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Book Review: When You Can't Believe your Eyes: Vision Loss and  
Personal Recovery

*Mehmet Kart, Doctoral Student*

# Message from the Editor

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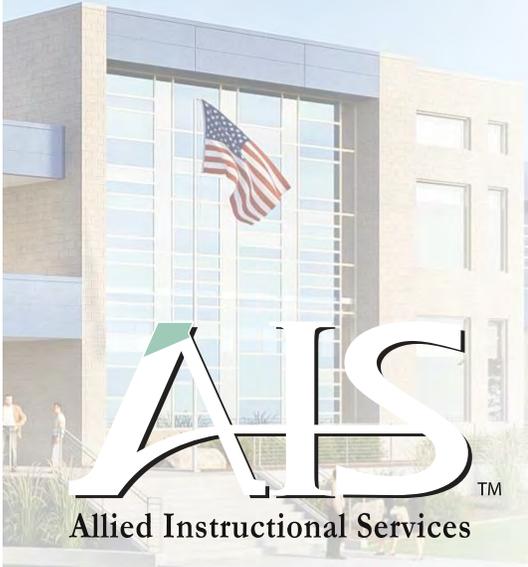


I am pleased to share with you the annual Back to School issue of *VIDBE-Q*. This issue is designed to provide a variety of interesting and engaging articles as many prepare to return to school in a variety of new ways. The issue begins with a message from the DVIDB president sharing information about DVIDB webinars and the upcoming CEC 2021 Convention and EXPO. Then, there is a special highlight piece that recognizes those in the field that are being innovative in their response to COVID-19.

The next two articles provide insight on how some in the field are reimagining orientation and mobility instruction and building relationships with families and students remotely. Next, you can read about the new orientation and mobility program at the University of Nebraska-Lincoln and the programs in blindness and visual impairments at Hunter College, City University of New York. This is followed by a peer reviewed research article on the utilization of an auditory-based assessment of speech sound production in children with visual impairments. The final article provides a book review of “When You Can’t Believe your Eyes: Vision Loss and Personal Recovery”.

I hope that these articles inspire you as you read about those making a difference in the field of visual impairments and deafblindness in the Back to School issue.

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# President's Message

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This summer has flown right by and 2020 thus far has been somewhat of a crazy blur! During these times of the COVID-19 pandemic, everyone is experiencing various emotions from changes to daily routines, new work environments, and various conflicting daily news stories. For people with vision loss, this global pandemic proposes several unique challenges such as accessibility to online education and managing social distancing. However, through these

challenges I have seen amazing collaboration to serve the visual impairment field. Various professionals, universities, and organizations have come together to ensure students with visual impairments have equal access to education as their peers and to provide resources to teachers, families, and administrators during this time. On June 10<sup>th</sup> DVIDB paired with the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) to provide a free webinar entitled “Home is a Powerful Place for Learning: Creating Empowering Environments for Kids with Visual Impairments and Deafblindness”. This webinar gave families and teachers wonderful strategies to meaningfully engage children with visual impairments and deafblindness within their home. The webinar is available to view at:

<https://community.cec.sped.org/dvi/home>

Continue to watch for upcoming captioned webinars from DVIDB throughout the fall to support students, families, and educators. Our webinars are always free to members and ACVREP professional development hours are offered. The international CEC convention is planned for March 3<sup>rd</sup>-6<sup>th</sup> 2021 in Baltimore, MD and DVIDB is excited to have many strong presenters over the three days. Additionally, we are working on a pre-convention workshop on March 3<sup>rd</sup> to be hosted at the Maryland School for the Blind. Currently, the convention is planning to be face to face so hopefully I will see many of you! Should this change we will share if and how the convention will be held virtually.

I hope you enjoy this issue and it will help you plan for the upcoming school year even through all of this uncertainty. Although this has been a hectic time try to enjoy some of the summer and quality time with family. I wish you all a productive and happy school year!



# Spotlight: Recognition in the Field

## Presidential Awards

Presidents of the Division on Visual Impairment and Deafblindness (Dr. Nicole Johnson) and the Association for Education and Rehabilitation of the Blind and Visually Impaired (Emily Coleman) collaborated to recognize individuals who went above and beyond in the field of blindness during the COVID-19 Pandemic. Three presidential awards were given to very deserving individuals for their hard work and dedication to the field through trying times. The awards were given to Dr. Penny Rosenblum for research and collaboration, Texas School for the Blind and Visually Impaired (TSBVI) outreach program for “coffee hour”, and to Virtual ExCEL Academy (Charlotte Cushman, Dr. Cheryl Hannan, & Leanne Grillot). Below are comments from the award winners on their projects that greatly aided the field over the past months.

### Comments from Dr. Penny Rosenblum

In response to COVID-19, American Foundation for the Blind (AFB) took the lead in designing, deploying, analyzing, and reporting on the results of two surveys. *Flatten Inaccessibility* examined how COVID-19 is impacting the lives of adults in the US. We had 1,921 usable responses and our report should be out in

August. *Access and Engagement: Examining the Impact of COVID-19 on Students Birth-21 with Visual Impairments* gathered data from families and professionals in the US and Canada. We have 1,764 usable responses and hope to have the report out in September. Both of these projects were group undertakings and could not have been accomplished without the two phenomenal research teams. I have had the true pleasure of working with over the last few months. I am truly appreciative of their work. I hope in the months to come our work will have a large impact on the lives of those with visual impairments.

### **Comments from The Virtual ExCEL Academy**

The Virtual ExCEL Academy ran for 10 weeks, from March 23-May 29, 2020, just as the pandemic began. Dr. Cheryl Kamei-Hannan, from Cal State LA initiated the idea, and the project was joined by Leanne Grillot, the National Director of Outreach Services at American Printing House for the Blind (APH), and Charlotte Cushman, Manager of [Paths to Literacy](#), which is a collaboration between the Texas School for the Blind and Visually Impaired (TSBVI) and Perkins. Over 50 instructors offered lessons on a range of topics related to the ECC (Expanded Core Curriculum). These daily lessons were designed to supplement other individualized learning, and to provide meaningful activities for students with visual impairments. More than 2,000 people registered for the sessions, with many participants from around the world. In addition to the students and their

families, many practitioners and student teachers also participated by observing model lessons. All of the sessions were recorded and have been [archived on the APH YouTube Channel](#). They are available to watch for free at any time.

