



## AER Vision Rehabilitation Therapy (VRT) Division

<http://vrt.aerbvi.org>

### VRT News Spring, 2015

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#### **MESSAGE FROM THE CHAIR Ian Shadrick, M.A., M.A., CVRT, CRC**

Hello, as I write this message, spring has finally officially arrived. After the crazy weather many have had this winter, I know we can use warm thoughts; and some may still be wondering if spring is really starting. Spring brings about wonderful new changes for the season, of birds singing, flowers in bloom and opportunities to be out enjoying what the season has to offer. It's also an opportunity to get projects done that may have been put off until nicer weather. America's favorite pastime is also just around the corner, as opening day or baseball season is only a few days away. Even if you're not a fan of our nation's pastime, there are some great elements that can be in our other areas, namely our roles as VRTs. The fundamentals of the game, the patience needed at times, skill building, determination, and professionalism, are all things that we can relate to in our work. As for baseball itself, it can be fun to get caught up in the pride and spirit that comes with our favorite team.

As VRTs we have certain things that we always do (or should), such as assessments progress evaluations, and report writing. Additionally we have certain fundamental skills that we teach as well. Keeping this in mind, we know that many times even these fundamentals require patience on not only our part but that of our client. Just as in baseball (or any sport) we know that skill building or development is important for improvement, and we know the same to be true for the skills we teach our clients. Additionally we know that determination is needed to achieve what is often required for clients to meet their goals. There is also professionalism in our field, as is evidenced in

part by your membership in a professional organization such as AER and the VRT division specifically. Lastly, I believe that we as VRTs are vital in the rehabilitation process, and should take great pride in what it is that we do in teaching skills of independence.

We teach skills to enhance independence while reinforcing the idea that we are all interdependent (work as a team). In this issue we would like to take the opportunity to thank you for all that you do as a VRT as we highlight VRT week April 12-18. We truly appreciate you for the work that you do and we know that your clients do as well. In keeping with VRT Week, we want to also encourage an increased awareness of what it is that we do. To that end, consider mentoring a new or interested student, or helping to recruit students at various levels into the field, as well help the profession to grow.

If you have not already done so please consider submitting a proposal for the upcoming 2015 conference, if you cannot present, please plan to attend. Join us at the AER Conference in Norfolk and ask about other ways that you can be involved. We are proud of the work you do!

Best wishes,  
Ian Shadrick M.A., M.A., CVRT, CRC  
VRT Division Chair

### **MARK YOUR CALENDARS**

- April 12-18, 2015 VRT Appreciation Week-Please note that the dates have changed from June to April to help celebrate the birthdate of Annie Sullivan.
- June, 15, 2015 Deadline for articles for next issue of VRT News-send articles to Jennifer Ottowitz  
[jennifer@hadley.edu](mailto:jennifer@hadley.edu)
- November 4-6, 2015 AER Conference on Vision Loss in Older Adults & Veterans: Leveraging Our Collective Wisdom-For more information, visit the conference website at <http://aerbvi.org/aerconf2015/>.

## Ann Sullivan and her Contribution to the Field of VRT Steve Kelly-member of the Recruitment & Retention Committee of the VRT Division

This year marks a change of date for Vision Rehabilitation Therapist (VRT) Awareness Week. In the past, the week of Helen Keller's birthday, June 27<sup>th</sup> was the highlight of this commemoration. For 2015 VRT Awareness Week will take place, April 12-18, the week of Anne Sullivan's birthday, which is April 14.

Commemorating Anne Sullivan, Helen Keller's teacher, as part of VRT Awareness, is a natural fit for the profession. Ironically, it's been my observation that most individuals outside our profession have no idea what a Vision Rehab Therapist does, yet most people, of all ages, know that Anne Sullivan was a great teacher for her pupil, Helen Keller who became deaf-blind following a serious illness when she was 19 months old. In 1887, Anne Sullivan was a recent graduate from the Perkins Institute for the Blind in Watertown, Massachusetts when she traveled to the Keller home in Tuscomb, Alabama. At that time, she may have been considered a "Home Teacher" for her new student, 7 year-old Helen. Home Teacher was one of the earliest occupational titles for VRTs, and were individuals who traveled to consumer's homes to teach skills related to vision loss, such as Braille, reading embossed books, crafts, and other activities we might call Adapted Daily Living skills today.

