



INDEPENDENT DEPENDENCY

LIVING IN TWO REALITIES

The 9th Conference of Acquired Deafblindness Network
Lund, Sweden in November 7-10, 2012

CONFERENCE BOOK



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Welcome



Karin Bengtsson

General Director Habilitation & Technical Aids

It is my privilege to welcome you to the 9th International Conference on Acquired Deafblindness. It is an honour to be hosting this year's conference and I hope you will enjoy your stay here in Lund. When you go back home I hope you will bring new inspiration and knowledge with you, both from the conference and from your visit to our region of Sweden.

In our line of work we meet people with various kinds of disabilities. We do our very best to help them sustain a good quality of life in order to maintain their independency – all in accordance with their own needs and wishes. I know that independency can be hard to achieve, especially for people with acquired deafblindness. It takes professionals with the right skills and a good sense of timing to establish the preconditions and mindset needed.

I hope you will be able to expand your knowledge and increase your network during these days in Lund. As professionals, we can never learn too much. An open mind is always a good starting point for gaining new insights.

So, again, a very warm welcome.

A handwritten signature in blue ink that reads "Karin Bengtsson". The signature is fluid and cursive, written in a professional style.

Practical information

Info/Registration desk

Our own Registration desk will be open at Wednesday 7th of November between 09.00 -12.00.

The rest of the week this info desk will be open 45 minutes before the programme starts.

If you need any help outside these times, please approach any member of the local planning team or any volunteer. They will be wearing green sweatshirts.

For questions about the hotel or accommodation you should contact the reception of Scandic Hotel.

Meals

Breakfast, lunch and dinner will be served in one of the restaurants in the hotel. For details concerning the menu, please see Menu in the Conference Book.

Support

If you need any assistance, please contact the info desk.

If you need emergency medical assistance – call 112.

Transport

If you want to go downtown to Lund there are several options.

You can have a nice 20 minutes walk to the centre.

Or you can order a taxi. For more information about taxis, please ask at the reception of the hotel.

There is also a local bus departing outside the hotel. For more information about time tables, please ask at the reception of the hotel.

Welcome to ADBN

The Acquired Deafblindness Network is an international network consisting of professionals from different countries working in the field of Acquired Deafblindness. As deafblindness is a low incidence disability the extent of activity in any one country will not be enough to maintain a distinct identity for this field. International networking and the sharing of information is therefore essential to the development of the deafblind field and quality services for deafblind people.

The Acquired Deafblindness Network (ADBN) is recognised by Deafblind International (DbI) and was established in 1989. ADBN has a coordinating group representing 6 different countries who meet twice yearly. Its aim is to create and support a network of people who are involved in the world of Acquired Deafblindness.

Aims

The network exists to enable professionals within the field of Acquired Deafblindness to share and thereby develop best practice.

The co-ordinating group supports this by:

- Encouraging research and innovation in the development of services to people with acquired deafblindness.
- Encouraging activities between members.
- Organising international seminars every second year.
- Hosting a website for conference proceedings and links to other organisations working in the field of deafblindness
- Hostings a network days as part of DbI World and European conferences

The Acquired Deafblindness Network

ADBN Network Group



**Liz
Duncan**
United Kingdom

*Chairperson
Head of Acquired
Deafblindness
Service for Sense*



**Else Marie
Jensen**
Denmark

*Head of profes-
sional consultan for
people with Acqui-
red Deafblindness
for cfd*



**Else Marie
Svingen**
Norway

*Head of unit at the
Regional center for
Deafblind,
Skaadalen Resource
center in Oslo*



**Henrik
Brink**
Sweden

*Social worker at
the Deafblind unit
at habilitation and
technical Aids
center.*



**Chrétienne
van der Burg**
The Netherlands

*Psychologist and
coordinator at the
Royal Dutch Kenalis
Deafblind Center of
Excellence*



**Kees
Kuyper**
The Netherlands

*Manager at Royal
Dutch Visio*



**Christine
Aktouche**
France

*Orthoptist,
working for
Cresan*

Local planning committee



Helene
Engh



Henrik
Brink



Gullan
Pingel



Elisabeth
Lindström



Pernilla
Henriksson



Petra
Bernevik



Maria
Andersson



Christian
Stam



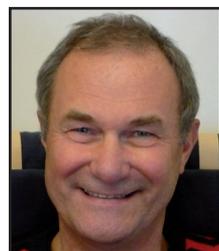
Monika
Estenberger



Lena
Göransson



Lil
Falkensson



Per
Nyling

Plenary Speakers

Plenary 1



**Linda
Wiik**

Plenary 2



**Femke
Krijger**

Plenary 2



**Megan
Mann**

Plenary 3



**Christine
Aktouche**

Plenary 3



**Else-Marie
Svingen**

Plenary 3



**Lieve
Roets**

Plenary 4



**Anne-Maj
Magnström**

Plenary 4



**Anindya
Bhattacharya**

Plenary 5



**Gunilla H
Rönblom**

Plenary 5



**Ann-
Christine
Gullacksen**

Plenary 5



**Anette
Rud
Jørgensen**

Plenary 5



**Britta
Vestergård**

Plenary 5



**Linda
Eriksson**

Plenary 5



**Nina
Skorge**

Plenary 6



**Maj
Volden**

Plenary 6



**Charlotte
van de
Molengraft**

Plenary 6



**Zamir
Dhale**

What is Region Skåne?

At the southernmost tip of Sweden lies Skåne. It is a province, a county and a region. As a province it borders on its peers to Halland, Småland and Blekinge, as well as Denmark, Germany, Poland and the Baltic States – with some water between.

Skåne is also a county governed by a county council, which in Skåne's case is called Region Skåne. The county assembly is the highest political body in the region and its members are elected by the Scanians themselves.

Many equate a county council with health care and Region Skåne is no exception. However, Region Skåne also has responsibility for development within its area, which means that the county itself co-ordinates development of commerce, communication, culture and collaboration with other regions both in and outside of Sweden.