## **Comments from TSBVI “Coffee Hour”/Texas School for the Blind Outreach Program**

The TSBVI coffee hour invited teachers, paraprofessionals, and other school staff every Monday, Wednesday, and Friday free of charge to discuss topics to support students with visual impairments and/or deafblindness. Many people took advantage of this hour and gained a lot of information.

This award is a great and unexpected honor, for which we are immensely grateful. What started as a “crazy” idea grew into a robust program of collaboration across agency, state, and international lines. TSBVI Outreach “Coffee Hour” is a testament to the efforts, expertise, and collaborative spirit that is found in our field. We want to recognize the work of the team members of TSBVI Outreach in creating and presenting content, scheduling presenters, managing media platforms and permissions, and organizing materials for access. We also want to specially recognize the efforts of families and colleagues in Texas, Washington, Utah, Oklahoma, Maryland, Michigan, New England, the Netherlands, and elsewhere, who participated by presenting or providing content.

This collaboration made for important contributions to Coffee Hour. Thank you,

for this award. COVID-19 may have given our field many challenges, but the foundations of partnership that have been reinforced will have lasting positive effects for our students and families.



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# Standards-Based Remote O&M Instruction

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Columbia Regional Program

An internship serves as the culminating experience for those studying to become a Certified Orientation and Mobility Specialist (COMS). Most of Portland State University's (PSU) second cohort of Orientation and Mobility (O&M) students were halfway through their internship experiences when the COVID-19 pandemic forced a rapid shift to a distance consultation model. Inspired by PSU Program Coordinator, Dr. Amy Parker, and our instructor, Mary Tellefson, three interns met virtually with a supervising COMS to plan remote instruction that allowed us to continue serving students and complete our internships with the support of Columbia Regional Program (CRP). This article offers suggestions on how educators can partner with parents to provide remote instruction for students

that is grounded in the O&M Career, College, and Community Readiness (CCCR) Standards (Tellefson, 2015; Tellefson et al., 2019).

### **Roles**

Peter is a COMS with 22 years experience working with students and adults who are blind and visually impaired. He currently works with CRP as an O&M Instructor in metropolitan Portland, Oregon. With the shift to online instruction due to COVID-19, Peter was required to provide continued instruction to the students on his caseload. The change meant individualizing instruction in new ways and working with students who have varying levels of access to technology. Upon PSU making written arrangements with CRP, Peter supervised Kyrsten, Angel, and Katie as they completed their internships through distance consultation. Kyrsten also works at CRP as a paraeducator for Deaf/Hard-of-Hearing students. They acted as a team lead for the set-up of the remote internship process with Peter, scheduling weekly meetings to debrief and collaborate. They brought additional background insight of students to assist in creating lessons.

As a Teacher of Students with Visual Impairments (TSVI), Angel works for the Special Education Service Agency (SESA) in Anchorage, Alaska, which serves students with low-incidence disabilities throughout the state. Katie works in Greater Tokyo, Japan, as a TSVI, serving American students in Japan and South

Korea. Angel and Katie use remote instruction as part of their teaching practice, but using it to provide O&M instruction was a novel undertaking.

### **Collaboration**

Many collaborative relationships stem from the need to create. Our collaboration was true to form, in that we developed safe, ethical, and quality O&M instruction for Portland-area students who were taught via remote learning under the supervision of the students' COMS. Before meeting with students, the interns and supervising COMS met to discuss expectations and obligations. The interns completed paperwork and a background check required to volunteer with CRP. Peter also met with parents to obtain permission for the interns to work with students.

During remote lessons, Peter was present to support as needed. Afterward he provided feedback to the interns. Lessons were recorded so the team could reflect on each as a group. The interns met weekly to reflect on how to better execute lessons and if the lesson was appropriate for online learning. We then brainstormed the next week's instruction. The interns met regularly with the internship instructor and program coordinator to ensure that experiences aligned with program expectations. These meetings included more in-depth instruction regarding standards-based planning and a mini-workshop on intersection analysis and procedure conducted by Peter.

As part of our internship, we worked through PSU's modules on providing safe and ethical distance consultation as a way to supplement face-to-face instruction. A collaborative team of O&M experts created PSU's field-tested module (Tellefson et al., 2018). These experts researched practices and strategies currently used to maximize O&M services for students/clients who live in rural and remote areas, and, through the lens of equity and ethical practice, offered the findings in the form of a training module. The module was embedded in the O&M practicum courses and shared with clinical partners for discussion and curriculum research. The principles outlined in the module took on new meaning when COVID-19 prohibited any face-to-face instruction. At the end of the internship, the team met to reflect on the experience.

### **Remote Instruction**

The following activities engaged students, worked well in an online format, and had clear-cut instructional purposes to meet the student's O&M goals. (See Table 1 for a full list of standards-based activities used during the internship.)

#### **Create an Experience Book**

Experience books incorporate real objects from an activity or event in which a student has participated to create a book discussing the activity (Lewis & Tolla, 2003). In this case, the student, his mother, and his brother went on a walk in their neighborhood, bringing the instructor along via FaceTime. The purpose was to

assess the student's current cane skills (O&M CCR Standard 4 - Travel Techniques), but an experience book can be tailored to different standards and activities. Collecting items for the O&M experience book provided a hands-on experience for the student. The student sought out things he could find with his cane, placing each item in a basket his mother carried. After the walk, he created an experience book and shared it with the instructor during the next lesson. He filled the book with all the objects he found along with pictures he drew, which made the experience more meaningful to him.

### **Kahoot!**

Using Kahoot!, an instructor can create lessons and quizzes that cover a variety of O&M topics. Quizzes can be taken by one student or a group of students working together. Kahoot! also tracks student progress and generates reports based on assignments given to the student(s). Kyrsten and Angel used Kahoot! to review key O&M concepts and mapping skills (O&M-S3-7A & 7B). For example, students identified the quadrants of Portland and familiar locations within each quadrant. For confidentiality purposes, students should create a nickname or use initials when taking quizzes. Kahoot! is not screen reader accessible, which limits its usefulness.

