

Deaf-Blind Education

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Chairman's Report

By the time you read this report I hope that you are beginning to make plans to attend the next international conference in Orebro, Sweden, August 4th to 9th, 1991. The Conference will be held in the Grand Hotel and the Bergmannen Conference Center. The working language of the conference will be in English.

The cost of attending the conference will be approximately 3,000 s.kr (approximately 480 US dollars or 285 English pounds) per participant for accommodation and meals. The cost of registration, which will be in addition to the above, has yet to be established.

The next meeting of the I.A.E.D.B. Conference Committee will be held during the European Deaf-Blind Conference in Warwick. All members of the executive are requested to bring a listing of all possible participants from their country. If executive members do not plan to attend the European Conference, they are requested to forward the list to our secretary's office as soon as possible. The first official announcement concerning the conference will be sent, using these lists, as soon as possible after the Warwick Conference. Anyone wishing to receive information concerning the 1991 Conference who is not sure that they will be included on an executive member's list should write to:

Mr Rodney Clark, Secretary-Treasurer,
c/o Sense, 311 Gray's Inn Road
London WC1X 9PT, United Kingdom.

In the capacity as your chairman I have received a number of publications and several letters concerning

services for the deaf-blind. The question as to whether Deaf-Blindness is a unique handicap requiring special approaches is constantly repeated. It was our hope that the statement by the Scandinavian Ophthalmologists and Audiologists that "Deaf-Blindness is a unique handicap" had provided a definitive answer. Apparently this is not to be the case.

Those of us who work in the field often have to try and answer this problem. Should we serve a child who is not deaf-blind or do we refuse knowing that the child will fall through the cracks between existing services? It is true that in many cases the approaches used with the deaf-blind are better than nothing at all. But this does not make the approaches used with the deaf-blind the best, or even an adequate approach for the non deaf-blind child. If we serve the non deaf-blind child are we simply creating another group of children who are being inadequately served? Should we do this or should we assist the parents of these children to be effective advocates.

A chairman's report is not the forum to discuss the pros and cons of this question in detail. But, as more infants who are markedly premature are saved through the remarkable advances in medical knowledge and as public expectations rise for all handicapped, it becomes a question that will not go away. It is hoped that interested parties will contact the *Nordic Staff Training Center for Deaf-Blind Services* (Director Marjaana Suosalmi) and study the report that they have produced concerning this question. **John McInnes**

Editorial

'Deaf-Blind Education' exists in order to encourage contact between people working with deaf-blind children and young adults around the world. We believe that such contact is critically important to our field — more important, perhaps, in deaf-blind education than in almost any other field of education.

Why is it so important?

- We need to break down the *isolation* that so many people feel in their work. If you only know of one or two deaf-blind children — the children in your class — who can you turn to for support? In many countries there is just one deaf-blind unit — the teachers there can feel just like the parents, thinking "Am I the *only* person in the world faced with this challenge?" You are not, and through these pages perhaps we can reach out and support each other.

- We need to give *strength* to each other, when our services are under pressure from those who do not understand. Deaf-blind children are few in number, thankfully, though their needs are great. It is easy for a school, or a government, to feel that the needs of this small group of children do not feature highly in their priorities. The life-work of a dedicated teacher can be threatened by the pressure of the politician seeking to save money. In some countries now it is being said that deaf-blind children do not need *special* help — they can be taught best among children with mental handicaps. Where does a small unit, or an individual teacher, get

Front cover: Jenny Dearlove teaching
independence skills to Maureen Marshallek at
Sense-in-the-Midlands, UK

the strengths to fight such moves? From colleagues across the world.

- *Ideas* and *skills* can cross all barriers. Why must we all have to re-invent the wheel? Whatever difficulty we face with a deaf-blind child, you can bet that someone, somewhere, has faced it before and worked out their answer to it. In some countries there is exciting new work taking place in developing new methods of working with children — in our small field, we must have a commitment to share all that we do. Without new ideas, also, our own work can become stagnant. If there is no one to challenge the work you are doing, to say "this is a *different* way of doing it", it takes great strength to remain fresh, original and creative with your children.

- Developing *international links* is good in itself, I believe. The friendships which are building up now in the deaf-blind world are unparalleled in any other field of special education. People meet others who have different backgrounds, different philosophies and different political beliefs, yet find that the *same* lessons are being learnt about how to work with our children. New opportunities for sharing are now developing — travel is easier, sending information is easier, political exchange is easier. The deaf-blind world is poised to take advantage of such opportunities and to take significant steps in building up the quality of deaf-blind education worldwide.

We can all contribute to this. Your contribution can be to write to this magazine. Tell us what you are doing — what challenges you face, what ideas you have developed, what help we can give you. **Paul Ennals**

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New Videos Available from Sense

Development in Young Deaf-Blind Children

This video looks at three areas of development in young deaf-blind children; fine motor skills, communication and using touch. It suggests ways in which the development of these skills can be encouraged and extended.

Price £30 (including postage by surface mail).

Principles of Teaching Deaf-Blind Children

This video and the one described below were produced by Dr Tony Best of the University of Birmingham. It describes the appropriate learning environment and teaching techniques for use with deaf-blind children and identifies curriculum which may need alteration.

Price £20 (including postage by surface mail).

Using residual Vision

This video describes ways in which a child's vision can be assessed when performing both familiar and unfamiliar tasks. The importance of using this vision is emphasized and examples shown of how this can be done.

Price £20 (including postage by surface mail)

Orders for these videos, which are VHS format and in the English language should be sent to:

**Sarah Chippendale
Sense
311 Gray's Inn Road
London WC1X 8PT**

Would anyone who is producing videos concerned with deaf-blind education please write to the Editor of this journal with full details.

Switzerland; A new deaf-blind centre

In August 1988 building started on a new home for children, young people and adults who have all been deaf-blind from birth. The cost of the new complex at Langnau will be about 20.7m Swiss francs. The Federal Office for Social Security and the Canton of Zurich have given major financial support to the project; 5.2m francs is still to be raised privately.

For 18 years the Foundation for Deaf-Blind People has had its own residential facilities and school in Zurich for congenitally deaf-blind children. For over 10 years it has cared for and trained congenitally deaf-blind young people and adults at residential facilities and workshops on various sites around

British Government officially recognises deaf-blind education

For the first time the Department of Education and Science in England and Wales has recognised that there are 800 deaf-blind children needing special education. The DES policy document was announced in Parliament and will soon be issued to Local Education Authorities. The message also calls for more systematic planning and appropriate provision.

Planning for deaf-blind children should begin when they are two years old and assessments should be multi-professional, according to the Government Department. Parents should be involved in assessment and should be closely concerned in any placement decisions. Teaching needs to be on a one-to-one basis and staff need to be skilled in teaching the deaf-blind.

While stating that the training for teachers of the deaf or blind does not equip teachers to teach the deaf-blind the Government announcement only calls for 'increased training opportunities' and not the mandatory qualification that Sense (The National Deaf-blind and Rubella Association) was demanding.

Correspondence Course

A correspondence course in the English language is available to anyone who is interested. It is called "Independent Living without Sight and Hearing".

Please write to:
Miss Geraldine Lawhorn
Hadley School for the Blind
700, Elm St. Wimmethka
IL 60093 USA

Zurich. This is the only such provision in the German speaking part of Switzerland. The 30 residents in its care at present are assisted round the clock by about 60 employees of the Foundation.

The Foundation's Executive set up a planning group in 1983 to assess needs. Eventually an appropriate piece of land was found, and thanks to close cooperation between the local community, architects, engineers and the Foundation, the optimal project for the various needs was worked out; building began in August 1988. The centre is planned to cater for 46 residents.

For further information, contact The Foundation for Deaf-Blind People, Freiestrasse 27, 8032 Zurich, Switzerland.

Towards Adulthood — Young Adults at an Early Stage of Development

This article covers people who are defined as being deaf-blind by the Nordic definition of deaf-blindness. It considers some of the points of view and trends that concern family and staff of congenitally deaf-blind individuals at an early stage of development.

View of Man and Special Education

The laws in our countries vary according to, among other things, national ideologies and our views of man in society. Consider, for example, how varied are school programmes, how much or how little parents and students are allowed to influence them. Our social legislation too may or may not allow clients in institutions or group homes much say in how the place where they live is run.

In our daily activities we are not very conscious about this. But if we work with congenitally deaf-blind people at an early stage of development, injustice may become very apparent unless the congenitally deaf-blind individual is to have his or her natural share of the resources in society.

Many deaf-blind people still live in institutions for the mentally retarded without sufficient staff and without educationally qualified staff, where housing conditions are not adapted to deaf-blind people and staff are not trained in deaf-blind services. As a result their potential for development is not as good as it could be.

The majority of congenitally deaf-blind people will not, during youth, receive any continued education so that their communicative skills, influencing other development, can continue to improve. They will not have the same opportunities for accommodation, education and vocational training that other young persons have.

The same lack of opportunities for new impressions and interaction, which are the basis for



Until recently Kurt Vinterhøj was Project Co-ordinator of the Nordic Directory, which has been developing new materials to help staff who work with deaf-blind children and young adults. Previously he was a teacher at the deaf-blind unit at Aalborg, Denmark, then became founder and director of Ungdomshjem, the further education centre for deaf-blind young adults aged 18—23.

Kurt has been enormously influential in the growth of services throughout Europe. Now he has moved to Kenya, where we hope his energy, wisdom and commitment will help to encourage new services in East Africa.

At the International Conference in Poitiers, France, Kurt delivered this paper on developing independence.

development, continue into adulthood.

In some countries they try to make up for this inequality by abolishing special laws for impaired people. Instead, legislation about school programmes and social affairs, for example, has been

changed to meet the needs of handicapped people.

And there are countries where parents and staff fight hard to create equality by law and argue that persons at an early stage of development too should have the same opportunities to have a place to live, leisure time activities, work and lifelong education as other people in society.

In this way they argue for a dynamic view of man based on the idea that all individuals have potentials for development — if opportunities for interaction are created. They argue against a rigid view of man based on the idea that human potentials and qualities cannot be changed and that a person will remain the way he was born.

We should be very aware of these fundamental views because they will determine deaf-blind people's possibilities, and influence the way special education is practised, for instance using special methods to solve behavioural problems.

In the Nordic countries the deaf-blind rubella child has formed the majority of the known congenitally deaf-blind. In schools and in homes they have been educated and have developed using methods inspired by the programmes for the deaf and the programmes for the blind, which were strongly anchored in European humanist philosophy.

As integration of disabled people took place in other parts of society, congenitally deaf-blind people at an early stage of development were offered education in schools and homes for deaf-blind persons. This new group had other requirements for education and development because of their lack of development in the social, emotional, motor, cognitive and linguistic fields. Young and adult deaf-blind individuals with considerable linguistic problems brought about a change in the concept of education, and new psychological theories were introduced or were practised thoroughly and consistently. One tried, for instance, to solve

behavioural and linguistic problems using therapeutic principles derived from American scientific behaviourism.

Therapeutic principles have contributed towards the inclusion of a large group of severely handicapped persons in educational and development programmes around the world. The question is, however, whether these principles are only a new expression of a mechanical view of man, considering human development as only a result of environmental conditions where behaviour and language are controlled through punishment and reward.

Soviet psychology has made considerable contributions to the understanding of the higher mental processes, including the functions of language, as a means to control behaviour and thinking. The contributors to this understanding emphasize that a person develops because of an interaction with his social and physical environment. This is a dynamic view of man.