Often, home teachers were blind or visually impaired themselves, as was the case with Anne Sullivan. Sullivan herself lost much of her vision in early childhood from a Trachoma. As an adolescent, she regained enough vision from a surgical procedure to read print again, but would remain visually impaired the rest of her life.

Professional preparation for VRTs is much different today, than in Sullivan's time, often including a Master's Degree and national certification. Sullivan's preparation for teaching included her 6 years of schooling at Perkins, and studying the successful work Dr. Howe (former director of Perkins) undertook with another Perkins student, Laura Bridgman, who was also deaf-blind. Bridgman was also a resident at Perkins during the time Sullivan was a student so she was experienced communicating with her. Perhaps even more important experiences for teacher training, however, were the life lessons Sullivan learned growing up in profound poverty. The eldest daughter of Irish immigrants who fled the potato famine, she found herself at 10 years old alone and nearly blind, in the Tewksbury Almshouse (Massachusetts) with her younger brother Jimmie, who died shortly after their arrival. It was surely these lessons that helped Sullivan develop her persistence, creativity, and efficacy as a teacher.

Over the years, there has been considerable debate about some of the facts surrounding Helen's acquisition of skills and the details of Sullivan's teaching methods. Much of this has to do with abridged letters in Keller's autobiography from Sullivan to her former teacher and mentor Mrs. Sophia Hopkins, and Perkins Director Michael Anagnos. Regardless of the specifics it is evident that Sullivan's efforts as a teacher were creative and focused on the goals of the student.

In the following quote from the Perkins History Museum Web page (McGinnity, B. L., J. Seymour-Ford, and K. J. Andries. "Anne Sullivan." Perkins.org. Perkins School for the Blind, 2004. Web. 23 Mar. 2015. <<http://www.perkins.org/about/history/anne-sullivan>>) on Anne Sullivan, it is clear that Sullivan set a precedent for the vision rehabilitation professionals who followed, that recognized the importance of meeting the student wherever they are and focusing on their goals:

It was not long before Sullivan realized that the rigid routine did not suit her exuberant and spontaneous young pupil. Never one to be limited by rules, Sullivan abandoned the prescribed schedule and shifted the focus of her teaching. Sullivan decided to enter Helen's world, follow her interests and add language and vocabulary to those activities.

No doubt, the specifics of this debate will have some historical merit, but will not influence our recognition of Anne Sullivan's great teaching ability and lifelong dedication to her student, Helen Keller. It is for this reason that the VRT Recruitment and Retention Committee has selected the week of Sullivan's birthday to further recognize one of the pioneer teachers in vision rehabilitation therapy!

## Vision Rehabilitation Therapy Week Lenore Dillon, CVRT

In August 2011 Many Vision Rehabilitation Therapists met in Boston for a conference/training. The Saturday afternoon session was designed to tackle some of the challenges that challenge our profession. One of the topics tackled was recruitment and retention. Many of the group members continued working after the meeting, and formed the Recruitment and Retention Committee. This committee is an ad hoc committee of The Association of Education and Rehabilitation of the Blind and Visually Impaired (AER), Vision Rehabilitation Therapy Division.

One of the recommendations made was to celebrate vision Rehabilitation Therapy Week. This will be the fourth year we set aside a week to honor Vision Rehabilitation Therapists. In 2012 we started small. Each member of the committee honored fellow VRT'S in their respective states. One committee member sponsored a VRT Luncheon for colleagues; others presented colleagues with certificates or letters of appreciation. Another creative idea was to make a corsage or wall hanging containing equipment representing the skills taught by a VRT.

