

Orientation and Mobility training in combination with CVI

Probably familiar: children who can stare as if to say: "What are you talking about". While a half hour ago or the previous lesson you have explained. Crossing roads is difficult and children can get lost in a square meter. Mobility training has not the intended effect and everything goes much slower than you expect. They often seem uninterested but if you look beyond often it's fear. Fear of the unknown, fear of doing something wrong. And sometimes they do not understand well. Your explanation doesn't come through.

Especially when there is a fluctuation in the visual function, it is often difficult for people in the immediate vicinity of the child to get a proper estimate of the visual possibilities. Many children with CVI have difficulty with drawing, writing skills and abilities which rely on the visual and spatial information like building and puzzling. Conversely, children with CVI have a lot of support for the use of color and auditory memory.

Implications for orientation and mobility training, if we only look at the visual limitation

1.1. If this is a limitation of the lower half of the visus often you see these children walking on the pavement with their head bent to see if there are steps. They also hesitate at colour differences and change of the underground. A cane with a rollertip can be very useful.

If it is an hemianopsia, the child will see in both eyes on the left or right side nothing or less. Obstacles and pedestrians on that side are not to be noticed and can cause a fright reactions. Scanning (head calmly from left to right) is a possibility. When crossing the street, the child's head has to turn all the way left or right to see if there is any traffic coming and it takes so much longer before the child can cross.

2.2. With a vision reduction is not always a cane needed. Experience of recent years shows that children with CVI like walking with a cane because they feel more confident.

Implications for orientation and mobility training, if we look at the overall reduction of children with CVI

As already mentioned are not all these mobility problems in all children with CVI for. There are children with such problems only in the orientation or only problems when crossing. Also a combination of problems in mobility occur.

Children with CVI may experience many problems especially in the spatial orientation and in crowded situations where they move themselves. A station, shop or a busy market can be scary and they can have difficulty with the survey. If then also there is a visual impairment, the information comes not sharp and deficient inside.

1.1 As with sighted people a route for a child with a visual impairment exist from either landmarks or orientationpoints. By putting them in the right order he is able to walk from A to B. For children with CVI is important to properly identify the landmarks and give them in their hands. So look and feel. You can guide this looking to point

together to this orientation point. In this way you attend the child to look. Naming the bus shelter in the area is not enough. Walk around it, go in, tapping on windows, etc. is a prerequisite for the landmark own making. Questions about the color and material. The cane can be a good tool because the child is then "forced" to watch and will be affected. Make maximum use of colorful landmarks and landmarks with a sound.

1.2 Fear of traffic. A passing car, can make the child completely out of his concentration. It is therefore preferable to a low-stimulus environment to start recognizing landmarks and cane use. The site of Bartiméus, a park or a residential area there are very suitable for. If that goes well a step into a new situation can be made. Like discovering landmarks, we observe a car or bus very well. If the child knows that a car in front white lights and rear red lights have this knowledge can be used to judge whether a car comes to you or drives off.

1.3 The child can have difficulties to estimate how much time he needs to cross a street. Whether the child can't fully estimate how far cars and cyclists still are, how fast they drive or coming toward them or not. Many children with CVI cross if there is no traffic at all. And that is rare so they sometimes have to wait very long. A good analysis of the traffic is needed. We spend a lot of time looking at a situation and to the passing traffic. How wide is the street? Is it a one- or two-way traffic? From which side is the traffic? Comes to us or not? When watching the traffic is very important to point to the traffic to stimulate the child to look carefully.

1.4 Experiences shows that for children with CVI is better to train first a route to a place and afterwards the route back instead of both together as usual. In their imagination, these are two completely different routes. Are you going to learn the normal way then there is a chance that the child gets confused. Some children with CVI even the left hand side and right side of the same street are two completely different streets. You can try to change that imagination or situation by drawing the route on the hand of the child. In this way you are able to build something of a mental map. And that is also tangible. Furthermore, it is important immediately after a change of direction to find a good landmark.

1.5 For all children with visual impairments is that you instruct the child while standing still. A loose comment like "watch your cane" or "wander quieter" can best be done on walking. The rule for standing instruction is especially important for children with CVI. It is often difficult for them to do two sophisticated skills at once. Walk and watch and then also listen to the instructor is difficult. It disrupts the attention of what they are doing. Also crossing a street and using a cane is a fairly complex skill. The child must look, listen, cane handle and start walking. You can imagine how a child can become confused when a car stops to prioritize or a car driving very slowly because it is searching for a parking space.

Many children with CVI can't organize sensory information. They hear the teacher explaining but at the same time also the birds singing outside. We can exclude things and concentrate on the explanation of the teacher. But the child hears everything. If you conclude that the child can't handle to not much information at once can you'll have to start in a low noise, quiet and low stimulus environment. So you have to figure out if the child can use two senses at once. When crossing a street can he see and

listen at the same time. See and touch landmarks. Can he use both or just one at the same time? It is a matter of trying to find out. And how quickly responds the child on a stimulus? Is there a difference in processing time between touch and look. If the child doesn't like to touch the processing will be later than looking. A child with CVI must first learn to use all the parts separately and then one by one learning to integrate..

1.6 Some children with CVI do not hold the cane firmly. It appears that these children often drops their cane than other children with visual impairments. Tactile defense, motoric problems, coordination problems, or carelessness may play a role. Not every child with CVI needs a cane because of his vision.

1.7 Problem solving skills varies widely in children with CVI. The child can learn to walk a route, to do a message, but if he does not know what to do if problems arise, he will never be able to walk the route independently or to do the message alone. That is the reason that we force the child to make a mistake during the lessons. When a crossing during the lesson always goes well, the child does not know what to do when things go wrong when he is first allowed to cross alone. Go walking with the child on a well known route. The child must warn if we take the wrong turn or skip a landmark.

1.8 Most children with CVI have problems to make a mental picture of a situation or recognizing a situation again. A complex traffic situation is often very confusing and the find difficulties in finding the right point where to cross the street. Quite often the child uses the bike path instead of the foot path. Again the rule that every situation must be made clear to him. Teach the child look through scanning. Not being able to see the situation has the consequence that a child with CVI never can walk a route without first having been explained that situation.

1.9 Quick viewing habits before crossing (they look, but see nothing). Consciously learn to look to the left and right turn there and using the hearing.

1.10 They can't switch quickly from one moment to another time. So say in advance where we will cross and not suddenly say "here we cross."

1.11 Delayed reaction in an unfamiliar situation or a sudden event. A car suddenly reverse, such a situation.

1.12 Developing trust between child and instructor is essential, especially because the child finds himself in learning situations which are maybe potentially unsafe and can be confusing. Children must feel safe and they should know that the instructor will accompany them always and help where necessary. Often children with CVI are overestimated in their O & M skills because they do not "look impaired."

On the last IMC in New Zealand, I learned a method from Roley Stuart with tablets and pictures of the children in difficult situations. The child must identify himself back into the situation and there will be a better understanding. Before each change of direction you make a picture like these with the child in that particular situations and what he have to do there. For the learning effect delete every lesson one or more pictures until the route is known.

It is also important that the child gets the time to understand a new situation, to react or to handle. Specially in new situations like a mobility lesson. Much of these children need more time to understand a question and to answer that question.

The ultimate purpose is not to change the child but help him to survive with all the capacities he has. Some children are later reasonable independent in traffic situations but that is not feasible for all children.

Factors which are playing a role are: the degree of visual impairment and CVI, intellectual potential compensation, motoric capabilities, attention and sensory processing functions in general.

I wish you all the success with you clients and thank you for your attention.



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