When working with congenitally deaf-blind people at an early stage of development it becomes evident that we work with a combined psychological model using different methods which reflect different ideologies. The eclectic psychological model consists of American scientific behaviourism, Soviet socially oriented psychology and European humanist philosophy focusing the individual. We must always be aware that the concept of society, the concept of man, psychological theories and practice in special education are all based on different ideological philosophies. And congenitally deaf-blind people at an early stage of development must have their equal share of the resource in society. They must be treated equally in homes, at work and in education according to the legislation and the view of man existing in the society where they live.

A functional definition

Since 1980 the Nordic countries have applied a common Nordic definition of deaf-blindness. It is of great importance that this definition is functional and does not require any minimal loss of hearing or vision. The individual potential to use residual hearing or vision varies a lot. If all other conditions were the same a young person would be able to use residual hearing or vision a lot better than an elderly person, and a person without mental retardation will be able to exploit

residual hearing or vision better than a person with mental retardation.

Diagnosing deaf-blind persons becomes team-work where presupposed functions like communication, social life, physical condition, work ability, daily living skills, housing conditions, economy etc. must be taken into consideration, and for congenitally deaf-blind people also, information on cognitive, emotional and motor development. A functional, as opposed to a medical, diagnosis can still be used as a progress guide in special education to include people with severe handicaps in habilitation and rehabilitation programmes.

This is where the large group of young and adult deaf-blind persons at an early stage of development belong. Years ago they were wrongly diagnosed as mentally retarded and they do not receive the necessary help they need for optimal development.

This group is probably much larger than the group we know of today. A considerable part of them will be at an early stage of development cognitively and linguistically and have severe physical handicaps. Many will have behaviour problems because of lack of language and lack of skills and comprehensibility in their daily life.

These persons must necessarily be included in the provisions that exist and that are planned for deaf-blind people.

Due to the functional definition it is difficult to distinguish between congenitally deaf-blind people and multi-handicapped people that do not use hearing and vision functionally. **In the Nordic countries we have begun to interpret the definition of deaf-blindness so that persons who do not use hearing and vision in a functional way are also defined as deaf-blind, even though one cannot register loss of hearing or vision using the current medical methods.**

Even if we do have problems we try to define this group separately from other handicapped people. They have a strong need for habilitation or rehabilitation, and therefore they must be taken into consideration when provisions are planned for young and adult congenitally deaf-blind people.

The expression 'lower functioning' used about deaf-blind persons is at best meaningless and at worst discriminating. In most cases it refers to individuals at an early stage of development in the cognitive, linguistic, social,

emotional and motor areas. It would be more correct in future to say 'persons at an early stage of development' expressing belief in continuous development, step by step, if we can create opportunities for interaction.

By referring to cognitive development as it is described by Piaget a common reference can be created applying the six sub-stages of the sensory motor period. A large number of the persons requiring improved services in youth and adulthood will in their cognitive development have reached a stage corresponding to the pre-operational period and can hardly be considered as individuals at an early stage of development.

Continued Educational Programmes in Youth

The first 18 years of a congenitally deaf-blind person's life is of crucial importance for functions later in life. This period may be only a quarter of their entire lifetime. It is therefore an urgent task for parents, professionals and politicians to plan and execute provisions for them which can offer opportunities for a meaningful adulthood as close to the normal as possible. Youth is the bridge over the gap between childhood and adulthood and should be used to prepare the young person for adulthood. During the education it should be possible for them to:

- 1 live together with other young persons
- 2 have hobby and leisure time activities
- 3 have continued school education
- 4 have vocational training.

Congenitally deaf-blind youngsters have a strong need for help so that they will be able to manage in adulthood. It will therefore be natural to offer all of them 3 to 5 years of education after primary school. This continued educational programme should be offered to all persons, regardless of functional level, and must be adjusted to the individual young person's opportunities for housing, leisure time activities and work in adult life.

The programme's efficiency can only be proved when all the above mentioned facilities are running; they must be carefully planned.

There are many reasons why youth is such an important period of life. The young person will experience an emotional and

practical liberation from his or her parents which enables both to prepare for separation later in life and to establish new emotional relations. And during the young person's education the family, parents and siblings can visit him when needed.

In establishing continued education it is important to maintain a holistic view of man where the interdisciplinary team provides well arranged conditions and continuity in daily life.

In some places in the world continued education is provided for congenitally deaf-blind youth and in other parts such provisions are planned. We must be aware once again not to segregate persons at an early stage of development, but plan for all deaf-blind persons.

Communication

Cognitive and linguistic development is based upon interaction with other persons and with environment. According to Piaget the development of schemes and the co-ordination of schemes is the base for images that later on will be symbolised using linguistic media.

Adult persons at an early stage of development must therefore continue to take part in social and practical activities that offer new perceptual possibilities which are functional. In this way the basis of linguistic development is formed.

Many persons will not reach the level of sufficiently expressive language, which is what we aim for and can test. But is the expressive language only the top of the iceberg which can be seen above the water? The rest of the linguistic system which we cannot see is as important and consists of among other things:

- Creation of concepts
- Inner language
- Receptive language.

Concepts are created through sensory motor experience in establishing schemes which are changed through assimilation and accommodation. They can continue to develop and form an important basis for adult persons' independent participation in daily life activities. The adult person will demonstrate his or her creation of concepts and inner language by concrete action.

During sensory motor activity we create images which are the beginning of inner language. The inner language will control a person's actions depending on the memory for temporal sequences, and, in this way, it is also an important tool for independent

living as an adult.

By using total communication in social and concrete situations it is possible to build up a functional receptive language which will be of great value for daily communication.

Our strong wish to develop an expressive language must not let us underestimate the value of other linguistic elements which are basic for other skills.

The use of total communication and structuring of persons, time and place have helped many deaf-blind people at an early stage of development. But no matter which linguistic medium we apply, the main problem consists of attaining generalisation with spontaneous use of communication.

This is perhaps due to the fact that communication often takes place at staff's initiative and therefore does not get an immediate function and thus lead to generalisation. We must be aware of client's initiatives which are functional and thereby more quickly lead to generalisation.

Strong structuring is often necessary to create comprehensibility and anticipation of activities, and also to reduce clients' fear and uncertainty. The structuring normally takes place at staff's initiative, but the client's signals can indicate when a new activity is to be started. In addition to this staff must take care to interpret the client's signals during the activities.

At this early stage of development, communication will depend on any established interaction where staff interpret the client's pre-symbolic signals as if they have communicative value. The pre-symbolic communication takes place in eye-contact, following of the glance, mimics, touch, movements of the hands.

Later in communicative development other media from total communication can be applied like concrete objects, 3-dimensional models, photos, drawings, pictograms, natural signs and sign language.

Needs in Adulthood

In adulthood the basic needs are the same as in youth and this entails that adulthood is built up on:

- 1 Housing facilities that allow optimal independence in daily activities with the possibility of social activities;
- 2 Opportunities to maintain and develop hobbies and leisure time activities and to make leisure

time meaningful;

- 3 Work or occupation that gives satisfaction and optimal use of qualities and skills;
- 4 Continued education and information for further development of communicative skills as a tool for social development and for understanding of society.

These basic needs must of course also be met in the large number of people who have been educated in schools or homes for deaf-blind persons, but who today live in institutions for the mentally retarded.

To support these people the following measures should be planned:

- Habilitation and rehabilitation centres which offer training and education within the four areas mentioned above. The centre should function as a resource centre and should also do field testing and adjustment of aids and devices. In addition this offers education to staff.
- Advisory services should be established to guide and instruct staff and deaf-blind persons.
- A decentralised system of homes, jobs and continued education adapted to individual needs should be established.

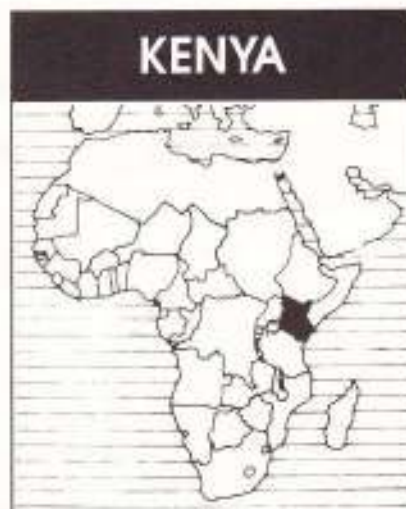
This system should be established to ensure that the individuals enjoy optimal possibilities for development and to maintain and extend expertise within the field.

We should compile experience about housing facilities and opportunities for jobs for persons at an early stage of development methodically. How many persons should live in the ideal group home to meet the individual needs for social contact, leisure time activities and so on? And how big should the house be to allow vocational growth among staff? How do we create a model for integration that exceeds administrative integration and allows social integration as well? How can we develop jobs for deaf-blind people at an early stage of development so that they can also work or have activities which are different from the occupational activities at home?

In the years to come it will also be an important task to develop adequate services for elderly deaf-blind people, so that provisions vary with the rhythm of life as it does for able people. It happens to us and should also happen to elderly deaf-blind people. ♦

The Kabarnet School for Deaf-Blind Children

In most African countries there is still no specialised support for deaf-blind children. So the report from Lucy Lugonzo of the work in Kabarnet School in Kenya is particularly welcome. We hope soon to hear of the growth of other services for deaf-blind children in East Africa.



History of the Institution

The deaf-blind school was started at Kuja School for the Deaf in September 1981 by Mr Stephen Lugonzo, the teacher in charge. It was moved from South Nyanza to its present place at Kabarnet on the 6th of May 1985 where it stands as a school of its own within the Special Education School for other handicaps.

The school is sponsored by the Christoffel Blindenmission (CBM) of West Germany with the Kenya Society for Deaf Children as the umbrella organisation through which all the money comes from the CBM to the schools it sponsors.

Employment

There are 22 teachers, subordinate staff are employed by the Ministry of Education, Science and Technology. 4 House Mothers are employed by the CBM.

The present enrolment of deaf-blind children is 29 between the ages of 3 — 15 years and more may join in early 1989.

Learning Programme

The children are taught:

- self help living skills
- toilet training
- co-active movements
- singing songs (training of residual hearing and speech training)
- motoric development
- signal behaviour
- memory training
- visual training

Language

Teaching language means to accompany a sign or word with an action. This increases the child's interest and his assimilation of the information. In order to make the deaf-blind child an active learner a situation should be created in which he can anticipate the next attractive situation. 'Events of life' for a child are essential in a good educational plan.

Activities

An Assessment Resource Centre exists for parents of pre-school Handicapped Children. We run two courses each year for parents



who have children in school and at home. The assessment committee officials, the school teaching staff and the subordinate staff fully involve themselves in the exercise — making the courses a success.

Home Training Programmes

The staff follow up during the December holidays each year to find out how parents and family members cope with a handicapped child at home in:

- language development
- motor development
- orientation and mobility
- daily living skills
- social education
- construction of simple low cost aids
- family/community/society rehabilitation of the handicapped child
- guidance/counselling
- protection/care education of children
- inter-connection between individual families and societies with all government and private agencies

We have no other services in Kenya for deaf-blind children except this Centre.

Assessment

In East African countries the problems of assessment of handicapped children are still to be settled. We still lack qualified psychologists, psychiatrists, speech therapists, social workers and teachers as well, who would work hand in hand and bring better assessment of the handicapped in their different areas.

