Texas School for the Blind and Visually Impaired

Outreach Programs

[www.tsbvi.edu](http://www.tsbvi.edu) | 512-454-8631| 1100 W. 45th St. | Austin, TX 78756

TSBVI Outreach Coffee Hour

Early Intervention 101: A Virtual Reality

October 5, 2020

Presented by:

Parent Infant Program for the Blind and Visually Impaired

Utah Schools for the Deaf and the Blind (PIPBVI)

MEET OUR TEAM

* Karen--Legal Stuff
* Margaret--Building a Rapport Virtually
* Nana--Research Stuff
* Pam--Virtual Assessment & Instructional Planning
* Jamie--Conducting a Virtual Home Visit

LET’S GET OUR DUCKS IN A ROW!



Figure 1 Children relaxing on blankets at a park

WHY WOULD YOU GIVE VISION SERVICES TO A BABY?!?!

* Attachment is profoundly affected by Vision
* Vision affects every developmental domain
* Vision is the primary motivating sense until about 18 months old
* Vision is the doorway to learning about our environment and appropriate behavior

LEGAL STUFF: IDEA PART C

Comparing Part C and Part B

Part C

* Referral to Eligibility is 45 Calendar Days
* Procedural Safeguards

Part B

* Eligibility shall be determined within 60 days of consent
* Procedural Safeguards

Comparing Part C and Part B

IFSP

* Current levels of function
* Outcomes
* Natural environments
* 6 month review
* Lead Agency: Health Dept.

IEP

* PLAAFP
* Goals
* Least Restrictive Environment
* Annual Review
* SEA: State Office of Education

PARENTS DRIVE THE BUS—REALLY



Figure 2 Cartoon drawing of a school bus filled with children

Comparing Part C and Part B

Part C

* Providers are grantees:
* Private corporations
* Private providers
* School districts
* Universities
* Health Dept
* NO FAPE IN PART C!

Part B

* Local Education Agency: School Districts
* Free Appropriate Public Education

What the Research Says: A Brief Look

Virtual Visit Service Delivery Model

* The use of telecommunications technology to deliver services from a distance.
* Connecting families with service providers:
* Videoconference: Zoom, Google Meet, FaceTime, WhatsApp
* Telephone: phone calls, text messages, email

The Research

* A lot of research in other disciplines, but much less in the field of early intervention visual impairment.
* What the research says:
* Promotes best practices in early intervention: coaching
* Increases parent engagement in visits and empowers them

Benefits and Cautions

Benefits

* Provides quality family-centered practices / EI services.
* Allows continuation of services.
* Increases in frequency of services / visits.
* Reduces travel.

Cautions

* Not meant to replace in-person home visits, but is a great compliment. Consider a hybrid approach.
* Need for more research in the field of BVI.
* Could cause equity issues. Not all families may be able to access services through this service delivery model.
* HIPPA and FERPA compliance issues.

Important to be aware of requirements or guidance, locally and nationally.

Building a Rapport

“People don’t care how much you know, until they know how much you care.” -- Teddy Roosevelt



Figure 3 A woman and baby playing at a table

Gather Information Ahead of Time

* Identify the source of referral and glean important information:
* Was child in the NICU? How Long
* Medical diagnosis?
* Vision diagnosis?
* Family circumstances?

Making Contact

* Consider texting to ask permission to call
* Call the family to introduce yourself and set up your first meeting

Initial Visit

* When possible meet with both parents
* Remind them where the referral came from and the vision concerns you’re aware of
* Discover their concerns about vision and overall development
* Take time to get to know the family
* Ask simple, direct questions
* Explore their support network

Initial visit, cont’d

* Ask about medical care and concerns
* After assessment, share your concerns and explain how your services can help
* Refrain from using Special Ed acronyms or jargon
* Point out their child’s strengths
* Always include siblings
* Express Enthusiasm

Keep in mind

* It takes time to build trust with parents
* Listen with empathy
* Medical issues are often the top priority
* Rescheduling is ok
* Caring for a fragile baby is overwhelming
* Be sensitive to parents’ needs
* Sleep deprivation
* Financial needs etc.

Ya Done Good!

* Validate their experience of having a child with special needs
* Praise them for the great work they do
* Point out specifics on how their care is helping baby progress



