

Vision Impairment

ASSID 8th Annual Disability Support Worker Conference
27-28 November 2008
University of Melbourne
Mike Steer
RIDBC Renwick Centre

Legally blind

- Legally blind, a term used in Australia to determine a person's vision level, where no possibility of correcting vision with treatments like surgery, laser or corrective glasses.
- Only an ophthalmologist can determine legal blindness.
- Classification forms part of determination for eligibility for Centrelink pensions and benefits as well as other concessions and subsidies.

Vision Impairment in Australia

- At least 50% of vision loss correctable, 25% preventable; most vision loss occurs after 50 years of age, increases threefold with each decade.
- 80% of vision impairment caused by five eye conditions - under-corrected refractive error, cataract, diabetic retinopathy, glaucoma and age-related macular degeneration (AMD).

Causes

- Congenital
 - Inherited infection
- Adventitious
 - Amblyopia, Cataract
 - Glaucoma, Macular degeneration

Unique educational needs created by a vision impairment (AFB)

- Delayed concept development impacts on social, emotional, academic, vocational development.
- Learn through alternate mediums, using other senses.
- Require individualised instruction.
- Need specialised skills, books, materials & equipment for learning by alternate modes.
- Limited in incidental learning
- Curriculum areas requiring unique strategies or adaptations include concept development, academic functioning, communication skills, sensory/motor skills, social/emotional skills, orientation and mobility, daily living skills, career/vocational skills, use of low vision.

Orientation & mobility (O&M)

- O&M limitation considered the worst blindness effect upon human being
- Vision impaired person not able to move independently, is deprived of taking spontaneous decisions, of accepting or fulfilling activities of knowledge and personal fulfilment. Dependency in O&M area of a vision impaired person can take her to isolation and discredit.

Social Skills

Effective social skills crucial for progressing in life, being integrated into society, finding and maintaining employment

Social Skill for students with VI - 2

Residents who are blind or vision impaired don't have ready access to visual models on which to base development of social skills.

The importance of social skills training for residents with VI

Residents with vision impairments require age-appropriate **specific instruction** in social skills to gain social competence needed to lead successful lives.

- Remember – social skills for residents with VI don't just happen – they must be taught.

Social Skills for Residents with Vision Impairments Why are they at risk? - 1

- Most skills that sighted people use in every day social interactions have been learned through casual visual observation and imitation.
- Visual information plays an important role in the acquisition and refinement of skills that are critical for positive social interactions.
- Social competence is reliant on skills acquired naturally through observation and practice.
- The resident with VI will have increased difficulty in interpreting social situations and learning appropriate behaviour.

Social Skills for Residents with Vision Impairments Why are they at risk? - 2

- Hearing provides insufficient information about the social environment.
- Argyle (1969) has estimated that when two people meet and chat, only 30% of the communication process occurs through what we say, the other 70% is a result of indirect or **nonverbal communication**.

The importance of social skills

Lack of social skills, inappropriate behaviour and problems with interpersonal behaviour can result in:

- Low social status among peers
- Low social participation
- Few friends
- Increasing loneliness & isolation

Note: - all of these problems may carry over from childhood to adult life

The Challenges

- Self image
- Social isolation
- Expectations
- Correcting misbehaviour
- Fostering friendships
- Involving the family

Self image/self esteem- how do residents view themselves?

- Residents have to deal with the fact that they are perceived as different from other people
- Often do not know or understand limitations of their vision impairment and unable to tell others
- Lack of acceptance by peers – teasing, being ignored, left out, not chosen

Remember – just a rewarding a smile won't do!

*Residents need to **hear** that they look good, sound good and are behaving well. They need to **hear** which of their behaviours are working well for them socially.*

Self image/self esteem – 1

Residents need to establish a **strong sense of identity** as a person with a VI they can do this by:

- learning about their vision impairment,
- being able to explain it to others and
- learning acceptable ways to ask for assistance as well as
- realising that their VI is only part of their identity and there are differences among all of us

Self image/self esteem – 2

- learning socially acceptable communication skills
- being given opportunities to participate in and become successful at a wide range of activities
- meeting successful role models who are blind or vision impaired

Social isolation

- Residents with VI often isolated because lack of vision does not allow them to size up social situation & grasp opportunities for interaction
- through lack of understanding, other residents may feel uncomfortable and reject them
- often have limited social experiences with other people, do not learn skills of group participation, e.g. negotiation & compromise
- Children seek out and feel more comfortable in company of adults rather than children

The trouble with friendships

- no eye contact
- talk only about themselves
- talk only about one topic; at cross purposes
- unaware of what different voices mean
- make too many demands on others
- unresponsive to others
- socially inappropriate behaviours

Fostering friendships - Making and keeping friends

- create opportunities for practice of appropriate behaviours and social skills - and use role play
- provide verbal models of what is going on in peer interaction
- describe social relationships

Involving the family

- Positive working relationship with family – residence and family must work together
- Be aware of the family's structure and dynamics
- Know the person's role in the family
- Observe cultural customs and traditions
- Know the family's economic and social circumstances

Teaching social skills to children and adults with VI-1

- Seek out other children or adults with VI for the child to play/adult to socialise with
- Arrange the best quality social interaction for the child or adult.
- Children need very good models. It is not enough to mix children with VI and sighted children and expect their social skills to develop.
- **Arrange successful social encounters**

Teaching social skills to people with VI - 2

- Model positive self-talk. Think out loud. For example, 'Goodness, it's hard for me to wait, but if I can, people won't get mad and I'll have a better time'.
- Use mealtimes to practice skills and manners.

Some skills that residents need to be taught

- non-verbal cues – facial expressions, posture, gesture, tone, eye contact, personal space
- personal appearance
- fidgeting
- listening skills
- initiating conversation – approaches, asking questions, introductions, interruptions
- peer situations – making friends, teasing and bullying

Observational Questions - 1

Observe the resident in a group can the resident:

- initiate contact with others?
- communicate wants, desires, needs effectively?
- maintain conversations with others?
- take turns during social encounters?
- be open to others' ideas or insist on getting own way?
- demonstrate willingness to compromise and share?

Observational Questions - 2

- listen when others are talking and know how and when to interrupt a speaker?
- maintain an interactive conversation?
- work effectively on a group project for an extended period?
- grasp many social nuances used by age-mates at work, day program, home or in the community?

The Importance of Your Observations

As person in close contact with resident for more time than most other staff

your observations are critical and invaluable

Social skills must be taught

Essential for residents with VI to acquire social skills, they will not do this incidentally – they must be taught.

From a professional blind person:

‘Learning social skills is a life-long process’