In 2013 we expanded our efforts and Vision Rehabilitation Therapy week was recognized nation-wide. Many facilities and state agencies recognized Vision Rehabilitation Therapists. Each day a special tribute to VRT'S was posted on the Vision Aware website. In 2014 similar activities took place around the country.

This year Vision Rehabilitation Therapy week will be Sunday, April 12, through Saturday, April 18 2015. The event has been moved from June to April for two reasons.

First the birthday of Annie Sullivan is in April (April 14th). Annie Sullivan taught skills similar to that of a Vision Rehabilitation Therapist. Second, universities and high schools are in session during the months of April. This will allow us to promote our profession to under graduate and high school students.

It appears as our efforts will be small once again. However, changing the date will give us many more opportunities to promote Vision Rehabilitation Therapy. The Recruitment and Retention Committee is taking a positive step towards rising to the challenge set before us. You are welcome to join us in our endeavors Please put your creative thinking caps on to generate additional ideas.

## **2015 AER CONFERENCE ON VISION LOSS AND OLDER ADULTS AND VETERANS UPDATE**

**Ian Shadrick M.A., M.A., CVRT, CRC**

We encourage you to join us for this Special Conference that will provide an opportunity for professionals in the vision field to share what they've learned in working with older adults and veterans who have experienced vision loss. The deadline for submission of call for papers has been extended until April 15, We would like to encourage you to consider submitting a proposal. Additionally we have had some great submissions relative to VRT issues and have some excellent featured speakers related to VRTs, including B.J. LeJeune presenting on TBI and VRT issues. We have some great sessions in the works. Again we hope you will consider joining us in Norfolk November 4-6.

For more information, please visit: <http://aerbvi.org/aerconf2015/index.htm>

### **Hearing Loss, are we considering the implications? Kendra Farrow, CVRT**

For more than a decade I worked with many older consumers who had vision loss. I became aware that quite a few of them also seemed to have difficulty hearing. Unfortunately, I never really stopped to consider just how many of my consumers fit into this category, and what the implications of that might be. I did my best to face the person as I spoke to them. I tried to speak clearly and slowly communicating my words, and sometimes I had to repeat what I said to these individuals. I was patient; only in the most extreme cases did I feel frustrated by these interactions. Considering the age of many of my consumers, I felt that this just went with the territory and that was where it stopped.

Last year I took a new position with the National Research and Training Center (NRTC) on Blindness and Low vision. In my new role, I work on several projects that evaluate older blind programs. We estimate that approximately one-third to one-half of consumers who receive these services have hearing loss--in addition to their vision loss. When working in direct services I never stopped to count how many individuals

had hearing loss, but seeing the numbers in black and white has made me stop and consider my approach to services.

The second reason I have begun reconsidering my approach is from my personal experience. Being classified as legally blind my entire life; I had taken for granted how good hearing is an integral asset to good functioning. Three years ago I began losing hearing in my left ear. At first the loss was mild and I could only identify small changes. But when the loss became profound, I found new difficulties that made me feel “blinder.”

How could losing hearing make me feel “blinder?” I was no longer able to use the balanced, stereophonic hearing of both ears working together to locate sounds, people’s voices, traffic sounds, and how sounds are different depending on walls and architecture. When someone spoke to me, I didn’t know if they were in front of me, behind me, or to my right or left. Which way would I have to turn to make that all important eye contact? I found myself nearly having panic attacks as I walked on the sidewalk toward a busy intersection. As for hearing in my one good ear, my brain tried to work overtime making normal sounds seem louder. Dishes would clink together as I emptied the dishwasher and my husband’s voice as he spoke with me would seem overwhelmingly loud. These have become daily challenges.

Suddenly I felt like I understood why some of my older clients might not have been excited about attending a support group. The frustration of following conversation in a group setting was simply tiring. I even found myself saying, “that music sounds like noise.” How many times had I heard an older person lament that they did not enjoy modern music, and I always thought it was because they were old and not accustomed to the musical style. Honestly, music sometimes sounds like noise to me now; especially when it is the first time I may have heard it. With familiar pieces, my brain must be filling in the gaps because I remember how it is supposed to sound.