Counselling and Parent Guidance

This area also has many problems from the parents of handicapped children to teachers, doctors, social workers, etc. It is not easy to find homes or even to invite some parents to come to school or the clinic for necessary advice for the education of their handicapped child. Most are living in rural areas where roads are almost impassable. Since in the past they considered the deaf, the blind or deaf-blind children to be of no value to the family and community at large they usually ask 'How can a handicapped child learn, and what can he do in the end?' Some think their children may be lost wherever they are being taken to school, and won't even admit they have a handicapped child at home.

Our plan for the Future

A Phase 3 living unit/home village is envisaged. The school will accommodate about 50 deaf-blind children with other handicaps. It will have self-supporting activities for the production of food, by having a fruit garden, a vegetable garden, poultry keeping for eggs and 2 dairy cows for milk.

Older children are to be rehabilitated and to have a sheltered workshop for sewing, knitting, toys, field cookery and weaving activities etc.

Placements

Future training skills will be determined and planned according to the progress of the individual deaf-blind child.

Mrs Lucy Lugonzo
Assistant Teacher for Deaf-Blind Children
P.O. Box 128
Kabarnet
Kenya.

Stereotyped behaviour in rubella-deaf and deaf-blind people

Eleven years ago, Jan van Dijk carried out a study of a group of Rubella-Deaf and Deaf-Blind children in Victoria, Australia. This article is a summary of the results of a follow-up study* which was carried out in 1987 on the same children. The study was co-ordinated by Jan van Dijk, with the assistance of Ruth Carlin of the Deaf-Blind Care Association in Victoria, Australia, and Marleen Janssen of the Institute for the Deaf, Sint-Michielsgestel, Holland.

The follow-up study collected information on a number of variables, including on stereotyped behaviour patterns and compared them with the earlier findings. Analysis of the data revealed that in the group of rubella 'deaf-only' children, stereotyped behaviour had almost disappeared completely, while in the majority of the rubella deaf-blind subjects, these unproductive behaviour patterns still existed. This article looks at these figures and examines one experimental way of working with a deaf-blind young person, using self-reinforcing toys to reduce stereotyped behaviour and to contribute to productive behaviour.



Jan van Dijk

Introduction

Sometimes nature provides the scientist with information on human beings who are born and raised in extremely deprived circumstances — such as children who are educated by animals, or those who are congenitally deaf and blind. Most studies show that, despite the extreme conditions, children still show rather normal behavioural patterns, such as laughing, smiling, pushing and pulling. Among sensory-deprived young children, so-called stereotyped behaviour is very striking and has attracted the attention of many researchers.

It is recorded that primates removed from their mother at birth and reared in social isolation can develop behaviours such as finger-sucking, self-clasping, body-rocking and head-banging. However, similar behaviours can be observed in normal children and in blind and mentally handicapped infants. Some autistic children can engage in ritualistic stereotyped behaviour to such an extent that they seem to lose complete contact with the environment. Here the behaviour has been referred to as 'self-stimulatory', and may include rhythmic rocking, hand-flapping, finger-flicking and twirling objects in front of the eyes. It is generally

agreed that these behaviours are very hard to discourage in children and may interfere with the occurrence of normal play and the learning of new behaviours.

In deaf-blind children several types of stereotyped behaviour patterns are frequently observed. A number of these behaviours are centred around the eyes, such as eye-poking and eye-gouging. Jan van Dijk has made an extensive



study of these behaviours in deaf-blind children and has tried to make a differentiation between the several types of stereotyped behaviour that they showed. In his research sample, two groups could be distinguished. One group of children were deaf or hard of hearing 'only', caused by congenital rubella, while the other group were

rubella-deaf and had severely impaired vision through bilateral cataracts. These children we call deaf-blind. It has often been reported that deaf-blind children show an unusual reaction to visual stimuli. Studies report children involved in light gazing or producing stroboscopic hand movements while watching a visual stimulus. Often this is accompanied by eye poking. This behaviour was also seen in the group of 'deaf only' children but was much more predominant among children with visual impairment. Often toys and other objects were used for this kind of self-stimulatory behaviour, such as torches, light sources, shiny surfaces, etc. When these stimuli were present, the children frequently became very aroused and difficult to reach.

Other types of stereotyped behaviour we studied were rhythmic body-rocking, head-banging, rolling and jumping. It is assumed that these early rhythmic patterns give the child feelings of pleasure and relief; in normal children these activities disappear with age.

It is widely reported that mentally retarded children carry out stereotyped motor patterns for a great part of the day. This could be through an inability to respond appropriately to the demands of the

environment — in particular such children's relationship to most objects seems disorganised and the same can be said of deaf-blind children. However, these stereotyped motor actions may not only relate to defects of intelligence — one third of 'deaf only' youngsters showed this behaviour also, while the intelligence of this group was above average.

It should be noted that both groups of rubella children had a poor start to life, due to low birth weight, feeding problems and hospitalisation. It is generally acknowledged that when a child is deprived of appropriate maternal stimulation at an early age, or the mother lives under great stress, undesirable behaviour may develop. The rubella deaf-blind child may also have suffered brain damage from the viral infection.

These factors must be considered when discussing the educational strategies for working with deaf-blind rubella children. Is it possible to change stereotyped behaviour, so that time and energy are freed for more productive activity? Will these children naturally outgrow this behaviour with age, as is the case with normal children?

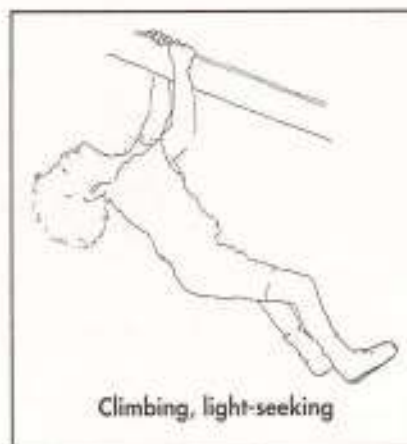
The Study

From our original sample of 81 children in 1976, we selected 27 subjects. 18 were hearing-impaired, and 9 were both hearing and visually-impaired. All were rubella-handicapped. At the first assessment the children averaged 5.5 years old. At the second, they averaged 16.5 years old. Of the 'deaf only' sample, all but one subject scored within the normal range of intelligence. All the deaf-blind subjects showed low intelligence (IQ less than 70).

In the original study, stereotyped behaviour was assessed by using items from Rimland's checklist. The list contains items relating to the child's reaction to sensory stimulation (particularly to light), hand movements before the eyes, sound and smell. Other items deal with rocking, whirling and jumping. The first study showed a significant difference between the groups in their responses to sensory stimuli, but no significant difference in their stereotyped motor movements, such as repetitive jumping, etc.

In this study, all subjects were reassessed by a trained psychologist, Ruth Carlin. Data was collected with the 'Autism Behaviour checklist' (Krug, Arick and Almond, 1980). In the construction of this checklist, Rimland's checklist was used. With

the Autism Behaviour checklist, one can compare several categories of severely handicapped children with autistic-like behaviour — deaf-blind, severely mentally retarded and severely emotionally disturbed children and adults diagnosed as autistic. The checklist has five categories: sensory functioning, relations and contact, use of bodies and objects, language and social adaptation. For deaf-blind children the data on language, speech and hearing should be interpreted with caution. The sections on sensory functioning and use of body and objects, especially identify those stereotyped behaviour patterns we assessed in the original study. This makes a comparison quite reliable. It also makes it possible to compare this group with the typical results of autistic children.



Results

- Among the 'deaf only' rubella children, the stereotyped motor actions have almost completely disappeared over the years. A few subjects still show a rather strong interest in some mechanical toys (eg spinning) and were reluctant to change routines, but these behaviours are certainly not dominant and hardly upset the normal course of life. The results of this group show no similarity at all with autism.

- The group of deaf-blind children show a completely different picture. Over the years, two children have almost completely lost their strong involvement in stereotyped behaviour, including the strong preoccupation with light sources. Two children are still heavily involved in all sorts of stereotype behaviour and can be classified as autistic children. The remainder of the group show the typical deaf-blind profile, which is similar to the profile for mentally retarded and severely emotionally disturbed children.

Discussion

After the rubella outbreak in the USA in 1964/5 awareness of rubella and its results became very high. Three years after the epidemic a vaccine was developed which gave women protection. For different reasons, women still escape vaccination, and children with disabilities due to rubella are still born all over the world. It is estimated that in Holland, a country of 14 million inhabitants, 30 — 100 rubella children are born each year.

In many countries not all the proper measures are taken to prevent the birth of rubella children. In the USA it is estimated that there are 20,000 people handicapped by congenital rubella. Depending on the time of infection, the health condition of the pregnant woman and other unknown factors, the effect of the virus infection on the developing embryo varies. It is generally not realised that rubella is a 'late on-set' disease; this means that some symptoms may show up later in life such as diabetes mellitus and glaucoma. Too little is known, as yet, about the mental development of older rubella people.

Research interest in rubella-handicapped people seems to be decreasing now. This is regrettable, because follow-up studies can shed light on problems which might be very prominent at a young age, but disappear or become less dominant over the years. A development study of this kind has value also for similar groups of disabled people. The reassessment of our original sample strengthens our opinion that early visual impairment has a devastating influence on the development of the child as a whole. Lack of appropriate visual stimuli at an early age, in combination with a poor physical condition, has a devastating effect on the developing human being. It seems that the child habitually tries to make up for this deprivation by seeking continuous, stereotyped, stimuli.

In cases without visual damage, the start to life was also poor, but the child could become interested in a variety of stimuli, because mother/child interaction could take place using the normal visual channels and children and children could learn about people and objects. This can be an important compensating factor for a poor physical and social condition early in life.

In our original study, we stated that the strong involvement in stereotype behaviour by the child with a cataract was not a promising predictor for the child's development. The first reports of our follow-up study seemed to

confirm our prediction. It should be noted, however, that two children developed unexpectedly well. In order to gain insight into these 'survivors', we need careful description of the course of their development over the years. This is a plea for more careful case studies, which may give teachers creative ideas on how to successfully work with these children.

Can selection of toys contribute to reduction of stereotyped behaviour?

Children with a high level of stereotyped behaviour tend to incorporate toys into this kind of behaviour. Some toys may even increase stereotype behaviour. Different approaches have been tried to stimulate meaningful play by using outside reinforcement. Here we suggest that using special toys where manipulation itself is reinforcing to the child, can reduce stereotyped behaviour and increase meaningful play behaviour.

The Study

We worked with one rubella boy, deaf and partially-sighted through bilateral cataracts (removed). His Social Quotient (Vineland) was 57. He was chosen because of his high level of stereotyped behaviour. In our first observations he spent 60% of his time in stereotyped behaviour and less than 25% of his time in meaningful manipulation of play objects.

The experiment was carried out in a small, dark room. The boy was presented with familiar toys (a colour cone, a ball, lego construction materials) and unfamiliar toys (a toy with marbles, blocks and 'push beads'). We also used Special Toys (self-reinforcing) — a zig-zag slide with an easy to manipulate disc, a toothed wheel which could be operated with a small handle and an activity centre (a plastic frame with easy to spin mirrors and rings). The child had a number of sessions with familiar toys, new toys and special toys. We recorded how often he showed stereotyped behaviour without toys, with toys and active manipulation. A number of statistical checks were undertaken to ensure the validity of the results.

Results

The toys which gave immediate reinforcement when they were manipulated (ie the disc had a colour pattern which changed when it was put on the slide) led to more independent play behaviour in

comparison with ordinary toys. The effect was long-lasting — reassessment after 4 months still showed that during 82% of the time the child was engaged in independent play. Familiar and new toys are less appropriate to stimulate independent play.



