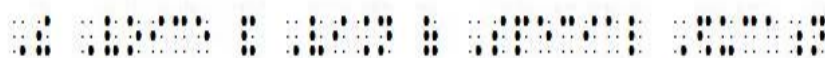# Fall 2019: Early Childhood Special Issue

Visual Impairment and Deafblind Education Quarterly

Volume 64, Issue 4

The Voice and Vision of Special Education

Cover photo description: Little girl wearing striped knit hat, boots, and a pink tutu holds white cane in her left hand as she walks down the sidewalk.

Photo credit: Babies Count

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Message from the Guest Editor

DeEtte L. Snyder, Ph.D.

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Welcome to the Fall Issue of *VIDBE-Q*! This special edition is focused on our youngest learners, infants and toddlers with visual impairments. I was extremely honored to be asked to be your guest editor for this special edition as it gave me an opportunity to bring you information related to my favorite topic, which is babies and their families!

While services for infants and toddlers with visual impairments is a subset of the bigger field of education for students with visual impairments, it is also considered by some as a completely separate field of study and practice. Early Intervention (IDEA Part C services for children aged 0 to 36 months), including services for children with visual impairments, has unique service models, methods of teaching, and pre and in service training requirements. Babies may grow up to be 4th graders, but babies are different than 4th graders!

This issue has it all! Dorinda Rife is calling us to action for participation in Babies Count, the only registry of its kind in the US. This national registry gathers demographic information about babies, their families, and services designed to support them. This information not only informs the field about the unique characteristics of our babies and toddlers but will also inform us longitudinally by helping to define the population of all children with visual impairments. Mindy Ely and Maribeth Lartz highlight the teacher preparation standards for those who provide early intervention services to children with visual impairments and their families. Nana Dewald introduces the concept of tele-intervention using virtual technologies to provide services to children and families. This service model is becoming more necessary and effective, though more research

and guidelines are needed within our field. Cathy Smyth's article on tactile development will showcase how tactile development starts very early and the importance of an early focus to this critical sensory channel for future braille access. Tracey Gaver and I then focus on two family centered practices; providing services through an Infant Mental Health lens and the impact of parent to parent social support.

This issue will either be an introduction to the unique needs of infants and toddlers or a refresher for new ideas to support all children and their families. But I hope that it inspires you to incorporate these concepts as you teach students of all ages on your caseloads, and also to look at the importance of supporting our youngest learners to create the best foundation for future learning. Please feel free to contact me at any time about this special *VIDBE-Q* issue, or early intervention for the visually impaired in general, as I love to talk about babies and ways to support their sweet families!

President's Message

Amy Parker, Ed.D. & COMS

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Welcome to Fall and we hope that your year is settling into a productive routine for you and for those you are serving.

There are few educational initiatives that have had such positive longitudinal impacts as early identification and intervention for young children with disabilities and their families (Hebbeler & Spiker, 2016). Nearly 33 years ago, Congress established a comprehensive national program to serve infants, toddlers and their families which is a part of the

Individuals with Disabilities Education Act, Part C. Not only has this amendment to the law, established national interagency systems that are designed to identify and serve young children, its intent to build the capacity of families of young children is being realized.

Timely and research-based family-centered support has long been recognized by leaders in the fields of visual impairment and deafblindness. Selma Fraiberg, Kay Ferrell, Deborah Hatton, Deborah Chen, Jan van Dijk, Cathy Nelson, Tanni Anthony and many others have lent their research and administrative voices to our field on behalf of young children and their families. In this Fall issue of *VIDBE-Q*, we are pleased that Dr. DeEtte Snyder has curated a special issue that focuses on the critical needs around identification and service to infants and toddlers with visual impairments. DeEtte, who was honored with our Deborah D. Hatton Dissertation of the Year award in 2019, continues the conversation around the need for infrastructure and strategic outreach that will better support young children and families. Brain development, attachment, communication, movement, early literacy, and full participation in life are deeply woven into the conversations around finding and effectively serving our youngest students. We encourage you to read and share this collection within your networks. As you share your thinking with others, consider your

own roles in child find, local or state level leadership, and outreach to

families right where you are working. The stakes for infants and toddlers

remain as important today as they were in 1986 when our nation

considered the unique developmental needs of babies and young children.

We appreciate DeEtte for her leadership and we appreciate your

engagement in this effort too.

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https://ectacenter.org/partc/partc.asp

VIDBE-Q
Convention Issue

The intended purpose of the Spring 2020 convention issue is
to provide manuscripts aimed at practitioners about presenter contributions to the CEC 2020 program and work related to the field of visual impairments and deafblindness. This will allow those who were unable to attend your session to know more about your work.

Guidelines:
-3-5 pages
-Tables, images and/or figures should have a text description
-References
-APA formatting
-12 point, Arial font
-Author information for title: Name, affiliation, tile, and email address
-Please acknowledge previously published work after the title information

Email your manuscript submission to Kathleen.farrand@asu.edu.

Deadline for submissions: March 13, 2020

Call to Action: The Babies Count National Registry of Infants and Toddlers with Visual Impairment

Dorinda Rife, MA, CLVT, COMS;

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You've heard the taglines: Babies count, they matter too! Babies grow up to be fourth graders! The face of blindness is changing! We need more data! What's the hype about? Let's dive into the importance of data on our population in the field of education of young children and students with visual impairment (VI) and in the practice as teachers of children with VI, but more importantly how all of us have a duty to participate.

Babies Count is a national registry and was established almost 25 years ago to address the insufficient data collected on infants and toddlers with (VI). The project's vision is to gather information about children with VI aged 0-36 months, specifically etiology, visual functioning, coexisting conditions, and early intervention (EI) services. The data acquired through Babies Count have the potential to inform personnel preparation, product development, legislation, and funding to support children with VI across their educational lifespans.

A lack of federal consensus regarding epidemiology or demographics of children with VI in the United States has made it difficult for researchers and program administrators to access accurate data about this special population. The Office of Special Education Programs (OSEP) has failed to take the lead in creating a mechanism to adequately count children with VI, who are served through diverse special education programs and services in every state. Several factors contribute to this failure. For example, some states are non-categorical, meaning that they do not always assign the label of "visual impairment" to students who meet the federal definition of blindness or VI. Also, students with the label of multiple disabilities may not always carry a secondary or tertiary label such as VI. In addition, classification language related to children with VI varies across organizations, professional research, and both the education and medical fields. Names of syndromes, diseases, and physical or neurological features that pertain to VI and blindness are applied inconsistently, making data collection and analysis challenging. In an attempt to counteract all these limitations, Babies Count collects information using consistent terminology that the field will be able to analyze and add to over multiple years therefore creating a longitudinal view of the population.