Now that I had identified some of the challenges, my VRT problem solving mode kicked in. How could I improve these situations? Some solutions worked, while others were not as successful. My first adaptation was to shade my eyes to use my low vision more effectively when I approached a busy intersection. The time of day and the direction of the light made it impossible for me to use vision, unless I wore a brimmed hat or put my hand over my eyes. Also, if I looked to the side, instead of keeping my head centered, I could control the glare--which allowed me to keep my orientation to my position on the sidewalk. I counted the trees along the side as I passed to judge my distance to the corner.

For my problem locating the person I was speaking with, I do not think I have ever found a good solution. I had an idea to scan in a circle to find the speaker. This actually made things worse. Instead of being helpful, this strategy only served to make me feel disoriented--as I have a limited field of vision. Many times I would scan, and move my body in a circle trying to locate my husband as he spoke to me in the grocery store. He was close enough that I heard him speaking, but far enough away that I could not identify him. I knew I had failed when I turned in a complete circle and did not find him. In frustration I would turn again, this time faster, and this only succeeded in making us both laugh. I felt (and still feel) stupid when it comes to speaking to people who are not well acquainted with me. They do not seem to feel as uncomfortable as I do when I sometimes face the wrong direction as we are talking. Nevertheless, this has been incredibly embarrassing to me.

Keeping background noise down, such as turning off the TV, has been helpful. The difficulty has been twofold: having the clarity of mind to recognize that this contributes to making functioning more difficult, and, feeling like it is appropriate to ask for the TV to be turned off or down. Sometimes I simply forget that this is a way to improve my functioning adaptively, and other times I am too self-conscious to ask someone who I do not know well to adjust the environment for me. I find it much more difficult to auditorally multitask. For this reason, my employer has placed me in a private office where I can close the door and minimize background noise. I did not realize how much this would help. But coming from an open cubical to a closed office has been a big improvement. One day when we were out with some friends at a restaurant, I mentioned that I thought the music was loud. They then asked that the music be turned down, and I was surprised; but the wait staff complied without complaining.

I would like to make several suggestions for improving services we provide to persons who have a dual sensory loss. First, I am not sure that consumers always acknowledge their hearing loss. By talking with them about our observations, we can encourage them to get tested and explore hearing aids which will most likely help their functioning. As I often said to my consumers, "every little bit helps;" and it applies to both the vision and the hearing. Maximizing both senses insures the greatest potential for functional improvements. Second, discuss tips for better hearing; like turning down the TV when the phone rings, or having someone sit on their better side during a conversation. Sometimes just talking about these will bring ideas to mind about other situations and strategies. Third, encourage consumers to not hesitate to request accommodations that are helpful for them. Like myself, I had never really considered that I could request music be turned down at a restaurant. But speaking up and asking nicely can sometimes improve a difficult situation. As professionals, keeping these tips in mind will make us more aware and will lead to our consumers gaining a more rounded perspective about living with both vision and hearing loss.

Kendra works for the National Research and Training Center on Blindness and Low Vision at Mississippi State University. She was also a presenter at the 2014 AER International Conference in San Antonio. Part 2 of Kendra's article on Defining Our Role will be coming in an upcoming issue of this newsletter. Stay tuned! Do you have other tips you would like to share regarding working with clients who have both hearing and vision loss? Please share them with our members by writing an article for the summer newsletter.