Eye-pressing

West Germany

A report has been published by the Ministry of Education of the State of Lower Saxony giving recommendations for the instruction to be given at the school for the deaf-blind.

The authors of the report are a distinguished committee of leading experts from the school and from the University of Hamburg.

The report is 84 pages, laid out in eight major sections as follows (each is extensively sub-divided):

1. The student
2. The functions and objectives of the school
3. Principles of training and education
4. Organisation of the school
5. Media (aids and equipment)
6. Timetables
7. Language acquisition
8. Recommendations for further educational areas and subjects of instruction

As an example of the style and content, here is a sub-section:

3.3 Curriculum design

Deaf-blind people are rarely able to perceive and comprehend sequences of actions and to gather information or acquire knowledge independently. All educational content must be imparted to them in a purposeful manner. Due to the great variability in the individual types of disabilities as well as because of the differences in each individual's development the learning potential of the deaf-blind varies considerably. Therefore, a personal curriculum has to be designed for each child, each adolescent or adult and modified according to the individual's current state of development. The necessary selection of teaching content is made with practical considerations in mind as

For this boy, moving toys with special visual effects which could be manipulated easily were very appealing and elicited simple sensory motor activities such as spinning, using two hands, moving forward and stopping, etc. There were instances when the boy combined the activities of two special toys.

We conclude that stereotyped behaviour can be reduced considerably by selecting special toys. Such a selection should be done on an individual basis, by working out whether the materials will have an immediate reinforcing effect for the child.

* Reprints of the full article can be obtained from: Jan van Dijk, Instituut voor Doven, Theeherestraat 42, 5271 GD, St Michielsgestel, Netherlands.

to its importance in life. On the one hand the objective of each individual curriculum is to enable the deaf-blind person to lead a more independent life; on the other hand it aims at enriching his life. The instructional content is based on the experiences which the individual accumulates in the course of everyday direct contacts. Later on it becomes necessary to modify the curriculum content to include information which the deaf-blind have no access to through actual confrontation.

The educational programmes of the Educational Centre for the Deaf-blind focus on practical education for everyday life, social education, general education and vocational training. The development and improvement of communication skills are of paramount importance. According to their individual handicap and capabilities the deaf-blind learn to read, write and do arithmetic and are taught the usual school subjects. In order to be able to participate in the working world, they are taught specific work habits and skills.

The report concerns itself with 'able' deaf-blind students. It is available in German or English. Details are as follows:

Published by the German Educational Centre for the Deaf-blind in co-ordination with the Ministry of Education of Lower Saxony' File number 82166/10 Second edition (April 1987) ISBN: 3-924371-01-6

Obtainable from:
Deutsches Taubblindenwerk gGmbH
Albert-Schweitzer-Hof 27
D 3000
Hannover 71
West Germany

Preparing teachers to work with deaf-blind children

Tony Best,
University of Birmingham, England

Come to Birmingham to train to teach deaf-blind children! This is now possible — although the UK has been planning to have its own courses for over 5 years. The programme of study fits into a pattern which is common to special education training in the UK and gives a wide theoretical basis while providing opportunities to spend an average of 2 days a week in education centres observing and working with deaf-blind children.

The programme — a joint venture between the University of Birmingham and Westhill College, a local college responsible for teacher education — is for experienced teachers who are qualified to teach regular children. It involves full-time study for one year. Students take 5/6ths of their study within the special areas of deaf-blindness (or multi-sensory impairment as it is sometimes termed) with 1/6th of the work selected from a number of optional courses available within the special education department of the University.

Content

The content of the teaching is grouped into 5 main blocks of work or modules.

Module One is on **Aspects of Child Development**. This module provides an overview of normal child development, followed by a consideration of current research into developmental assessment and recent studies in motor development. The implications of these for remediation and classroom practice is discussed, with particular attention being paid to the areas of feeding, movement and mobility.

Module Two covers **Sensory Impairment**. The module considers defects of hearing and vision and their implications for learning. The assessment of functional vision and hearing in multi-sensory impaired children is examined together with ways of stimulating and developing



residual vision and hearing. The module also considers the use and development of other channels of learning and communication such as touch.

Module Three, on **Communication**, opens with discussion of early communication and language development, followed by detailed discussion on the development of communication skills in deaf-blind children. The use of sign and symbol systems is covered through lectures and practical work.

Module Four is titled **Curriculum and Teaching**. The main focus of this module is on the evaluation of selected theories of curriculum design and teaching, in essentially practical situations. The work undertaken includes approaches to the analysis of teaching skills and evaluation of practice; the setting of objectives; essential resources for a multi-sensory curriculum; the development of observation skills; and classroom management.

The final module is on **Population and Provision**. It starts by examining the population of children and young people needing specialised provision and teaching because of multi-sensory impairments. This leads to discussion of the range of provision required to fulfil their varied needs.

A series of visits to existing services forms an integral part of the module. There is also study of the main causes of deaf-blindness, such as Rubella and Usher syndrome, and of their educational implications.

Format

Teaching on all these modules is carried out through a combination of lectures — often including the use of video tapes and discussions — and project work. With students working for a day a week in local schools, it is possible to undertake work there directly related to the content of lectures. Some of the sessions are based on discussion of that practical experience. For example, in studying communication, a lecturer may examine types of pre-symbolic communication and students then be given a framework for systematic observation to identify pre-symbolic communication in the children they are working with. Further group discussion will enable the exchange of information and the interpretation of behaviour, perhaps based on video-tapes made by the students during their observations.

While some of the sessions follow this sort of pattern, other lectures are taken with groups of students following associated courses. For example, audiology lectures are taken with teachers preparing to work with children with hearing impairments although project work, visits and additional sessions ensure the content meets the specific needs of teachers of deaf-blind. Similarly some work on curriculum design is taken with students preparing to teach children with severe learning difficulties.

The mix of theoretical and practical work is also seen in the programme of visits. We have been very much helped by the willingness of a number of centres of excellence to allow our students to visit them and discuss their work. Included in

the programme is Pathways at RNIB Condover Hall School, Sense headquarters in London and their centre for young adults at Birmingham. Whitefields School near London and St Michielsgestel both organised much appreciated study visits lasting several days. A 4-week teaching practicum is an assessed component of the programme and this year students have had placements arranged in Ross MacDonald School, Ontario; Perkins School, Massachusetts; Taubblindenwerk Hannover, as well as at centres within the UK.

Research and Development

The content and structure of the programme is being developed as part of a 3-year research project. The project aims to determine the most effective ways of providing teachers with the skills needed to work with deaf-blind children and so many aspects of courses are being examined for this project. The content was originally determined after consultation with organizations and centres concerned with deaf-blindness in the UK and using the advice and experience of overseas centres where teacher education was taking place. The progress of the course has been monitored carefully from the outset through informal discussion with students, and more formal meetings between the staff involved and between staff and students. As a result, several modifications have been made to the course in progress and others will be made when planning next year's courses. We are now looking at additional ways of evaluating the programme, including a study of how useful it is seen by both students once they have returned to their teaching posts and by their employers.

There will also be an international external advisory board to monitor the progress and development of the work.

The University of Birmingham has extensive experience of distance learning (correspondence courses) and so the final recommendations for the format, structure and content of the programme may involve an element of distance learning through the study of written or video material. This would open up the possibility of joining with centres in other countries in exchanging information and material and perhaps even offering common elements in each of the programmes. This concept of cooperation in staff preparation within our small specialism is

something we are enthusiastic about and we have already had some discussions with colleagues in Europe, USA and Canada. There seems to be universal agreement that it is an exciting concept worthy of further examination and so we anticipate that this communication will continue over the next 2 years and result in some joint teaching or use of common materials in several countries.

Conclusion

Establishing a new course is exciting and when it is in a completely new area of study, it is particularly challenging. The first year's work is now well under way. Students currently taking our courses in deaf-blindness have backgrounds in severe learning difficulties, hearing impairments and deaf-blindness. They will each be undertaking their teaching practicum during the weeks following Easter and will then complete their studies by working

on a 12,000 word thesis researching some aspect of education of deaf-blind children. We hope that, when they leave us in August, it will be with information and skills that they can use and further develop in their future work with deaf-blind children.

We believe the work described above will make a significant contribution to the development of services in the UK to deaf-blind children and their families. The programme and our research into teacher preparation has been made possible through generous grants from the Leverhulme Trust, Marks and Spencer and Sense, the National Deaf-Blind and Rubella Association. The programme of study is under the direction of Tony Best — who is also responsible for programmes at the University in visual handicap — with Margaret Davidson as course coordinator/ researcher in charge of developing the programme as part of a research programme in teacher education.

Resource Centres in the U.S.A.

Last year, the **National Information Centre on Deaf-Blindness (NICDB)** was founded in the USA based on Gallaudet University. It operates a free information service.

Why a National Information Centre?

- More than 5,240 school-aged children in the USA are deaf-blind.
- Availability of information on effective approaches to educating children who are deaf-blind is lacking

What does the Centre do?

- Identifies, co-ordinates, and disseminates information on deaf-blindness — its causes, services

Rubella Survey in Japan

9570 deaf school children attend 106 schools for the deaf in Japan. In a recent survey 365 were identified to have a history of maternal rubella. 295 had deafness alone, 16 also had cataracts, 40 congenital heart disease, and 14 cataracts and congenital heart disease.

Because of the number of deaf pupils in ordinary schools, the researchers calculate that the total number of deaf school children with CRS (congenital rubella syndrome) should be 824. They conclude that a surveillance system for CRS should be established.

Rubella immunization has only recently been introduced in Japan.

The International Newsletter for the Deaf-Blind

available, educational materials, effective educational approaches, technology and training.

- Interacts with educators, professional groups, and parents to identify areas for programming, materials development, training and expansion of specific services.

How can the Centre help?

The Centre also provides information on deaf-blindness. If you have questions, concerns, or resources to share about deaf-blindness, please call us.

National Information Centre on Deaf-Blindness

c/o Gallaudet University
College Hall 217
800 Florida Avenue NE
Washington, DC 20002, USA
(800) 672-6720, ext. 5289 (V/TDD)
(202) 651-5289 (V/TDD)

National Clearinghouse on Careers and Employment in Special Education

2021 K Street NW, Suite 315
Washington, DC 20006

NICHCY

National Information Center for Children and Youth with Handicaps
P.O. Box 1492
Washington, DC 20013

HEATH Resource Center

National Clearinghouse on Postsecondary Education for Handicapped Individuals
One Dupont Circle NW, Suite 670
Washington, DC 20006

NUD — The Nordic Staff Training Centre for Deaf-blind Services

Marjaana Suosalmi, Director of Education at the Centre



Marjaana is Finnish. She studied at Jyväskylä University and attended courses on deaf-blindness at St Michielsgestel and elsewhere. She was president of the 10th World Congress for the Deaf in 1987. She has worked as a counsellor for deaf-blind children and their families and also as an administrator concerned with special housing and sheltered workshops.

As Director of the NUD she is responsible for planning and management of training, resource services and development work.

Background

In 1981 the Nordic Ministers' Council ("the Nordic Government") established courses for personnel working with deaf-blind people as an experimental form of training. After some years' experience the courses were made permanent and the training centre was established. Now the centre has three main functions within the field of deaf-blind work in the Nordic:

- Training courses for staff
- Resource service
- Development work for deaf-blind services.

We arrange services on a Nordic basis because of the following facts: 1) The population of each Nordic country is too small to enable high standard services on a national scale.

The Nordic countries are Denmark (with the Faroe Islands and Greenland), Finland, Iceland, Norway and Sweden. 2) This area (about the size of the rest of Europe) with a population of

about 23 million allows us to build up expertise regarding small handicap groups.

