

Visual impairments: Suggestions for early interventionists



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Infant, toddler intervention needs different than those of older children

The intervention needs of infants and toddlers differ considerably from those of children with visual impairments and blindness who are kindergarten-aged and older.

Early intervention for infants and toddlers should be family-centered while also addressing visual impairment-specific needs. Because significant visual impairments often result in developmental delays and make it difficult to access visual learning environments,

infants and toddlers typically qualify for special education services via the established risk category.

Exemplary services include:

-- Establishing reliable alliances with families and other service providers based on family and child strengths, respect for diversity and culture, and collaboration.

-- Collaborating with families and professionals to complete the Individual Family Services Plan (IFSP).

-- Serving as an effective member of the early intervention team, helping families and other team members understand medical information, and being familiar with service co-ordination responsibilities.

-- Approaching early intervention from a support, rather than provision of services, perspective.

-- Making home visits that promote functional outcomes for both the child and family.

Strategies for providing exemplary services

Family-centered practices: Family-centered practices emphasize family strengths, empowerment of families to make their own decisions, collaboration between the family and professionals, and a holistic view of the family. By establishing respectful relationships with families and by understanding and honoring diversity, early interventionists demonstrate family-centered practices.

Teams and service coordination: Part C of IDEA (1997) requires that a multidisciplinary team assess infants and toddlers and develop the IFSP so that at least two different disciplines are involved. The team for a child with visual impairments should include a vision specialist and an orientation and mobility specialist. Although IDEA mandates a multidisciplinary approach, the Transdisciplinary model is considered recommended practice.

Support-based early intervention: Because the IFSP should focus on family and child strengths while also addressing the family's priorities, early interventionists are increasingly providing broad-based support rather than individual child-centered therapy. Support by early interventionists falls into these categories:

- Emotional support—includes these characteris-

tics or behaviors:

- *positiveness* about the child and the family
- *responsiveness*, including taking action when appropriate
- *orientation* to the whole family, not just the child
- *friendliness*
- *sensitivity*
- *competence* with and about children
- *competence* with and about communities

- Material support—access to equipment, supplies, assistive technologies, and information about financial resources and food.
- Informational support—information about child development (what comes next, what are other children this age doing), the child's condition or disability, resources and services, and activities that will enhance the child's development.

Developing functional outcomes: Functional outcomes are those that make day-to-day life for both the infant or toddler and family easier while also promoting the child's development.

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This Snapshot is based on ERIC Digest E636 "Infants and Toddlers with Visual Impairments: Suggestions for Early Interventionists" by Deborah D. Hatton of the FPG Child Development Institute at UNC-Chapel Hill (FPG), Robin McWilliam, formerly of FPG, and Pamela J. Winton, also of FPG. Published in November, 2002, the ERIC digest is at <<http://www.ericec.org/digests/e636.html>>

Issues specific to visual impairments

Because several visual impairments may be evident at birth or shortly thereafter, parents may learn that their child has a visual impairment much earlier than do parents of children with other disabilities. It is important for early interventionists to be aware of possible depression in the parents of infants and toddlers with visual impairment.

Parental depression can interfere with the development of attachment that is critical for social and emotional development. Also, the visual impairment might also impede attachment. First, the infant may not be able to make the direct eye-to-eye contact that is critical to attachment. Second, the infant may display adaptive behaviors that are misinterpreted by caregivers. Infants with visual impairments may remain quiet in order to listen to sound cues. By softly talking to the baby as they approach, caregivers can provide alternative sensory cues to elicit smiles and coos and make interactions more enjoyable.

Effective early interventionists help caregivers interpret infants' behaviors as well as help them learn to adapt to the environment so that the infant receives sensory information as effectively as possible.

Early interventionists must work with vision specialists on the child's team and be knowledgeable about the child's condition and appropriate resources in order to help interpret information.

Early interventionists must understand the impact of visual impairment on development. This knowledge can help families adapt the environment and their interactions with their children to enhance sensory information.

Strategies for exemplary services

(continued from front)

Functional outcomes for young children include:

- **Engagement**—the amount of time a child spends interacting with the environment in a developmentally and contextually appropriate manner.
- **Independence**—functioning with as little assistance from others as possible. Families differ in how independently they want their young children to do things, and these differences are sometimes determined socioculturally.
- **Social relationships**—the ability to communicate, get along with others, develop trust, interact appropriately, play appropriately, and form friendships.

Ideally, routines-based assessment will be used before developing the IFSP to identify functional outcomes that are family priorities as well as the daily routines within which they occur.

Effective home visits. Most early intervention is provided during weekly home visits that last about an hour, often beginning with a discussion about current family concerns and priorities. Early interventionists must collaborate closely with the family; working with the child in isolation cannot be expected to have much, if any, impact since infants and toddlers cannot generalize information.

If early interventionists focus on support to the family, they can provide intervention that addresses the family's immediate concerns and priorities and can take advantage of the "teachable moment" when families are most motivated to actually implement recommendations. Skillful early interventionists realize this and are flexible enough to adapt recommendations to meet the family's current and ongoing priorities.

If you want to know more

Chen, D. (2001). *Visual impairment in young children: A review of the literature with implications for working with families of diverse cultural and linguistic backgrounds* (Tech. Rep. No. 7). University of Illinois at Urbana-Champaign, Early Childhood Research Institute on Culturally and Linguistically Appropriate Services. Retrieved April 29, 2002, from <<http://clas.uiuc.edu/techreport/tech7.html#c2>>

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Schore, A.N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Shon, K.H. (Winter, 1999) Access to the World by Visually Impaired Preschoolers. *Re: VIEW*, 30(4).

Turnbull, A.P., & Turnbull, H.R. (2001). Building reliable alliances. In A.P. Turnbull & H.R. Turnbull (Eds.), *Families, professionals, and exceptionality* (pp.56-82). Columbus, OH: Merrill Prentice Hall.

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