Babies Count was first piloted in 1996 with the first data analysis completed in 1999 by Dr. Deborah Hatton and published in 2001 (Hatton, 2001). The project was managed by the American Printing House for the Blind (APH) from 2000 to 2011, under the direction of Project Leader Burt Boyer. When the federal government informed APH that it could no longer use federal funds to support Babies Count in 2011, the survey languished. Piles of paper surveys lay untouched in file cabinets at APH until a group of motivated early childhood VI specialists, comprised of members of the Early Childhood Visual Impairment Alliance (ECVIA) and led by Linda Lyle from the New Mexico School for the Blind and Visually Impaired (NMSBVI), revitalized the Babies Count project. Starting in 2013, they updated the survey and by 2016 they created an online version of the original with data collection happening through a secure website.

The website, Babiescount.org, is a comprehensive portal that shares information about the history, mission, and vision for the Babies Count project. It includes an inspirational video about the project and a connection to the online survey that serves as the foundation for the database. The site offers the user an opportunity to download the survey as a Word document, but also the ability to complete it electronically with families directly. The survey collects information on individual children ages 0-36 months initially

when the child enters specialized VI services through an Early Intervention (EI) program, then again when the child exits specialized VI services. Survey information is collected by the educational professional who is providing the specialized EI/VI service (typically a teacher of children with VI) through a combination of parent report and/or records review (if records are available). The Babies Count advisory committee, comprised of members from ECVIA, recommend that a parent interview is always part of data collection. Information is collected in three main areas of inquiry: (a) the child's vision etiology and functioning, related medical information, and areas of existing developmental delay, (b) variables related to the child's family, and (c) variables related to the child's early intervention services.

In 2018, Dr. DeEtte Snyder completed the fourth and most recent analysis of the data from Babies Count in her doctoral dissertation. Some highlights of that research include the shift in visual condition etiology, the high prevalence of co-existing development disabilities and other medical conditions, and the diversity and size Individual Family Service Plan (IFSP) teams. In the three previous analyses of data from Hatton (2001), Hatton, Schwietz, Boyer, & Rychwalski (2007), and Hatton, Ivy, and Boyer (2013), Cortical Visual Impairment (CVI), Retinopathy of Prematurity (ROP), and Optic Nerve Hypoplasia (ONH) were, in that order, the top reported eye

conditions. In Snyder's analysis, ONH replaced ROP as the second most reported condition. This shift documents the potential change in etiology of visual diagnosis leading to VI that is expected to evolve as the ROP prevalence continues to decline. The presence of co-existing medical conditions and developmental disability in a large percentage of young children with visual impairment is also verified through Babies Count data. In a sample size of 588, over 80% of the children were identified as having additional developmental delays. Potentially related to prevalence of co-existing developmental delays, IFSP teams were reported as large, with about half of the sample indicating that teams consisted of 4 or more EI professionals. In addition, 41% of the sample reporting the specialized VI teacher providing EI support on a once a month frequency (Snyder, 2018). This information about the size and make-up of EI teams will help the field understand the complexity of EI services for children with VI, especially when the specialized VI provider is a consultant or coach and not a direct service provider.

As the New Mexico version of the project came to life, Lyle continued to have a bigger—and a truly national—vision for the project by having all 50 states included in data collection and analysis. However, she needed additional resources to market its benefits to organizations that could

facilitate its growth and to develop training around completion of the survey. Hallway conversations over several years turned that dream into a reality when NMSBVI and APH created a Memorandum of Understanding outlining a two-year (2018 to 2020) vision to bring the project back to APH and enhance its national focus.

Currently thirteen states are signed up to collect survey information on children 0-36 months with 5 states included in Snyder's analysis (Snyder, 2018). The current framework follows this line of participation: (a) each state chooses a "state administrator" depending on each state's EI/VI service delivery model, (b) the state administrator registers each EI/VI program in the state as some states may have more than one, (c) the EI/VI program then registers individual EI/VI providers who complete surveys for children on their caseloads with the family's input.

Dorinda Rife and Susan Sullivan, working on behalf of APH, and Linda Lyle, working on behalf of NMSBVI, are partner project co-leaders for Babies Count. With guidance from the project leaders, the advisory committee is focused on widening the number of states submitting data to the Babies Count registry. The advisory committee is also committed to analyzing the collective national data on a regular basis for publication, however each state and individual program also has access to their own

data for the children within their program(s). Individual state and program data is accessible by each administrator and can be used for program decisions at any time.

A bigger, more diverse data pool will strengthen our field's ability to obtain meaningful data that will inform the field for years to come. Barriers to signing on new states have been identified, however. One barrier may be due to individual states with different EI systems, including diverse models of specialized VI services, and it has been difficult to find a "champion" for Babies Count to partner. Also, EI/VI service providers with large caseloads may balk at "one more thing" to do with families. While these issues may pose barriers today, they are not insurmountable. Current users of the registry report that completing the survey during a home visit can enrich the exchange of information between parent and practitioner. It can offer a platform for deeper discussion about the child including their experiences in the early months and years, and help clarify the significance of various factors in the child's life for both practitioner and family member. Also, programs have found this level of information critical for funding requests.

Imagine filling out a survey with a family to learn more about a baby's first years. Sounds pretty easy, doesn't it? Now imagine the impact that

simple act might have on the field of visual impairment and blindness. That impact has a name: Babies Count. How can you get involved with Babies Count? Peruse the website to get a general feel for the project. Then use the site's "Contact Us" feature to become a part of this important movement.