3) The Nordic countries have long traditions of co-operation: the same cultural background based on the fact that the area has been divided into national states in many different ways, e.g. Finland has belonged to Sweden, Norway to Denmark etc.

4) Those who speak Danish, Norwegian or Swedish are able to understand each other without interpreting. Interpreting services must however be provided for Finnish or Icelandic speaking people.

5) The administration and the financing of Nordic co-operation is established at different levels and in different fields.

The Nordic Definition of Deaf-Blindness

The following description of deaf-blindness has been agreed upon in the Nordic countries:

A person is deaf-blind when he/she has a severe degree of combined visual and auditory impairment. Some deaf-blind people are totally deaf and blind, while others have residual hearing and residual vision. The severity of the combined visual and auditory impairments means that deaf-blind people cannot automatically utilise services for people with visual impairments or with hearing impairments. This deaf-blindness entails extreme difficulties with regard to education, training, working life, social life, cultural activities and information.

For those who are born deaf-blind, or who acquire deaf-blindness at an early age, the situation is complicated by the fact that they have additional problems affecting their personality and behaviour. Such complications further reduce their chances of exploiting their residual vision or hearing.

Deaf-blindness must therefore be regarded as a separate disability which requires special methods of communication and special methods for coping with the functions of everyday life.

For the development of services for deaf-blind persons it has been

most important to emphasize that deaf-blindness must be regarded as a separate handicap. We also find it essential to underline strongly that most deaf-blind persons do have residual hearing and vision, but must be considered as deaf-blind persons.

When planning training services we divide deaf-blind people into the following four groups due to their different ways of communicating, having, however, their isolation in common (the groups are listed from the smallest to the largest):

- The group of deaf-blind persons with congenital visual impairment, acquiring hearing loss later in life.
- Congenitally deaf-blind persons.
- The group of deaf-blind persons with congenital hearing impairment, acquiring loss of vision later in life.
- The group of deaf-blind persons born hearing and seeing, and who lose sight and hearing later in life.
- 90% of all deaf-blind persons have residual hearing or residual vision.

The Nordic Staff Training Centre serves staff working with all these groups of deaf-blind persons, with people at all ages and in various social situations.

The Deaf-Blind Person as a Whole?

We want to see the deaf-blind person as a whole. We cannot divide him into small pieces but must consider him as one whole person with the human characteristics of interaction between body and mind, of senses and motor skills, of brain and heart, of emotions and intellectual skills — or whatever words you might want to choose to describe the complexity of a human being.

Life is a continuous process where a person is taking part in a kind of dialogue with his environment. This dialogue — which does not need to be linguistic — must be considered as a crucial process in a person's development. People with all their senses intact very naturally take part in this dialogue. A deaf-blind person will need special programmes and services to be established according to his needs, to assure this on-going dialogue with his environment.

It is therefore natural for the centre to offer training opportunities for all kinds of Nordic staff to deaf-blind persons. Nearly

all our staff training activities are multi-disciplinary as far as both participants and lecturers are concerned.

We believe in the on-going staff training process, as well. Therefore different forms of staff development services have been established to maintain continuous professional development and inspiration.

The Functions of the Centre

The functions of the centre are as follows:

1) Education

The centre arranges 6 week basic courses, 2 week workshops on various subjects and shorter conferences each year. About 100 persons participate in the courses per year, and several hundreds of Nordic conferences are arranged.

2) Resource services

The centre has a library which has a resource function publishing a bibliography, keeping an article index on the most important titles on deaf-blindness and serving as a place for individual and group studies. Information is spread by a newsletter which is published twice a year and by the regular correspondence with our approximately 250 contact persons throughout the Nordic.

3) Development work

Our development work mostly aims at the documentation of actual knowledge. A two year project has been carried out (1986—88) called the Project Nordic Directory. As a concrete result of this we now have five books and seven articles on different pedagogic, social, psychological and medical topics and much more material is under preparation.

Some Practical Information

The centre is located in Northern Jutland in Denmark. It has a permanent staff of 6 persons working in the secretariat. In addition to this about 50 experts from the Nordic and abroad lecture at the centre yearly.

All the courses are free of charge. Travel expenses and full board are paid as well. The employers usually grant paid leave for our course participants.

The Future

We have not found any reason to make radical changes in the

services of the centre. A continuous development is, however, necessary. The changes in national services for the deaf-blind as well as the educational systems place requirements on the programme of the centre.

Some questions discussed by the board of governors are as follows:

- 1) How can we ensure the continuous influence of the "consumers" on the programme of the centre?
- 2) Due to the increased amount of national training opportunities, the form of the courses has to be evaluated and possibly some educational modules fitting the national syllabuses will have to be introduced.
- 3) Although we believe in the interdisciplinary approach, there might be a need for certain

A Glimpse of Australia

In November 1988, I spent three weeks in Australia, my first visit. The main reason for the trip was the occasion of the Fifth International Retinitis Pigmentosa Association Congress in Melbourne. This Congress combined a scientific and research meeting with a programme for people with retinitis pigmentosa and their families.

Several exciting developments were discussed in the scientific section. A Dutch group working on genetics had found three bits of genetic material missing, which are very close to the gene responsible for choroideremia. This is a condition which affects males and is similar to RP. This discovery means that they are very close to locating the gene responsible for the fault which causes choroideremia.

Perhaps the most significant development for deaf people is the increasing number of cochlear implants which are now being attempted on profoundly and totally deaf patients.

The workshop on Usher Syndrome was attended by 35 people, drawn from as far afield as Tasmania, New Zealand and France. The population of affected families is scattered over vast distances. Providing a service to families who require information, support, skills training and career advice will be a challenge for the agencies who serve the hearing and visually impaired in Australasia.

Following the Congress John Finch, Head of the Deaf-Blind Care Association in Victoria, kindly arranged a comprehensive series of visits to most of the agencies serving deaf, blind and deaf-blind people in the Melbourne area.

The Victorian School for the Deaf has been testing for Usher Syndrome in its pupils since 1984 and has identified

professional groups to have workshops or a course of their own. Until now, only physicians have had their own conferences.

- 4) We follow the European discussion on staff development with great interest, being very happy about the introduction of a broader concept of staff training, namely "staff development". We are very much looking forward to seeing fruitful results from this new concept, which, in particular is discussed among professionals working with congenitally deaf-blind persons.

In general we are very pleased to have many international contacts which we want to maintain and to develop in order to share knowledge and know-how and in this way create a better world for deaf-blind persons to live in. ♦

ten affected children. The state of Victoria supports a policy of integration for its deaf children so many pupils are mainstreamed. As in the UK, this is very demanding on advisory services as well as on mainstream staff. Pupils with Usher Syndrome have even greater needs and require the professional staff working with them to be knowledgeable about the effects of vision loss on their daily lives.

In Sydney, I visited the National Acoustics Laboratory which serves the hearing aid needs of children, senior citizens and military personnel. The facility was well equipped and besides its servicing commitment gathers statistics and conducts research into various kinds of deafness. Some present studies include trials on multichannel fibro-tactile stimulators and tadoma. Both methods use the sense of touch to aid comprehension of speech sounds. In the case of vibro-tactile stimulators, a series of stimulators are strapped to the wrist and the person receiving the vibrations is taught to interpret the patterns of environmental sounds and even speech. In the case of tadoma, the person holds either the throat or the jawbone of the speaker and perceives speech through the vibrations generated by the voice.

NAL, with its excellent national facilities, is in a unique position to conduct nationwide studies on the incidence of Usher Syndrome in Australia.

I hope that links have been strengthened from this trip which will increase the flow of ideas and information about practice concerning work with people who have Usher Syndrome.

Mary Guest
UK Coordinator
Usher Syndrome Project



**ON
THE
SPOT**

On the Spot is a regular feature in Deaf-Blind Education. Here an experienced practitioner in the field will put some questions to a colleague from abroad. We hope this section will provoke discussion, and help to bring us all together.

Tony Best is responsible for the training programmes for teachers of blind and for deaf-blind children at the University of Birmingham which is described on page 11. He has been involved in encouraging co-operation between various staff training programmes throughout Europe. Last November, in Osimo, Italy, a Conference was held to discuss staff development and explore ways of co-operation. Following this Conference, Tony Best posed the following questions to Marjaana Suosalmi, Director of Education at the Nordic Staff Training Centre — NUD — featured on page 13, about possible future directions for staff development.

What effects do you think NUD has had on services for deaf-blind people?

It is very difficult to measure the effects of training but we can be sure of some:

- The "quality of staff" — meaning the level of their basic knowledge and awareness — has risen by staff training programs. We have the opportunity to invite some of the most experienced persons to lecture, as well as to have a chance to study in the quite well-supplied library, etc. These opportunities do not exist in each country. Over 100 staff members participate in our programs yearly — some participating in basic courses, some extending their knowledge through workshops or individual studies.
- Having a form of external training and including a one week study visit in another institution in the program, we can offer an opportunity to exchange experiences, discuss with colleagues. We hope that our students will learn to see that there are many "right" ways to do things, not only the one I am doing. Continuous evaluation and development is necessary in daily work.
- A very practical consequence of

common Nordic staff training are the many personal and professional contacts. This results in better and more equal conditions for deaf-blind people in the Nordic by the exchange of groups of deaf-blind pupils in schools, deaf-blind people in institutions, associations, etc.

- I sincerely hope that our interdisciplinary approach, which in practice means that we train all staff categories together, has made colleagues consider all parts of life to be equally important. If I take an example from the school situation, we usually have teachers, residential staff and family advisors at the same course. Despite the difficulties caused by the differences in educational background, we gain a lot. Different staff categories learn to appreciate each other's work. Again we have no research results on the effects on services, programs, but we can see for example that a lot more attention has been paid to residential work which is considered to be as important as the school education in the development of the children.

In the beginning of Nordic Staff Training its importance was crucial. There were quite few people working in the field and very few possibilities for training. Now the

situation has changed. In most countries there are national programs, resource centres or in-service training in institutions. It doesn't mean that Nordic Staff Training is not necessary any more. We know that none of the countries alone can build up an expertise which would be good enough to guarantee services at a high level. There will certainly be more opportunities to get basic training nationally in the future. We have to follow this development and adapt our supply to the national needs. It is important that everyone working with the deaf-blind gets at least the basic training quite soon after entering the job. This is not possible to arrange on a Nordic basis. However, as long as the national basic training does not function properly in all of the Nordic countries we will continue at least for some more years, to arrange basic training.

How will your background influence the future delivery of services by NUD?

It was very easy for me to come to NUD, because I thought that in principle the goals and also the practice of NUD are right. I can continue the work which started in 1980.

I have worked with many different deaf-blind groups: at first with congenitally deaf-blind children in the middle of the seventies; later mostly with the adult Usher group and congenitally deaf-blind adults. Though my majors at university were special education and social sciences, I have mostly worked under social authorities and I have concentrated on questions concerning living conditions of the deaf-blind.

I know that the early intervention, education and life-long learning are matters of vital importance for the deaf-blind. However, I think that the deaf-blind do not live to learn but learn to live a rich, meaningful life. There I am inclined to think that more consideration has to be given to social sciences, methods of social work. I have to study this approach more carefully — now I can only throw some thoughts and ideas in the air.