## **MEET A MEMBER AER VRT DIVISION: James Scott Crawford, COMS, CLVT**

I have found the information that Scott shares during his presentations to be extremely useful and always enjoy seeing him at VRT-related sessions at conferences. I now have new insight into his background and talents. He is truly a member you will enjoy meeting. -- Jennifer

1. How did you enter the Vision Rehabilitation Field?

Originally, I planned to be a Biology teacher. I had to quit school for a while due to a badly broken leg. When I was ready to go back to school, I was moving to Little Rock. My father, who was the assistant chief of the Missouri Bureau for the Blind, had just gotten a flier from the University of Arkansas – Little Rock. Tuition and Fees Paid.... Possible free room and board..... Stipends..... Being outside most of the day vs. Being cooped up in the same classroom forever..... One person that might actually appreciate what we are doing vs. 30 kids that don't really want to be there..... It was an easy decision. One of the best decisions I have ever made. I LOVE working with clients. (The paperwork is like being tortured by Lilliputians though.)

2. How long have you been a rehabilitation teacher/vision rehabilitation professional? I have been in [vision] rehab for 25 years, since 1990. I started doing VRT type work in 1997.

3. Tell us about your current job? Currently I am an itinerant instructor for Affiliated Blind of Louisiana. Half of my time, I am the coordinator for the LA piece of the National Deaf-Blind Equipment Distribution Program. That involves doing communication assessments and technology training with deaf-blind consumers. Half of my time I teach O&M through ABL's contract with the Lafayette Parish School System. The third half of my time, I do itinerant services via contracts with Louisiana Rehabilitation Services. (Yes, that is three halves.)

4. Tell us something special about yourself?

I moved to Louisiana to DANCE!!! I learned to Cajun and Zydeco dance in Atlanta and started coming to Louisiana for vacation every year. Finally, I just stayed. I am totally addicted.

Several of my students have nick-named me "Mr. Mobility." One of them couldn't remember my name, but the sign said Orientation and Mobility on the door, so she just called me "Mr. Mobility". It stuck. Now I have a cartoon "Mr. Mobility" character tattooed on my left arm.

I am best known for my work/presentations on working with visually impaired wheelchair users. I have written an electronic book on the subject that APH expects to have out by Christmas 2010, ~~no wait 2012, no wait 2014, no wait....~~ Sometime before I die.

5. Why did you join Division 11? I joined division 11 for educational reasons. Most of my career has revolved around Orientation and Mobility. I need division 11 to help me round out my professional knowledge. Pat Smith provided an excellent skeleton of knowledge in Rehabilitation Teaching, but as we all know, what we learn in college only skims the surface. I continue to learn more every day, every week, every year.... Especially in VRT. Technology is changing our field incredibly fast. If I don't keep learning, I will be left behind and my students will be the ones that suffer for it.



6. Any words of wisdom for your fellow professionals?

A. BELIEVE. Believe in your students, in the abilities of people with vision loss. Believe in yourself, in your ability to teach. If you don't believe in yourself, your students won't either.

B. Take care of yourself. If you don't take care of yourself, you can't be there for anyone else that may need you. This is a caring-giving field. It is easy to lose yourself in the needs of your employer, in the needs of your clients, in the needs of your friends and family. It can leave you utterly drained. Invest time in yourself, by doing things that revitalize you.

C. We can't fix everything. It is OK to say "Sorry, I don't know how to ....." Sometimes the best we can do is be an empathetic listener, or listen, then refer them to someone else who is more qualified to help.

## **Vision Rehabilitation Therapy Division Board**

Contact information

Chair: Ian Shadrick, CVRT, CRC

E-mail: [ianshadrick@hadley.edu](mailto:ianshadrick@hadley.edu)

Chair-elect: Cammy Holway-Moraros, CVRT, LSW

E-mail: [cmoraros@theiris.org](mailto:cmoraros@theiris.org)

Secretary/Treasurer: Susan Dalton, CVRT

E-mail: [dalton.transvision@gmail.com](mailto:dalton.transvision@gmail.com)

Past Chair: Jennifer Ottowitz, CVRT

Newsletter Editor

E-mail: [jennifer@hadley.edu](mailto:jennifer@hadley.edu)

Please let me know of any questions, concerns, errors, or comments that you have regarding the VRT newsletter. I also welcome any articles or ideas for articles that you may have. Best wishes and enjoy your spring! Happy Vision Rehabilitation Therapy Week and thank you for all you do!!!