The Region Skåne works co-operatively in many contexts, reaching out to other organisations, companies, institutions of higher learning and the 33 municipalities within its confines. The aim is to promote development within Skåne in the best way possible.

In other words, Region Skåne is the Scanian's own, overall political organisation, as opposed to the county administrative council that guards the interests of the state in the region under the chairmanship of the county governor.



The National Resource
Centre for Deafblindness

Since 2003, Mo Gård has been assigned the responsibility for *the National Resource Centre for Deafblindness* (NKCdb) by the government.

The purpose is to increase the knowledge about deafblindness among involved parts of society and to develop different kinds of networks, but also to guarantee that society's resources for this group are allocated adequately and effectively.

The aim is that children, adolescents and adults with deafblindness, to the extent possible, should be able to communicate with their environment, take part of information, lead an independent and active life, and have a feeling of participation – fundamental rights for all citizens.

A Brief Summary of the Assignment

The National Resource Centre for Deafblindness (NKCdb) shall support and be a complement to existing activities in the country, and mainly work on a comprehensive strategic level. The main task is to develop methods and strategies that can be made general and useful, and that can be conveyed to the target group in different ways. This is achieved both by using a clear and systematic client influence, and by co-operating with research and development. In brief, the assignment consists of the following main areas:

- Gathering, developing and spreading information about deafblindness.
- Working towards a systematic method development within the field of deafblindness.
- Constituting an expert resource primarily for the county councils in their work with analysing and diagnosing.
- Constituting an expert resource primarily for the county councils in their work with deafblind specific habilitation and rehabilitation.
- Constituting a link between research and practice.
- Having the responsibility for national basic courses on deafblindness, together with the National Agency for Special Needs Education and Schools (SPSM).
- Providing a meeting place where clients, family and relatives, professionals, and researchers can exchange knowledge and experiences.

During 2012, we are also working on making NKCdb a national resource for information and communication within the deafblind field, with particular focus on modern technique (ICT support).

Lena Göransson,

Head of the National Resource Centre for Deafblindness

www.nkcdb.se

Meetings for Interpreters



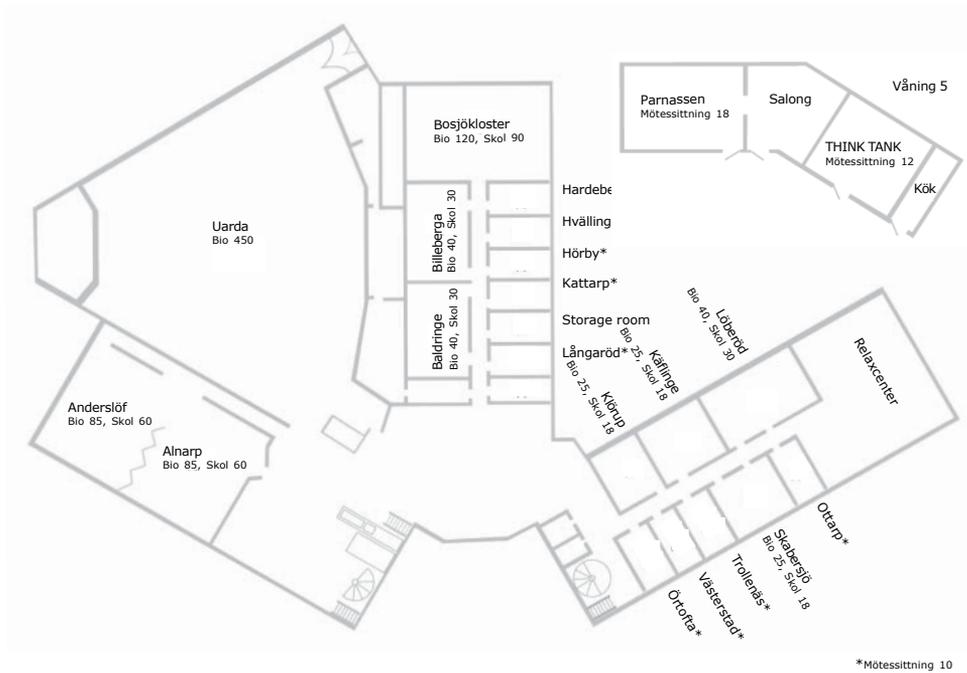
There will be possibilities for the interpreters to meet and gather information during the Conference. Responsible person will be Alexandra Zamudio, Sign Language and Deafblind Interpreter.

These meetings will cover clarifications and logistics on presentations and workshops, and any other communication issues. Presenters might be requested to attend these meetings.

There will be a special workroom (Room Storage) for the interpreters during the seminar where the meetings will take place.

Wednesday	11.00-12.00	Questions for: Wednesday
	21:30 – 22:00 No formal meeting	Possibilities to report any communication issues
Thursday	08:15 - 08:45	Questions and reports for Thursday
Friday	08:15 - 08:45	Questions and reports for Friday

Conference plan



Menu

Wednesday 7 november

MAIN COURSE

LÅNGTIDSBAKAD GRILLAD EKOLOGISK FLÄSKYTTERFILÉ AV SKÅNSK LANTRAS MED LIMÉSYRAD SPETSKÅL & FÄRSKOST FYLLD PLOMMONTOMT TILL DENNA RÄTT SERVERAS EN KRAFTIG BOURGOGNESÅS & POTATIS/PALSTENACKSPURÉ

Lotemp baked organic pork loin, pickled cabbage, cream cheese stuffed plum tomato.
Bourgogne gravy, potato/parsnip puré

DESSERT

CHOKLADCYLINDER FYLLD MED CHOLKADMOUSSÉ NOIR, TILL DENNA CHOKLADFRESTELSE SERVERAS KONJAKSBRÄNDA KÖRSBÄR I EN SIRAP MED LAKRISTON

Chocolate barrel stuffed whit mousse served whit cognac burned cherries & licorice syrup