In many countries the services for congenitally deaf-blind persons (especially children) are very well organized, while the other deaf-blind groups are less fortunate in this respect. However, there are people working with these groups in every country. The Nordic Staff Training Centre arranges training for them, too, but there is still a need for development. I am very

interested in ideological questions concerning rehabilitation and adult education, interpretation, (sheltered) housing, (sheltered) work, leisure time activities, etc. Staff working with people who have become deaf-blind later in life have had only a few opportunities for professional discussions and exchange of experiences at an international level. There again the theories and methods of social work should be studied and applied.

Concerning persons who have become deaf-blind later — the continuous influence of the deaf-blind themselves on the content of training is necessary and all the services have to be given to suit the clients' conditions.

I am very interested in "consumers' influence" in general. As far as the future plans of the training centre are concerned there must be a tight contact with all the institutions, schools and organizations which send students to the Nordic Staff Training Centre. This contact must not be a purely bureaucratic one. Flexible ways must be found to get continuous information about wishes and needs.

Can you suggest ways in which professional training in our field might develop in Europe?

There is a lot we can do together in Europe. First of all I would like to emphasize the importance of making efforts towards "all-European" co-operation also in the area of deaf-blind services, trying to get both eastern and western European countries to work together.

The European model of co-operation can definitely not be the one we have here. Our centre can exist only because there are very few language problems compared to Europe, because the countries have a very similar cultural background and because there are long traditions and a functional administration for co-operation. Our model could be applied in similar circumstances in other parts of Europe. It is a typical regional or culture group model, but not an "all-European" one.

From my colleagues here in the Nordic I have learned that the key word in European co-operation must be CHAIN. There are already functional chains which have their basis in common interests and natural connections, e.g. common language, common culture, common organization of deaf-blind services (centralized/decentralized), professional groups. These circles have to be mobilized to work more actively and new initiatives have to

be encouraged. It is not necessary that everybody does the same things. Let's imagine that there could be training courses in German, a study group of psychologists working on assessments, a French speaking group preparing training material etc. Wouldn't that be really effective and a flexible way to co-operate?

To share knowledge about what happens in Europe in the area of staff training, regular meetings on the state of the art are necessary. The Osimo seminar was a good start which, by developing working methods, could become a useful tool for co-operation in training.

If co-operation can be developed widely, the ideal way to co-ordinate it would be a resource centre helping with documentation, information, contacts etc. I am doubtful about the training function of a European centre.

There is a lot of knowledge and experience in Europe. It can not be shared because of the language problem. Far more consideration should be paid to and more money should be put into translations to avoid duplicated work.

The overall policy should be to chain the links of the different levels: local, national, regional, European, international. It should be automatic that information is

passed both ways — from the local and national level to the international level and vice versa.

There are areas where the best solutions are the national ones. We have to evaluate which areas of staff training could benefit from international co-operation. This evaluation is not always done and the only result is frustration. E.g. questions that deal with legislation, regulations, administration and nationwide plans can only be discussed nationally. There are also some regional or European questions which are not suitable to be discussed internationally, but there are many, many questions which we can share at all levels. We need chains to keep the exchange and discussion going.

Marjaana has set some questions for Karl Jacobsen, a psychologist on the Norwegian State Central Team for Deaf-Blind People. In the next edition, Karl will describe the work of the team and some of his ideas on deaf-blind education.

European Usher Syndrome Study Group

This year, Britain hosts the fifth meeting of the EUSSG which will be held from Friday August 4th to Sunday August 6th at Warwick University.

It was agreed in Toulouse last year that more outside speakers with wide experience in the field of Usher Syndrome should be approached for this year's meeting. Accordingly, Dr Leo Hyvärinen, an ophthalmologist from Finland, has agreed to take sessions on vision testing and information giving to affected people.

The group will be joined by a new member from Madrid, and Ireland will once again be represented.

The psychological needs of people with Usher Syndrome receive greater prominence this year, as Dr Ann Gardner from Sweden presents a paper on Mental Health and Usher Syndrome. Progress on finding the gene defect in Usher Syndrome will be covered by Dr Claes Moller from Sweden and Dominique Bonneau from France.

Sunday afternoon, from 2.30 to 5.30, is devoted to a Mini Conference on Usher Syndrome. This will be open to all members of the EUSSG, members attending the European Conference on the Education of the Deaf-Blind and, of course, to people with Usher Syndrome and their families.

For further information on the Mini Conference, Sunday 6th August, please write to Mary Guest, Coordinator, Usher Syndrome Project, 311 Gray's Inn Road, London WC1X 8PT, UK.

Laura Bridgman 150th Anniversary

Dr Samuel Gridley Howe, first Director of Perkins School for the Blind, brought eight-year-old Laura Bridgman to Perkins during the 1837-1838 school year. Under his tutelage, Laura became the first deaf-blind child to be successfully educated. Dr Howe's pioneering effort with Laura Bridgman became world renowned; it offered the promise of education to the deaf-blind.

The achievements of Dr Howe and Laura Bridgman were chronicled by British novelist Charles Dickens in his 1868 book *American Notes*. It was this reference to Perkins School for the Blind that led the Keller family of Tuscumbia, Alabama to the School in search of help for their deaf-blind daughter, Helen.

Perkins School for the Blind celebrates the 150th Anniversary of the commencement of Dr Howe's work with Laura Bridgman. The students, staff and trustees of Perkins pay tribute to their many achievements. We salute their contributions to the field of deaf-blindness throughout the world.

Kevin J. Lessard
Director
Perkins School for the Blind
Watertown, Massachusetts, USA.

Helping deaf children with poor sight

Not all children who have visual and hearing loss are educated in deaf-blind units. What is the most effective way of supporting deaf children with varying degrees of sight loss? Heather Murdoch is the Advisory Teacher for Visual Impairment at the Royal School for Deaf Children, Margate, UK. She is qualified both as a teacher of the deaf and as a teacher of the blind. Here she describes her role.

The Royal School for Deaf Children, Margate, England is a residential special school for one hundred and sixty hearing-impaired students; of these about thirty five have severe visual impairments which affect their lives. A third of the school's population are multihandicapped and most of the deaf-blind children in the school are educated in the multihandicapped units. Severely visually-impaired deaf children may be found in all departments in the school where children are placed according to their individual needs.

Since September 1987 my work has been to provide a support service for deaf visually-impaired and deaf-blind children throughout the school and in Further Education. I support staff working with them and watch over eye care and other visual matters. As far as I can discover nobody else is doing my kind of work in schools for hearing-impaired children in England and Wales.

I have no fixed place of work but move about the school working with children and staff in their usual surroundings. Half of my time is planned on the timetable; for example, teaching mobility or communication skills, or being regularly available to teachers of groups containing deaf-blind children. The other half is unscheduled, allowing me to be flexible in giving my services. Many deaf children have some degree of visual impairment and these children need to be considered with the deaf-blind. We help these dually handicapped children by developing



extra skills and awareness in our staff who already have a good working knowledge of hearing impairment. Many are also experienced in working with deaf multihandicapped children, so that skills such as detailed observation, a knowledge of eclectic teaching methods and the ability to use and relate to a range of specialist services must be assumed.

My role is not to usurp others' expertise, but to extend expertise and confidence among all the staff. It is important therefore for me to provide as much information as possible relating to both the "standard" implications of a child's visual impairment, e.g. pace of working, materials, lighting, seating, environmental security, and to the implications of dual sensory impairment, such as a child's lack of knowledge of the surrounding world. Some things require my special attention like mobility, because sighted children do not require support to achieve it, and communication, because sighted deaf children do require

specialist methods which make intense demands on their vision. Some deaf-blind children are more dependent than other pupils, and their rights and needs must be considered — they have the right to make decisions even when it is difficult and it may take a long time to understand what they want.

Care staff, as well as teachers, need information and support. Sometimes the needs of the two groups are similar: for example practical "awareness" lessons involving mobility, wearing a blindfold, apply to both, whilst the provision of specialist equipment may be different for the two groups. Assessment of a child's useful vision must be relevant to both in-school and out-of-school activities. I am the source of materials, equipment and some educational programmes, as well as details of environmental hazards or adaptations. My role encompasses staff training and development, both formal and informal, and assessment which provides information for educational and social management. ♦

A History of Provision

Ireland has had a long history of work with deaf children — the first school for the deaf having been opened in 1818. It was not, however, until 1973 that the need for services for deaf-blind children was felt. In that year it was discovered that as a result of rubella epidemics in 1967 and 1971 there were twenty-two of these children in the Republic of Ireland. Many of them were considered to have lower intellectual functioning. All, except two, who were admitted to a centre for non-deaf mentally handicapped, failed to gain admission to the schools for mentally handicapped. The need for special facilities was then obvious. At that time too, developments in the diagnosis, training and education of these children in the United States, Britain and the Netherlands indicated that Irish children should be given opportunities suited to their special needs.

Sister Nicholas Griffey, who inspired so much of the work with deaf-blind children in Ireland, wrote this summary of how education provision for deaf-blind children has developed.

In 1974 St Mary's School for Hearing Impaired, Dominican Convent, Cabra, Dublin, decided to provide residential facilities for four deaf-blind children. A teacher who had worked in the Unit for Deaf-blind at the Perkins Institute for the Blind, U.S.A. was provided by the Department of Education. This was really the beginning of organised work for deaf-blind children in the Republic of Ireland. After some years of stimulation and treatment it was decided that although the first four pupils had made considerable progress, they were incapable of learning communication to any great extent. All four were finally diagnosed as low functioning. However, the experience gained by the diagnostic team at St Mary's Audiology Clinic, as well as by the teachers of the deaf, was a tremendous help in future work with deaf-blind. It was decided that children who had ability would be catered for at St Mary's School at Cabra. This is happening today. Some of the deaf-blind pupils who received suitable treatment there are now integrated in the classes for sighted deaf who are using total communication. For the continued success of this programme the pupil/teacher ratio needs to be sympathetically considered since at present one teacher is expected to manage four deaf-blind children. The pupil/care staff ratio is also inadequate especially in the case of the younger children.

But what of low functioning deaf-blind children whose number had risen to approximately 35 at this time? The need for help with them and their parents was so great that the Department of Health began a search for vacant beds in the centres for non-deaf children. As a result a unit was

established at Marino Clinic for children with cerebral palsy in Bray, County Wicklow. There was great rejoicing when four low functioning deaf-blind children were admitted there. The staff at Marino Clinic, unfortunately, did not have the necessary training for work with deaf-blind children but it was a great relief to the parents to

In November 1988 a workshop was held in Dublin on 'Establishing Techniques for working with low-functioning deaf-blind children'. The workshop was organised by Mobility International under the sponsorship of the Commission of the European Communities and was conducted by staff from Denmark and England.

Their visit to Ireland meant a coming together of parents, deaf-blind children and professionals at a time when rationalization of services is desirable and, indeed, urgent.

have succeeded in getting placement for children who were causing so much hardship in the home. At this time also the Department of Education assigned one member of the Visiting Teacher Service for Deaf Children to work with pre-school deaf-blind children. This also proved a great help to parents.

The Bray Unit for Deaf-blind children was followed in 1981 by the admission of four low functioning deaf-blind children to vacant beds in the Children's Sunshine Home which is a Hospital for multi-handicapped children.

This hospital being near St Joseph's House for Adult Deaf and Deaf-blind it was natural that the Medical Officer of the Hospital should seek help from the authorities at St Joseph's House. This was willingly given. The Anne Sullivan Cottage was built in the

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grounds of St Joseph's House. Funds for this were provided by the Department of Health and by a voluntary group known as "Awareness". A trained teacher of the deaf who spent short periods in the "Sense" centres in England, in the school for Deaf-blind at Sint Michielsgestel, Netherlands, and in a centre in the United States was appointed to the Unit. This teacher was directed by an experienced teacher of the deaf as well as the deaf-blind. A teacher of the blind visited the Unit on a part time basis. Two trained children's nurses were provided by the Children's Sunshine Home. Currently, four children attended this Unit each day from 9.30 am to 2.30 pm. The teacher in charge of the Unit is responsible for the training of the nurses. She also arranges for a programme for the out-of-school periods. We are happy with this arrangement.

