

Availability for learning for children with multi-sensory impairment

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Presenter Challenges

- Theory of practice?
- Form and content
- Depth of focus and exclusion
- Breadth of focus and inclusion
- Range of age and ability

Proposition 1

That deafblindness includes the most complex conditions that we know, and the unique combination of true multisensory impairment with multiple other anomalies (some of them potentially life threatening) can lead to extreme variability in functioning and periods when the child may be unavailable for attending and learning.

Proposition 2

That the right educational program for each child with deafblindness never already exists but must be created. The program must be fitted to the child, not the child to the program.

Proposition 3

That a successful & appropriate educational program begins, and depends upon, skilled assessment which is flexible, on-going, and sensitive. Every child with deafblindness can be assessed successfully provided the people doing the assessment know what they are doing.

Proposition 4

That anyone responsible for designing and delivering a child's educational program needs some familiarity with deafblindness which is kept up to date. With the increasing amount of information about deafblindness now available this is perfectly feasible.

Sensory Diet

My take on Lilli Nielsen and Active Learning

- Hands off
- Focus on self-image and self-esteem as well as skill acquisition
- Time
- Close observation of the child
- The concept of changing the environment to help the child to change
- The idea of the Little Room and (especially) the Resonance Board

My take on Jan van Dijk

- Follow the child
- Observe
- Identify & use motivators
- Time & pacing
- Credit behaviors with meaning
- Respect and seek the opinions of others
- The conversational approach
- The child's preferred modes of communication
- BUILD relationships

My take on Jean Ayres

- The theory of sensory integration
- The idea of sensory modulation, enhancing, and inhibiting
- The idea of observing children closely to see which sensory inputs they seek and which they avoid
- From her successors (especially Pat Wilbarger), the idea of the sensory diet
- The connection between sensory inputs and levels of arousal

Key principles of Sensory Integration Therapy

- The Just Right Challenge
- The Adaptive Response
- Active Engagement
- Child Directed

Common to all 3 gurus

- Child focused
- Child led
- Hands off
- Meticulous observation
- Meticulous interpretation
- Focus on guaranteed success (but with a challenge)
- Focus on the child's positive self-image & self-confidence
- Recognition that sensory functioning depends upon many issues
- Opposed to received opinions of the time

Deafblind Strategies

- Follow the child!
- Know the child!
- Individualise!
- Do with not for!
- Create conversations!
- Use a multi-sensory perspective (for assessment & teaching)!

Supporting Availability for Learning: Student-Centered Biobehavioral Assessment and Intervention for Children and Youth with Deafblindness/ Multiple Disabilities

Chris Russell, MS Ed., TVI

Visual Impairment and Deafblind Education Quarterly Vol 65 Issue 2 (2020)

Availability for learning

- Arousal level/ bio-behavioral state
- Assessment
- Self-regulation / self-stimulation
- Internal and external factors
- Medical issues(health, energy, pain, nutrition, meds)
- Motivation/ meaning
- Previous experience
- Sociability
- Communication
- Current range of expressive behaviors
- Being understood
- TIME!

The increasing complexity of deafblindness and the changing nature of the population of children with deafblindness

Complexity

- Size of the population
- Multiple etiologies
- Range of vision and hearing loss, and of ability
- Neurological issues
- Variable functioning
- Multiple additional anomalies
- Medical issues & priorities
- Many specialists needed/involved
- Scarcity of professionals skilled in assessment and teaching
- Technology (medical, sensory & educational)

NCDB National Child Count 2019

<https://www.nationaldb.org/products/national-child-count/report-2019/>

- Total 11,335 children
- Many different etiologies (CHARGE is the biggest with 1033, CMV, hydrocephaly, microcephaly, birth asphyxia, meningitis, head injury, “complications of prematurity” (1050)
- 87% of children have at least one additional disability (eg. orthopedic, cognitive, behavioral, complex health care needs, speech & language impairments) and 42% have 4 or more additional disabilities.

