**Module 2 Lesson 1 Part 2 Descriptive 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

Part 2: Teamwork and Assessment

**[On Screen Text]** Mary Erlenmeyer, Millie’s Mom

**Mary Erlenmeyer:** When we came home they told us we’d be set up with the birth to 3 program. and when they came into our home it was a lot because we were still trying to figure out what our life would be like and then to have strangers come into our home weekly, it felt like I was being invaded. I mean it felt like a lot, I mean on top of her appointments. And then they brought up the deafblind project coming in and helping as well. And i was overwhelmed again, cause it was just like more people! You want more people in our home.

**[Visual Description]** Series of an image and video - A toddler sits in a plastic chair holding a white cane. Three women sit around her. A specialist kneels behind a toddler and supports her as she crawls on the ground. The caregiver sits off to the side watching the interaction.

**Narrator:** It’s not unusual for a family of a child who is deafblind to have many specialists visiting the home to provide care, advice, and training. It’s probably a bit intimidating! You may need to explain to the family who everyone is and how everyone collaborates. Doing this well *and early in the process* will help support your relationship with caregivers and ease concerns they may have about multiple providers.

For a child who is deafblind, the early intervention team may include

* A teacher of the deaf and hard of hearing
* A teacher of the visually impaired
* An occupational therapist
* A physical therapist
* A speech-language pathologist, and
* An early childhood specialist

Ideally, there will also be a teacher of the deafblind or deafblind consultant.

**[Visual Description]** A toddler who is deafblind sits on the lap of a female service provider. They both smile.

**Narrator:** To reduce the strain on families, some states have adopted a primary provider model. That person visits the home and consults with other team members.

**[Visual Description]** An infant sleeps on someone's lap while getting a hearing test.

**Narrator:** Medical professionals will be involved, such as audiologists and ophthalmologists, who perform assessments.

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

**Nancy Hatfield:** So I once went to a home visit with a little boy who had a syndrome that included many complexities, medical issues. He had a tracheotomy, a g-tube, a visual impairment, hearing loss. He wore a bone conduction aid, he didn't have a whole lot of voluntary movement. And we were there in person, a teacher the visually impaired, teacher the deaf, and myself, and the mother. And we started brainstorming different ways that we could provide an environment for this little boy right there to help him entertain himself and learn and explore his immediate environment: So the first idea that we came up with was a vest, that kind of a bib that he would wear. And we knew, we've done the likes/dislikes inventory, so we knew what his preferred toys were. And so that teacher that deaf pinned some jingle bells on the vest, and somebody else had some crinkled paper and some different textures that he liked, and we pinned them in various places.

**[Visual Description]** A young boy who is deafblind sits in a chair. He wears a vest with a variety of objects pinned to it. He struggles to reach the items.

**Nancy Hatfield:** And he he got his hand up there, he found the bells and and he was he was kind of interested, but we could tell it was going to take some time to get familiar with it, and maybe it wasn't the best positioning for him, and he was having a little difficulty reaching different parts of the bib.

**[Visual Description]** A young boy who is deafblind sits in the chair. On the tray in front of him is a bib with a variety of objects pinned to it. A teacher uses hand-under-hand to support his ability to explore the objects.

**Nancy Hatfield:**So the teacher of the visually impaired, then just did the simple act of putting the bib on his highchair tray where it was easier for him to reach. It actually worked better for him visually so we did a little hand-under-hand support to get started, he was able to explore in different ways, the objects on that on that bib.

**[Visual Description]** A young boy who is deafblind lies on the floor. Above him toys are suspended from a frame. He reaches up to bat at the objects.

**Nancy Hatfield:** Another teacher of the visually impaired had set up a little play frame for him as well for times when he was on the floor, kind of semi supported, and he could reach above him. And then she hung some different toys from the play frame that were things that he enjoyed and that you like to play with. And that worked well for him. He did bat at the toys and make things happen and grab things. And his mother was really delighted with that active learning experiment, because she could see how well it was working for him and doing things that she didn't know we could do.

**[Visual Description]** A young boy who is deafblind lies on a couch. A mylar balloon is attached to his wrist with a long string. He actively moves his arm to move the balloon.