Figure 4 Two adults showing a book to a toddler

Virtual Assessment and Instructional Planning: A Brief Look

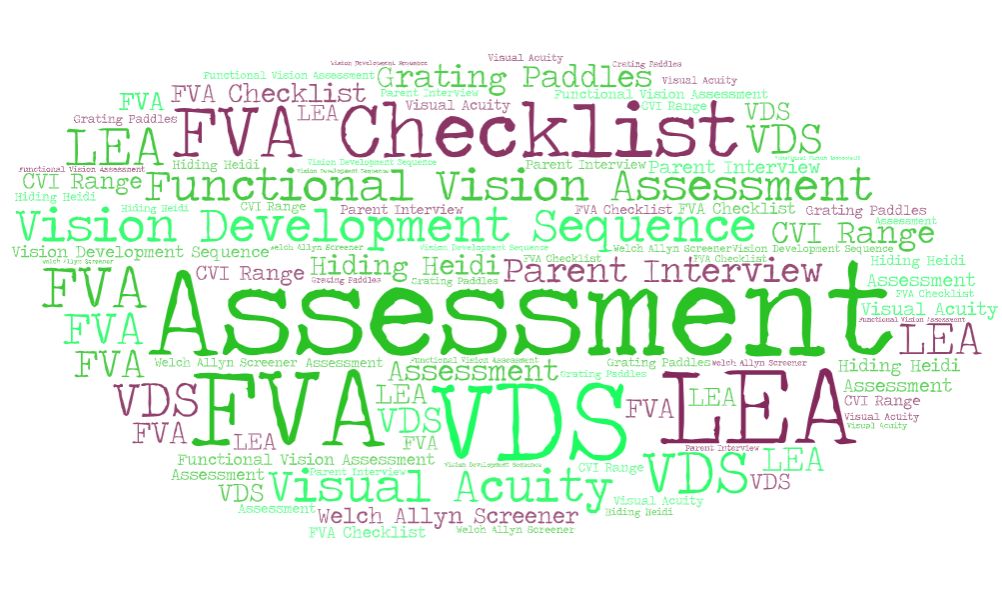


Figure 5 Word cloud

Virtual Assessment

3 ways to qualify a child for vision services:

* Assessments
* Medical diagnosis for vision
* Informed Clinical Opinion

Need consent from the parent to hold visits and complete assessments online.

Send Prior Notice for testing and to add vision services to IFSP.



Figure 6 Small chalkboard showing the word "Assessment"

Prep for assessment visit

* Research info about child (EI files, medical records)
* Info from initial contact

Meeting place:

* Outdoors at park or in the yard
* Online
* Send a copy of assessment or checklist to parent if they would like to see what visual behaviors you are looking for



Figure 7 A path and building at a park



Figure 8 Cartoon of a laptop in an online meeting

Assessment Information

* Parent concerns
* how child is using or not using their vision,
* unusual visual behaviors,
* early visual milestones
* eye report (is there a medical dx.?)
* Observe child’s visual behaviors (on screen)
* Share observations with parent. “I see….” “Did you see….?”
* Vision Development Sequence (VDS)
* Functional Vision Assessment (FVA) or Checklist
* Grating Acuity Test using LEA paddles.

Testing Materials

* Use the family’s toys.
* Parents are usually more than willing to help.
* Drop materials off for testing for the parent to use during the next online visit.

Videos

* Have parent make a video (or two) and send them to you to review.
* You may not have medical records for vision. Assessments may be on age level BUT… something is going on with how they are using their vision (ICO).
* Err on the side of caution, possibly pick up child and serve short term

Instructional Planning

* Goals are based on family concerns and needs
* Routines-based intervention
* Determine intensity of services (1x, 2x, 3x/month)

Resources for instructional materials

* Use family toys
* Modify if needed
* Deliver, email, or mail to family needed items including materials to be printed if family can’t print at home.
* Bring in needed equipment (ie. switches, braille, books)
* Dollar store has things that work too
* Collaborate with IFSP team (online visits together).
* Invite colleague to online home visit to help brainstorm strategies.

Conducting a Virtual Home Visit

Before the Visit

* When should I send the zoom invite?
* What if the family no-shows?
* Are co-visits a good idea?



Figure 9 Toddler on the floor playing with toys

The Opening

* Ask the family for an update
* Health, jobs, life in general
* Follow-up from last visit
* Review what you worked on and ask about follow-through
* Ask the family about their priorities for the visit
* What would you like to work on today?
* Any routines that aren’t going well?



Figure 10 Teachers and a mother with her child in an online meeting

The Goals

* Ask the family to get things that will make the visit successful
* No pressure to have everything ready for the visit, instead make that a part of the visit.
* Do you have the shape sorter we used last week? I can wait while you get it.
* Do you think we could use a pan from the kitchen for banging?
* Make adjustments as needed
* Camera changes, position, etc
* Be flexible



Figure 11 Toddler on the floor playing with toys

The Goals

* Parent-child focused
* Orient the camera so you can see but the parent and child are interacting
* Try not to distract when the parent has the child’s attention
* Give feedback when there’s a break in the interaction
* IFSP goal addressed
* •Remind the family of their priorities and let them know we can work on them virtually!



Figure 12 Toddler on the floor playing with toys

The Goals

* Use what’s in the home
* It looks like he could use a little support under his arms, do you have a pillow that we could use?
* What does he like to look at?
* He really seems to be looking at the pumpkins can we put those down on his eye level?
* Consider things that can be dropped off at the home if needed
* Mylar to stuff in the pillow
* Switch toy



Figure 13 Toddler leaning on pillow

The Closing

* Review what you did during the visit
* Talk about what the family will work on
* Make a plan if you’re dropping things off at the home
* Confirm next visit and talk about what you will work on so the family can be prepared



Figure 14 Toddler smiling at camera holding a green toy

YOU CAN CONTACT US:

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Credits

* Special thanks to all the people who made and released these awesome resources for free:
* Presentation template by SlidesCarnival
* Photographs by Unsplash

Additional Resources

* <http://www.eiexcellence.org/resources/suggested-reading/>
* <https://leader.pubs.asha.org/doi/10.1044/leader.FTR1.23102018.46>
* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7020349/#:~:text=Parent%20coaching%20in%20early%20childhood,activities%20%5B6%E2%80%938%5D>
* <https://veipd.org/main/pdf/guidance_fac_reflect.pdf>
* <https://ectacenter.org/~calls/2017/learninglab-supporting.asp>

THANK YOU!