Thursday 8 november

MAIN COURSE

UGNBAKAD LAXFILÉ FRÅN VÄSTERHAVET I SÄLLSKAP AV KARAMELLISERAD INLAGD FÄNKÅL & OLIVOLJE ROSTAD KÖRSBÄRSTOMAT TILL DETTA BJUDS DET EN LJUVLIGT LEN CHARDONNAYSÅS POTATISEN TILL ÄR EN STOMP AV FÄRSKPOTATIS SCHARLOTTENLÖK & SYRAD CREME FRAICHE

Baked salmon, caramelized fennel, roast cherrietomato, chardonnay cream sauce
Crushed potato whit crème fraiche and shallots

DESSERT

CHOKLADTÅRTA TOPPAD MED MALTESERKULOR & MARÄNG DENNA SYNDIGT GODA TÅRTA SERVERAS MED EN SYRLIG CITRUS CREME

Chocolate cake topped whit Maltese balls & meringue
Served whit sour citrus cream

Menu

Friday 9 november

STARTER

CITRUS SMAKSATTA KRÄFTOR & VÄSTKUSTRÄKOR I EN LEN SMETANARÖRA
MED FÄRSKA ÖRTER TILL DET HELE SERVERAS EKOLGISKT RÅGBRÖD

Crayfish/shrimp in smetana cream whit fresh herbs

Served on organic rye bread

MAIN COURSE

FRÅN VÅRA VÄNNER PÅ GÅRDEN ALNARÖR STRAX UTANFÖR LUND, FÅR VI
VÅR UNGTUPP OCH FRÅN VÄNNERNA PÅ VILHELMSDAL GÅRDSMEJERI I
FAGRA ÖSTERLEN FÅR VI DEN FANTASTISKA VITMÖGELOSTEN AV GETMJÖLK
"LILL-STINA"

On our main course of this menu we use locally produced organic feed
rooster and goat cheese

TIMJANSTEKT LÅNGTIDSBAKAD UNGTUPPFILÉ
GRILLAD NOBELTUPPKORV MED SMAK AV VITLÖK OCH FÄRSKA ÖRTER
EN SKIVA KRÄMIG VITMÖGELGETOST TOPPAD MED SMÖRBRYNTA
KAVRINGSMULOR. POTATIS OCH ROTFRUKTSGRATÄNG

Thyme fried slow cooked file of rooster

Grilled sausage of rooster spiced whit garlic and fresh herbs

Creamy white mold goat cheese topped whit butter fried rye bread crumble

Served whit potato/root veggie gratin

DESSERT

MED ÄPPLEN FRÅN ÄPPELRIKET PÅ ÖSTERLEN BJUDER VI PÅ EN
HIMMELSKT GOD LJUMMEN ÄPPELPAJ MED EN TOUCH AV KANEL OCH
INGEFÄRA. TILL PAJEN SERVERAS EN VANILJKRÄM

We use organic produced apple in this apple pie

Spiced whit cinnamon & ginger

Information for Presenters

In order to ensure that communications run as smoothly as possible we ask for your attention for the following:

- Please be aware that your presentation will be followed by a number of delegates with deafblindness and interpreted by about 30 interpreters in different languages.
- You are therefore asked not to speak too quickly, but at a normal volume and with your words clearly articulated.
- It is possible that your speech will be interrupted by an interpreter or the communication coordinator if the interpreter/s is struggling to keep up.
- Please check before you start your presentation that the communication systems are functioning as they should be.
- Use the microphone, as people will be using the loop system to follow your speech.
- Whenever you are asked a question, please repeat the question into the microphone before answering it, for the same reason as above.
- Allow an opportunity for a communication break after half an hour.
- It is possible that you will be invited to the interpreters' meeting to answer any questions they may have.

Please contact the planning team or the info desk if you have any questions.

Plenary and Workshop
Wednesday Nov 7, 2012



ANXIETY AND DEPRESSION, THE CORRELATION TO VISUAL-, HEARING IMPAIRMENT AND OTHER HEALTH FACTORS FOR PEOPLE WITH USHER SYNDROME TYPE II AND III

Moa Wahlqvist^{1,2,3}, Claes Möller^{1,2,3}, Kerstin Möller^{1,2,3}, Berth Danermark^{1,2}

1. Swedish Institute for Disability Research, 2. Örebro University, 3. Audiological Research Centre, University Hospital in Örebro.

SWEDEN

This presentation is part of a larger study on Usher syndrome and psychosocial health and factors that promote health.

A diagnose that has a progressive course from the vision involves great consequences on communication and daily life; which can effect the psychosocial wellbeing in a negative way.

In 2008 two questionnaires were sent out to people with Usher syndrome type II and III. The hospital anxiety and depression Scale (HAD-Scale) was one of them and it consists of 14 questions designed to detect anxiety and depression. The HAD-Scale is a self –assessment scale that is validated and used in different populations with somatic conditions and general populations. The HAD-Scale has been answered by 96 persons (45 men and 51 women) with Usher type II and 16 persons (5 men and 11 women) with Usher type III.

All results are preliminary and show that there is risk of depression and anxiety for persons diagnosed with Usher syndrome type II and III. At the work shop results will be presented and discussed and the participants are invited to reflect on the results.

TECHNOLOGY EMPOWERS DEAF-BLIND PEOPLE IN PERSONAL LIFE AND AT WORK BEYOND IMAGINATION

Anindya Bhattacharyya (Bapin)

USA

Technology has given many people who are deaf-blind the tools to gain personal independence, access to educational and employment opportunities, and break barriers to be a part of their community on equal footing like everyone else. It is important to keep abreast on the most recent advancements in technology through Braille access and screen magnification.

Topics discussed will cover refreshable Braille displays, braille notetakers, global positioning system (GPS), communication devices, accessible mobile phones such as iPhone/iPad and phones of other operating systems along with many accessible apps, PC- and Mac-based screen readers and magnification programs, and many useful independent living aids.