**Nancy Hatfield:** Then the occupational therapist came on a separate home visit and did something totally different, And she brought a mylar balloon, attached to his wrist with a long string, and then took a video of him immediately discovering that he could move his arm and make that thing move, and he could see it, and he may have even heard it some, but the look on his face of delight was just very reinforcing to all of us. And we had to laugh, you know we talked about how much we enjoy being part of this team, because each of us has different ideas of what will work best with him. And it took all of us as a team to come up with some different strategies to help create active learning opportunities for this little boy.

**[Visual Description]** A young boy who is deafblind sits up with the support of a male service provider.

**Narrator:** Everyone on the care team typically plays a role in the assessment process, which can look different for a child who is deafblind. There are federal and state requirements regarding assessment in early intervention. But typical standardized assessments are not valid for children who are deafblind.

However, there are a variety of methods and tools that can be adapted to effectively assess a child’s current levels and progress.

**[Visual Description]** A young child who is deafblind lies on the floor. Her mother and a variety of consultants sit around her. Her mother shows the consultants toys that the child likes.

**Narrator:** The most important first step in any assessment is a family interview.

You’ll want to explore these topics:

* What their child can do, rather than can’t do
* What their preferences are for things like objects, textures, colors, activities
* What they dislike
* Which senses they use most to gather information such as vision, hearing, or touch
* And how does their child let them know what they want and don’t want in subtle and not-so-subtle ways

Starting with positive topics like these may reassure caregivers by emphasizing what their child can do, and how much they know about their child. And, of course, you’ll want to remind them that every child develops at their own pace.

**[Visual Description]** A medically fragile infant lies in a car seat carrier. A colorful toy is suspended from the handle. An adult shows the toy to the infant.

**Narrator:** Assure them that assessments will help the team plan the best ways to meet the child’s developmental needs.

**[Visual Description]** A young girl who is deafblind sits in a high chair at the table. She holds a book and looks at the pictures.

**Narrator:** A number of assessment tools are available that have been designed for use with children who are deafblind to measure communication, preferences, development, and more. These include

* The Communication Matrix
* The Likes/Dislikes Inventory
* The Home Inventory of Problem-Solving Skills
* And HomeTalk

**[Visual Description]** A young girl who is deafblind stands with the help of an adult female. Another adult female taps near the child’s cochlear implant.

**Woman:** Mmmmm…yeah, you heard that. Good job.

**Narrator:** At some point, the child will likely need a Functional Vision Assessment and a Functional Hearing Assessment. These are typically done by a teacher of the visually impaired and teacher of the deaf or hard of hearing. The results provide valuable information on how a child *uses* their vision and hearing *in real-life conditions*, and what accommodations may help.

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

**Sundie Marx:** Oftentimes a child with deafblindness will make very, very slow progress, and the progress often does not show up on assessments. And so, if this often needs to be explained to service providers, but especially to families, so that they don't get discouraged. I always encourage them to focus on one skill at a time, and while this skill may take longer to be able to mark on an assessment as mastered, that their child is still emerging in that skill. And that it's important to look for tiny improvements and break down some of the bigger milestones until little ones.

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

**Nancy Hatfield:** Children with deafblindness are full of surprises. They develop at different rates, we never really know what to expect. And we need to appreciate where they are right now, know what comes next developmentally, and how to help them get there. Then to celebrate every single success that you see.

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

**Madeline Cheney:** I think if the provider shows that they care about you, then you naturally will care more about what they're saying, and the tips and advice, and all the, the knowledge they do have to give, and all the tools to I mean, there's no doubt, with all providers, I'm like, I can tell you know your stuff, but I don't really care that you know your stuff. If you don't care about me. So I think that relationship is more important than some people realize.

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

Suppose a caregiver expresses concern that her child isn’t making progress. How might you respond?

Feel free to stop the video to consider this question.

Sometimes family members express concerns that their child doesn’t seem to be making any progress. You can respond to this by pointing out

* The things the child already knows or that you’ve observed that they can do
* Ways the child is responding to the caregivers
* And that every child develops at their own pace

This ends Part 2 of Lesson 1. In Part 3, we’ll examine strategies for increasing the family’s understanding and confidence as caregivers of a child who is deafblind.

**[On Screen text]** National Center on Deaf-Blindness  
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