**Module 2 Lesson 2 Part 2 Descriptive Transcript**

**Narrator:**

“Teaching Children Who Are Deafblind: Professional Development for Educators”

Module 2: Early Intervention for Children Who Are Deafblind

Lesson 2: Connecting with Others

Part 2: Encouraging Communication and Connections

**[Visual Description]** A young boy lies on the floor. A female adult sits nearby. She hands the boy a clean diaper and signs ‘diaper change.” She also pats the boy near his waist with both hands.

**Narrator:** In Part 1, you were introduced to touch and object cues as ways to support a child’s communication development. Cues like these are often an important part of predictable routines.

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

**Nancy Hatfield:** So babies and toddlers who are deaf-blind are often in a state of vigilance. There, they don't know what to expect, what's going to happen next in their environment. They may be coming out of a medical environment where things were done to them unpredictably, and they can't really relax or feel secure, not knowing what's, what to anticipate will happen next. So routines with touch cues, object cues, certain things that you say and do in the same sequence, they help the child learn to anticipate what's going to happen next. “Oh, yes, first I'm going to feel this, and then this is going to happen,” and so that they can relax and eventually start to participate in the routine. For example, they might start lifting their foot at the right time to get the sock put on, or they, they like their bath time. They know that, that an enjoyable activity is coming up, and they can relax and enjoy it.

**Narrator:** Predictable routines with touch and object cues not only benefit the child—caregivers gain confidence from consistently using structured activities, too.

**[Visual Description]** A young girl who is deafblind reclines in a small chair. Two women sit nearby. One woman rests the back of her hand on the side of the girl’s leg. With the other hand she gently touches the girl’s shoulder and runs her hand down the girl’s arm.

**Woman:** It can be pretty startling to just grab, grab the hand, so if you could start here and then just run your hand down to under hers.

**[Visual Description]** A young girl who is deafblind sits in a highchair. An adult offers her two tactile symbols to choose from. The girl selects one of the symbols.

**Narrator:** Initially, most infants and toddlers understand much more than they are able to express. One way children express themselves is by making a choice. So experiment by offering simple choices and seeing how they respond.

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

**Sundie Marx:** This might sound silly, but you can give children a choice between two outfits, two objects–even if you don't think they know what you're communicating, Maybe their eyes go to one toy or the other, or even from one outfit to the other, you can say, Oh, it looks like you want this one. So basically what you're doing is molding that communication.

**[Visual Description]** A young boy who is deafblind sits on the floor with his mom. A provider sits in front of him and offers him a choice between a toy or a book. The boy selects the toy.

**EI Provider:** Which one?So I usually agitate one and then the other one so that the child looks back and forth and then makes a choice.

**Narrator:** Oftentimes the subtle response you’re waiting for (a shift of the eyes or kick of the feet) is a long time coming!

**[Visual Description]** A baby holds her fingers on her mother’s mouth. Her mother moves her mouth. After several times the baby smiles happily.

**[On Screen Text]** Wait Time

Emphasize to caregivers the importance of giving the child plenty of time to respond.

**[Visual Description]** A man holds a young child on his lap. He rapidly moves his hand back and forth between the child’s hands and then stops.

Another way to encourage communication is to do something the child likes and then pause and wait, and see how the child responds. Here, too, patience will be needed.

**Sundie Marx:** If we're doing something like singing a song and we stop singing, and we say, “do you want more?” What we're hoping to see is the child react and understand that something stopped, and that they want more of it. And what we also want to be really aware of is that we don't keep repeating the question. “Do you want more? Do you want more?” Just assuming that they have forgotten that you've asked, but rather give them the proper wait time to process it, rather than having it start all over in their brain by re-asking the question over and over again.

**[Visual Description]** A young boy sits at a table. In front of him is a tablet with an image of a red car. An off-screen adult asks him to find the red car. After some time he touches the image of the red car.

