

Module: Developmentally Appropriate Orientation and Mobility

Session 1: Foundations of Developmentally Appropriate Orientation and Mobility

Handout A: Orientation and Mobility Vignettes, Session 1

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Chanelle

Chanelle, a 6-month-old infant with bilateral microphthalmia, enjoys exploring objects around her during “tummy time.” She primarily relies on her tactile and auditory senses to orient herself within the environment. Her grandmother, Molly, takes care of her while her parents are at work. Molly sets up a small area in the living room using the couch and the wall to create boundaries and places toys in a predictable manner along these boundaries. Chanelle’s OMS had recommended that Molly create these defined spaces to expand Chanelle’s orientation to her environment and to increase opportunities for independence. Chanelle babbles with delight as Molly places her on her stomach in the defined space. After a few minutes of vocalizing and tactually exploring with her hands, she rolls toward the edge of the couch and locates a wooden spoon. Chanelle squeals with delight as she recognizes the spoon.

Alicia

Alicia, a 20-month-old with retinopathy of prematurity, loved to take baths. She smiled and babbled as her mother, Carmen, undressed her and said, “It’s bath time, Alicia!” Carmen told the OMS how motivated Alicia was for bath time, and the OMS incorporated the following orientation and mobility goals into the bath-time routine: (a) verifying orientation by the recognition of a known landmark; (b) efficiently moving short distances; and (c) locating a specific landmark, object, or access. As the OMS held Alicia in her arms, she encouraged Carmen to assist Alicia in trailing the walls to and from the bathroom in order to label the various landmarks on the way and give her the opportunity to tactually explore the landmarks. As they reached the bathroom, the OMS suggested that Carmen encourage Alicia to pull to stand by using the edge of the bathtub. Carmen splashed the water to further entice her to pull up. Later, the OMS showed Carmen how she could help Alicia cruise along the edge of the tub to retrieve a favorite bath toy.

Amy

The Davis family enjoys hiking, camping, and skiing as ways to have fun and spend time together. When Amy was 6 months old, she was diagnosed with ocular albinism. Amy's photosensitivity and sun-sensitive skin made the family's outdoor recreational activities very challenging. At the IFSP meeting, the family stated that they wanted Amy to have a love of the outdoors and confidence in safe movement on the hillside paths by their home. These priorities became a focus of the early intervention team via IFSP outcomes and strategies. Vic, the OMS, shared information about protective clothing and sunglasses. As a result, Amy initially became a part of the outdoor walks in a baby pack on her father's back. Later, outdoor activities were planned first with her adaptive mobility devices and then with her cane. One lesson included a short hillside walk culminating with a picnic. Vic was able to incorporate goals of early travel into outdoor activities that supported the family's priorities.

Andrew

Andrew is a 16-month-old child with retinopathy of prematurity who is blind. Andrew's parents are anxious for him to learn to walk. They are pleased that Pauline, a physical therapist, is part of their early intervention team. Pauline wanted to use a series of equilibrium exercises as a way to increase Andrew's low postural tone and strengthen his trunk muscles. One such activity involved using a therapy ball to work on balance reactions. She placed Andrew on the large therapy ball in a sitting position. Her intent was to move the ball back and forth slowly and in a manner that would cause Andrew to tighten his back and stomach muscles to help him maintain an upright posture. Unfortunately, Andrew was frightened by this activity and spent most of the time crying for his mother.

Cleo, the OMS, had a chance to observe the activity during a joint home visit. She realized that Andrew had no idea where he was in space other than on top of a moving ball with nothing to hang on to while his balance was challenged repeatedly. Cleo suggested that Pauline begin the activity by bringing the ball to Andrew while he was sitting on the floor. She could then work with him to stand up against the ball, using it as a tool to pull up on. Aware of Andrew's motivation for sound, Cleo suggested that Pauline play a series of pat-the-ball rhythms to motivate him to attend to the ball. Cleo also suggested that Pauline slowly roll the ball forward while holding Andrew's hand over the ball so that his feet came off the floor with each short roll forward. Over time she began to roll him up onto the ball while holding on to his feet, then roll the ball forward so that his hands could reach out and touch the floor to secure a favorite toy.

Maya

Maya is a fun-loving child with cortical visual impairment who also has cerebral palsy. She and her family receive weekly home visits from their primary early interventionist, Humar, who is a teacher of children with visual impairments. He not only works closely with Maya's family but also works with the physical therapist, occupational therapist, orientation and mobility specialist, and nutritionist. These four specialists

spend little individual time with Maya and her family. Instead, they make joint visits to the home with Humar to share information and resources.