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Building our Early Childhood Training Programs on Aligned Standards of Practice

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Maribeth Lartz, PhD; Professor and EL VISTA Principle Investigator; Illinois State University; mlartz@ilstu.edu

Very young children learn differently than older children (Pletcher & Younggren, 2013); just as children with visual impairments (VI) have specific learning needs that are different than children who have typical vision (Holbrook, McCarthy, & Kamei-Hannan, 2017). Therefore, very young children with visual impairments can be expected to benefit from learning strategies that are appropriate for their age and those specifically designed in light of their visual impairment (Ely & Ostrosky, 2018). This assumption is foundational to the EL VISTA program at Illinois State University, funded five years ago by OSEP (Early Learning Visual Impairment Services, Training and Advancement; U.S. Department of Education #H325K140108). Through our experience with the EL VISTA

program, we have learned many lessons about training teachers to work

with very young children with visual impairments or deafblindness. One of

those lessons has been the importance of aligning Recommended

Practices, as outlined by the CEC – Division of Early Childhood (DEC

Recommended Practices, 2014), with the standards that our DVIDB

division has agreed are important to our vision training programs (Initial

Specialty Set: Blind and Visual Impairments, 2018). Therefore, in this

article, we endeavor to share this alignment. It is through such comparison

that we have identified areas of instruction that should be considered for

inclusion in teacher training programs when scholars are being trained to

serve infants and toddlers as a part of their future practice.

The DEC Recommended practices are made up of seven key areas

including (a) *Assessment*, (b) *Environment*, (c) *Family*, (d) *Instruction*, (e)

Interaction, (f) *Teaming and Collaboration*, and (g) *Transition*. Similarly, the

BVI Specialty Set is made up of seven strands including (a) *Learner*

Development and Individual Learning Differences, (b) *Learning*

Environments, (c) *Curricular Content Knowledge*, (d) *Assessment*, (e)

Instructional Planning & Strategies, (f) *Professional Learning and Ethical*

Practice, and (g) *Collaboration*. Since our EL VISTA courses were

designed to encourage teachers of students with visual impairments and

orientation and mobility specialists to consider the impact of the specialized

learning needs of very young children in light of their visual impairment, we

had the opportunity to take an in-depth look at practices and strategies for

this population. Our first step was to consider where content from each BVI

Specialty Set standard and DEC Recommended Practice could be aligned

for the purpose of intentionally placing important concepts appropriately

within our curriculum.

Content from DEC Recommended Practices in the *Assessment*

domain align with the BVI Specialty Set strands pertaining to *Curricular*

Content Knowledge and the strand pertaining to *Assessment*. Yet,

practices within early childhood focus more heavily on the need for

providers to consult closely with parents as they complete and interpret

assessments than do the recommendations in the BVI strands. Further,

since developmental areas overlap, it is suggested in the DEC

Recommended Practices that professionals assess children in close

collaboration with professionals from other disciplines. Both the DEC

Recommended Practices and the BVI Specialty Set emphasize the need

for professionals to use assessment results to guide intervention. Unique to

the BVI standards is the specific set of knowledge and skills pertaining to

functional vision and learning media assessments. However, consideration

must be made for the differences in knowledge and skills necessary for

teachers completing these assessments when the child being assessed is

an infant or toddler in a home environment compared to a child in an

academic school-based setting.

Both DEC Recommended Practices and the BVI Specialty Set

consist of a section focused on environments. Not surprisingly, there is

alignment between these areas; however, there is a distinct difference in

focus. DEC Recommended Practices describe approaches that encourage

active engagement within a natural environment to promote access

throughout daily living. The BVI standards focus on the need for

multisensory engagement as a means to promote engagement. Both

approaches have value for very young children. Further, BVI standards

highlight the need for adults to take advantage of opportunities for

incidental learning; however, further consideration suggests that this

teaching opportunity is indicative of learning within natural environments.

Therefore, there appears to be similar recommendations for the use of

teaching approaches which prioritize active engagement of children

especially within the context of naturally occurring activities of daily living.

DEC Recommended Practices highlight *Instruction* while the BVI

specialty set describes knowledge and skills in the area of *Development*

and Learning Difference. The DEC Recommended Practices promote a constructivist approach in which adults should be attuned to child's interests, natural routines, and individual needs. Specifically, it is suggested that lessons not be contrived or presented out of context. Instead, young children are believed to learn best when motivated through play. Further, since very young children cannot generalize concepts, lessons that teach a skill out of context are unlikely to be generalized within a naturally occurring task.

In addition, DEC Recommended Practices prioritize coaching families to work directly with the child rather than professionals working with the child while family members observe. This approach provides parents with the confidence and empowerment to integrate strategies into daily routines between intervention sessions. This child-driven approach using parent interaction rather than a teacher-driven approach using teacher interaction is unique to early intervention and is unlikely to be common practice within the school setting. Therefore, such a philosophy and approach should be explicitly integrated into visual impairment teacher training programs as an important shift in practice when working with very young children and their families.

Conversely, the learning differences that are outlined in the BVI Specialty Set and applicable to very young children are specific to the adaptive needs of children with visual impairments. The adaptive needs for very young children are slightly different than older children in that the activities, interests, and developmental needs are different. For example, while braille instruction spans the ages, very young children are just being introduced to pre-braille skills which often necessitates a focus on fine motor development while older children may need instruction that pulls from strategies pertinent to phonemic awareness or letter identification. Therefore, while the alignment in this focus area of the DEC Recommended Practices and the BVI Specialty Set standards are both important, they address needs that are quite different. Therefore, it becomes especially important to consider the needs of very young children as we plan teacher preparation content related to *Instruction* and *Learner Development and Individual Learning Differences*.

The DEC Recommended Practices in the area of *Interaction* align most closely to the BVI Specialty Set standards in the *Instructional Planning & Strategies* strand. These areas of focus describe professional needs in teaching related to social-emotional skills, communication, cognitive development, and problem-solving. While the perspective

between the disciplines is unique, consideration for content pertaining to each topic is similar. However, one difference should be noted. The BVI Specialty Set specifically outlines the need for vision professionals to possess knowledge and skills in topics pertaining to the expanded core curriculum (ECC). This specialized focus underscores the importance for visual impairment preparation programs to contain curricular content on the specific needs for very young children and their families in areas contained within the ECC. Resources within our field such as *ECC essentials: Teaching the expanded core curriculum to students with visual impairment*s (Allman & Lewis, 2014) specifically outline responsibilities and considerations for teachers of very young children which can provide helpful content to personnel preparation programs.

DEC Recommended Practice areas pertaining to *Teaming and Collaboration* as well as *Transition* align to the topics addressed in the BVI Specialty Set under the strand *Collaboration*. Themes within these areas are similar with a focus on collaborative work among professionals. However, the BVI Specialty Set also stresses the importance of collaboration as a means to blend general and expanded core curriculum objectives. Within an early intervention setting, this could be interpreted to mean blending ECC content with parent priorities for their child's

development. However, overall, there appears to be similar philosophies related to ensuring adults collaborate to meet student needs.