**Table 1*****Sample Lesson Plans***

CCR Standard	Goals	Lesson Plan(s)
Standard 1: Concept Development.	Understanding right/left on others (O&M-S1-3A).	Using blocks or other preferred toys, instruct the student to build a simple structure, and place objects using teacher-provided positional words (e.g. on/in, up/down, above/below).
A. Body Concepts.	Identifying positional and relational concepts to inform movement and paths of travel (O&M-S1-3B).	
B. Spatiotemporal Concepts.		
Standard 2: Sensory Development.	Apply auditory skills in multiple familiar environments.	Go for a sound scavenger hunt in the student's home. Ask her to indicate whether she hears a particular sound and if she can identify it.
B. Auditory.	Identify more complex indoor sounds.	
	Align body to a sound.	Localize stationary sounds. Discuss localized sounds in specific rooms; ask the student to identify the sound, face the sound, and point to where it is coming from.
	Point to a sound source.	
	Identify location of source as front, back left, right, etc., in relation to own body (O&M-S2-4B).	
Standard 3: Orientation and Mapping.	Demonstrate mapping skills by using and making simple representations of familiar spaces and environments (O&M-S3-3B).	Ask the student to create a visual or tactile map of their home using any materials they prefer. Ask them to use descriptive language (e.g. left, right, front, back) as they make and explain the map.
A. Orientation.		The instructor can also draw the map along with the student, following the student's directions, and they then compare maps at the end of the lesson.
B. Mapping.	Apply positional and relational concepts to map-reading skills (O&M-S3-3B).	

Standard 4: Travel Techniques.	Plan and travel basic route and return route patterns (O&M-S4-3B).	Go for virtual walks of familiar areas and routes using Google Street View.
B. Route Navigation.	Plan and travel complex routes and return routes (O&M-S4-7B).	Identify intersection shapes. Make high contrast pictures of intersections from a bird's-eye or street view, and have the student determine the intersection's shape.
C. Traffic Pattern Concepts.	Communicate routes in step-by-step, sequential directions, and predicts travel time (O&M-S4-7B).	Practice route planning. Use Google Maps to plan a trip to a preferred location.
D. Street Crossings.	Generalize skills in orientation, travel, problem solving, information gathering, and assistance seeking at an advanced level to plan and execute safe and efficient goal-directed travel (O&M-S4-12B).	Explore a city the student has never visited. Discuss how the student would travel there, how long it would take to get there, and what types of items they would need to bring.
	Demonstrate and communicate advanced knowledge and skill application in virtual environments that include complex intersections and traffic controls under all lighting and weather conditions (O&M-S4-12C).	Intersection Analysis using "Street View." Review familiar intersections. Reinforce safe crossing techniques. Virtually "box" the intersection describing when they would cross safely, flag their cane, and listen and/or visually scan for perpendicular traffic as they are crossing.

## **Google Maps**

The team frequently used Google Maps to review and reinforce concepts, as it could be used for route planning and intersection analysis (O&M-S4-3B & 3D; O&M-S4-7A, 7B, & 7D; O&M-S3-12A, 12B, & 12C). During one lesson, Angel worked with a student to plan a trip to Seward, Alaska, and they used Street View to explore the city. The student also compared the information provided by Google Maps to that in other navigation apps (e.g. Apple Maps).

## **Conclusion**

Remote O&M instruction was not without challenges. Parents, interns, and the supervising COMS all experienced technical difficulties. All families participating in the lessons had access to high-speed internet, but we learned new digital tools, such as G Suite and Kahoot!. We worked closely with parents to identify the best technology for their family and coached them on how to use it during lessons. We quickly learned that students engaged best with shorter, more active lessons; parents cited keeping their child on task as one of their main challenges.

Despite these challenges, we found that the individualized remote instruction engaged students and families. In many sessions, the student's sibling joined in the lesson because they were interested in the activity. Family involvement in lessons increased their understanding of their child's abilities and areas for growth. Parents

appreciated the opportunity to be active participants in lessons and to better understand the use of the white cane as well as reinforcing what their children were learning. Involving families as partners in O&M activities is recommended for face-to-face instruction (Crone et al., 2005). In distance-based coaching, it is especially important for creating a shared understanding of the importance of O&M at home and in the community (Dewald & Smyth, 2014). Use of materials readily available in the student's home further ensured that lessons could be reinforced by parents.

This experience not only satisfied internship requirements, but provided us with invaluable training for future remote instruction. We collaborated with one another and parents to quickly develop and implement quality O&M lessons. The success seen with these lessons suggests that remote O&M instruction could be used even in rural and/or underserved areas after the COVID-19 pandemic. Further research is needed to identify evidence-based practices and develop standards and guidelines for practitioners.

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# National Center on Deaf-Blindness

NCDB is a technical assistance (TA) center funded by the U.S. Department of Education. We work with state deaf-blind projects and other partners to:

- Improve educational results and quality of life for children who are deaf-blind
- Increase the knowledge and skills of educators and families
- Create sustainable services

## Technical Assistance

Learn about NCDB's TA activities and find contact information for your state deaf-blind project.

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### INTERVENERS & QUALIFIED PERSONNEL

More personnel with training and expertise in deaf-blindness are needed to provide high-quality educational services.

### TRANSITION

Children and youth must have access to educational opportunities and transition planning that lead to post-secondary education or employment and meaningful lives in their communities.



**National Center  
on Deaf-Blindness**

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# Trust: A Key Component for Service Providers Collaborating With Families during a Pandemic

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In the absolute mess that COVID-19 has brought our world, families of children who are visually impaired (and those with multiple disabilities) have been trying to make sense of all this in ways they have never thought were needed. At the same time, our dedicated service providers are at the same crossroads of determining how they will provide services to such a low incidence disability. As a parent and a service provider I realized I needed to take a step back and have open conversations with families about what their real needs are. I have been able to interview several families to gather some great tips, success stories and highlight some important components of collaboration to keep in mind as we approach the start of school this fall.

