**Module 2 Lesson 1 Part 3 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 3: Increasing Caregiver Understanding and Confidence

**[Visual Description]** Mary holds Millie in the NICU while a nurse provides care.

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

**Mary Erlenmeyer:** When her neurologist gave us the diagnosis of her MRI at 10 days old, I felt like she was going to be trapped in her body, you know, not being able to eat on her own ever, not be able to walk or talk or see or hear. I just, I was in denial like, you know, I thought she was going to be okay. You know, I didn’t, you know, cause I had a wonderful pregnancy. I did everything right and you know, I was full term, I mean it wasn’t, like premature. And so I still had like a false hope that she was gonna be okay. And then when we got her MRI back I was still kind of in denial and when he’s telling us everything she wouldn’t be able to do, that’s when it kind of like sunk in like “What are we going to do?” you know. What kind of life is she going to have?

**Narrator:** Consider this: You might be entering a home at a time when the family is feeling stressed and overwhelmed as they try to navigate the new reality of their lives with an infant or toddler who is deafblind.

Caregivers are typically dealing with

* Multiple specialists and providers,
* Countless medical tests and assessments for their child,
* and a complex web of health and educational systems

**[Visual Description]** A mother holds a medically fragile infant in the NICU.

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

**Nancy Hatfield:** So, no matter what the child's and family's background, many children with deafblindness, if not most children with deafblindness, have had a very difficult early childhood, neonatal, early infancy period, and that affects the whole family, everybody in the family, the infant as well as the parents and siblings and the extended family. It's a lot of stress, it's significant stress. So when we're joining these families, early support teams, we need to be cognizant of that and just allow time for the families to sometimes process that, tell us about it. And we just need to sit and be ready to listen and acknowledge the stress and the difficulty.

**[Visual Description]** A series of images - a mother standing alone holding her young son, a group of mothers smiling with their children, a mother smiling as she supports her child with encouragement from a specialist.

**Narrator:** Because of this dynamic, it’s not uncommon for caregivers of children who are deafblind to feel isolated. Deafblindness is a very low incidence disability, so most caregivers won’t know another family with a child like theirs. That’s another reason why building a strong and supportive relationship with the family–as well as facilitating family-to-family connections–is so important.

Best practices in early intervention dictate that providers learn about the family’s priorities and follow their lead. Listen closely to caregivers’ hopes and desires for their child who is deafblind, and be open to what they feel is most important.

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

**Sundie Marx:** I would definitely say that one of the most important things to do as a service provider is to respect the family's priorities and concerns and not go into a family's home with our own agenda. We may think they need to start crawling or they need to be on their tummy more, or they need to do whatever it is. But we can't come into a situation with all of these outcomes and all of these things that we want to see developmentally.

**[Visual Description]** A service provider works with a mother and child in the family home. The service provider taps on a toy while talking to the child. The child reaches out and taps on the same spot on the toy.

**Narrator:** As the relationship between you and a caregiver grows, you’ll want to model the importance of patience and creating space for discovery, by observing and learning about their child.

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

**Nancy Hatfield:** Because early intervention with deafblind children and families requires so much careful observation and time to observe the child and see how they respond to their environment, to sounds and visual stimuli and everything, sometimes you may feel like you're not doing anything, or you may worry that other people think you're not doing something. Especially those of us who come from teaching backgrounds and we're used to doing direct instructions, and we bring things and we do direct teaching. It's, this is a whole different process. It's really important that we just are patient and observe, and work with that. And then, at the same time, we have bureaucracies, we have paperwork that has to be done by certain times, we have evaluations that need to be done and documented while we're trying to take time to be patient and listen to the families and observe. So it can be tricky but it's very important.

**Narrator:** In addition to using patience, a number of strategies can be put to use in early intervention with an infant or toddler who is deafblind. For example, help the caregiver establish routines for everyday activities.

Routines, using touch cues and object cues, provide consistency and structure. They’ll help the child learn to anticipate and become accustomed to what is happening and will happen.

**[Visual Description]** A young boy lies on the floor. A provider sits near him. The provider signs to the boy and hands him a clean diaper. The boy holds the diaper. The provider signs “diaper change” and takes the diaper from the boy. She taps him near his waist.