Our greatest problem at the present time is the provision of facilities for those pupils who at the age of 16 have to leave the Children's Sunshine Home. Some of them have already transferred to centres for profoundly mentally handicapped where the staff have no experience in the management of deaf-blind children. There is an urgent need for a centre for adolescents and adults who are low functioning deaf-blind. Immediate steps need to be taken to train staff for the proposed centre. This could be undertaken by the staff at St Joseph's House.

In the future, serious thought needs to be given to the rationalization of the services for deaf-blind children — most of whom are considered to be low functioning. The following should prove helpful:

(1) Continued contact with our European colleagues and the organisations which they represent.

(2) Provision for visits for Irish professionals to the Centre for Low Functioning Deaf-blind in Denmark — this would be essential for the staff at Anne Sullivan Cottage if they are to be involved in the training of staff for the proposed centre for adolescent deaf-blind.

(3) A work shop for parents and professionals who are dealing with children who are known to have Usher Syndrome. Many of these congenitally deaf children are facing blindness in adult life and they need to be prepared. ♦

Rehabilitation Centre for Deaf-Blind Children

This national centre at Jyväskylä is financed by the hospital service; all travel, board and lodging for the children, their parents and helpers is paid for. The Director and his staff, from the psychologist to the nurses, all trained in Denmark at NUD (see page 13).

Functions

The centre serves all Finnish deaf-blind children below and including the age of 18.

There are some 80 children in Finland whose hearing and sight are severely defected.

The aims

The aim of rehabilitation is to help the young deaf-blind child or young person become an adult who is independent and who has well-balanced social relationships with other people. The child's family is closely involved in the rehabilitation process. Parents, sisters, brothers and very often also grandparents are most important people in the improvement of the child's communicational and independent skills.



Cooperation

It is also very important that teachers and those who look after the child should receive training in the special methods of bringing up a deaf-blind child and in the special arrangements to be made connected with this. The university clinic that examines the child is, naturally, responsible for all medical care.

Courses

The rehabilitation services are provided in the form of courses

which are arranged for each child and the family according to need. The basis of the rehabilitation is to follow regularly the deaf-blind child's development during the courses and by home counselling. It is a long-term project and requires good cooperation between parents, doctors, special workers, teachers and those who look after the child.

Family Courses

The rehabilitation begins with a family course which is attended by three families at a time. This is usually a one-week course in the spring or in the autumn.

The individual needs of the family
The course programme is planned beforehand according to the individual needs of each family so that parents and children both have their own programmes. The parents' lectures and discussions cover, e.g. rehabilitation services, social allowances and aids to living.

The child's situation
During the family course, the deaf-blind child's situation is discussed, and an agreement is made with the parents upon the child's rehabilitation schedule. The possibility of arranging the rehabilitation in the child's home town or municipality is also studied.

Parents
During the course, there are daily group discussions led by a psychologist. Each family also has the opportunity of having private discussions with the psychologist.

Rehabilitation Periods

The family course is often followed by a six weeks' rehabilitation period. This is usually arranged during the winter and is intended for children with poor language skills. Three children attend at a time, which allows an individual and intensive rehabilitation programme.

Rehabilitation plan
The working team of the centre draws up a rehabilitation plan for these longer observation periods. The main goal is to find the means of communication, the language. With most deaf-blind children, hand to hand sign-language is used, and the communication is

FINLAND



supported by using objects and pictures.

A favourable atmosphere
At the beginning and end of this longer period, the course is attended by the children's families, teachers, day care personnel, and, e.g., physiotherapists and speech therapists. This, in its turn, is likely to help create a favourable atmosphere for rehabilitation and a chance for optimum development. The cooperation thus begun may also continue at the child's home town or municipality.

Summer Camps

During a one-week summer course, schoolchildren can meet one another. The camp programme consists of being together, which improves communicational skills. The topics of older schoolchildren and young people include e.g., further education and vocational guidance.

Home Counsellings

The personnel of the rehabilitation centre visits the children's homes, day care centres, schools and institutions. House calls are made before the courses and after them. The aim is to support the whole family and the child's environment to go along with the child's rehabilitation.

Training

The rehabilitation centre organizes training for various personnel groups. These courses are intended for people working with deaf-blind children: nurses, teachers, school assistants, day care staff, and employees in the institutions or group-homes for the mentally retarded.

REVIEWS...RESOURCES...CONFERENCES...

Training Courses in the USA

The Helen Keller National Centre is now offering thirteen (13) week training programmes for professionals who are working with deaf-blind people. The courses are being expanded because of the increasing number of requests for training they are receiving from outside of the United States.

Details

The International Professional Training Program

Location

Helen Keller National Center
111 Middle Neck Road
Sands Point, NY 11050 USA

Next Available Dates

October 9, 1989 — January 5, 1990

Financial Requirements

Tuition: \$150 per week
Room and Board: \$150 per week
Transportation Expenses:
Personal Expenses:
Medical Insurance:

Eligibility

1. Professionals who are presently working with deaf-blind persons and are interested in learning new skills or expanding present skills.
2. Professionals who are directing and/or coordinating programs for deaf-blind persons
3. Professionals who are initiating a new program, a new rehabilitation center and/or a program for staff training and development.

Program

A. *First Week* is orientation week. The participants will acquaint themselves with the center, meet the staff and the clients and adjust to the English language.

B. *Second Week* is seminar week which is an overview of deaf-blindness including all aspects of the rehabilitation system.

C. Remaining eleven (11) weeks include:

- lectures by key staff of the Centre.
- observation in the various departments.
- supervised 'hands on' experience with deaf-blind persons.
- films and video tapes re: psychological adjustment as well as skills and techniques.
- learning of necessary skills and techniques to best serve deaf-blind persons on their level of functioning.
- major project which must be applicable to their home country
- full participation in special

programs, recreational activities and holiday celebrations

D. Optional Programs

Visit and/or participate in one or more recommended deaf-blind programs around the country [U.S.A.].

Accommodations

All professional visitors/students live on campus. The rooms are double occupancy and meals are cafeteria style.

Visa

For a thirteen (13) week program a visitor's visa will suffice.

Language

English is the spoken language of the course. For further details and application forms contact:

Sister Bernadette Wynne
or
Miriam Domingo-Schmitt
Helen Keller National Center
111 Middle Neck Road
Sands Point, New York 11050
USA

Untranslated Texts Available

We have Russian language texts available of the following articles from the Journal Defectologia, the organ of the Pedagogical Academy of the USSR:

1. The organisation of education for deaf-blind children abroad.
T.A. Basilava.
2. International problems of caring for hearing impaired children with primary disorders of intellectual or physical development.
V.V. Timokhin

Recent articles

Every six months, the Samuel P Hayes Research Library at Perkins School for the Blind, Boston, Massachusetts, USA produces a list of newly acquired articles and publications on the subject of blindness and deaf-blindness. Here is a short selection from these 50 pages.

Making sense of the world. A guide for carers working with mentally handicapped adults with visual and hearing impairments / Helen Bradley and Bob Snow. Birmingham, England: SENSE -in-the Midlands, 1986 [51p.]

Value-Based Services for Young Adults with Deaf-Blindness, report of a national conference, March 14-16, 1988 / Angela M. Covert and Theresa S. Carr. Sands Point, New York: Helen Keller National Center for Deaf-Blind Youths and Adults, 1988 viii, 107p.

International Centre for Information and Study of Special Needs Education

A small steering committee based at the University of London Institute of Education is in the process of setting up an information service about provision for those with special educational needs.

The specific functions envisaged for the new service would include:

1. To offer a reference point for visitors to the UK wishing to know about special needs provision of different kinds. The service would aim to put visitors in touch with relevant providers.
2. To provide introductory short courses for visitors.
3. To assist visitors requiring information or references.
4. To offer opportunities for short-term study in addition to the longer-term study provision already available.

As a first step, the steering committee is seeking up-to-date information on European, regional and sectional developments which have taken place, perhaps in isolation from each other. This includes information on world-wide databases and organisations in the field of special education for all age groups; international organisations in the field and the purposes they serve and bridging organisations (health, education, social services, employment).

Please send your information to Professor Stanley Segal, Institute of Education, University of London, 25 Woburn Square, London WC1H 0AA.

A handbook for teaching prevocational skills to deaf-blind students. St Augustine, Florida, 1984 illust. 40p.

Delayed manifestation of congenital rubella / Anne F. O'Dea and Christine A. Mayhall. *Journal of Visual Impairment and Blindness*, 82 (November 1988): 379-381.

Copies of this acquisitions list are available free on request from the Librarian. Books and other publications should normally be obtained from the source referred to in the entry. In case of difficulty please contact:

The Librarian
Mr Keneth A Stuckey
Samuel P Hayes Library
Perkins School for the Blind
175 North Beacon Street
Watertown 02172, Massachusetts USA



WARWICK

A conference on Sensory Impairment with Multi-Handicap

Current Philosophies and New Approaches

6 - 11 August 1989

The IAEDB, in conjunction with Sense and the Royal National Institute for the Blind, are organising a European Conference at Warwick University, from 6 - 11 August 1989. Places are still available.

The main conference theme is 'Sensory Impairment with Multi-Handicap'. This theme was chosen in recognition of the fact that there is much that educators of deaf-blind children can learn from developments and philosophies of work with multi-handicapped blind and multi-handicapped deaf children.

Programme

There are a number of different approaches to the education of deaf-blind children being followed in different European countries. One of the main aims of this conference will be to examine some of these approaches in detail, and to try to discover what are the different implications of these approaches, and where the different philosophies overlap.

In particular the Programme Committee have identified three philosophies for study. Jan Van Dijk will present his philosophy and the implications of its approach from Holland. Dr V. N. Chulkov from the Moscow Institute of Defectology will describe the Soviet approach, in particular as seen at the school at Zagorsk and the Experimental Unit in Moscow. Professor Chris Cullen will describe and discuss the Behaviourist approach.

There will also be a wide range of talks and workshop presentations, offering discussions and descriptions of new practice on a number of themes, including:

- working with other professionals;
- the child with a degenerative condition;
- sensory stimulation;
- staff training;
- communication development;
- working with families;
- young adults.

Other Events

There will also be an Exhibition, both of equipment and of different schools and institutions.

The Conference will be preceded by the European Usher Syndrome Study Group, whose meeting will take place from 4 - 6 August at Warwick. On Sunday 6 August, there will be an afternoon conference on Usher Syndrome, which will be open to people who are not members of the Study Group.

Also on Sunday 8 August a seminar on Staff Development will be held for an invited group from across Europe.

The Venue

The Conference will be held at the University of Warwick, three miles from Coventry. Warwick is one of the United Kingdom's newest universities and has an attractive rural setting. Tours will be arranged to local beauty spots such as Stratford-upon-Avon and the Cotswolds.

For details of registration and for abstract forms, please contact:
Conference Associates Warwick '89
Congress House
55 New Cavendish Street
London W1M 7RE, UK
Telephone: 01-436 0531
Telex: 934346 CONFAS G
Facsimile: 01-936 7559

Conferences 1989

6-11 August

The International Association for the Education of the Deaf-Blind European Conference, Warwick, United Kingdom.
Contact: Conference Associates Warwick '89, Congress House, 55 New Cavendish Street, London W1M 7RE, England.