Finally, the DEC Recommended Practice document contains a focus area called *Families*. There is not a similar focus in the BVI Specialty Set. In fact, very few individual standards in the BVI Specialty Set include a focus on family involvement. Yet, central to DEC Recommended Practices in early childhood is the emphasis on family-centered services, including involvement of families in identification of goals. Further, providers are encouraged to collaborate with families to identify strategies to address these goals using resources that the family has at their disposal. A family-centered approach builds capacity in families so that they can continue to meet the needs of their child and their family without dependence on professional support. The fact that such a family focus is missing in the BVI Special Set while being a primary theme in DEC Recommended Practices underscores the importance of intentionally highlighting this philosophy in visual impairment training programs when professionals will work with infants and toddlers. Without such a focus, visual impairment professionals could be unprepared to meet the specialized needs of the home-based service delivery system that is typical of early intervention.

As teachers of students with visual impairments and orientation and mobility specialists work in early intervention, it is important that they possess knowledge of the specialized skills that are foundational to the education of very young children as well as children with visual impairments. Therefore, close inspection of the standards from each profession is a valuable exercise for university programs that endeavor to train professionals who will work with this population. While most programs for the education of the visually impaired do not have the luxury of devoting multiple courses to the topic of early childhood as we were able to do in the EL VISTA program, each training program can highlight important themes for students throughout their coursework. Toward that end, from our experience we propose the following themes as foundational content related to very young children with visual impairments that are likely to prove valuable to all visual impairment preparation programs:

- practices in assessment which actively involve families and differentiate between the young child functioning in a home environment vs. an academic setting,
- value of using natural routines for learning,
- use of parent-driven and child-led learning opportunities,

- understanding of early development across domain areas (i.e. fine motor development) and their application within the broader scope of learning and development,

- acquisition of specialized skills (i.e., pre-braille skills) with an understanding of their application within the broader scope of learning and development,

- use of the ECC within the context of early development, and

- collaborative, family-centered approaches to service delivery.

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UPCOMING WEBINARS
SAVE THE DATES

September 17th at 4pm EST

MATHEMATICS, ANYONE?

Presented by: Sonja Steinbach
Resources on how to teach and learn Nemeth and UEB math, create quick tactile graphics, and tips and tricks to promote mathematical exploration.

November 7th at 4pm EST

**INTERVENERS:
THEIR UNIQUE ROLE**

Presented by: Julie Maier
Information about interveners for students with deafblindness: Their unique role, intervention outcomes, and training opportunities.

January 16th at 4pm EST

MEANINGFUL LITERACY FOR STUDENTS WITH MULTI-SENSORY NEEDS

Presented by: Julie Maier
Promoting meaningful literacy for student with with multi-sensory impairments: Thinking beyond just reading and writing.

Sonja Steinbach

Sonja has served as a teacher of the visual impairments for over five years. In her time, she has worked in middle school and high school mathematics classroom at Washington State School for the Blind helping coordinate a distance learning program for students across five states. After earning a master's in special education and a masters's in math for teachers, she has in-depth knowledge about how students with visual impairments learn math, and how professionals in the fields of mathematics and education interact with those students. As a person with a visual impairments herself, Sonja also understands what motivates students to be successful.

Julie Maier

Julie Maier serves as an Educational Specialist for California Deafblind Services providing technical assistance and training to families of children with deafblindness and their educational teams. Additionally, she is a faculty member in the Special Education Department at San Francisco State University.

Julie served as the project liaison for two OSEP funded personnel preparation project in deafblindness at SFSU which trained dozens of teachers to serve as teacher of the deafblind. Her conference and webinar presentations have included the topics of authentic assessment, literacy skill development, social supports, inclusive educational supports, self-determination, transition planning, and interveners for learners with multi-sensory impairments.

Teleintervention as a Service Delivery Model for Families of Young Children with Visual Impairment in Early Intervention

Hong "Nana" Phangia Dewald, Ph.D., COMS; Utah Schools for the Deaf and Blind; hong.phangiadewald@gmail.com

Advances in technology have allowed various areas of healthcare and education to explore and utilize alternative practice and service delivery models to connect service providers with their clients and educators with their students. In healthcare, the broad term of "telehealth" is defined as "the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration" (Health Resources and Services Administration, 2019). In education, the use of telecommunication technology to deliver and support educational services has been most prominent in the area of early childhood special education. The terms "telepractice" and "teleintervention" are the terms that have been closely associated with the provision of services via telecommunication technologies for families in early intervention (EI) programs. "Teleintervention" is a term used to describe

distance-based EI services for children aged birth through 3 years old who have been identified as having exceptionalities, delays in development, or potential for experiencing delays in development. Teleintervention involves using telecommunication technology (examples: computers; the internet; and synchronous videoconferencing applications, such as Skype™, FaceTime™, or Zoom™) to deliver professional services to clients at a distance (American Speech-Language-Hearing Association, 2019). Research in telepractice, the overarching domain of distance-based EI services under which teleintervention exists, has shown that caregivers and practitioners found technology-based EI educational services at least as effective as in-person consultations (Behl et al., 2017; Kelso, Fiechtl, Olsen, & Rule, 2009; Olsen, Fiechtl, & Rule, 2012).

Although there is a history of using technology to successfully provide healthcare, therapeutic assessment, therapeutic intervention, and specialized services to families of children with exceptionalities in EI (Behl, Houston, Guthrie, & Guthrie, 2010; Behl et al., 2017; Blaiser, Behl, Callow-Heusser, & White, 2013; Boisvert, Lang, Andrianopoulos, & Boscardin, 2010; Kelso et al., 2009; Olsen et al., 2012), studies investigating the use of teleintervention to provide specialized instruction/services to young children with visual impairment (VI) and their families in the EI system are

scarce. In the area of sensory impairment, studies conducted primarily in the field of deaf and hard of hearing (DHH) (Behl et al., 2017; Blaiser et al., 2013) have shown positive outcomes in the use of telepractice to provide EI services to families and to address concerns related to personnel shortages, equity in the access to EI services for families, and cost efficiency.

