficulties accessing information. Persons with deaf-blindness use different communication methods. They may be accompanied by an intervenor, a professional who is trained in tactile sign language. This sign language involves touching the hands of an individuals with deaf blindness using a two-handed, manual alphabet, also known as finger spelling. Other persons with deaf-blindness may use American Sign Language (ASL) or Langue des signes québécoise (LSQ), or they may require small window interpreting (signing within a restricted range of vision). Some persons with deaf-blindness have some sight or hearing, and others have neither. Persons with deaf-blindness will probably let one know how to communicate with them. If you are unsure, ask.

A learner with deaf blindness is a Multi Sensory Deprived child (MSD) who has been denied the effective use of either his or her distant senses (Mc Innes & Treffrey, 1982). Children who are deaf-blind miss information that would normally be received by the use of distance senses of vision and hearing. Distance senses allow individuals to take in information immediately and are the

primary channels through which most people collect information (Prickett & Welch, 1995). Learners who are deaf-blind may receive distorted or incomplete information from their senses because of their sensory loss. The “near” senses of touch, smell and taste do provide some information, but they require the learner to be in close contact with the item, and these senses may not provide adequate information, for instance, it can be difficult to gain understanding of large items such as, a tree or a mountain or distant objects like a cloud without the use of distant senses (Heller, Forney, Alberto, Best, and Schwartzman. (2009). Children who are deaf-blind receive information that usually results in delays and difficulties in concept development and skill development due to the loss of information from distant senses. The development of these areas is further hampered by the lack of incidental learning that occurs from vision loss.

Incidental learning is unplanned learning that results from seeing or engaging in other activities (Heller, Forney, Alberto, Best and Schwartzman, 2009). Learners with deaf blindness will need more time to learn concepts with adults providing ample opportunities and systematic instruction. Learners with deaf blindness will often have developmental delays in the area of mobility and motor skills. The loss of vision makes it difficult for young children to monitor their own environment or copy other people as models. Milestones such as crawling and walking are usually delayed. Orientation problems can occur due to difficulties in creating a mental map of their surroundings. One of the major areas affected by having deaf blindness is communication. Communication delays and difficulties typically occur usually resulting in the need for augmentative and alternative communication.

Augmentative and alternative communication can range from the use of gestures and objects to sign language or electronic communication devices. When the learner with deaf blindness has additional impairments such as severe cerebral palsy (CP), the learner’s attempts at communication may be easily missed. This difficulty in communication often leads to secondary behavioural challenges (Best, Heller, and Bigge, 2010). The exact

characteristics of the learner who has deaf blindness will depend on the etiology, the severity of the sensory losses and the individual make up of the child. In addition many learners who are deaf blind also have additional disabilities such as cerebral palsy, intellectual disabilities, health impairments and developmental delays. The teacher will need to learn about the unique characteristic of each learner with deaf blindness to determine how best to meet his or her needs (Mcletchie and Riggio, 1997).

The child with deaf blindness requires considerable modifications to teaching content and different teaching strategies. He/she cannot learn from what he sees like the deaf child does. He cannot learn from listening like the blind child does. He learns only by what he/she does. This means that no learning is taking place for him while waiting for others to take their turn. For this reason, a small group or individual instruction becomes more critical. Large group instruction is only valuable if he or she can be consistently active. This child also may have problems experiencing new things. Encountering the world without benefit of vision and hearing requires a great deal of trust. Bonding with the child is critical for the instructor and it is therefore important to evaluate the child's response to an individual when determining who will be the primary provider of instruction. He/she may be withdrawn or passive, content to stay in one place and let the world come to him. Things often magically appear and disappear before him/her. Cause and effect are elusive. People do things to him but not necessarily with him. There is little explanation of events before they occur. For this reason it is important to make interactions balanced (my turn, your turn) to encourage him to be responsive. Instruction that is always directive requires no response from him. Safety is also of critical importance to this child with deaf blindness. Not only must the environment be made safe for him, but he must feel safe in order to move around on his own. If he does not, he is likely to stay glued to one spot resisting interaction with his environment and the people in it. Instruction and support from an orientation and mobility specialist is very important. She may need to help staff evaluate the environment of hazards and develop travel routes for the child to use. She may

work directly with him to orient him to that environment and provide training on travel techniques and travel equipment (Moss and Hagood, 1995).

The curriculum focus for the child with deaf blindness will differ from that of the child with only a single sensory impairment. The deaf education focus may be primarily on using language. The curriculum focus for a child with visual impairment may be more oriented towards building concepts and experiences which can provide a firm cognitive foundation for language. The curriculum focus for a child with deaf blindness should be on bonding and developing interactions and routines for expanding the frequency and functions of communication. The child with deaf blindness will not learn about objects or actions incidentally. He cannot tie together the fragment input he receives without interpretation and instruction from others. He must be taught to use and accept this instruction. Developing a communication foundation for learning is a priority. Typically communication is tactile in nature using signals, objects, gestures and later on sign language or tactile symbols or some combination of forms. Language for a learner with deaf blindness is developed through the use of routines, calendar systems and discussion boxes. The child with deaf blindness may first need to be moved co-actively through an activity to know what is expected of him. After he understands what is expected, this support would be faded to avoid building prompt dependence because concepts develop so slowly for this child, there should be a focus on making learning functional (Moss and Hagood, 1995).

