

**Module: Visual Conditions and Functional Vision:  
Early Intervention Issues**

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**Session 1: Working With Families and  
Eye Care Professionals**

**Handout K: Visual Conditions Vignettes, Session 1**

EIVI Training Center (2003). *Visual conditions vignettes, Session 1*. Chapel Hill, NC: Early Intervention Training Center for Infants and Toddlers With Visual Impairments, FPG Child Development Institute, UNC-CH.

**Zach**

When Ceci, the TVI, went to the Thomas home she was happy to see that both parents were there for her initial visit to see their 3-month-old son, Zach, who has aniridia. Over the years, Ceci has found that it is important to talk with her families to find out how they best learn and how they prefer to receive information. She began her visit by asking Mr. and Mrs. Thomas what they knew about Zach's visual impairment and if they had any questions.

Mr. Thomas immediately explained the intricacies of aniridia to her, noting that his brother is a medical student, and they had spent time together researching the condition on the Internet and in medical textbooks. He said that it was important for him to have all the facts and asked Ceci several questions about his son's future, such as whether he would walk at 12 months and whether he would be able to go to college. At the same time, Ceci noticed that Mrs. Thomas appeared anxious and overwhelmed by all the information being exchanged. When Ceci asked her if she had questions, Mrs. Thomas said that she was so overwhelmed with information that she did not know what to ask.

Ceci made a mental note about differences in the amount of information these two parents wanted. The father seemed to be a global processor who wanted all the facts and to understand the big picture. On the other hand, the mother appeared to be an analytical processor who might be overwhelmed with too much information. Therefore, providing information to the mother upon request might be best for her. Ceci would keep this in mind during future home visits as she shared information with either or both of the parents.

**Nico**

Nico's mother finds that when she feeds her son in his highchair, she ends up spending 15 minutes cleaning the kitchen afterwards. Nico makes quite a mess with his spoon, often spilling food over the side of the bowl or flinging it off of his spoon rather than getting it in his mouth.

To help her understand what Nico is experiencing, Nico's mother is given vision simulators corresponding to what her son may see with glaucoma. She sits at the kitchen table with a white placemat in front of her that contains a white bowl of vanilla pudding. The bowl is very shallow, and so the pudding is almost to the top of the bowl. She is asked to eat the pudding with her nondominant hand. (Her nondominant hand is a more realistic simulation of what Nico's motor skills may be like as a 16-month-old.) After she is finished and removes the vision simulators, she sees that she, too, has made a mess. Having taken the time to simulate Nico's visual impairment and to complete an activity she expects him to do, Nico's mother may better understand the challenges her son is currently experiencing.

Following the activity, she and the TVI can explore ways to make the activity easier for Nico—for example, by using high contrast materials and a deeper bowl and by placing the bowl on a sheet of Dycem (nonslip plastic).

### **Jesse**

Jesse and his mother Nellie Tsosie are Navajo Native Americans and visit the eye clinic on their reservation to monitor Jesse's glaucoma. Medical professionals at the clinic recommend medication to treat the glaucoma. Nellie Tsosie discusses Jesse's eye condition with the medicine man of her tribe, who determines the cause of the disease to be lightning in the sky. He recommends and organizes a community sing to eliminate the glaucoma. Jesse's family strongly believes the community sing may have an impact on Jesse's vision.

### **Jesse**

In Jesse and Nellie's case, the TVI may feel compelled to share her values about medical treatment for glaucoma. In addition to supporting families, TVIs have obligations to the children that they serve and must advocate for the child if the child's welfare or health is concerned. Jesse's TVI, Margaret, might engage in the following exchange with Nellie about their different values regarding medical treatment for Jesse.

First, Margaret realizes that she values high quality, scientifically-based medical care and that she is troubled at the prospect of the Navajo medicine man coordinating Jesse's medical care.

Next, as the second step, Margaret asks Nellie, "Can you tell that I'm a little anxious when you tell me about taking Jesse to the medicine man for his glaucoma?" When Nellie acts surprised and says, "Well, I knew you acted uncomfortable, but I thought you were just having a bad day," then Margaret can share information about her own values regarding medical care as the third step in the cultural reciprocity process.

Margaret might say, "I recognize that meeting with the medicine man about Jesse's medical care is important to you. However, I'm concerned about Jesse's vision and would like to share my values so that we are both aware of our different views about Jesse's medical care. High quality medical services that are based on the latest scientific findings are very important to me. My father and grandfather are both doctors, which probably explains why I'm very tuned into prevention and the importance of

current recommended practice. I know that you value the medicine man and his input, but I am concerned that Jesse might lose his vision if you rely solely on him.”

Finally in Step 4, Margaret resumes, “I value the relationship that we have developed to support Jesse, and I would like for us to find a way to work through this situation. Because glaucoma can lead to blindness, I’m very concerned about Jesse receiving high quality medical care from a pediatric ophthalmologist.” Nellie might respond, “Margaret, thank you for sharing your values about Jesse’s medical care. I’m relieved to know what was making you anxious. Although we will see the medicine man, we will not abandon Jesse’s regular medical care with his pediatric ophthalmologist.”

### **Taylor**

Two-year-old Taylor, who has cerebral palsy and cortical visual impairment (CVI), responds most consistently to familiar red or yellow objects that are presented on his right side in his upper field. Knowing that Taylor appears to see objects in a particular visual field better, Taylor’s grandmother is concerned about the switch the speech language pathologist (SLP) has introduced to Taylor. The SLP is using a blue switch and placing it directly in front of Taylor on the tray of his wheelchair. Taylor’s responses to the switch are inconsistent, yet his grandmother feels he is capable of understanding how to use a switch. When she asks the TVI for her opinion, the TVI suggests that she and the SLP visit the home together so that they can share information with each other.

Once the TVI provides the SLP with additional information about CVI and information she has gathered through the functional vision assessment (FVA), the therapist realizes she is not using an appropriate switch for Taylor, nor is she positioning it to promote his independence. After she makes modifications to the switch by covering it with yellow plastic and placing the switch on a slant board in his upper right visual field, Taylor activates the switch more frequently and consistently.

### **Clay**

While working with the Pappas family, Margaret, the TVI, found it was necessary to develop a much greater understanding of switches and positioning for Clay, a 24-month-old with cerebral palsy (CP) and cortical visual impairment (CVI). The occupational therapist (OT) and speech and language pathologist (SLP) on the team were wonderful resources regarding assistive technology and positioning. However, Margaret quickly realized that the entire team needed assistance in adapting resources so that they were appropriate for Clay’s visual functioning. Consequently, Margaret collaborated with the OT to identify positions in which Clay seemed to use his vision most effectively. She and the SLP identified switches and contrasting backgrounds that Clay was most responsive to visually. Although Clay currently is using a standard custom wheelchair, Margaret collaborated with the other team members to discuss future use of a power wheelchair for Clay. With the OMS, Margaret discussed Clay’s need for independent travel.