**Module 2 Lesson 1 Part 1 Descriptive Video Transcript**

**Narrator:** Teaching Children Who Are Deafblind: Professional Development for Educators

Module 2: Early Intervention for Children Who Are Deafblind

Lesson 1: Foundations of Early Intervention

**[Visual Description]** A series of images - A toddler girl who is deafblind sits in a chair, a woman holds a baby boy who is deafblind, a woman lays on the floor next to a toddler boy who is sitting up, a woman holds a baby girl.

**Narrator:** You might work in early intervention, and for the first time, a child who is deafblind has been added to your caseload.

You might have worked with an infant or toddler who is blind or visually impaired OR one who is deaf or hard of hearing, but never a child with *combined* vision and hearing loss.

Or maybe you have experience with children who are deafblind, but want to improve your understanding of deafblindness and gain practical skills.

Regardless of your background, Lesson 1 provides practical information you’ll be able to apply to your work right away.

Before we begin, let’s check what you know…

True or False?

1. In early intervention with a child who is deafblind, an important role is to help caregivers learn to identify and interpret their child’s responses and behaviors.
2. Unlike school-based intervention with children who are deafblind, early intervention rarely involves collaboration with other specialists.
3. It is important not to let the family’s priorities and concerns sidetrack your own plans and goals for each early intervention session.

We’ll revisit these questions at the end of this lesson.

Lesson 1 has 3 learning objectives. After completing the lesson, participants should be able to

1. Describe how deafblindness affects an infant or toddler’s ability to access information and how this impacts your role as an early intervention provider
2. Recognize the importance of teamwork to support learning, development, and assessment
3. Apply strategies to increase caregiver understanding of deafblindness and their confidence in caring for their child

**Narrator:** Part 1. Experiencing the World

**[Visual Description]** A woman (offscreen) grabs a rattle that is attached to the neck of a young child’s shirt. She shakes the rattle and lets go. The child grabs the rattle, shakes it and taps it with their other hand. The woman lifts up her hand for a hi-five, and the child grabs her hand, sticks out their tongue and laughs.

**Woman:** I like that shaker, it is pretty cool.

[Rattling noise]

**Woman:** Good music, hi-five.

[child laughs]

**Woman:** Yeah

**[Visual Description]** A series of images - Toddlers and babies with varying ethnicities, and etiologies of deafblindness.

**Narrator:** Although deafblindness is a low-incidence disability, there's tremendous diversity in the population, such as the type and severity of vision and hearing loss and the presence or absence of additional disabilities or medical conditions.

Because no two children who are deafblind are alike, nearly everything you do must be individualized to meet the child’s and family’s unique needs.

One thing infants and toddlers who are deafblind have in common: They all experience the world in ways different from those of children with typical hearing and vision.

**[Visual Description]** A mom, dad, and two young boys sit around a table having breakfast. They place all of their cups close together in a cheersing motion.

For most children, vision and hearing—the distance senses—are the main senses used for learning. And most learning is incidental–in other words, it’s picked up naturally by overhearing or observing something.

**[Visual Description]** A young girl sits in a high chair, with a light up toy on the tray. She has her hands wrapped around the toy and her face very close to the lights.

But for infants and toddlers who are deafblind, opportunities for incidental learning are limited.

While most have some usable vision and/or hearing, it is usually not enough to clearly see and hear things at a distance.

**[Visual Description]** A young girl is sitting on a beach. She has her hand on her mouth, and sand is covering her fingertips and lips.

Their experience of the world is focused on what is close by and involves all their available senses—any usable vision and hearing but also touch, taste, and smell. The availability and use of sensory channels differs from child to child.

**[On-Screen Text]** Sundie Marx, Teacher of the Deaf-Blind, Utah Schools for the Deaf and Blind

**Sundie Marx:** I work with a child who was learning to feed themselves, and it was, The use of a spoon was something very abstract for this child because they didn't have that incidental learning in the past to have seen a caregiver feed themselves or a sibling feed themselves with a spoon. So they didn't understand what the spoon was used for. So it was only through direct learning and teaching that that child learns that that spoon was to feed themselves

**[Visual Description]** A toddler sits at a table with a piece of pie in front of her. She holds a card with a plastic spoon attached to it and says “eat” to her mouth.

**Sundie Marx:** and again that was built upon tactual information that the child had to feel the spoon had to understand, feel the food, and understand that both of those go together and that that is then what you feed yourself with.

**[Visual Description]** A series of images - Babies in hospital beds with various tubes, monitors, and gloved hands touching them.

(background hospital sounds)

**Narrator:** Often when a child is born with complicated medical issues, like deafblindness (and the syndromes and conditions that accompany it), their first experience of the world occurs in a neonatal intensive care unit. Here, they have multiple caregivers and stimuli throughout the day and night.

Hands lift and hold…turn and swaddle…

and sometimes poke and prod…in unexpected ways.

**[Visual Description]** A dad sleeps his head against a NICU hospital bed with a newborn in between his hands.

**Narrator:** The newborn might notice a brightness from the hospital lights. They may sense a variety of sounds, like voices and machines. They’ll feel vibrations and experience many different smells.

**[Visual Description]** An alert baby lies on the legs of an adult. A tube runs from the infant's nose to a syringe being held by the adult.

Several weeks or months later, the infant will go home, and much will be different. For one thing, far fewer hands are touching them. And many of the sounds and smells are new. In fact, pretty much everything will seem unfamiliar.

**[Visual Description]** An infant holds a babydoll while she sleeps.

Of course, not all children begin life in a NICU. And many infants who are deafblind are not identified as such right away. For example,

* Vision or hearing loss or both may be present at birth but undiagnosed
* The child may have a medical condition at birth that is associated with vision and hearing loss, but one or both of the losses don't occur until later, or
* Deafblindness is acquired later, for example due to meningitis or head injury

**[Visual Description]** A specialist sits on the floor with a toddler in front of her. A caregiver sits across from them. The specialist facilitates an interaction through signing and pointing to a toy ball that the caregiver is holding.