On a joint home visit, the OMS might observe how Maya rarely reaches for objects. She shares her concern with the family and Humar. Collaboratively, they plan strategies to encourage Maya to reach for objects during daily routines. The family identifies routines that include goal-directed reaching. Humar suggests adding movement and the colors red and yellow to objects involved in the routines. The OMS models a strategy for goal-directed reaching that involves four steps: (a) explaining to Maya what is happening; (b) presenting a familiar object to view, touch, or hear; (c) waiting for her to demonstrate attention; and (d) providing assistance to reach, if necessary.

Sammy

Sammy is 3 months old and was born with an undetermined retinal disorder that resulted in blindness. He lives at home with his parents and twin 2-year-old sisters. He receives weekly early intervention and service coordination at home from a teacher of children with visual impairments (TVI). His TVI and his mother asked for consultative visits from an OMS to identify strategies for involving him more in family activities. His mother described a hectic and stressful household due to the combined needs of twin toddlers and a newborn. Additionally, Sammy is often agitated and difficult to console, requiring frequent attention.

The OMS suggested the use of a front sling or pack that would allow Sammy's mother to carry him close to her body during daily household activities. With the gradual introduction of the sling, Sammy whined and fussed less often. It also allowed his mother to proceed with other tasks, and gave the two of them special, intimate time together. His mother reported feeling more relaxed and content with him close to her. Because she could then attend to the twins more easily and more often, she began to feel less guilty about the time she devoted to Sammy. The OMS visited the family four times over the course of several weeks.

During these visits, and with the help of the TVI, additional suggestions were made to enhance Sammy's individual time with his mother, as well as related developmental issues. These included bath time at the kitchen sink involving washing and naming Sammy's major body parts, followed by an embellishment of a peek-a-boo game already shared between the two of them during towel drying. Sammy's mother was interested in learning infant massage from a certified instructor, and she was referred to a local occupational therapist who had this training. Meanwhile, a simple informal method of firm touch was demonstrated, with emphasis on the use of a predictable routine and words and with opportunities for Sammy to initiate or withdraw from these activities.

Jason

Jason is a 19-month-old who has retinopathy of prematurity with light perception in his best eye. Leah, the child care provider, cares for him and his twin brother in their home each day while their parents go to work. Leah has been with the boys since their early infancy and is highly involved in intervention decisions and implementation. Both boys are very curious and eager to explore. Jason's visual impairment, however, causes him to miss many incidental learning events during the daily routine. The OMS was concerned that Jason might miss important environmental concepts and be delayed in social and language development. In addition, the OMS was concerned because Leah always brought food and objects to Jason, rather than allowing him to assist in securing them himself. As had happened with many other children on her caseload, the OMS feared that Jason would learn to expect objects to appear and events to happen without any effort on his part.

With examples and encouragement, Leah began involving Jason and his brother individually in simple, common household tasks that hold special meaning for them. On alternate mornings at bottle time, one twin helps her with heating the water in the microwave, and the other helps find their prepared bottles on a lower shelf of the refrigerator. During a recent visit, the OMS found Leah and Jason at the microwave, with Jason seated comfortably on the counter near the microwave. He attended closely as Leah put in the two bottles, helped him shut the door and push a button, and gave brief, simple words for the objects and actions involved. She used a wonderfully slow and patient pace with moments of quiet to allow Jason to process what was happening and invite self-initiation.

Clara

Clara's grandmother takes care of her and her three siblings during the day while her mother goes to school and work. Her grandmother spends a great deal of every day in her kitchen cooking and cleaning for the busy family. The grandmother has very little time to devote to teaching Clara to be more independent.

When Clara was 30 months old, Grandma was doing most things for her granddaughter, and Clara had very little awareness of objects and events in her immediate environment. Her grandmother was interested in beginning to encourage greater participation in Clara's personal routines, especially in anticipation of a new preschool setting in the fall. She and the OMS discussed showing Clara how to find her shoes, jacket, and other personal items during her daily routine. However, they observed mixed success because of the number of additional "helpers" in the home—siblings and other relatives who wanted to do as much for Clara as possible.

The TVI helped by providing ongoing encouragement to Clara's siblings to keep her things in predictable places and gave special "assignments" to each child that involved helping Clara play with selected toys and find personal items by herself. With further discussion, it became clear that kitchen routines would be the most convenient time for Clara's grandmother to provide hands-on experiences for Clara because she spends so much of her time there.

Grandma decided to move a child-sized table and chair set from the bedroom to a corner of the kitchen. She and the OMS agreed upon a routine that allowed Clara to get her own spoon and bowl from a specially designated, accessible drawer, and take it to her nearby table for lunchtime with one of her siblings. The drawer was chosen due to its proximity to the table. When finished with lunch, she would take her bowl and spoon to the sink and throw her napkin in the trash can. Initially, Clara required considerable verbal and physical assistance, as well as auditory and visual cues to complete the routine. Soon, however, only verbal reminders were required, while her grandmother continued with her kitchen duties. Pleased with her success, Grandma vowed to gradually expand Clara's involvement with kitchen tasks during the upcoming months.