In addition, the presentation will cover effective ways to obtain training to meet the needs of deaf-blind people. Training will be discussed in the following areas: A) options for selecting adaptive technology, B) various ways in accessing e-mail and the Internet via different means, C) establishing communication/interaction with the general public with the assistance of communication devices, D) traveling with GPS and other devices, and E) the role of the adaptive technology in accomplishing educational and vocational goals.

EXPERIENCES OF USING THE UK SYSTEM OF VOCATIONAL TRAINING TO SHAPE WORKFORCE DEVELOPMENT IN THE FIELD OF SENSORY LOSS AND IN PARTICULAR, DEAFBLINDNESS

*Alison Bennett, Head of Learning and Development
UNITED KINGDOM*

This workshop will describe the process Sense took to embed skill and knowledge about deafblindness into mainstream qualifications in health and social care.

This workshop will explain how Sense achieved this, what we learned along the way and how all health and social care staff now have the chance to develop skills and knowledge about deafblindness in their daily working lives. The workshop will explore what materials we developed and how they are being used by health and social care providers, awarding bodies and deafblind people to bring about an increase in the skills and knowledge levels of the workforce.

The workshop will take an interactive approach. There will be an initial Powerpoint presentation to share Sense experiences.

There will then be an opportunity for participants to

- share how skills and knowledge about deafblindness are developed in their own nation
- reflect on whether the experiences of Sense provide any helpful pointers for other nations and
- consider whether there are any opportunities to collaborate via European workforce development programmes to improve the skills and knowledge of workers in the field of deafblindness.

LIVING WITH CHARLES BONNET SYNDROME

Diane Williams

UNITED KINGDOM

Hallucinations can occur due to a range of health conditions such as mental health issues, Parkinsons disease, Alzheimer's and so on, but today we would like to specifically look at hallucinations as a result of Charles Bonnet Syndrome.

This workshop will give us the opportunity to explore the impact that Charles Bonnet Hallucinations has on these individuals and we will discuss in detail the experiences and ideas of our colleagues, look at ways in which we can support these individuals in the future. In order to do this we will have group discussions, workshops and feedback to share information and thoughts. We will also have a look at some taped recordings of individuals talking openly about their own experiences, and how talking to someone about their experiences and fear has helped them cope with the syndrome.

In our work with deafblind individuals, my colleagues and other professionals, we are working on developing a booklet which will give these individuals with a dual sensory loss the information they require to understand these hallucinations, gain techniques and receive reassurance.

The booklet will include information not only for the individual in question but for other organisations, care staff, and colleagues so that the information is widespread. It is essential that everyone understands the impact that Charles Bonnet syndrome can have on an individual if they do not understand or do not have the support. The need for these individuals to learn about this syndrome is most important as it can make a vast improvement to their quality of life.

DEAFBLINDNESS AND DEMENTIA: A TACTILE TEST PROCEDURE FOR THE ASSESSMENT OF DEMENTIA IN THE DEAF BLIND

Karin Moreau Andersen, Center for the Deaf

Trine Skov Uldall, The National Resource Centre on Disability and Social psychiatry

Peter Bruhn, Neurologisk afdeling Glostrup Hospital

DENMARK

This workshop will focus on deafblindness and dementia.

Symptomatically dementia and deafblindness share many characteristics that can be hard to distinguish from each other. Due to this considerable overlap between the phenotypical presentation of these conditions, it is rather difficult to separate the underlying impairments from each other. Consequently, signs of dementia may be quite difficult to detect in the deafblind, and deafblindness may wrongly be misinterpreted as cognitive impairment (dementia).

In order to overcome this problem, we have tested the validity of an assessment procedure based on a number of tactile cognitive tests (developed by Peter Bruhn, who is a neuropsychologist at a hospital based Memory Clinic).

Preliminary data from a small pilot project trying out this test battery were presented at the DBI Conference in Sao Paolo, 2011. Since then the procedure has been slightly revised and groups of healthy, demented, and people with acquired deafblindness have been examined. We would like to share with you the latest results and experiences from this project.

Our aim is to prepare the ground for the exchange of experiences and for dialogue about deaf-blind people with suspected dementia.

INDEPENDENT USE OF THE COMPUTER

Michel Gougou, Visio Het Loo Erf

Els Verra, Visio Het Loo Erf

THE NETHERLANDS

The most asked questions at Visio by visual impaired clients are: How can I have optimal access to information? How can I expand my communication opportunities? How can I keep on participating in my (voluntary) work, home or school environment?

From the moment that Visio made use of computers, Visio started to develop educational programs how to use the computer access software that is specially made for visually impaired people.

Clients who are visually impaired and hard of hearing, work with the same software but we have developed a special teaching program for them at Visio Het Loo Erf. A teaching program with some parts that are fixed and other parts that can be adjusted to the personal needs of the client.

Next to the technical control, the aspect of fatigue is important. The deployment is to work as efficient as possible and not to use all energy in a short amount of time.

The purpose of this workshop is to explain about the teaching programs for our deafblind clients. The following subjects will be explained: Keyboard Skills, Visual work, Auditory work, Ergonomics, Fatigue, Special tools.

We would like to share with you in which way we often succeed in making working with the computer less tiresome, which steps are required and which steps we take in deliberation with the client.



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Plenary and Workshop

Thursday Nov 8, 2012



PARTNERSHIP WORKING BETWEEN DEAFBLIND PEOPLE AND THE PERSON WHO PROVIDES SUPPORT

Megan Mann, UNITED KINGDOM

Femke Krijger, THE NETHERLANDS

The very nature of deafblindness means that any person supporting someone who is deafblind will have close contact with them on a personal level. This close contact could have an impact on the professional role of the support person. It is essential that a close working relationship like this has some boundaries and a shared understanding of expectations. How can a successful interdependent relationship be achieved?