The most significantly discussed topic is trust. It's a big word, and from the families I interviewed, it was the most important aspect of working with service providers during this time. Overall, families feel they need to have trust with everyone who works with their child. They feel if they trust those around them,

most importantly all service providers which includes; case managers, educational assistants and administration. I am completely in agreement with all of these families that trust is number one. If you can establish trust first, it will be used as a foundation to build upon for future services. It's not that families are saying you need to come over for a barbeque and become friends on Facebook, but in general being kind, non-confrontational and supportive from the beginning will aid in establishing trust. As I am getting to know families who are just starting the process with their first intake meeting, they have shared it is extremely overwhelming to differentiate their child's exact needs compared to that from a sighted child as an infant. Plain and simple parents don't know what they don't know. I have attended intake meetings for newly identified students or babies where case managers ask what they want for their child and what they would like from us. Well, that's too broad and honestly pretty difficult to answer for our families. In an ideal situation when meeting families we can reserve better chunks of time to assist in not only educating our families but in turn providing them with enough resources for them to be able to educate themselves as they are able. Families need time to process, grieve, celebrate, breathe, maintain normal family functions and unfortunately we do need to put it out there, survive. As you meet with staff this fall, I encourage you to look through the proverbial lens of each

family and their situations and focus on recreating or establishing the ever important aspect of trust.

So let's say that your districts and providers have been able to establish at least an initial bond with families, now what? Spring of 2020 was surreal in seeing families, schools and greater communities find ways to provide food and materials to families in unique ways both urban and rural. We can't hide from a virus that doesn't discriminate nor do we know entirely all the long-term effects this will have not only physically, but educationally, emotionally and economically. In discussion with a new family I am working with, I had assumed so much was already in place for them to succeed. Lesson learned, they have a lot of needs, and none that I even considered. You see this family absolutely adored their previous neighborhood, previous school and service providers, however over time the family felt that they were stuck in a bubble. Their providers although great, continued to apologize to them and say they are sorry to them and show them pity, not really allowing them to assist their own family in moving forward. During the pandemic the family made a choice to uproot their family and move several miles to a more accessible home in a new district with new service providers. When talking to them, they felt like they got into a rhythm of being "that" family in their old district. They felt like the ones people felt bad for, the ones whose relationships were strained, the ones whose kids acted out, they were embarrassed to go out in

public, and also the ones who no other kids really wanted to come over and play with (prior to the pandemic) other than out of their parents forcing them to go to birthday parties. What I wanted to relay in this little story is that although families may on the appearance feel like they have what they need to provide help to their children, it may in fact not be what is needed. How do we as educators facilitate situations to help these scenarios? Well although unique, this family suggested something plausible in having more inclusive events that facilitate opportunities for families to connect. I can personally attest to the fact that this is difficult in more rural scenarios as in the case of my family where my son is the only child with a visual impairment in the whole school district. Having events that take into account inclusion and adapted activities is inviting to these families and starts to break down walls that families may experience. Let's hope we can get back to group activities!

Spring of 2020 sent most of us educators into a new learning realm we could never have imagined. It was a period of time like no other we have seen where we could not physically be in-person with our students. This was very hard for me as I pride myself on establishing good relationships with all of my families and students. I use the term not reinventing the wheel, but it sure felt like that because virtual instruction was not something we are used to doing. I think the reality that most of us are finding, or about to find ourselves in, are discovering what schools

will look like when we return to this fall. I think I have heard every scenario for schools from rural to urban being much different, but that forces us to take the good and the bad from spring and take a leap of faith for the fall. As a whole, vision teachers along with orientation and mobility specialists compiled an unheard of amount of resources to work with students. In that compilation we discovered accessibility issues, technology and communication barriers and additionally and really most importantly, the situations with which families sank or swam. Teams are able to meet collaboratively in just about every way remotely these days. The case managers' roles for our students this fall will be more important than ever to facilitate communication amongst service providers. Multiple parents shared in our discussions that they felt they never knew who or what specific goals or activities were being targeted during the school day. This led to more discussion about the question, what their children are truly capable of, especially those with children with multiple disabilities. Having that open communication of classroom activities and revisiting individual goals could be very beneficial. In a virtual situation, an example of this would be focusing on the students' ability to demonstrate their ability to communicate and perform everyday tasks in the home to some extent with parents video-taping, or live streaming with school providers. Even playing games is incredibly motivating! An activity that I have used for several of my students during this time, including summer school, was to do virtual field trips

that included many features of different locations. We did trips to the zoo, the beach, the jungle, and the local park. I would drop off or mail feathers, sea shells, leaves, leather, and a monocular. Sometimes it was as simple as recording a video trip to the school playground or a local park and discussing environmental components or adding orientation and mobility concepts.

Lastly, I wanted to revisit the significance of building trust. Trust not only related to how we as providers can try and re-establish trust with our families but wanted to blend this in that as we try and figure out what services will look like this fall. If we carefully weed through what worked and what didn't then there likely will be a greater chance that families will buy in to what we are providing especially if we open up those lines of communication. Here's a story I wanted to share for last. I completed my last lesson with a student this week whom I never would have suggested summer school for but hybrid models had already opened up for a few districts here and both the student, district and family really wanted O&M lessons for community travel in their neighborhood. Taking that into account, it gave me the ability to re-establish my relationship with them and it was amazing. The parent joined their child and I on lessons with lots of open air social distancing, masks, etc. We had great conversations about routes the student walked each day and the purposes for different types of accessibility features of sidewalks and crosswalks. The family felt very empowered and sent me a great letter in that

they wrote to the city engineer about adding painted pedestrian cross walks in heavily traveled areas near a school and that the city would go forth and add them concluding some sidewalk reconstruction with the road. All I did was help to facilitate the why and who for some of this but the family did the rest. We build families up, and breaking down barriers is important. This is where our trust is important. It's enough to say during a normal school year that we trust schools and service providers to keep our kids safe, educated, inclusive to the most extent appropriate and blending that with families during this time is definitely unique to the times.

In conclusion, I'd like to think that teaching and parenting during these times have or will allow us to re-examine our relationships we build with families and the ways we establish trust so that we and the families can educate children to our fullest ability. This is hard, we are not perfect and need to accept that, but we also need to understand that families need our help. The foundation of great communication will create trust between families, case managers and all other service providers to help us all be successful moving forward.

