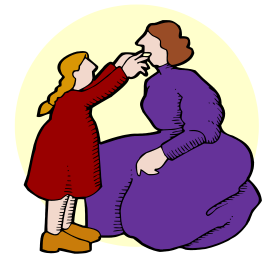


How to Know If You Are Serving a Person Who Is Deafblind



What is it?

An individual is considered deafblind when that person has both a visual and auditory (hearing) impairment. If the person you serve does not have sufficient vision to compensate fully for an auditory impairment or does not have sufficient audition to compensate fully for a visual impairment, then consider the possibility of the person whom you serve as having deafblindness.

Does deafblind mean the person cannot see or hear?

Actually, no. When most people hear the term deafblindness, they tend to think of Helen Keller, who was totally blind and totally deaf. In reality, most individuals with deafblindness have some remaining audition and/or vision. So, although deafblindness does not always mean a total loss of vision and audition, the combined losses greatly impact an individual's ability to understand the world. Many individuals with deafblindness wear eyeglasses, hearing aids, or use other special devices to improve their vision, audition, and to learn more about what is happening in the world around them.

Why is the combination of visual and auditory impairments important?

Vision and audition are our two distance senses. The world of most individuals with deafblindness is only as big as the area immediately around them and, for some, only as big as the area their fingers can reach. Unless someone is close to or is touching them, they are always alone. Proximity and intensity are essential to using the other senses such as touch and taste. With our ears, we can listen to the radio broadcast of a baseball game in another state. We can hear conversations across the room or even in the next room. With our eyes, we can look at microscopic bacteria or up at the moon. Through recordings and photos we can listen and view information frozen in time. Try doing that with touch, taste, or smell.

What do you look for to see if the person you serve is deafblind?

Although there is a lot of diversity between individuals with deafblindness, there are some characteristics that many share:

- Many use gestures, non-linguistic vocalizations, facial expressions, and/or physical behaviors as their primary mode of communication;
- Many do not use sign language, even after learning an essential vocabulary;
- More than half do not read at all, however, of those who do, many read at a 4th grade level or below; and,
- About half of the individuals with deafblindness communicate without language and may require assistance when traveling; the other half communicates using spoken or signed language.

The combined auditory and visual impairments often result in a host of challenging behaviors:

- Not being able to communicate effectively, individuals with deafblindness might use inappropriate (self-injurious, aggressive, and/or destructive) behaviors to ensure their needs are met.

- Sensory loss increases the need for sensory stimulation; therefore, many individuals with deafblindness develop unusual or repetitive habits, such as rocking or headshaking, which are occasionally mistakenly labeled as autistic. Some forms of visual and auditory impairments (particularly those that are cortical) result in behaviors often mistaken for indicators of autism.
- Since we develop our social skills through vision and audition, individuals with deafblindness may not pick up on non-verbal feedback and might develop what may be seen as socially inappropriate behaviors.

The following are some of the health conditions and events, including complications of childbirth, which may result in both a visual and auditory impairment:

- | | | |
|----------------------------|---|----------------------|
| • Congenital Rubella | • Microcephaly | • Meningitis |
| • Congenital Syphilis | • Neonatal Herpes Simplex | • Severe head injury |
| • Congenital Toxoplasmosis | • Asphyxia Direct eye and/or ear trauma | • Stroke |
| • Cytomegalovirus (CMV) | • Encephalitis | • Tumors |
| • Fetal Alcohol Syndrome | • Infections | • Medicines |
| • Hydrocephaly | | • Chemicals |
| • Maternal Drug Use | | |

Many syndromes have associated visual and auditory impairments. A *partial* list of these syndromes includes:

- | | | |
|---|--|--|
| • Bardet-Biedl Syndrome (Laurence Moon-Biedl) | • Leber Congenital Amaurosis | • Trisomy 18 (Edwards Syndrome) |
| • Batten Disease | • Marfan Syndrome | • NF2 – Bilateral Acoustic Neurofibromatosis Turner Syndrome |
| • CHARGE Syndrome | • Monosomy 10p | • Usher I Syndrome |
| • Cockayne Syndrome | • NF1 – Neurofibromatosis (von Recklinghausen Disease)Norrie Disease | • Waardenburg Syndrome |
| • Cornelia de Lange | • Prader-Willi | • Wildervanck Syndrome |
| • Dandy Walker Syndrome | • Pierre-Robin Syndrome | • Wolf-Hirschorn Syndrome (Trisomy 4p) |
| • Down Syndrome (Trisomy 21 Syndrome) | • Treacher Collins Syndrome | |
| • Goldenhar Syndrome | • Trisomy 13 (Trisomy 13-15, Patau Syndrome) | |
| • Herpes-Zoster (or Hunt) | | |

For more information on deafblindness contact: Missouri Deafblind Technical Assistance Project; Susan Bonner, Project Director; (314) 633-1553; susan.bonner@msb.dese.mo.gov



It is the policy of the Missouri Department of Elementary and Secondary Education not to discriminate on the basis of race, color, religion, national origin, age or disability in its programs or employment practices as required by Title VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and Title II of the Americans with Disabilities Act of 1990. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Civil Rights Compliance (Title VI/Title IX/504/Age Act), 6th Floor, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number: 573-526-4757 or Relay Missouri (800) 735-2966.