When you first begin to work with a child who is deafblind, you might feel uncertain about your own skills to support the family. You could be very experienced in your speciality area, but few early intervention providers receive training in deafblindness. It’s important to build on what you already know.

**[Visual Description]** A specialist sits on the floor next to a mother who is reading a book to her son. The specialist talks with the mom as the son looks at the book.

For example, as in most early intervention settings, your success depends in large part on the positive relationship you build with the family.

But what’s *different* about building a relationship with a caregiver of a child who is deafblind?

**[Visual Description]** A woman helps a child hold a light up toy very close to her eye.

For one thing, a considerable part of your job will involve helping caregivers

* Understand the impact of deafblindness on learning and development
* And identify and interpret the child’s responses and behaviors

**[Visual Description]** A series of videos - a baby and a young child explore colorful objects hanging from pvc pipes above them. The baby runs her hands through colorful beads and the young child kicks at the objects with their feet.

For example, encourage them to watch closely to see how the child learns about the world. Often, this is through touch, using the hands or body or mouth to explore different textures and tastes.

It’s not uncommon for them to have a tactual preference.

For many, this is the feet. Once they’re comfortable exploring with their feet, most will gradually move to using their hands as well.

**[Visual Description]** A young child stares at the ceiling instead of toward her mother’s voice.

Caregivers are often concerned that their child isn’t bonding with them. Sometimes this happens because they’re looking for—and not seeing—typical infant responses.

**[Visual Description]** Juston and Madeline Cheney look at their son Kimball lying in a NICU crib.

Juston and Madeline Cheney’s son Kimball was born with multiple disabilities. Madeline recalls her difficulty bonding with Kimball and how she felt when learning that, in addition to being deaf, he also was visually impaired.

**[On-Screen Text]** Madeline Cheney, Kimball’s Mom

**Madeline Cheney:** He was tube fed, so I wasn't, you know. I didn't have the experience of breastfeeding him, and I think it was just like, just, there were lots, I also couldn't hold him, um, for the first few weeks of his life, because of a cervical spine issue, and then I finally could. But he had to have this big collar on, so I think it was like, like, it just added on one more layer of like, “You haven't even seen me before. You don't even know what I look like.” And I remember also just feeling like so jealous of the windows and the lights,

**[Visual Description]** Madeline holds baby Kimball. Kimball is looking away from Madeline.

I mean like, he's smiling, and he's like cooing at the window. I want that. Like I want him to see me that way. I want him to, to have that same kind of, I saw it as affection. I was like “He loves the windows, he loves them!” I mean. I am grateful that he had something that made him so happy. But it kind of like, I mean, yeah, I was jealous of the windows like that. I think that kind of shows how it was a very irrational thing. But I was like I wanted that. I wanted that connection. I wanted him to be looking at me, and cooing.

**[On Screen Text]** Nancy Hatfield, Early Childhood Consultant Deafblindness, Former Director of the Washington State Deaf-Blind Project

**Nancy Hatfield:** And we have to point out, sometimes it's aspects of the child's visual impairment that's causing the baby to look like they're not looking at their parents. They may see better actually, when they look off to the side, and certain kinds of visual impairment it may work better for the baby to look briefly at the parent’s face and then look away to process. And sometimes hearing can play a part in these interactions as well. If a baby hears better on one side, has a unilateral hearing loss, or whatever, they may turn so that they can hear their parents voice better.

**[Visual Description]** Happy young boy looks toward the camera.

**Narrator:** Coach caregivers to watch *very closely* to see how their infant or toddler is responding. Some of the more obvious signs include

* A change of facial expressions
* Vocalizations
* Gestures, such as waving the hands or kicking the feet
* Tensing muscles, and
* Other physical actions, like changes in body posture

**[Visual Description]** A young girl lying on the floor looks toward colorful mylar hanging nearby.

Many times the signs are much more subtle…

* A stillness, such as when the baby holds their breath or pauses when sucking
* A change in breathing
* Or an increased heart rate

**Nancy Hatfield:** When I first meet a child, and on every visit with a child, I'm observing very closely, and I'm watching to see what he responds to visually or auditory or tactually. But I'm also watching the family and how they interact with the child and how the child responds to them and how the family members interpret the child's behaviors and what, what they see. I learned a lot about the child. I can point things out or ask the questions and help the parent understand and appreciate how much they already know about their child and how valuable that is to all of us.

**Narrator:** Let’s take a break and check what we’ve learned.

We know that infants and toddlers who are deafblind have limited incidental learning. How then do they use their senses to learn about the world around them?

Feel free to pause the video if you need time to think.

The availability and use of the senses—usable hearing or vision, touch, taste, and smell—is different for each child. But for most, their experience of the world is focused on what is very close to them.

In Lesson 3, you’ll learn how to provide support to infants and toddlers who are deafblind to expand their experiences and learning opportunities.

This ends Part 1 of Lesson 1. In Part 2, we’ll discuss how to increase caregivers’ understanding of the early intervention team and how to assess infants and toddlers who are deafblind.

**[On Screen text]** National Center on Deaf-Blindness  
 Developed and produced by NCDB  
 Narrated by Shelby Morgan  
 Written by Ann Biswas  
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 Special thanks to: State deaf-blind projects, the many young people, families, and educators who shared their photographs and videos with us for this program.  
 IDEAS that Work logo. The contents of this video program were developed under a grant from the U.S. Department of Education, #H326T180026. However, those contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. Project Officer, Susan Weigert.  
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