**Narrator:** Watch how this provider lets the child know a diaper change is coming using the diaper as an object cue, which she encourages him to touch. He’s also learning sign language, so she signs “diaper change.”

**[Visual Description]** A provider sits on the ground behind a toddler who sits in front of her. With her hands face up, the provider lets the child explore her hands. She then lifts up her hands as the child grabs onto her fingers, and drops her hands back down.

Other strategies you’ll want to model and help caregivers learn

* Wait time (or pausing).Children who are deafblind can take a very long time to process information. It’s imperative that we give them plenty of time to process and respond before repeating or moving on.

**[Visual Description]** A provider sits with a young boy while holding a letter “T” shaped sponge with paint on it. The boy’s hand rests on top of the provider's hand as they stamp the sponge onto a piece of paper.

* The hand-under-hand technique - With this technique, the adult gently brings their hand under the child’s hand as they explore an object or initiate an activity.

**[Visual Description]**  A young boy lays on the floor. An empty water jug, small plastic bottle, and ribbon spool hang above him. He kicks and touches the items.

* Active learning - This involves creating opportunities–through environments, activities, and the child’s preferences–that encourage them to actively engage in and direct their own learning.

**[Visual Description]** A man squats in front of a boy in a wheelchair. The man's arms are extended towards the boy. The boy grabs onto the man’s fingers.

* Using greeting and farewell routines - Encourage families to establish consistent ways for others to greet the child before interacting with them, and ways to say “bye bye” when they leave.

All of these strategies–and more–will be explored further in Lessons 2 and 3.

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

**Mary Erlenmeyer:** And now she’s done so much–more than we ever hoped. You know, I just hoped she’d smile one day**.** And her first milestone was at 9 months old. And it was a little smile but it was like .. there was hope.

**[Visual Description]** A series of images. An adult female holds a smiling Millie. An adult female holds a light up toy for Millie. Millie sitting in a car seat with a big smile.

And um, now she’s smiling so much more. She loves to be held. She does her talking, which we call her Chubacca sounds, and it just…I’m so proud of her and she’s doing so well and better than what we ever thought she would. And she, we know she can hear, and we know she can see stuff. Not the way a typical person can, but in her own way, and I think it makes it that much more special. And we don’t take it for granted. Like we all get excited. Everyone in her life is so overjoyed whenever they see pictures of her smiling or can see it for themselves. And so, she’s in there. She’s amazing.

**Narrator:** Let’s take a break and check what you know...

You’ve learned that patience is an important strategy to model for caregivers of children who are deafblind. Why is patience particularly challenging for caregivers (and often for providers, too)?

Stop the video here if you need time to consider this question.

**[Visual Description]** A young girl who is deafblind lies on her stomach on the floor. Two providers sit nearby. One of the providers drags a toy in front of her and then stops and waits. The other provider rests her hand on the girl's back.

**Narrator:** Taking time with a child who is deafblind – having patience to simply wait and watch – is difficult! We often feel pressure to get things accomplished. To others, it might seem like we’re not doing anything at all! But patience is an active and tremendously important strategy to model for caregivers.

Now, let’s review our pre-lesson questions:

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.   
True. Children who are deafblind all experience the world in ways different from those with typical hearing and vision. One of your most important jobs is to help caregivers identify how their child uses their senses to interact, respond, and explore.

2. Unlike school-based intervention with children who are deafblind, early intervention rarely involves collaboration with other specialists.

False. Early intervention typically involves a number of individuals who collaborate to assess a child and plan the best ways to meet their developmental needs.

3. It is important not to let the family’s priorities and concerns sidetrack your own plans and goals for each early intervention session.

False. In fact, it’s just the opposite! Within reason, follow the family’s lead – or what’s important to them – rather than trying to stick to your own agenda.

This is the end of Module 2, Lesson 1. In Lesson 2, we’ll examine early communication and concept development with infants and toddlers, and give you some strategies you can start using right away.

**[On Screen text]** National Center on Deaf-Blindness  
 Developed and produced by NCDB  
 Narrated by Shelby Morgan  
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