Even though the use of teleintervention to provide specialized instruction/services for very young children with VI and their families in EI is in its infancy, EI programs and providers who are interested in learning more about teleintervention will find the resources in this section helpful. The National Center for Hearing Assessment and Management (NCHAM) at Utah State University offers training courses and a resource guide to help support EI programs and providers who are interested in learning more about and implementing teleintervention. Three courses are available: teleintervention for administrators, teleintervention for providers, and teleintervention for families. The online courses can be found on the NCHAM website at http://www.infanthearing.org/ti101/index.html. The resource guide presents the following information: an introduction to teleintervention, the benefits and challenges of teleintervention; training and implementation of teleintervention sessions; technology to support

teleintervention; privacy and security considerations when using teleintervention; licensing and state policies; evaluation of teleintervention outcomes; reimbursement issues for teleintervention; and group teleintervention. The resource guide can be found on the NCHAM website at http://www.infanthearing.org/ti-guide/index.html.

Since teleintervention has been shown to be an effective method of providing EI services to very young children and their families in the field of DHH, a study was conducted through the University of Northern Colorado to show that teleintervention could be used to provide EI services, specifically orientation and mobility (O&M) support services, to very young children with VI. A qualitative investigation using a multiple case approach was used to explore O&M support services when they were delivered through in-person consultations and via teleintervention for three families of children with BVI currently receiving EI services. During the study, each family received O&M support services from a certified orientation and mobility specialist (COMS) two times a month (one in-person home visit and one teleintervention home visit) in conjunction with each family's teacher of students with VI who specializes in EI (EI-TSVI). The EI-TSVIs facilitated the teleintervention home visits by handling and managing the

technology and connecting the COMS via videoconference at the start of the visit and disconnecting the COMS at the end of the visit.

The results of the study revealed that participants perceived O&M services in person, as they were currently being provided in EI, as the best way to help them and their children learn skills and concepts related to O&M, with teleintervention being a good supplement or alternative if needed. Additionally, home visiting practices were observed to be similar when O&M services were delivered in person or via teleintervention. The results of the study also found that the costs of the teleintervention O&M home visits were lower than in-person O&M home visits.

Conclusions drawn from the study suggest that teleintervention has the potential to be a successful and viable way to supplement, not replace, in-person O&M home visits with families of children with BVI, particularly to increase the availability and frequency of services. However, guidelines are needed to help direct families and providers in successfully implementing teleintervention home visit sessions to accommodate the dynamic aspects of O&M support visits, such as travel out in the community. Concerns associated with maintaining the safety of the children and their caregivers while engaging in teleintervention O&M visits must be addressed as this model of service delivery is evaluated further.

Until more studies are conducted to evaluate the use of teleintervention to provide educational services to children with BVI and guidelines are developed and vetted for the successful implementation of teleintervention home visits in EI, it is recommended that teleintervention visits be used as a supplement to in person visits to increase the availability and frequency of services to children with VI and their families. In regard to O&M services in EI, guidelines for using teleintervention as a service delivery model for home visits may include the following: (a) detailing technology requirements; (b) requiring practitioners to complete training in how to conduct teleintervention home visits prior to starting visits with families; (c) initiating teleintervention O&M home visits with one to two introductory in-person visits to familiarize families and other service providers with the O&M specialist and the purpose of O&M support services; (d) using a third person to help facilitate the visit and to manage the technology; (e) providing detailed descriptions of situations and circumstances in which teleintervention O&M home visits can and cannot be used; and (f) recommending in-person follow-up visits to evaluate additional needs and/or progress or to demonstrate O&M-specific skills (example: proper cane technique).

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It's More than a Touch: Early Tactual Development in Infants and Toddlers

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It is well known that the sense of touch is intimately connected to an individual's sense of self (Metzoff, Saby, & Marshall, 2018) and early attachment to caretakers. Infants who do not receive human touch early in their development are impacted with both immediate and long term consequences (Als, Tronick, & Brazelton, 1980; Ardiel & Rankin, 2010). As children mature, the link between cognitive understanding and tactile perception becomes more relevant during the early childhood of young children with visual impairment, as this population is busy discovering the cognitive interpretation of objects and drawings through tactual discrimination, tactile-spatial perception, part-whole relationships, and an understanding of the second and third dimension.

The sense of touch is unique in that it depends on physical contact and is spread throughout the body (Hatwell, 2003; McLinden & McCall, 2002). Touch can be receptive or "cutaneous," as when individuals feel a blanket underneath on the bed or react to the squeeze of a handshake or a hug. It

can also be active and exploratory or "haptic" in nature; as when children reach to explore a texture, a toy, or manipulate an item to discover how it works. Traditionally, developmental assessments have posited that a lack of vision can have a detrimental effect on haptic development (Ochiatia & Huertes, 1993; Reynell, 1978), but more recent studies have questioned this assumption. McLinden (2012) found in a current literature review that:

> While the precise role of vision in early haptic development has not yet been fully ascertained, there is evidence that its function is not as a substitute for haptic perception, but rather serves as a guide or "mediator" of haptic perceptual activities (p. 132).

Other past research indicates that young children with visual impairment display similar characteristics in the development of tactual discrimination as infants with sight (D'Anguilli, Kennedy, & Heller, 1998; Schellingerhout, Smitsman, & van Galen, 1997). Studies in tactual discrimination that used cerebral functional imagery indicate that the haptic learning system develops along similar pathways as the visual system (Gentaz & Badan, 2003; Sera & Millett, 2011), and a recent magnetic resonance imaging (MRI) study confirms that early onset blindness leads to changes in brain functioning that supports compensatory development in tactile processing (Bauer et al., 2017).

The cutaneous system develops first in utero, and early in infancy the more active "haptic" skills are acquired. Through the use of habituation research adapted for haptic procedures, studies show that very young babies can determine contour (Streri, 2003) and can discriminate texture before shape (Schellingerhout et al., 1997). Streri (2003) found that "infants adjust or adapt their activities to object properties in order to extract the most pertinent information" (p. 59). Recent neural imaging research by Metzoff et al. (2018) has demonstrated that even 60-day-old infants respond consistently to tactual stimulation with the lip, hand and foot. This study is relevant to the field of visual impairment as infants at this age are not independently reaching, ambulating or speaking, and are not visually aware of their lips.

Research in the area of movement based haptic exploration of the young child with visual impairment is limited, but Schellingerhout, Smitsman, and Cox (2005) show that (a) both hands move together in synchrony; (b) the hands show a preference for textures that are increasingly dense; and (c) once a complex texture is found, movement patterns are slowed for further exploration.