# University of Nebraska-Lincoln: Orientation and Mobility Program

## **Eric Caruso, Coordinator, Orientation & Mobility**

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The University of Nebraska-Lincoln (UNL), with help from the Nebraska Department of Education (NDE) and the Office of Special Education Programs (OSEP), are accepting their first cohort of students into the Orientation and Mobility (O&M) program this fall. The O&M program at UNL is a master's degree endorsement area that will fully prepare students to sit for the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) O&M certification exam.

The program is a full master's program that conducts most class sessions online with a six week on-campus commitment for one summer session. The online portion of the program consists of foundational courses which are necessary for entering the field of visual disabilities as well as O&M courses that will prepare students for their skills courses that will take place in Lincoln. During the six-week session that is held on UNL's campus, students engage in the skills courses which

are commonly referred to as the ‘blindfold courses’. The skills courses are where students learn how to travel under blindfold, and more importantly, learn how to teach people how to travel without using vision.

The skills courses are designed to provide students with a comprehensive learning experience that includes one O&M instructor to every pair of students for the duration of the six weeks. Students will have the opportunity to work closely with O&M instructors to hone their skills as they progress through the summer session. Lincoln Nebraska provides incoming O&M students with a variety of opportunities to learn the O&M profession by virtue of the wide array of travel offerings it has. While in Lincoln students will have hands on experience with both rural and downtown travel, basic and complex intersections including various roundabouts, college campus travel, public transportation, shopping malls, etc.

Upon completion of the O&M program at UNL, students will be able to work with students and clients of all ages ranging from early childhood to the aging population and in a variety of settings.

For more information go to: <https://cehs.unl.edu/secd/visual-impairments/>



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**Teachers of Students  
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- TVIs work with IFSP and IEP teams to provide instruction in the Expanded Core Curriculum and services to children and students with visual impairments, both blind and who have remaining vision.
- This program trains future professionals to work with a variety of students in a wide range of settings, including home-based services.
- Open to current teachers who want to add an endorsement or gain deeper knowledge in working with students with visual impairments.
- Tuition assistance may be available. Contact Mackenzie Savaiano for more information.

**Orientation & Mobility  
Specialists (O&Ms)**

- O&Ms teach individuals who have visual impairments, both blind and who have remaining vision, the skills needed to safely and independently travel within their environment.
- This program teaches future professionals to work with a variety of clients ranging from early childhood through the aging population and in a wide range of settings, such as schools, rehabilitation centers and VA hospitals.
- Bachelor's degree is required, but individuals do not need to have an existing teaching license.
- Tuition assistance may be available. Contact Eric Caruso for more information.

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# Hunter College, City University of New York Programs in Blindness and Visual Impairments

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**Image 1. Hunter North Building**

Hunter College is located in the heart of Manhattan and is part of the City University of New York system, the largest public urban university system in the country. Hunter College was founded by Thomas Hunter as a “normal school” in 1870 to prepare women from a wide-range of immigrant communities in New

York City to be teachers. In that tradition, the programs for aspiring teachers of students with visual impairments (TVIs) was founded over 50 years ago and continues to serve a diverse student population. In 1991, professional preparation programs in Vision Rehabilitation Teaching (VRT) and Orientation and Mobility (O&M) were added. Since 2000, the VRT and O&M programs have been able to accept students from across the U.S. by using a hybrid model of online instruction during the regular academic year and in-person summer labs held at the Helen Keller National Center on Long Island, NY. All vision education programs are at the graduate level. There are six different programs under the umbrella of vision education: TVI master's (with/ without prior certification), TVI Advanced Certificate (for those who already have a master's in teaching in another subject area), O&M Advanced Certificate, VRT master's and VRT with O&M certification master's. Our programs on visual impairment are also coordinated in conjunction with our special education program in severe/ multiple disabilities. Additionally, students in upstate NY are able to participate in the TVI Advanced Certificate program entirely remotely, participating in synchronous classes using Zoom and other technology. (This also helped us provide a smooth transition to remote learning for all local students when COVID restrictions began.)

As a public university, Hunter College strives to maintain an accessible tuition rate. The New York City Department of Education offers a full scholarship

to selected master's students in the TVI program. Additional tuition support comes from New York State for students in the advanced certificate programs for TVIs and O&Ms.

Hunter College partners closely with the New York City Department of Education (NYC DOE) to serve over 1,000 K-12 students with visual impairments in the city. Our TVI student teachers are placed with itinerant teachers who work across the five boroughs of NYC, which provides them with hands-on experiences with students of all ages with all types of visual impairments. Many instructors in our program are current NYC DOE teachers or administrators. In recent years, Hunter has hosted the New York Deaf-Blind Collaborative and NYC DOE community of practice on cortical visual impairment, which brings together many Hunter alumni to improve the identification rate, teacher assessment skills and learner outcomes. In addition to the NYC DOE, our teacher graduates work in regional collaboratives (i.e., BOCES) and state-funded private special education schools throughout New York. Graduates from the VRT and O&M programs work at agencies both in NYC and nationally.

If you are interested in learning more about our programs, please visit: [education.hunter.cuny.edu/BVI](http://education.hunter.cuny.edu/BVI) or email Dr. Brady at [LBrady@hunter.cuny.edu](mailto:LBrady@hunter.cuny.edu)

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# Utilization of an Auditory-Based Assessment of Speech Sound Production in Children with Visual Impairment

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## **Introduction**

Speech-language pathologists rely on high quality research and assessment methods to provide evidence-based therapy to children with visual impairments (VI). A major barrier to this endeavor is that no published standardized measures of speech sound production have included children with VI. Ferrell (2014) and Kesitkas (2009) suggested that reliable and valid educational assessments for children with VI may be the exception rather than the norm. Although the clinical use of a measure to test children who come from a population that is not specifically represented in a test's standardization sample may pose some risks of inaccuracy, doing so is often a clinical necessity. For these reasons, the present study aims to address the lack of valid assessments of speech sound production in children with VI.