Movement of the hands from one point to another and area of the body (hand over hand guidance) may be essential as a strategy for children who have severe physical disabilities because they often need assistance to manipulate and explore objects. Coactive signing is a type of adapted signing in which an adult physically guides the child to produce signs using a hand over hand strategy which involves gradually withdrawing the adult's hand until the child's fingers touch the surface of the object or texture being explored (Chen, Downing, Rodriguez (2001). Body signing is where the signer produces signs on areas of the learner's

body other than the hands for instance, the sign of EAT may be placed against the lips. Body signs are based on manual signs that are symbols or words. Many children who are deaf blind with additional disabilities have very short attention spans and limited communication play. The majority of hearing adults who communicate with them are usually limited in their sign language unless they have a background of deafness. For these reasons, most children who are deaf-blind who have additional disabilities are exposed to key word signs rather than to American sign language or manually coded English. For example, "want play" are key word signs for "do you want to play". Object cues were also used. These are objects or parts of objects used in activities that are associated with a particular person. They are used to give information, make requests and provide feedback. Initially object cues should be used during selected activities so that the child can easily make association between an object and the activity it represents. For example, a small cardboard container of juice may be used to represent "time for snack" (Chen, Downing, Rodriguez (2001).

Teaching strategies for Children with Deaf blindness

According to Jill Porter, Olga Miller and Laura Pease(N.D),teaching strategies can broadly be categorised into; Pedagogic strategies and Organisation strategies.

1. Pedagogic strategies primarily concerned with communication at a non-symbolic level such as eye contact, exaggerated movement, and signal behaviours. Examples of these strategies would be choice-making, negotiation, experimentation and exploration.
2. Organisational strategies are concerned with visual and auditory access and development. Those for visual access include the use of particular lighting or contrast, magnification or physical positioning to enhance visual stimuli. While those concern auditory access and development include the use of aids and amplification, auditory enhancement, recorded sound and physical positioning in relation to auditory access. Organisational

strategies which facilitated task presentation and access through the use of tactile (or haptic) modification, enhancement, specific materials or properties. Organisational strategies which related to environmental aspects such as physical positioning such as adapted furniture or seating strategies used in teaching children with deaf blindness can be categorised into:

- a. Pedagogic strategies
- b. Organisation strategies

However, Pedagogic strategies can further be divided into:

- i. Outcome-based approaches
- ii. Developmental approaches
- iii. Communication

Communication can also be divided into; Formal communication and Non-symbolic communication. Also, Formal communication include Receptive and Expressive.

Organisation strategies can be divided into:

- i. Sensory organisation strategies
- ii. Structural organisation strategies

Sensory organisation strategies includes: Visual, Auditory and Kinaesthetic.

Tips for teaching children with deaf-blindness

Suggestions for interacting one-on-one with a children with deaf-blindness

Patience, respect, and a willingness to find a way to communicate are the best tools.

When you approach a person with deaf-blindness, identify yourself and speak directly to them.

- i. Ask permission before touching the individual, unless it is an emergency.

- ii. Service animal may accompany a person with a visual disability. Service animals are working and should not be distracted.
- iii. Speak directly to the person, not to the intervenor.
- iv. If you are not sure what to do, ask, "Can I help?"

Accommodating Children with deaf-blindness into Regular Classroom

Teachers have a responsibility to accommodate children with disabilities. Unlike Helen Keller, who had no vision and no hearing, the majority of learners who are deaf blind have some residual use of either or both senses of vision and hearing. Many of these students have additional physical and developmental needs, complex medical conditions, and/or challenging behaviours. Some students will attend college and go on to live and work independently, while others who are deaf blind will need a significant amount of lifelong support. Students who are deaf blind, like all students, are individuals and have strengths and needs that are very specific to who they are. Each will require an individually tailored educational experience, which should be addressed in the development and implementation of the Individualized Education Program (IEP). There are, however, some challenges common among all people who are deaf blind that should be considered by those who provide educational services:

The effects of combined vision and hearing losses isolate students from people and the environment. The major challenge that educators face in diminishing this isolation is to build their students' abilities in communication, concept development, and social competence. Communication provides access to the curriculum and all learning.

Students who are deaf blind require services that are delivered by a team of skilled professionals and paraprofessionals who can create appropriate communication and learning opportunities and provide the students with access to the regular education curriculum and to learning in natural environments. Most students who are deaf blind require one on one support to

facilitate equal access to the same learning as their sighted-hearing peers (Alsop, 2002). Every educational team should include a professional with specialised knowledge and skills in deaf blindness to provide direct services, support, and training to families, education professionals, therapists, paraprofessionals, and other team members. A meaningful educational programme involves families and professionals working together on an ongoing basis to support the students' educational growth and development.

Conclusion

Children with deaf blindness differ in different ways from their counterparts who have only visual or hearing impairment, therefore it of utmost importance they are taught with strategies that are capable of meeting their needs. The following recommendations:

1. Teachers of children with deaf blindness should understand the needs of each child. This will enable them (the teachers) to understand individual differences among the pupils.
2. More professionals who could teach these children should be trained.
3. The teachers should be encouraged and motivated by the government and relevant stake holders to attend seminars, workshops and conferences in order to update them on new trends in the education of pupils with deaf blindness.
4. Materials and equipment should be provided by government and relevant stake holders for teaching children with deaf blindness.
5. Parents should be involved in the education of their children with deaf blindness.

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