As infants move from using their mouths to their hands in effective exploration, the work of Lederman and Klatsky (2009) "has demonstrated a

link between hand movement profiles and the perception of specific object

properties, grouping these into distinctive exploratory procedures (EPs)"

(McLinden, 2012, p. 130). These patterns of hand movements to obtain

specific information are related to the motor development and age of the

child. As the exploratory needs of the infant and toddler change, EPs are

rejected and accomplished (Bushnell & Boudreau, 1991). Exploratory

procedure research is well established with young children with sight, but

there are also multiple studies applying the use of EPs in young children

with visual impairment (McLinden & McCall, 2002; McLinden, 2012;

Schellingerhout et al., 1997).

Older babies prefer shape characteristics over textures because they

are beginning to experiment with manual EPs. The variability of exploratory

behavior is not confined to object properties, but also applies to the

opportunities presented by the environment. Sera and Millett (2011)

proposed that in studies of very young children, the participants attended

more closely to the stimuli, and that as they age, the children used previous

assimilated information to make choices and were more likely to make

mistakes.

Through haptic research it is known that using mental synthesis with

touch as an exploratory procedure (Lederman & Klatsky, 2009) can

increase working memory load (Sebastian, Mayas, Manso, & Ballesteros, 2008). In addition, Pring (1994) explained "in the encoding strategy for braille, tactual input tends to be successive while with print visual encoding may take place almost simultaneously" (p. 68). This is true for all haptic learning; acquiring information requires touching each item or letter individually, building up a successive process of understanding and memorizing new items in short-term memory, then in long-term memory (Hughes, 2011). Discovering and retaining knowledge about body awareness, real objects, object relationships, and representational symbols takes significantly longer for a haptic learner (Hatwell, 2003).

The previous studies, although diverse, build a research base that the field of visual impairment can use to determine if improving haptic development skills are linked to academic and literacy skills. Improved MRI allows for studies that confirm neuroplastic changes in the brain functioning of individuals with early onset blindness that supports compensatory development in tactile processing (Bauer et al., 2017). Haptic skills develop as children learn about their world and are exposed to increasingly complex textures. For example, very young infants may only be able to explore textures with their mouths or through passive interactions with their hands. As they grow older and their motor skills improve, educators should expect

the child to use his or her hands in a variety of ways (holding, poking, squeezing) and to be able to categorize objects in new ways.

In contrast, by focusing on the belief that concept and tactual understanding is innate, some cognitive development researchers (Carey, 2009; Streri, 2003) support the theory of evolutional acquisition, or nativism. Gibson and Walker (1984) challenged the maturational process by arguing that tactual discrimination of objects does not happen because of the environment or the individual but occurs due to the interaction of both. Information is not out there in the environment waiting to be found. Instead, it is a learning process that emerges as a child actively engages with her surroundings. A nativist learning theory assumes that sensory and conceptual representations are present at birth, and that as the child experiences mental representations though object manipulations and language exposure they develop an understanding (Carey, 2009). Very young infants of three to five months have been shown to differentiate between textures and contours through active mouthing and limited hand explorations (Gibson & Walker, 1984; Schellingerhout et al., 2005). As neuro-imaging improves, the nativist theory of learning is supported by more recent studies that argue the brain does not acquire sensory information in a cross-modal manner or using one sense to make up for

another, but that an integrated sensory organization is present before birth

(Lickliter, 2011). A tactually diverse environment for learning results in

increased adaptations and interactions by the young child guided first by

perceptual experiences and improving to executive exploratory procedures

(Lederman & Klatsky, 2009).

Just as young children with sight visually (a) discriminate shape,

sizes, and length for early mathematic literacy, (b) recognize salient

features of letters, and (c) demonstrate knowledge of early literacy book

skills and direction following, young children with visual impairment learn

about their world in a tactual experiential manner though independent

movement. These early academic skills contribute to the attainment of

crucial childhood outcomes and preschool standards that guide the early

childhood core curriculum (Karoly, 2012; Scott-Little, Kagan, & Frelow,

2003).

Current research supports an integrated method of teaching and

active exploration of the early childhood environment. All children,

regardless of their visual diagnosis, benefit from focused tactual

development activities to provide them with a sense of self and others,

mature hand movements, and age appropriate cognitive understanding.

Challenging what we have always done to address the needs of children

who require instruction to address a more integrated sensory system in the

early years will help us to understand the need for increased tactual

development activities.

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Early Intervention Services Through an Infant Mental Health Lens

Tracey Gaver, M.A., CTVI and IMH-E® Infant Family Specialist; Kindering; Tracey.Gaver@Kindering.org

In the world of early intervention (EI), we are busy. I can hear your sigh. Between just trying to make a "reasonable" schedule including paperwork, travel times, paperwork, sessions with the family, and more paperwork, we are busy. Did I mention the paperwork? Who has time for anything else? Please don't give us 'one more thing' to do. BUT. . . what if I told you that *this* 'one more thing,' could change everything? What if I told you that you are already doing *this* 'one more thing' in some fashion? Given the title of the article, you already know the 'one more thing' is providing our services through an infant mental health (IMH) lens. And it really can change everything for both you and the families you support.

So what is infant mental health? The Center on the Social and Emotional Foundations for Early Learning defines infant mental health as:

> The developing capacity of the child from birth to 3 to experience, regulate (manage), and express emotions; form close and secure relationships; and explore and

master the environment and learn – all in the context of family, community, and cultural expectations for young children. (pp. 1)   Essentially, infant mental health focuses on the optimal social and emotional development of infants and toddlers within the context of secure, stable relationships with caregivers. (pp. 2)

An IMH lens is an important and valuable way of looking at how we provide EI services and supports to children with visual impairment (VI) and their families. In school based settings, the student is the client; however in EI, the family, including the child, is the client. Additionally, in an IMH approach to EI, both the child and the family are still the client, however it is specifically the relationship between the child and the family where we essentially focus. For teachers of children with VI (TVI) providing support through an IMH lens, we would think deeply about the impact VI has on the relationships within the family. We would look at how the child and the caregiver are experiencing each other and the world around them considering one participant of the relationship is a visual learner and the other is not.