28 September — 3 October

Fourth Helen Keller Conference on Services to Deaf-Blind Persons, under the aegis of the World Blind Union (WBU), Stockholm.
Contact: Mr Stig Ohlson, Association of the Swedish Deaf-Blind, S-122 88 Enskeda, Sweden.

4 — 6 October

Learning and Teaching Styles for Deaf-Blind Youth sponsored by the Rehabilitation Research and Training Centre (RRTC), Mississippi State University, Boston, Massachusetts. Contact: John H. Maxson, training director, RRTC, Mississippi State University, P.O. Drawer 6189, Mississippi, MS 39762, USA; (601) 325-2001.

3rd European Congress on Sign Language Research

Wednesday July 26 - Saturday, July 29, Hamburg

Subject Areas:

Methodology

Grammar

Bilingualism

under the aspects of:
Neuropsychological aspects of sign language

Sign language and the acquisition of written language

On the function of mouthing in sign language

History of the deaf and of sign language

For details contact: Universität Hamburg, Zentrum für Deutsche Gebärdensprache Rothenbaumchaussee 45, D - 2000 Hamburg 13, West Germany

Preliminary Announcement

XXth International Congress of Audiology, Tenerife, Spain,

14 — 18 October, 1990

Early Intervention for Hearing Impairment Infants

Pathology of Binaural Hearing

Prosthetic Signal Processing

Please register to receive detailed information

Secretariat

Ma. Dolores Aledo
Pérez de Rozas, 8
38004 Santa Cruz de Tenerife,
Canary Islands, Spain.
Phone: (34) (22) 27 54 88
Telex: 91106 GCCT-E

Classic Books

An occasional series to remind you of, or introduce you to, works fundamental to the understanding of deaf-blindness.

Awakening to life

by Alexander Meshcheryakov.

The names of certain deaf-blind people who achieved a high level of intellectual development — in particular Helen Keller in the United States and Olga Skorokhodova in the USSR — are widely known. In academic circles, the names of their teachers — Anne Sullivan and Professor Ivan Sokolyansky — are also famous. Less well known is the fact that nowadays, the teaching of children with severely impaired sight and hearing is no longer a question of isolated cases, but has been evolved as a widely-recognised teaching system.

Alexander Meshcheryakov's book, published in 1974 in Moscow, represents the first attempt to describe the educational work carried out in the USSR with deaf-blind children. The English translation contains a wealth of valuable material which illustrates clearly both the practical methods used with the children and the philosophical approach employed.

The pioneer in teaching deaf-blind children in the Soviet Union was Professor Ivan Sokolyansky, who, as early as 1923 brought together a group of deaf-blind children in Kharkov. His long series of experiments was carried forward at the Institute for Research into Physical and Mental Handicaps, affiliated to the USSR Academy of Pedagogical Sciences. *Awakening to Life* describes the work carried out at the Institute between 1955 and 1970 and at the home for deaf-blind children in Zagorsk between 1963 and 1970. Until 1960 the work was supervised by Professor Sokolyansky. After that, Dr Meshcheryakov took the lead.

Meshcheryakov argues that deaf-blind children are totally reliant upon special teaching to enable them to gain ordinary human skills. Deaf-blindness and lack of speech robs a child of the chance to communicate with people around him and prevents normal mental development. The teaching of such a child involves the unique task of deliberately shaping a whole human personality. The required approach involves training through practical day-to-day behaviour, gradually building up awareness of the need to communicate and awareness of social relationships with others. Through a structured education system, Meshcheryakov has helped many deaf-blind children on to

university education.

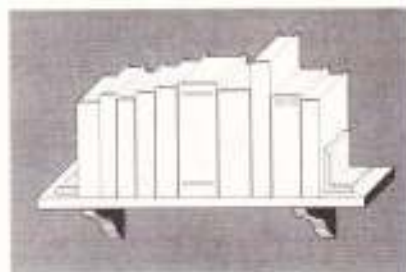
The introduction to the book gives a flavour of the teaching approach:

"The book describes how rudimentary forms of human behaviour are fostered in deaf-blind children by special teaching methods. Initially the child is taught elementary skills of self-care: As he learns to satisfy his everyday needs, the child comes to master objects that constitute part of man's day-to-day existence (cup, spoon, clothes, furniture, toilet articles, etc.), acquainting himself with their special features and the ways they should be used. As a result, the initial chaos of muddled, constantly changing tactile impressions, which follow one another in no apparent order, and which arouses passive reactions of self-defence, sorts itself out and adds up to a picture of the external world filled with human objects that are characterised by relatively stable, unchanging properties and possess strictly defined and socially established significance. In this way, the first glimmerings of human consciousness emerge."

While emphasising the decisive importance of training in the skills of self-care during the early stages of a deaf-blind child's rearing, Meshcheryakov rejects the behaviourist interpretation of this process. The goal here should not be to train in the child, by means of mechanical repetition, certain skills that are not more than automatic reflexes, but rather to organise the child's sensory and object-orientated activity aimed at the satisfaction of his essential needs and thus to encourage the child actively to master human methods for the satisfaction of these needs.

The book goes on to show how, as deaf-blind children's scope for communication with those around them is widened, they gradually move on from elementary acts of self-care to more complex forms of everyday practice. Eventually they are introduced to collective, socially useful labour, which Meshcheryakov says is the vital prerequisite for the emotional and intellectual advance of deaf-blind children and for the development of their human minds.

Meshcheryakov's book owes much to the Russian psychological approach, which concentrated on the importance of social activity on mental



development. This approach leads directly to the methods used initially in Zagorsk, where early education is based around the performance of day-to-day tasks, with great emphasis on interacting with other students.

"It has been established that while the deaf-blind child remains in his state of initial alienation from the world and people around him, he does not experience any needs at all, in the strict sense of the word — only a few physical urges. Only as he starts to communicate with other people and begins to engage in joint activity with them, do his physical urges or requirements find their human objects and thus become transformed into elementary human material needs — needs for human food, human clothes and a human way of life complete with human comforts, etc. Later, when the child is introduced to more complex activities and forms of communication directed towards the satisfaction of material needs, the first non-material needs arise, such as the need for communication with his fellow human-beings. This is no longer a need for workaday, strictly utilitarian communication, but for emotional and intellectual communication that plays such an important part in man's mental development and in the enrichment of the personality.

At the same time, yet another vital human need arises within the most elementary object-oriented, sensory activity a deaf-blind child engages in jointly with the adult — the need for knowledge of the real world around him. Initially this need is closely bound up with the requirements of practical behaviour and is confined to a narrow interest in the properties and potentials of objects which can serve as a means for the satisfaction of the child's material needs. Yet later, provided the deaf-blind child's activity is organised appropriately, these practical interests will develop into an urge to extend knowledge.

As the deaf-blind child attains a certain degree of intellectual development and gains skills of verbal communication, he is gradually initiated into learning activities more closely related to ordinary schooling, activities

aimed at the mastery of general knowledge and certain production skills."

Awakening to Life is a classic book. It provides a clear insight into the Soviet approach to deaf-blind education and provides endless ideas that can be applied to teaching deaf-blind children across the world.

Available in English or Russian Language from:

Progress Publishers
17 Zubovsky Boulevard
Moscow
USSR

and also from

Collet's International Bookshop
129 Charing Cross Road
London WC2
England
Tel: 01-734 0782

price approx £4.95

VISION IN CHILDREN Normal and Abnormal

by
Dr Lea Hyvärinen,
Ophthalmologist

Dr Hyvärinen is a Finnish Ophthalmologist who has been interested in the development of visually impaired children with or without other handicaps. She was Chief Ophthalmologist of the first Low Vision Clinic in Finland, 1976 to 1979. Besides the several articles and booklets she has written on low vision, Dr Hyvärinen has developed visual acuity tests to improve screening and assessment of vision in young children.

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Deaf-Blind Education

Deaf-Blind Education will appear twice yearly, the two editions will be dated January-June and July-December, and publication will be early in each period.

The editor will be pleased to receive articles, news items, letters, notices of books and coming events, such as conferences and courses, concerning the education of deaf-blind children and young adults. Photographs and drawings are welcome; they will be copied and returned.

All written material should normally be in the English language and may be edited before publication. It should be sent for publication to arrive by mid-January and mid-July for the first and second annual editions.

Opinions expressed in articles are those of the author and should not be understood as representing the view of the IAEDB.

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World List of Publications

This is the basis of a list of journals we are compiling which, with the help of our correspondents, we will expand (and correct if necessary) to include all publications which deal wholly or largely with deaf-blindness. Publications listed should be of professional standard. Sample copies will be welcome at our office in London.

Title	Country of Origin	Language of Text	English Digest	Frequency of Publication	Organ of	Address
<i>The Deaf-Blind American</i>	USA	English	N/A	Quarterly	American Association of the Deaf-Blind	AADB, 814 Thayer Avenue, Silver Spring, Maryland 20910, USA
<i>Intervention</i>	Canada	English	N/A	Bi-annually Spring/Fall	Canadian Deaf-Blind & Rubella Association	Intervention, 71 Lumberlost Crescent, London, Ontario N66 2E1, Canada
<i>Le Messager</i>	Switzerland	French	No	Monthly	ASASM — Swiss Assoc for the Deaf-Blind	ASASM, Ave de Provence 16, 1007 Lausanne, Switzerland
<i>L'Arcobaleno</i>	Italy	Italian	No	3 times per year	ANIGESCP — Italian Deaf-Blind Dual Handicap Association	L'Arcobaleno, ANIGESCP, Via Druso 7, 38100 Trento, Italy
<i>Defektologia</i>	USSR	Russian	Yes	5 times per year	Academy of Pedagogical Science — Research Methods Journal	119834, GSP Moscow, G-121, Pogodinskaya Ul. 8, USSR
<i>Bulletin de Liaison de L'ANSPA</i>	France	French	No	Quarterly	National Association for the Deaf-Blind	ANPSA, 37/39 Rue Saint-Sebastian, 75011 Paris, France
<i>The International Newsletter for the Deaf-Blind</i>	UK	English	N/A	3 times per year	World Blind Union	The National Deaf-Blind Helpers League, 18 Rainbow Court, Paston Ridings, Peterborough PE4 6UP, England
<i>NAT-CENT News</i>	USA	English	N/A	3 times per year	Helen Keller National Centre	HKNC, 111 Middleneck Road, Sands Point, NY 11050, USA
<i>Talking Sense</i>	UK	English	N/A	Quarterly	Sense — The National Deaf-Blind and Rubella Association	Sense 311 Gray's Inn Road London WC1X 8PT, UK
<i>The Nordic Newsletter</i>		Danish Norwegian Swedish & Finnish	No	1 - 2 times per year	The Nordic Staff Training Centre for Deaf-Blind Services	NUD, Slotsgade 8, DK-9330 Dronninglund, Denmark
<i>Nordic Directories (Books)</i>		Danish Norwegian Swedish & Finnish. Some might be translated into English.		2 - 5 new directories on various themes yearly	The Nordic Staff Training Centre for Deaf-Blind Services	NUD, Slotsgade 8, DK-9330 Dronninglund, Denmark
<i>Nordic Publications (Articles)</i>		Danish/ Norwegian/ Swedish & Finnish. Some in English.		3 - 6 new publications yearly	The Nordic Staff Training Centre for Deaf-Blind Services	NUD, Slotsgade 8, DK-9330 Dronninglund, Denmark