## **Speech Sound Development and Visual Impairments**

Visual input is important when children are developing speech sound production skills. Young sighted children intuitively access visual input to help them develop speech sound perception skills and subsequent speech sound imitation skills (Hunnius & Geuze, 2004; Lewkowicz & Hansen-Tift, 2012; Wills, 1979). Visual cues provide visible information about how to shape the speech movements of the mouth to complement the auditory signal. Miller and Nicely (1955) noted that during the developmental period when young children acquire speech sound production, from birth through about age eight (Sander, 1972), children's accuracy of speech sound production is supported by visual cues. A number of studies have demonstrated that receiving visual cues enhances a speaker's production of intelligible speech (Jesse et al., 2000; Massaro & Bosseler, 2003) and enhances the precision of speech and in the variety of speech sounds that can be produced (Menard et al., 2009). Listeners can more effectively identify speech sounds when they receive redundant visual and auditory cues (Menard et al., 2009), and these cues help speakers produce sounds more accurately.

The nature of speech sound production deficits in children with VI is an area of ongoing research. Researchers have not yet adequately specified the prevalence of speech delay in this population or evidence-based assessment and treatment methods to promote communicative development. Not only are the reasons that

contribute to why some children with VI may have speech sound production deficits not fully established, but the available descriptions of the clinical presentation of speech sound production of children with VI are limited to the characterizations offered in just a few studies (e.g., Bambring, 2007; House, 2007; LeZak & Starbuck, 1964; Mills, 1987a, 1987b). In one of the more recent studies Brouwer, Gordon-Pershey, Hoffman, & Gunderson (2015) surveyed 18 teachers of students with VI who together served 120 children in five states with VI with typical intelligence or mild intellectual deficits. The survey results found that the percentage of students with VI who received speech sound production interventions, as reported by the teachers surveyed, was higher than expected when compared to prevalence figures for the percentage of students in the general population who receive speech sound production interventions. Subsequently, Gordon-Pershey, Zeszut, & Brouwer (2018) observed speech error patterns in children with VI that were different in sequence from established norms in children without VI. In addition, Gordon-Pershey and colleagues (2018) suggested the saliency of visual cues could reasonably be hypothesized as a factor in these different developmental patterns. In addition, the majority of children with VI in Gordon-Pershey and colleagues study exhibited imprecise speech articulation patterns, supporting earlier findings by Mills (1987).

## **Assessment of Speech Sound Production in Children with VI**

The most common testing procedure utilized in the field of speech-language pathology is to present a child with a set of common pictures or objects and ask the child to use a single word to name each item shown. The names of the array of items on the test are designed to elicit the full range of speech sounds, known as phonemes, present in the child's language. However, these published tests of speech sound production involve visual stimuli, and this precludes children with VI from identifying the stimuli and spontaneously producing a response.

Speech-language pathologists assessing children with VI are likely to modify the spontaneous naming of visual stimuli so that, instead, participants would imitate the target words spoken by the examiner (Brouwer et al., 2013). A modification generally refers to a change to a test that is thought to change what is being measured (NCEO, 2014). In fact, imitation represents a change from the spontaneous speech sound production behavior that is the objective of standardized tests of speech sound production. A child's imitative productions may be unlike the ways that the child would speak the words spontaneously (Siegel et al., 1963; Smith & Ainsworth, 1967). However, because all current tests rely on picture cues, speech-language pathologists report that imitation is often the only way to elicit the full range of speech sounds necessary for assessment. In a study of the practices of speech-language pathologists who serve children with VI, (Brouwer et al., 2013)

the speech-language pathologists interviewed reported using imitation of the words targeted by standardized assessments of speech sound production as a testing modification.

An alternative to standardized assessments of speech production is to analyze children's conversational speech samples (cf., LeZak & Starbuck, 1964; Mills, 1987), but sampling has many drawbacks. Speech samples may not elicit the entire English language inventory of 44 phonemes because there is a chance that the speaker may not have the opportunity to produce every speech sound. The topics at hand may not lend themselves to producing this variety of sounds. Sampling accuracy could suffer if examinees consciously or unconsciously avoid producing the speech sounds they have difficulty saying. Spontaneous sampling may not yield much information about children with very poor speech sound production and with speech that is hard to understand because the examiner may not be able to discern a portion of the children's intended speech sound productions. In such cases, sampling can yield a paucity of data. In addition, speech sampling is more time intensive than testing using a published standardized measure (Baumann-Waengler, 2012).

To summarize, current measures of speech sound production are inadequate for children with VI. First, the visual design of these measures do not allow for spontaneous productions, which is the desired procedure when clinicians assess

sighted children. These methodological constraints have resulted in the exclusion of children with VI in the population samples of these assessments, making norm-referenced comparisons inappropriate when using these measures with children with VI. Research to date has not addressed these concerns, and one result of the inadequacy of valid measurement tools is that little is known about typical developmental patterns in the VI population. A better understanding of development in this population is critical to more effective assessment and intervention methods. Towards this, the current study investigated the concurrent validity of an assessment based on auditory, rather than visual, cues. Concurrent validity is determined by comparing the results of a new test with an established assessment that is widely accepted as being valid (Miller & Lovler, 2018). If the results of a new assessment correlate with the established assessment, this suggests that the two assessments measure the same construct and will yield similar results. Therefore, this study investigates the following research question: Is there a correlation among the scores obtained from a standardized measure of speech sound production and a speech sound production assessment based on auditory cues?

## Methods

### Participants

The University of South Dakota institutional review board approved this study and the researchers obtained informed consent from all participants. The study took place in the upper plains region of the United States. Thirteen students who received special education services related to VI at public schools or at schools for the blind and visually impaired (BVI) were recruited through referral sampling. The researchers utilized direct communication with professional contacts to seek children who met the inclusionary criteria of being school age (five through 18 years old). Students with severe intellectual disabilities, syndromic conditions, or autism were excluded because these children exhibit cognitive-linguistic deficits that uniquely impact speech development differently than neurotypical children (Shriberg et al., 1997). Eleven participants were Caucasian, one was Hispanic or Latino, and one was African American. Four were females and nine were males. Eight had low vision, three were legally blind, and two were totally blind. The participant demographics are presented in Table 1.