This workshop through group discussion will aim to produce an example of a partnership agreement between deafblind people and the person who provides support.

OLDER ADULTS WITH DUAL SENSORY LOSS DEVELOPMENT OF A “DUAL SENSORY LOSS-PROTOCOL” FOR USE IN LOW VISION REHABILITATION ORGANIZATIONS IN THE NETHERLANDS AND BELGIUM

H.L. Vreeken

G.H.M.B. van Rens

R.M.A. van Nispen

THE NETHERLANDS

The aim of this workshop is to share the specific contents of the DSL-protocol (Dual Sensory Loss) as well as information on the randomized controlled trial (RCT) that was conducted to test its effectiveness. In addition, the discussion will be about treatment approaches towards older adults with DSL across different countries.

In the development of the DSL-protocol, several steps were taken. First, a literature search was conducted for information about DSL and existing interventions and protocols. The DSL-protocol was further developed together with professionals in eye and ear care and adults with DSL and their significant others. Qualitative techniques (focus group discussions and interviews) were used to gather information to develop the DSL-protocol.

In 2012, the effectiveness of the DSL-protocol will be tested in an international multi-center randomized controlled trial in two Dutch and Belgian multi-disciplinary low vision rehabilitation organizations. If the DSL-protocol is effective, the DSL-protocol will become a new “rehabilitation product” in the multidisciplinary rehabilitation centres in the Netherlands and Belgium.

HANDS ON –

CAN AN ENHANCED AWARENESS OF TOUCH MAINTAIN INDEPENDENCE AND GENERATE WAYS AND MEANS TO NEW COMMUNICATIVE STRATEGIES?

Pernilla Henriksson

Monika Steorn

SWEDEN

“To touch and to be touched” is the name of a project we have been working with for the last year at our deafblind-unit in Sweden. It concerns soft skin massage and its possible benefits for our patients.

One question at issue during the project has been, and still is, if soft skin massage can enhance physical (bodily) awareness, which in turn could promote acceptance, ability and capacity for assimilating different kinds of tactile communication, and how soft skin massage may influence the life for a person living with deaf-blindness.

Our talk will be about our latest trial, where we have created a group consisting of four women with acquired deaf-blindness, women in the midst of their lives striving for independence. The project comprises two parallel parts. One part consists of group meetings together with a teacher specialized in deaf-blindness and a counsellor (social worker). Here, one aim is to discuss how to be able to decide how dependent of others you have to be in your communication and the importance of keeping one’s independence. Another aim is to discuss experiences and strategies regarding factors that may promote or hamper communication and to try different methods for communication in practise. In the other part of the project, the participants receive regular soft skin massage. Can the two processes strengthen each other?

ACQUIRED DEAFBLINDNESS IN PERSONS WITH AN INTELLECTUAL DISABILITY

Kitty Bloeming

THE NETHERLANDS

Sensory disabilities are quite common among persons with an intellectual disability.

De Brink, part of Royal Visio, is a residential setting for persons with an intellectual and sensory disability. Among the persons who live here, are persons with deafblindness, both congenital and acquired. At De Brink, there is a department specifically for deafblind adults, consisting of two group homes with 9 residents in total.

I will present the history of a woman with quite a lot developmental opportunities, who used to live in a residential setting for persons with an intellectual disability. Here, her cognitive potential was underestimated, leading to, amongst others, behavioural problems. Five years ago, she came to live at our deaf-blind department. Since then, she has made an impressive progression in communication, and her behavioural problems are absent at this moment. The steps that have been taken to develop communication are discussed. It has given her more independency.

Topics to discuss:

How can we reach this forgotten group?

What is to be preferred: bring expertise on deafblindness to residential settings for persons with an intellectual disability, or letting persons with deafblindness and an intellectual disability move to a centre of expertise?

NO DECISION ABOUT ME, WITHOUT ME

Alan Avis

UNITED KINGDOM

Aim of workshop is to explain how Sense developed an Engagement Strategy and uses co-production as a tool with which to influence decisions within the organisation.

Through the use of a talk supported by audio visual clips and PowerPoint slides the workshop will present the experience Sense has gained from facilitating forums for deafblind people over the past year. The forums, sometimes described as “social groups with a purpose” have been established by Sense in all parts of the country as a means of engaging with deafblind people.

To facilitate an open discussion in which workshop participants will be invited to share similar examples and asked to consider the processes required to give deafblind people an even stronger voice, greater choice and control over their lives.

Over the past year Sense has set in place a strategy for engaging with deafblind people. At the outset of developing this strategy Sense agreed a set of principles to underpin it work with deafblind people. The workshop will present these principles, the rationale for them and their bearing on the work Sense undertakes to support deafblind people engage with the organisation and wider society. One of the means Sense has employed to engage with deafblind people is to establish a large number of deafblind forums. The workshop will also present the experience gained from facilitating multiple deafblind forums over the past year, using audio visual clips to allow deafblind people to explain directly the benefits they have gained from their membership of a Sense deafblind forum.

INDEPENDENT LIVING FOR PERSONS WITH DEAFBLINDNESS

Mr. Zamir Dhale

Ms . Anuradha Mungi

INDIA

Independent living: Challenges and Successes

This paper is an experiential account of Mr. Zamir Dhale's coming to terms with deafblindness as a school going boy, where no one knew about deaf-blindness, his journey from being an ambitious young deafblind person to what he is today.

The document highlights the approaches used in education, vocational training and rehabilitation that enabled Zamir to be 'independent' in various areas. The term independent here refers to important aspects that contributed to Zamir's independence such as training in activities of daily living, education, mobility and orientation, language and communication, work/job training, guidance and counselling, social and interpersonal skills. Zamir's education offered him a range of opportunities which provided challenges, enjoyment and at same time the chance to interact with others and with the community and environment.

Systematic and need based intervention in these areas have enabled Zamir to become independent in the real sense of the term. As an empowered young person Zamir has made decisions and choices within various areas in his life including his marriage and starting as family almost for more than 3 years ago. It will also cover the enabling role of technology and encountered challenges in his life.