Why does it matter so much? Early experiences, including early relationships, can and do influence the physical architecture of the brain, literally shaping the neural connections in the infant's developing brain (National Scientific Council on the Developing Child, 2005). When we look

at the neuroscience of attachment, there are several things that we can do

to help attachment become secure at a neurological level including physical

closeness, eye contact, engaged positive facial expressions, and reciprocal

interactions to name a few. Looking at these factors related to attachment,

however, we notice right away that two (eye contact and facial expressions)

are difficult, sometimes impossible, for a child with a VI to access. Even

reciprocal interactions may have to be modified in order to be certain that

the child with VI is able to successfully participate. For example, the

"stilling" reaction that an infant with VI does when his mother walks into his

room is in stark contrast to the child with typical vision who wiggles and

coos excitedly at first glance.

We know that caregivers of children with VI often have difficulty

reading their infants' cues, which can lead directly into a cycle of miscues.

One father explained it like this, after learning more about his daughter's

cortical visual impairment:

> Right from the start, I told everyone that my daughter was
> averting her gaze – refusing to look at me. This was really hard
> for me as a dad, because I really thought she didn't want to
> look at me. Now, 18 months later, you are telling me that she
> was actually TRYING to look at me? That she isn't able to use
> her central vision so she turns her head to use her peripheral
> vision? So she really did love me, even back then, only I
> couldn't see it. (H. Davidson, personal communication, January
> 2015)

Even very skillful parents can feel unequipped and overwhelmed when faced with an infant whose visual development is atypical. So our work is to help the family recognize and learn to interpret the cues the child is giving them. Teaching parents how to read their child's cues and behaviors can help prevent difficulties later. Parents may need to be encouraged to use touch as a substitute for the visual cues like smiling. For example, massage or cuddling while rocking and using a soothing voice may be more rewarding for the child than visual techniques for interaction he or she can't see. The critical thing is for parents and other caregivers to bond with the child so that he or she feels safe and loved.

Interactions with family members in the first three years of life set the course for a child's social development. Therefore, EI is especially important as parents of newborns with VI learn to cope with their feelings about having a child with VI. Practically speaking, working through an IMH lens means that we look closely at how VI and disability is impacting the feelings of acceptance, including bonding and attachment, between child and parents/family members. It means that we take the time to assess where the family is on the journey before we move ahead with "the next step," because what we, as the professional, perceive as the next step may

not be for the family. For instance, we know, based on diagnosis and observed skills, the child is going to need braille to access literacy. Best practice tells us to put braille into the home as soon as possible since incidental braille-exposure doesn't occur the same way incidental print-exposure does. However, if the family is not yet accepting of their new journey, or if medical or other needs are still very pressing realities, this may not be the real "next step."

Instead, we may need to spend extra time focusing on the precursors to braille literacy yet also provide appropriate recommendations that fit within the family's routines, priorities, and concerns. For example, we might choose to focus instruction using sensory bins, touchy-feely books, and rattles with varying textures. These activities, while not braille-specific, help develop tactile skills which the child will clearly need, while allowing the parents time to come to a place where bringing actual braille materials is a more natural next step. Of course, that doesn't mean that some of the touchy-feely books don't have braille inside, or that we don't focus on fine motor skills like finger dexterity and tactile discrimination, we just might not be very explicit about the child's need for braille quite yet. It is just as important for us to give space for the family to understand and come to

grips with their feelings about having a child with VI as it is to provide opportunities to learn about braille.

But, you might be saying, that's not my role on the team. I'm supposed to be the *visual impairment* specialist. Young children with VI can be fundamentally and developmentally different than other young children without sensory and developmental challenges. Through our practice as the VI specialist, we also support the motor therapist with ways to help facilitate motor activities when typical motivators (visual in nature) don't work. We work alongside the speech therapist to help her determine what kind of communication system will be most efficient for the child with VI. Even if we have an IMH specialist on the team, they are often working on eye contact, reciprocal games, and other visually motivated behaviors and may not understand how vision may drastically impact the attachment relationship between child and another. When we provide consultation to the rest of the team, even the IMH specialist, then we can assist everyone on how impactful the child's VI can be to the social emotional development within the family, as well as potentially on all other areas of development.

In closing, here is another quote from a mother of a child with VI. After the birth of her second child, who happens to have vision, she was

able to view her first child very differently when supported by her TVI

through an IMH lens:

> He (first son with VI) didn't look at anything, even me; but then, he couldn't see anything. He didn't smile, didn't really have a personality that started to come out. I look at our two week old daughter and already see her little personality; and she looks right at me. Once you get a couple of weeks past the birth, after you quit riding the high of the hormones, you really need them to be interactive so that you *like* them! I'm so glad we didn't stop after our son. My daughter is restoring my faith in babies— that they really are nice. It's been such a different experience from the get go.
>
> I realize now that he just had no sense of whether anyone was out there. So he was terrified. He was a terrible sleeper. Now I know that his world was so small that he was terrified to sleep alone. He couldn't tell whether someone was near him. So he needed to be held. Like, all the time. He ate *all* the time. Now I think it wasn't that he was hungry, he just learned early on that eating came with the physical closeness he so desperately needed to feel safe. But then he had feeding challenges, so feeding wasn't this wonderful experience for either of us. And it really set us on a bad cycle. If only I'd known – it could have been so much different. (A. Bennett, personal communication, April 2016)

Imagine how different things could have been for April, the mother of

a 2 year old with VI and a newborn daughter. Her pain and his fear was

real, but now she is able to read his subtle cues and learning style after

being introduced to them through her EI/VI service provider supporting her

through an IMH lens. Her son can now establish trust and attachment to his

family, which will then create a positive foundation for all future learning

Providing our supports and services through an IMH lens really can change

everything.

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Submission deadline:
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The intended purpose of the Winter 2020 issue is to highlight the schools, universities, educators, and individuals making a difference in the field of visual impairments and deaf blindness in the Pacific NW. Please submit your manuscript today.

Momma Bear and Bootstraps: Using Poetry to Represent the Power of Parent to Parent Social Support

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A phenomenological research study was conducted to explore and identify the shared experiences between mothers of children with visual impairment (VI) as it relates to the supports they give and receive from each other. The central phenomenon was defined as the particular type and use of informal social support exchanged between mothers of children with a range of disabilities, known as parent-to-parent social support.

