Working with Deaf–Blind Clients

Brenda Macalister, Ushers Syndrome
Outline

- Mental Health Considerations
- Community Dynamics
- Don’t forget…important
- What is Deaf-Blind?
- Accessibility
- Intervenors/Interpreters
- Communication Challenges
- Empowerment
- Being Prepared: Clothing, Lighting, Windows & Walls
- Q & A
Mental Health Considerations

- Loneliness
- Depression
- Dependency and codependency
- Suicidal thoughts
- Family problems
- Financial problems
- Independence-loss of or gain
Community Dynamics

- Not only are Deaf-Blind isolated like Deaf people in a Hearing world
- Deaf-Blind experience isolation within the Deaf community
- Often overlooked by Deaf people at Deaf social events
- Double Isolation
Important...

• Ignoring or not making an attempt to communicate with Deaf-Blind can be traumatizing and create a sense of deep isolation for the Deaf-Blind individual.

• It is important to at least make an effort to touch and say “Hello!” or try to communicate with them.
What is Deaf Blind?

• Who is the most famous Deaf-Blind person?

• How Cause Deaf-Blind?
  – Birth
  – Environment
  – Trauma /Accident
  – Sickness/Disease, e.g. Diabetes
Challenges with Deaf Blindness

- Congenital Rubella Syndrome
- Usher’s Syndrome *Retinitis Pigmentosa*
- Low Vision
- Diabetic Retinopathy
- Glaucoma
- Cataract
- Macular Degeneration
Definition of Rubella

Rubella (n.):
A contagious viral disease that is a milder form of measles lasting three or four days; can be damaging to a fetus during the first trimester
[syn: German measles, three-day measles, epidemic roseola]
Congenital Rubella Syndrome

- First Trimester: 20 weeks

Early:
Hearing loss, vision loss due to cataracts, glaucoma and microphthalmia, cardiac defects, cognitive difficulties etc.

Late:
Acquired glaucoma, cataracts and hearing loss; detached retinas, diabetes, thyroid condition, physical and mental degeneration, gastrointestinal difficulties etc.
# 3 Types of Usher’s Syndrome

<table>
<thead>
<tr>
<th>Type 1</th>
<th>Type 2</th>
<th>Type 3</th>
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<tbody>
<tr>
<td>Has balance problems.</td>
<td>Has no balance problems.</td>
<td>Has some balance problems.</td>
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<tr>
<td>Legally blind in early adulthood</td>
<td></td>
<td>Legally blind by middle age.</td>
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Usher’s Syndrome/ Tunnel

- Genetic: *Retinitis Pigmentosa*
Low Vision

- Normal vision
- Distortion vision
- Blurred vision
- Central field vision
- Multiple field vision
- Contrast vision
Diabetic Retinopathy
Glaucoma
Cataract
Macular Degeneration
Accessibility

• Hearing Ear dog
• Seeing Eye dog
• Cane
• Interpreters
• Intervenors
Seeing & Hearing Dogs

- Definition of a Hearing Ear Dog?
- Definition of a Seeing Eye Guide dog?
White Cane
Interpreters

- People with close vision require someone to sit close to them and interpret.

Visual sign language modified to use smaller than normal signs at greater than normal distance in order to place the signs within the limited field of the patient.
**Relay Interpreting**

Relay interpreting. The interpreter voices the sign of a deaf person who can read the signs of the deaf patient.

The deaf relay person signs the information signed by the interpreter.
Intervenors are the eyes and ears for people who are both deaf and blind, e.g.: guide her/him to assist with orientation and mobility in the environment areas.
Communication Challenges

- People who are deafblind may use, or be encouraged to use, different communication methods throughout their lives.

- Communication challenges facing people who are born with impaired vision and hearing, will be very different from people who have had some experience of using their vision and hearing in early years.
Communication Challenges

• Great range of communication needs – may change over time.

• DB may use two or more methods of communication to express themselves but receive through different method(s).
Communication Methods

1. Visual Frame (Box Signing)

2. Close Vision
Tactile Signing

B. Tactile signing means regular sign language that the blind person perceives tactually. In the beginning it is two-handed and later, it becomes one-handed.

D. The one-hand manual alphabet looks to an uninformed observer almost the same as one-handed signing, but the information is fingerspelled tactually on the palm of the patient.
Tracking

A combination of visual and tactile information

The person observes the hand of the interpreter tactually while watching the hand movements also visually.
Tips for Communicating

• **DO NOT** point vaguely in the direction of something you may be talking about.

• **DO** offer your arm for guidance in the dark. Hint to over help, e.g. “Need Help?”

• **DO NOT** use large, wide movements when using sign language, confine signs to a compact area.

• **DO** confine your fingerspelling and signs, preferably to chest level
Tips for Communicating

Key: Empower

• **DO** allow the deafblind/Ushers person to decide the best distance for him/her to follow signing, lipreading, fingerspelling (usually about 4-5 feet is a reasonable distance)

• **DO** say your name when you start talking with him/her and do say when you are leaving when the conversation is finished.

• **DO** say the name of the person who wants his or her attention and try to let him or her know where that person is.
Plan your day ahead

- Check your clothes, yes, you should think about this. Check, **do you have any meetings with DB clients in today’s schedule?**
- Then **consider wearing:**
  - Dark colour (black, navy, forest green, wine)
  - Plain pattern (no distracting pattern)
  - Shirts, blouses, long-sleeved t-shirts (not short sleeved) must cover your neck
Plan your day ahead

• Check your clothes, yes, you should think about this. Check, do you have any meetings with DB clients in today’s schedule?

• Then consider wearing:
  – Plain pattern (no distracting pattern, no stripes, plaids)
  – Dark SOLID colour (Recommended: Black, Navy, Forest Green, Wine)
  – Shirts, blouses, long-sleeved t-shirts (not short sleeved) & must cover your neck
  – Avoid glare or shiny items like rings, earrings, necklace, buttons
Lighting

- Lighting, is it bright enough? Can’t be too dim. Fluorescent lighting.
- Nice to have a soft light lamp to give them choice for comfort.
Windows

Avoid bright windows, or at least don’t be seated with daylight to your back, and then your face is dark (see picture)

- Adjust blinds down or up for horizontal blinds
- Adjust the VERTICAL blinds
- Goal: block out the light from window
Walls

Avoid white or light coloured walls. Better darker shade walls behind you.

- May need to hang up dark coloured or black curtains on the wall behind you
Tips for Communicating

• **DO NOT** talk with the light coming directly behind you (sunlight, brightness at the window, bright doorway, bright lamp, etc.)

• **DO** keep the direction of the light at the side or behind the person with Ushers/Deaf-Blind

• **DO NOT** attempt to carry on a conversation in a poorly-lit, dim room.

• **DO** carry on the conversation in a well-lighted area, if possible.
Reading & Writing

• Print or Large Print
  – Recommended: Black ink, 18 point font size, ARIAL font, BOLD if typing on a computer
Writing

- Black felt pen “Sharpie” on a pale yellow notepad (rather than white)
- If writing on wall, preferred Blackboard with white chalk, just regular printing using this.
Questions & Answers
Tactile Fingerspelling

- Block printing, the writing of regular capital letters on the palm or forearm of the person, is always available.
Resources & Sources

http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_eyelist.hcsp

www.deafblind.com/manual.html

www.sense.org.uk/deafblindness/communication/tadoma.htm


eyehealth@rnib.org.uk

http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_eyelist.hcsp
Thank you!