**Table 1**

*Demographics of Study Participants*

<u>Participant Number</u>	<u>Age</u>	<u>Sex</u>	<u>Ethnicity</u>	<u>Vision Status</u>	<u>School</u>
1	18	Male	Caucasian	Totally Blind	BVI
2	11	Female	Caucasian	Legally Blind	BVI
3	16	Male	Caucasian	Legally Blind	BVI
4	8	Male	Caucasian	Legally Blind	BVI
5	9	Male	Caucasian	Low Vision	BVI
6	7	Male	Caucasian	Low Vision	BVI
7	7	Male	Black or African-American	Low Vision	BVI
8	11	Male	Caucasian	Totally Blind	BVI
9	14	Female	Caucasian	Low Vision	BVI
10	16	Female	Caucasian	Low Vision	Public
11	18	Male	Hispanic or Latino	Low Vision	Public
12	18	Female	Caucasian	Low Vision	Public
13	15	Male	Caucasian	Low Vision	Public

*Note.* BVI denotes attended school for the blind and visually impaired.

Descriptive criteria for severity of vision loss were drawn from the American Optometric Association guidelines (2007, p. 71) and the International Statistical Classification of Diseases and Related Health Problems, known as the ICD-9 codes, for blindness and low vision (Chrisendres.com, 2009). The researchers used the following descriptions of these categories on the case history forms:

- Partially sighted: some type of visual problem, with a need of person to receive special education in some cases
- Low vision: a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who

are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses.

- Legally blind: a student has less than 20/200 vision in the better eye after best correction (contact lenses or glasses), or a field of vision of less than 20 degrees in the better eye
- Totally Blind and Functions at the Definition of Blindness: visual acuity is not possible to determine using the Snellen Chart

## **Measures**

Speech sound production testing was based upon the Goldman-Fristoe Test of Articulation, Second Edition (GFTA-2, Goldman & Fristoe, 2000). This test was normed on persons ages two through 21. Sighted children take this test by looking at a picture and spontaneously naming what a picture or answering a simple question about the item shown. Children's responses are generally one-word or short phrases or sentences, and only production of the target word is scored. For example, if the child, when shown a picture of a house, says the word "house," production of the /h/ sound can be evaluated. The visual cue allows the child to speak the word without hearing the examiner say the word first. The GFTA-2 administration guidelines have specific prompts to use if an examinee does not produce a target response spontaneously.

For the purposes of this study, the GFTA-2 was modified for use with children with VI by implementing a delayed imitation technique. The protocol employed was for the examiner to state the target word aloud, read the alternate cue given by the GFTA-2 administration guidelines, then ask for the target word. GFTA-2 guidelines give allowable cues to provide children when the preferred method of elicitation (spontaneous production) is not achieved on the first attempt. These cues are provided on the GFTA-2 administration book. For example, the GFTA-2 allows a child who does not label the picture of a house to be asked, “Where do people live?” In the present modification, the examiner stated, “A house is where people live. Where do people live?” This modification provided the target word but interjected the delay caused by the remainder of the cue words.

The researchers also developed an assessment of speech sound production that relies primarily on auditory cues, Auditory Assessment of Articulation and Phonology (AARP). The authors began the assessment development by listing the phonemes, or speech sounds, utilized in other common speech sound assessments, primarily the GFTA-2. They then consulted word lists from speech-language pathology resources for potential word items. There were two primary criterion for item selection. First, the words needed to be high frequency, common words so that even young children could recognize and spontaneously produce the word. Second, the words should be easily linked to an auditory cue. For example, “cat”

would be more desirable than “ketchup.” The researchers conducted online image searches and compiled open license audio files and pictures into an electronic slide show format. These pictures were presented in Microsoft PowerPoint on a 14 inch laptop. This initial version was pilot tested with four children with normal vision in a university speech and language clinic. During this piloting testing, the researchers administered the assessment to four children to investigate if the auditory cues were effective in efficiently eliciting the desired responses. This pilot testing resulted in some item changes, substituting new words for those that the participants had difficulty identifying. The researchers also added a spoken introduction (e.g., “This animal purrs when it is happy”) prior to playing the auditory cue (e.g., purring cat sound). The researchers piloted the second version, which yielded the desired levels of participant responses. The final assessment included 35 target words, and took approximately 20 minutes to administer. This assessment included all speech sounds assessed by the GFTA-2.

## **Procedures**

All students passed a 20dB hearing screening for 500 to 4000 Hz administered by the investigators or had passed a hearing screening administered by a certified speech-language pathologist within the recent months prior to the investigators’ data collection visits to the schools.

Master's level graduate students in speech-language pathology who had completed a graduate course in speech sound disorders administered testing in non-randomized order. The first author, a certified speech-language pathologist, was present and supervised all testing. The participants completed all assessments within one session, which were approximately 45 minutes. Testing was video recorded to ensure scoring accuracy. The graduate students scored the tests during live administration and the researchers reviewed the videos for point-by-point rescoring. Responses were reviewed by the other members of the research team, and the research team reviewed and reached consensus on all items of disagreement.

### **Results and Discussion**

A two-tailed Pearson correlation was calculated to determine if the AARP (mean = 3.77 SD = 5.70) and modified GFTA-2 (mean = 6.58 SD = 8.70) yielded similar results. There was a positive correlation between the scores of these two assessments,  $r = .971$ ,  $p = < .01$ ,  $n = 12$ . The  $R^2$  value of .94 indicates that 94% of the variance in scores on the GFTA-2 was explained by the AARP results.  $R^2$  values range from 0 to 1.0, with 1.0 indicating a perfect correlation between two measures. The  $R^2$  of .94 in this study means that there was very little difference between the scores on the GFTA-2 and the AARP. Even though the current pilot study utilizes a small sample size, the strength of the correlation and the high

degree of similarity across the two assessments presents strong initial evidence for the concurrent validity of the AARP. Studies with small sample sizes risk not having enough participants to uncover strong relationships. However, despite the small sample size of the current study, there appears to be a very strong relationship present.

Based on these early results, an auditory measure appears to be a promising method for speech evaluation. The high correlation between the results of the auditory assessment and the adapted GFTA-2 suggests that both assessments yield similar results. However, the auditory assessment method is preferable for use with children with VI. The American Speech-Language and Hearing Association (ASHA) implores speech-language pathologists employ evidence based methods (American Speech-Language and Hearing Association, 2005). Evidence-based methods in speech-language pathology include recognizing the unique needs and abilities of individuals, and integrating this recognition with current research evidence in making clinical decisions. As Kesiktas (2009) argues, “assessment tools should not by their characteristics inhibit children’s performance” (p. 5). The current selection of published speech sound production assessments, all based on visual cues, are inadequate due to their lack of representation of children with VI in the norm sample. They are also inherently insufficient because the dependence on visual cues render them inaccessible for children with VI. Speech-language

pathologists may make modifications of visually based assessments, but this decreases spontaneity of speech and complicates direct comparison with the assessment's norm sample. For these reasons, an auditory cue-based assessment would be a step forward for assessment, research, and thereby evidence-based methods. In addition, this assessment would be accessible to children of all sight levels, increasing the likelihood of more refined research of developmental patterns and treatment methods in all children. While the results of this pilot study need to be replicated in larger numbers and with expanded demographics, these early results are a positive step towards improved assessment methods for children with VI.

