

Module: **Developmentally Appropriate Orientation and Mobility**

---

## **Session 1: Foundations of Developmentally Appropriate Orientation and Mobility**

### **Study Questions and Answers for Recommended Reading D: Joffee**

Joffee, E. (1988). A home-based orientation and mobility program for infants and toddlers. *Journal of Visual Impairment & Blindness*, 82(7), 282-285.

1. What challenges did the New York-based program face in designing home-based orientation and mobility services for infants and toddlers with visual impairments?
  - **At the time, O&M curricula, teaching strategies, and materials specific to infants and toddlers did not exist.**
  - **The children of Nassau and Suffolk counties had very diverse backgrounds and circumstances, including family variables, socioeconomic levels, and early intervention services.**
  - **The only O&M program that existed had to accommodate infants and toddlers, school-aged children, and older adults.**
2. What sources of information did the author use to develop an O&M program for infants and toddlers?

**The author researched existing literature on the subject, children with visual impairments and their caregivers, analyzed existing centers and programs in the area, interviewed professionals and paraprofessionals related to O&M, and surveyed adults with visual impairments who were congenitally blind as well as their parents. She collected and synthesized information from all of these sources in order to determine how to plan new services.**
3. Discuss the attitude and outlook of early interventionists who were interviewed by the author concerning children who were blind. Did any of their comments or feelings surprise you—why or why not?

**Most of the early intervention workers had surprisingly little knowledge about what to do with children who were congenitally blind, and few had seen more than one child with blindness in their careers. These professionals had little understanding of how to work with children who are blind and did not seem to realize that their activities were ineffective and seldom motivating for the children.**

**Participants' answers will vary.**

4. Why did the author decide to include parent education as part of the new O&M services?  
**Parents raising children with congenital blindness reported feeling overwhelmed, unprepared, and confused about how to raise a child with visual impairments. They feared for their children’s safety and worried about their independence. Parents who had dealt with interventionists before felt that they had received little concrete information on what to do to help their child. Also, they felt resentful toward the professionals who had discussed issues of blindness with them, but failed to provide intervention activities involving parents.**
5. Create a list describing three challenges that the author faced during the planning phase of the program and the ways that she addressed these challenges.  
**Participants’ answers will vary but should resemble the following list.**
- Challenge 1***  
**Parents wanted a support group but did not like the idea of an early intervention specialist attending the meetings.**
- Solution 1***  
**Provisions were made so that the parents could form their own group, and the O&M program could provide resources and assistance in areas that they requested.**
- Challenge 2***  
**The program encountered difficulties with scheduling home visits so they could meet the needs of all families without disrupting the families’ schedules.**
- Solution 2***  
**Initial visits during the planning phase were frequent, but they were gradually scaled back in favor of visits once a month for infants and twice a month for toddlers.**
- Challenge 3***  
**The clients being served included families spread across two counties, presenting geographic difficulties and increased travel time.**
- Solution 3***  
**The solution of once-a-month visits for infants and twice-a-month visits for toddlers allowed the OMSs a more manageable travel schedule.**
6. What are the essential ingredients for mobility as described in this article?
- **Attainment of concepts**
  - **Auditory awareness**
  - **Kinesthetic development**
  - **Sensory training**
  - **Spatial orientation**
  - **Specific locomotor skills**

7. Explain the three stages of functional mobility as defined by the author, including a description of some of the major skills in each stage.

**Stage 1: *Birth to independent standing***

**Newborn infants have little mobility. Over time they learn how to support their own heads, lift themselves up, sit without assistance, crawl, stand up by themselves, and reach toward objects or sounds.**

**Stage 2: *Walking independently indoors in a familiar setting***

**Children in this stage will learn to walk holding onto furniture or their caregiver, walk independently in well-known areas, walk up and down stairs, identify and move body parts upon request, and locate common landmarks and sounds around the house.**

**Stage 3: *Walking independently outdoors in an unfamiliar setting***

**Children in stage three learn to walk comfortably on varied surfaces and terrains, walk with continuous movement, are familiar with mobility devices (as necessary), recognize outdoor landmarks and sounds, and are familiar with the neighborhood.**

8. What types of assistance and education were provided for parents of children with blindness through the O&M program?

**Parents were given educational materials, suggestions about the infant and the home environment, visits with older students who were blind, adaptive materials and toys, and various ways to interact with and teach the infant mobility skills.**

9. Describe some of the activities suggested to parents that would increase their infants' movement and awareness of surroundings.

- **Involve infants in household activities**
- **Verbalize and provide hands-on opportunities to teach children about events and activities**
- **Play body part games to increase body awareness during changing or bath times**
- **Use infant massage and infant exercises to increase body awareness**
- **Create play areas for children in major rooms of the house, marked by landmarks**
- **Enter and exit rooms with infants the same way each time to develop spatial orientation**
- **Tie bells on infants' limbs to motivate them to move when playing alone**
- **Place infants in prone position and encourage them to keep their heads up to develop trunk and head stability**
- **Provide opportunities for sensory play and talk about sights, sounds, tastes, textures, and smells**
- **Integrate prepositional concepts such as up/down, front/back, etc.**