Six mothers were interviewed; each a parent of a child with VI and additional disabilities. The interviews followed a semi-structured conversational format with questions focused on the feelings of parenting competency before and after the connection to another parent, types of support received (emotional, instructional, informational), types of support preferred (in person or online, local or national, structured or casual), and perceived benefits of support on parenting confidence and resilience. The

interviews were audio recorded and then transcribed word for word for thematic analysis.

A thematic analysis (Riessman, 2008) of the data was conducted to explore and define the shared experiences of these mothers. Each transcript was examined to discover common or shared themes. Common themes did emerge even with individual experiences and perspectives of each mother. They included: (a) feelings of acceptance and belonging, (b) building of confidence through role models, and (c) overall resiliency and family well-being through connections with other parents.

However, another method of data representation to truly exemplify the feelings and experiences of these mothers was needed. The lived experiences of these mothers raising their child and the comfort they felt when connected or supported by others in their situation seemed just too powerful to limit its expression within a scholarly paper. The research project itself uncovered empirically the power and impact of parent-to-parent social support, specifically the actual words and phrases that these mothers expressed, that a way to represent it authentically was needed. Poetry, as an alternative form of data representation and the emotional impact of the collected results, was utilized.

The use of poetry also expanded the data analysis process by adding a structural analysis procedure to the thematic analysis. While thematic analysis explored what was factually said and felt, the process of structural analysis focused more closely to how it was said, to whom, and why (Riessman, 2008). The combination of both locating words and phrases (structural) and the meaning or feelings (thematic) of those words expressed by the mothers was applied to create a poem. Cahnmann (2003) best described this process as "The burden of proof through language is one of the many reasons that we cannot separate the form of writing from the content of our research" (p.31). He validated the use of poetry to convey information in new and fresh modalities, yet also gives the emotion of the research a vehicle.

The process of creating the poem was an informative introduction to structural analysis with a focus on words. The poem is called "Momma Bear and Boot Straps" (Appendix A). This poem is comprised of the actual phrases spoken by one mother, transcribed into written words, and then organized into a poem. The poem represented the combination of thematic and structural analysis and guides the reader to the emotional level of both the data and the findings. The data could be interpreted as the actual language used (words and phrases) and the findings are the way the data

is conceptualized within the emotional tone of the overall poem (Piercy & Benson, 2005). Piercy and Benson (2005) posits this form of alternate of data representation "should engage the audience in the process of reflection and meaning but avoid the epistemological problems of truth claims" (p. 108).

To interpret this alternative format as a respected research methodology, Piercy and Benson (2005) provided standards at which I could evaluate the quality of alternative data representation, in this case the poem. First, does the poem have a substantive contribution to research? The poem "Momma Bear and Bootstraps" provides a different dimension to understanding the impact and importance of informal social support that is not always reflected in scholarly journal articles read by professionals. Second, does the poem has aesthetic merit? This poem might not be the best form of poetry as I am not a trained or educated literary poet, however I did my best with organizing the words and meaning into stanzas that flowed well, yet did not focused on rhythm or rhyming which are sometimes traditional for poems. Third, is the author located in the text? Since the poem is comprised of this mother's true and real spoken words transcribed, the poem was shared with the mother whose transcript it was taken from. She identified and corroborated these words as hers. I consider her the

true author and I as simply the architect. Fourth, is the poem credible or seem credible? The poem was also shared with the mother as a form of member check for validity. The use of her precise words strengthened the persuasiveness and validity of the representation (Reissman, 2008).

The final standard addresses impact. Does the poem have impact? I definitely feel that this poem has impact. This alternate form of data presentation is one mother's lived emotional experience, journey, and portrays one person's real experience and reflection of the parent-to-parent social support she received. The poem is also a reflection of the shared experiences of all the mothers who participated in the overall research project. The poem "Momma Bear and Bootstraps" is the words of one mother and it eloquently, both emotionally and intellectually, demonstrates the journey of this mother from fear of the unknown to confidence while raising a child with VI.

The poem also highlights the empowerment and resilience parents gain through reciprocal support and guidance of other mothers who have children with VI. Parent to parent social support is an important and critical provision to include in any program designed to support children with VI and their families. The use of a variety of social supports, a combination of both formal and informal, can be the way all families, regardless of the

presence of a child's special needs, are assisted in the process to full

empowerment (Armstrong et al., 2005; Canary, 2008; James & Chard,

2010; Trivette et al., 2010).

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Appendix A

Momma Bear and Bootstraps

Something is not right.
He's not reaching for objects. I don't think he can see.
I had momma bear instincts of wanting to protect him.
Wondering if it was going to get worse.
No one could tell me.
They didn't think anything was wrong.
It scared me because I didn't have any answers,
So I was thinking the worst.
We didn't deny that there was something wrong.
We did seek out help.
I saw a different pediatrician.
Then one told us.

We went to parent meetings right away.
A perfect scenario for us.
It was a godsend.
It was nice to talk to parents about what to expect.
Learning what I could
And allowing myself to be supported.
I'm a perfectionist.
I'm a super overachiever.
I had to let that go.
I can handle whatever comes along.

I hated the pity from family members and friends
Who didn't really understand.
There are those who get it,
Those who don't get it,
And those who think they get it, but don't.
No wonder they frustrate me.

We're blessed to connect with other parents early on.
The networking has benefit us.
Just having someone who knows what it's like to be stared at,
Just having someone with the basic understanding of what it takes,

Puts you in a comfortable place.

You bond over being the warrior that you've become.
You have an appreciation for the road.
You have this appreciation for how much more strength,
And love,
And patience,
And caring,
And support that it takes to raise this child.
You have a connection.

You take and take and take in the beginning.
Then transition to being supportive,
Transition out of the fear.
We've been fortunate to be on both sides.
We've asked for help and we've offered to help.
All the people we've met and influenced.
You never know whom you might have touched.
Or made someone think differently because of your experience.
If I die tomorrow, the reason I was here was for that parent today.

A level of compassion comes with having a child with special needs.
People who have children with special needs can feel isolated.
We all share in that death of the dream of a typical child.
There's an empowerment to finding a group.
And belonging.
And seeing other people who shared that path
And who have pulled up their bootstraps.
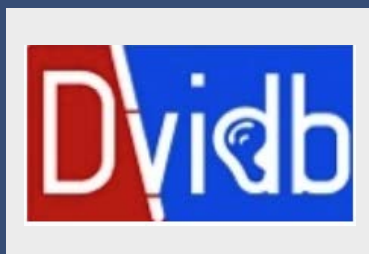
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