**DEAFBLIND INTERNATIONAL – THE WORLD ASSOCIATION
PROMOTING SERVICES FOR DEAFBLIND PEOPLE
WHAT IS DBI?**

Stan Munroe
CANADA

Workshop Content:

This workshop will outline the early origins deafblind International (DbI), trace the phases the organization has undergone culminating in the current structure and mandate of this worldwide umbrella organization.

The presentation will discuss in more detail: the constitution, membership structure, nomination process for Executive and Board elections, appointments, function of DbI's array of 13 Networks, the Information Program, the Secretariat, the Strategic Plan, Conferences, sponsorships etc.

Aim of the workshop:

To better inform people about the purposes and workings of DbI.
To further engage professionals, people with deafblindness, family members and other organizations to become individual members of DbI.
To promote the importance of DbI memberships as a support for those individuals and organizations attempting to develop or expand services for persons with deafblindness in their countries.

Engaging participants:

The presenters will encourage questions and comments.

THE IDENTIFICATION AND ASSESSMENT OF THE NEEDS OF OLDER PEOPLE WITH COMBINED HEARING AND SIGHT LOSS IN RESIDENTIAL HOMES

Manveet Patel

UNITED KINGDOM

The aim of the workshop will be:

To present the findings of a project that was undertaken between Sense and the University of Birmingham.

To disseminate what worked and didn't work during the course of the project.
To present an adapted screening tool and highlight its usefulness within the context of older people, residential homes and identifying hearing and sight loss.

The project 'The identification and assessment of the needs of older people with both hearing and sight loss in residential homes' was developed and undertaken in three phases by Sense (Phases One and Three) and the University of Birmingham (Phase Two). The underlying aim of all three phases of the project was to develop a screening tool which will help care homes to identify and assess the needs of their residents in relation to hearing and sight loss.

Bupa Charity Giving and Sense are particularly engaged with this project because those who live in care homes may already be isolated and hearing and sight loss can have a further serious impact on communication and social interaction, that may make residents more socially and emotionally isolated and have a negative impact on their confidence, independence and ability to carry out daily living activities.

PSYCHOLOGICAL AND DEVELOPMENTAL CHARACTERISTICS OF CHILDREN WITH USHER SYNDROME

Bente Ramsing Özgür

DENMARK

This workshop will go through a danish survey about early states of Usher syndrome type 1 and the consequences of the difficulties that most of the children face even before the manifest of vision impairment. The survey is made on a danish group of 26 children with Usher syndrom. The majority of those children face behavioural, social, mental and language difficulties more than deaf children in general.

In a few case stories I will show how early intervention for children with Usher syndrome and their parents can prevent development of social, behavioural and mental difficulties.

Aims of the workshop:

To state the importance of intervention on integrating the senses and the body with motor activities during a lifetime

To state the importance that parents and professionals have knowledge and understanding about Usher syndrome, deafblindness and interaction of the senses as early as possible

To state the importance that professionals know about the difficulties that the small child with Usher syndrome is facing even before the manifest of vision impairment.

MONITOR: A VIBROTACTILE AID TO IMPROVE ENVIRONMENTAL PERCEPTION OF PERSONS WITH SEVERE HEARING IMPAIRMENT/DEAFBLINDNESS

Parivash Ranjbar

Dag Stranneby

Cheryl Akner-Koler

Erik Borg

SWEDEN

Independence, activity, participation and control in social and working life are based on adequate processing of sensory information.

Many people with DB have also mental retardation, cognitive, and physical impairments. Difficulties in environmental perception, spatial awareness, mobility, time perception, social participation and music experience are examples of frequent problems.

The overall goal of the project is to increase perception of environmental events for persons with D and DB by development and evaluation of modular, modern formgiving, functional and ergonomic tool, Monitor.

Monitor is a vibrotactile aid that helps people with deafblindness to improve their environmental perception by detecting sounds that the events produce and presenting them as vibrations. Monitor consists of a mobile phone based on Android platform (containing four different algorithms as an application), an external microphone, amplifier and vibrator. The algorithms are implemented as application in the cell phone based on principles of amplitude modulation or frequency transposition

APPLYING THE ICF TO THE REHABILITATION OF CLIENTS WITH DUAL SENSORY LOSS

Dr. A.A.J. Roelofs

Dr. J. Koopman

THE NETHERLANDS

One part of ICF (International Classification of Functioning) is considering the general health situation of the client. In this, hearing loss (usually determined by a pure tone-audiogram) is considered as a binary item: someone is either hearing-impaired or normal hearing.

Literature learns that hearing can be subdivided into detecting sounds, distinguishing sounds, sound localisation, speech intelligibility in quiet, and speech intelligibility in noise. Since Visio is primarily focussing on visually impaired and blind people, we lack the capacity and material to determine these different so-called hearing functions. Therefore, we conducted a questionnaire based on the mentioned hearing functions. This way, we assessed those functions subjectively, and tried to predict how they interact with our rehabilitation programs.

During this workshop, we will discuss the results and evaluation of the tested questionnaire in terms of used items, methods, statistics, and interpretation for rehabilitation. In addition we will stress the importance of an inter-disciplinary approach to audiological and visual rehabilitation for people with dual sensory loss. We aim to increase the awareness of the different visual and auditive functions, and the interactions between them. We are interested to learn how other participants obtain this essential information for successful rehabilitation of people with dual sensory loss.

A SELF-DIRECTED MODEL FOR CAPACITY- BUILDING IN THE COUNTY SERVICES SUPPORT SYSTEM

Else Marie Svingen

Jorunn Lie

NORWAY

The experience from Norway has shown us that, for varying reasons, our assistance from the Centre (Skådalen Resource Center) has been perceived as fragmentary and incomplete. This is due to the fact that often we are called out to address a particular issue, and in the process uncover a host of issues that require our attention. Some of these issues are more complex and require more comprehensive services than what was originally requested.