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# Book Review: When You Can't Believe Your Eyes: Vision Loss and Personal Recovery

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Fairbairn, H. (2019). *When you can't believe your eyes: Vision loss and personal recovery*. Charles C Thomas Pub Ltd.

“When You Can't Believe Your Eyes: Vision Loss and Personal Recovery” was written by Hannah Fairbairn and published in 2019. Fairbairn taught personal management and interpersonal skills at the Carrol Center for the Blind in Massachusetts where she worked for eighteen years. After losing most of her vision in her early thirties, she utilized her own experiences as a person who has a visual impairment, as well as her experiences with other people with visual impairments at the Carroll Center for the Blind, as a background for her book. In this book, she focuses on the process of personal recovery after sight loss. Those who lose their sight later in their lives and those who want to know how to assist persons with vision loss later in life would be most interested in the content of this book.

The book is broken down into five main parts, each including two or three chapters. The first part consists of background information about visual impairment and resources. The first chapter includes the definitions of legal blindness, partial vision, and functional vision and ways of prevention. The second chapter addresses issues related to organization of the home environment. Resources for services for those with visual impairments are provided in the second chapter, including program information regarding Medicaid, food stamps, and free cell phones.

The second part of the book focuses on believing in yourself and dealing with vision loss. In the third chapter, the author provides some tips about personal care items and essentials in the home. The fourth chapter is devoted to emotional fluctuations, noting that it is common that people can feel fear, sadness, and anger after they lose their sight. Therefore, the author focuses on the strategies that help people to rebuild their self-esteem. The fifth chapter covers options for vision rehabilitation training, including learning about communication, home and personal management, and orientation and mobility skills for independence.

The third part of the book focuses on practicing skills and social interactions. Within this section, there are focuses on using assertive speech in different settings as well as focuses on the home environment, especially in the bathroom and

kitchen with regard to self-care, safety, and independent cooking tips. This section concludes with coverage of issues of social encounters without good vision. The author addresses seated, simple, and small social events, including ways to be a host, for individuals with visual impairments.

Section four has two chapters that focus on socialization, both within large events and independently. The author describes how people can prepare themselves, including transportation options (cars, cabs, and paratransit) and important issues that people can face when they use these vehicles.

The final part of the book concludes with information about having a satisfying life. The author explains how people with visual impairments should communicate with other people to have a better relationship. Appreciation, attraction, and dating issues are also covered. The last chapter is about being a whole person again, focusing on the issues for reaching out for personal and professional assistance, including the concerns of keeping a job and working.

The book is only 196 pages, including preliminary pages, references, and resources pages at the end, but it provides detailed information about the process of adjustment to losing sight. It is easy to read from beginning to end in one sitting. The book has many sub-headings in every chapter, so it helps readers to focus on various particular contents. The author provides bullet lists of suggestions about

different topics in almost every chapter and also helps readers to understand the issues being discussed.

Throughout the book, the author uses reminders to reference other information in the book. For instance, she reminded readers in the first chapter that if they need more information about the topic of reading and writing, they can reference Chapter Five where there is a more in-depth discussion about reading and writing. I found those reminders helpful in locating information about specific topics and reducing time spent on searching for information that was not needed at the time. The author also provides resources and websites that are helpful for people with visual impairments, as well as additional source websites. The companion website to the book has a short biography of the author and information about the book. It also has additional resources of various categories and allows for people to make comments or ask questions.

The personal stories of people who have visual impairments were highlighted using direct quotations. Elaborate explanations and descriptions about personal recovery are provided throughout each part of the book. Readers are provided with countless practical tips and suggestions throughout the book from the perception of individuals who have first-hand experience of living with vision loss. For instance, a list of suggestions is provided about how people can refuse someone and request

something from someone in social interactions or how they educate another person who is intended to help people with visual impairments in different locations such as restaurants and supermarkets.

Those explanations, descriptions, tips, and suggestions are represented not only for people who are blind but also for people with low vision. For example, appropriate lighting is described, so people who have usable vision can get the maximum benefit of lighting by following these descriptions. Readers are provided with clear definitions, including the differences between legal blindness, partial vision, and functional vision. Comprehensive and valuable information about how people face the reality of blindness and reestablish confidence in themselves after they lose vision are also provided throughout the text.

There is an excellent in-depth discussion about how people with visual impairments can protect their independence and privacy without losing healthy relationships. The author stresses the importance of faith, medication, and exercise and how those activities reduce the stress of people with visual impairments. Furthermore, she elaborately describes how the home environment can be arranged for safety and the importance of knowing how to prepare meals safely and independently.

One critique of the book is that it has no images. For example, the author

provides descriptions of monoculars and wearables in the fifth chapter, but there are no supporting images. If some images were provided in particular pages, it would have been beneficial for people with low vision or readers with vision to further explain the devices described.

Another critique is that I noticed that similar topics are discussed in different chapters. For instance, the author wrote about hosting at home in the eighth and eleventh chapters; cooking was discussed in the third, fifth, and seventh chapters and issues related to the home environment were discussed both in the second and seventh chapters. A better organization could have allowed relevant topics to be discussed in the same chapter.

Overall, this book has potential to be a valuable resource in the field of visual impairments. It focuses on practical, social, and personal recovery for people with visual impairments, and it is accessible for anyone to read. It provides information that allows the novice in the field of visual impairment to become knowledgeable, while promoting a positive, independent, assertive person if you try the author's suggestions. People with visual impairments, their families and friends, as well as professionals in the field of visual impairment or adult rehabilitation who want to learn about vision loss in adults will find this book full of practical strategies and suggestions.



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2020

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