**Woman:** “Look. Where’s the red car? It’s big and red. Touch it. Yay, you got it! That was right.

**Narrator:** Processing time can take a lot longer than you might think. Why?

Children who are deafblind often need time, first, to sense something—through touch, vision, hearing, or taste—and then time for that sensory information to reach the brain and be processed. And then even more time is needed for the child to respond. This is especially the case with infants and toddlers who have additional conditions that affect sensory and motor skills, such as cerebral palsy.

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

**Nancy Hatfield:** You think about how we interact with typically developing infants and toddlers, and it's usually very high energy. And there's a lot going on, and they respond quickly. Whereas with deafblind children it can take more time. There needs to be more wait time, more pauses for the child to respond, and that can take some practice to develop.

**[On Screen text]** Being Responsive

**Narrator:** When a child does respond—even if it’s very subtle—coach parents to react and respond immediately to affirm they’ve “received and understood” the child’s “message.”

**[Visual Description]** A young boy sits in a highchair, his mom stands in front of him. She raises her arms above her head and encourages him to do the same. After several times of doing this he raises his arms. She claps and kisses him.

**Woman**: “Aaaaaah, Good job, yeahhhhh!”

**[Visual Description]** A female toddler stands in front of a couch. Her mom is off camera but can be heard saying “Ma, ma, ma” the child mimics her mother.

**[On Screen Text]** Mimicking

**Woman:**  **“**Ma, ma, ma”

**Narrator:** Encourage caregivers to mimic their child’s vocalizations or movements. Imitation is a way to start a “conversation” that encourages communication and promotes bonding.

**Child:** “mama, mama”

**[On Screen Text]** Biobehavioral States

**[Visual Description]** A series of images.An alert young boy plays with a toy. A young girl lies down and covers her face. A young boy plays with a piano keyboard and then rubs his eyes.

**Narrator:** In addition, help caregivers recognize and understand when their child is *and is not* available for learning. Observing the child’s biobehavioral state can help. For example, a child can be awake, calm, and alert and therefore ready to learn, or agitated, overwhelmed, or sleepy and less ready to learn. Trying to get a child to interact when they’re not in the right state is frustrating for all involved.

The biobehavioral state of a child typically fluctuates throughout the day, and is influenced by a variety of factors.

For example,

* How they feel. Have they been sick? Did they sleep well?
* What medications they are taking and when they last took them
* And whether they’re in an environment they find overwhelming, such as a loud room with lots of activity and distractions.

To learn what factors influence a child’s biobehavioral states, ask caregivers questions such as

* What seems to tire the child?
* What overwhelms or agitates them?
* What's typically the best time of day for them?
* When are they most alert?

Use this knowledge to make changes in the child’s environment or schedule to lessen any agitation or fatigue and help them be more calm and alert.

**[Visual Description]** A young girl sits with her back to a service provider. The provider places a black tri-fold in front of the girl to reduce visual stimulation. She then holds a red toy in front of the black screen.

Always keep in mind that many children with deafblindness are easily overstimulated and need time to take a break.

For an infant or toddler who is deafblind, engaging in multiple sensory experiences at the same time can be extremely tiring. For example, it can be difficult to tactually explore a new object if there are lots of lights, sounds, and activity competing for their attention.

And, good positioning is essential. It’s difficult for a child to concentrate on something when they’re working to keep themselves balanced and stabilized.

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

We’ve covered a number of strategies in Part 2 of this lesson that can be used to encourage a child who is deafblind to connect and communicate with others. Waiting for the child to communicate a response is one such strategy. What should caregivers know about the importance of wait time?

Pause the video here if you need time to think.

Caregivers need to know that children who are deafblind often require considerable time to process information and respond. They’ll need time to receive the sensory information and then time for that information to reach the brain in order to be processed into a response. Encourage parents to be patient and allow plenty of time for this communicative process.

This ends Part 2 of Lesson 2. In Part 3, we’ll examine concept development for infants and toddlers who are deafblind.

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