It is a challenge to find strategies that work, and enable us to provide better services and at the same time allow us to create more awareness about persons with severe dual sensory impairments, rehabilitation, and how to spread knowledge on the subject of deafblindness in the field. In order that this knowledge can benefit the user over the long-term, it must be incorporated at the local level so that it can continue to develop and improve. The Centre has the role of facilitator in this process.

The presentation addresses how we should proceed and how to acknowledge the needs of the staff in order to improve services for persons with deafblindness and their networks.

We will also describe how the process was carried out, which interventions were used, and the final results from our findings.

A FIRST FOR AUSTRALIA - THE IMPACT OF COMMUNICATION GUIDE SUPPORT FOR CLIENTS WITH ACQUIRED DEAFBLINDNESS

Kelly Gurr

AUSTRALIA

Through inspiration from many countries who have funding for intervenors, support service providers, contact persons and communicator guides, as they are called all over the world, Senses Foundation sought grant funding through the state in order to investigate the impact of specialised support to adults who are deafblind living in Western Australia.

In the study, which took place in 2011, 10 participants who had deafblindness received specialised support from a Communication Guide (as they were called for the purpose of the study) for a period of six months. The level of support provided varied depending on the need of the participants and the activity they chose to be involved in.

This workshop aims to initially set the scene for service provision for clients who are deafblind living in Australia with a focus on Western Australia in particular. The workshop will describe the methodology of the project, the training package which was developed for the Communication Guides, the supports provided, data gathering and the outcomes for the clients involved. The outcomes of the project will be described through both the quantitative impact and qualitative experiences for those receiving the Communication Guide support and qualitative experiences in providing the support. The challenges faced during the project will also be explored, with consideration to the Australian context, as well as the learning and plans for ensuring this service can be provided into the future.

THEORY-OF-MIND AND WORKING MEMORY CAPACITY IN YOUNG ADULTS WITH ALSTRÖM SYNDROME

Hans Erik Frölander (Claes Möller, Berit Rönnåsen)
SWEDEN

This presentation focuses on cognitive abilities in young adults with Alström Syndrome (AS). There has never been a formal assessment of cognition in relation to this deafblind – related syndrome. AS is autosomal recessive causing juvenile blindness, sensorineural hearingloss, cardiomyopathy, endocrinological and metabolic disorders. Individuals with AS in general display a normal intelligence, but clinical observations have revealed a higher frequency of deviances in

Theory-of-Mind (ToM), compared to a normal population. ToM refers to the ability to impute mental states to self and to others. Deficit in ToM is described as the core abnormality in autism and has also been discovered in a variety of syndromes. Deficits have in addition been found in persons with mental retardation.

The patterns of result would be interesting to discuss at the workshop, with respect to body functioning, possibilities and limitations for participation and also in comparison to other populations with an atypical development of ToM. How could cognitive deviations in syndromes like AS, and in deafblindness in general, be understood? How should the development of ToM be supported?

“OKAY, SEE YOU AGAIN” THE VALUE OF NETWORKING

Else Marie Jensen

Anette Rud Jørgensen

DENMARK

Five men with Usher syndrome meet for the first time one day in October 2011, most of them with Usher 2. They are aged between 35-48 and they all have family and work.

In Denmark, people with Usher 2 often get in contact with a consultant for people with deafblindness quite late. We meet them typically in their 30's when they experience many problems in relation to handle family life as well as a working life.

We see networking as an important offer and as a part of the special advice, which we provide to the group. Furthermore, as specialists within the deafblind area, we need to develop our knowledge about people with Usher 2 and this happens through our work with the network group.

In this workshop, we would like to share the importance of taking part in a network group with the audience. We will show a video recording of one of the participants from the network group. He tells about living with Usher 2 and about the significance of participating in the network group.

We want to discuss the following questions with the participants of workshop:
Which role do specialists have in relation to establish networking?
Which experiences exist in the Nordic countries with respect to find people with Usher 2?

A NEW INITIATIVE IN INTENSIVE REHABILITATION FOR PERSONS WITH ACQUIRED DEAFBLINDNESS

Mrs. Ans van Gulick

THE NETHERLANDS

The Kentalis Centre for deafblindness has initiated a new rehabilitation service for people with acquired deafblindness, the Intensive Rehabilitation Program. Persons can stay a couple of days per week in a rehabilitation home. The rehabilitation is focused on learning new skills in order to achieve that people with acquired deafblindness who functioned independently, but became dependent through circumstances in their life and can be independent again.

This kind of rehabilitation is different because it appeals to the empowerment of the person with deafblindness and the customised care. The way of communicating, the content and the pace of the program is attuned to the individual and his possibilities. With special attention to the individual level of energy.

Aims:

- In this workshop two members of the rehabilitation team will present this new initiative of intensive rehabilitation in the Netherlands.
- The presenters and some participants will share their experiences with this kind of rehabilitation.
- We want to share experiences with the audience in some discussion.

LIVING MY OWN LIFE – YES WE CAN WITH SUPPORT AND CONTACT

Alison Asafu-Adjaye
UNITED KINGDOM

Aim:

To explore how people with dual sensory impairment can be supported to choose their place of residence (for example, in own home, in family home or nursing home) and with whom they live.

This presentation will explore the journey of two services users. One of whom is in a nursing home and the other in a day centre.

I will be sharing new information on how the elderly can carry on living their own lives with support, care, and dependency on other professionals i.e. doctors and social workers. By working together, these people are able to provide better services to elderly clients. I will also discuss how best to work with such professionals and provide case studies showing how transition into a new home has helped a service user become more independent with our support and encouragement. This provides evidence of how the right support can make a big difference in the nursing home.

I will share two Case Studies. Mrs E, a 99-year-old deafblind woman and Mrs Vee who is an 80 year old lady.

VISION AND HEARING AT ALL AGES – A PRESENTATION OF A WEBSITE WITH INFORMATION AND RESOURCES ABOUT SENSORY IMPAIRMENTS

Nina Sellæg

NORWAY

The website will be presented at the workshop, and include:

- The media player; the videos are in 5 versions: sign language translation, text for the hearing-impaired, audio described version, visual transcribed text version, and standard video.
- Animation of vision and hearing.
- Simulator of vision and hearing functions in different situations.
- Text conveyed in a simple and understandable way with pictures and illustrations.

Our experience so far has shown that the website, www.sansetap.no, has been used in supervision, guidance and teaching.

After listening and having viewed the presentation of the website, the participants will take part in a discussion to reflect on the following:

Challenges in developing web-based materials using Universal Design.

How can we implement the website in education programs that recruit professionals to this field?

Share experiences about the use of web-based information materials.

HOW VULNERABLE ARE DEAFBLIND PEOPLE?

Megan Mann

UNITED KINGDOM

How vulnerable are deafblind people?

Losing vision and hearing changes the way that people receive communication and information. This in turn could have a major impact on perceptions, understanding and decision making. Does this make a deafblind person more vulnerable in society? Is their safety compromised? Are they more open to abuse? When does a deafblind person need rescuing? Who should rescue them? What role should professionals play in this situation? How do deafblind people perceive themselves in this matter? The focus of the workshop will be to look at how ethical issues and moral dilemmas push the boundaries of relationships between deafblind people and professionals. Do professionals create dependency? Can deafblind people be truly Independent?

This workshop will aim to debate these issues by:

Looking at specific situations based on actual events and experiences of deafblind people
Highlighting relevant research and factual information
Listening to deafblind people.

The format of the workshop will be a facilitated debate and discussion within the following guidelines:

Pay attention to what others have to say and give them time to communicate.
Respect the other person's view even if it is different to your own. Address conflict by dealing with the issue, not the person. Be conscious of body language and nonverbal responses - they can be as disrespectful as words.



Modern society demands new solutions

Interaction between individuals and the ability to participate actively is essential in today's world. Modern society poses new challenging listening environments for people with a hearing loss.

Comfort Digisystem enhances speech and filters out distracting background noise before it reaches the hearing aid or the hearing implant. The clearer sound will facilitate hearing, understanding and participation – thus release energy both for work and leisure.

Thousands of satisfied users can tell what Comfort Digisystem means to them and we are constantly pursuing our work so that many more users may experience the same.

Plenary and Workshop

Friday Nov 9, 2012



LIFE ADJUSTMENT – AN INTERNAL PROCESS OVER TIME

Gunilla H Rönnblom etc.

NORWAY, DENMARK and SWEDEN

This workshop is a follow-up of the plenary number five based on a Nordic study.

In the workshop, we will describe the course of the life adjustment, as seen in our study based on the stories from fifteen persons with combined vision and hearing disability/deafblindness. The aim is to highlight the person's internal process, which is often invisible to the outside world.

Identifying where a person is in the adjustment process, provides valuable knowledge about what kind of support he can benefit from.

We will focus at the vulnerability people experience, concerning the access to service and support, in different stages of the life adjustment process. In this regard, we will address the following questions:

In what way can knowledge about the life adjustment process contribute to a better professional support?

Why is it so difficult for others to understand the inner struggle the person experiences during the adjustment process?

**LIFE OUTSIDE PERTH –
REACHING RURAL AND REMOTE COMMUNITIES IN
WESTERN AUSTRALIA**

Angela Wills

AUSTRALIA

The workshop aims to share experiences of our Rural and Remote Program; accessing funding streams that enable us to deliver support across the state that has a diverse population requiring the need to adapt our approach according to the local population and services available in each region. A one-size-fits-all approach has not been an option when planning these trips.

The workshop will provide an overview of the program, how it has developed over the last three years; raising awareness amongst professionals and support staff of the need to identify and provide appropriate support to people who have acquired dual sensory loss.

There is a diversity of cultures across Western Australia that is as vast as the state itself. Western Australia is divided into eight regions providing health and educational services to a range of people. Through the program deafblind Consultants have provided support to a wide range of communities, many of whom are in the transient mining sector. Networking with Aboriginal services adapting training programs has also ensured a more culturally appropriate approach.

How do we reach those “out of the way” places with vast distances from the metropolitan area?

GET OUT THERE GROUP

Simon Allison

Rachel Peters

UNITED KINGDOM

'The 'Get Out There' (GOT) group is an innovative project for deafblind young people in Cornwall, England. GOT is managed by Sense and commissioned through 'Aiming High for Disabled Children'.

The group has a membership of 20 young people who participate in an activity programme focussing on promoting both self confidence and self management. 50% of membership consists of those with acquired conditions. The key aims of the GOT group include.

To ensure that young deafblind people have the opportunity to experience fun and adventure with their peer group.

To meet both the social and emotional needs of the young people providing opportunities to maintain and develop transition into adulthood.

To create a sense of ownership and belonging within the group.

The workshop offers an insight into how activities are adapted to ensure full inclusion of each young person. The 'can do' approach often challenges some activity providers who view young people with deafblindness as a liability. Two scenario phone conversations are recreated to demonstrate both the negative and positive attitudes of activity providers. Delegates will also have the opportunity to discuss their own experiences on the attitudes to acquired deafblindness within young people.

DELIVERING TRAINING TO MIXED GROUPS OF DEAFBLIND, D/DEAF AND HEARING-SIGHTED LEARNERS – TIPS FOR TRAINERS

Alison Bennett

UNITED KINGDOM

This workshop will share the findings from a recent research project exploring the dilemmas faced by trainers delivering training to mixed groups of deaf-blind, D/deaf and hearing sighted learners.

Working in the field of deafblindness, I have sat through too many badly prepared and delivered training sessions that don't address the needs of an audience made up of deafblind, D/deaf and hearing sighted learners. This was the motivation for my research.

The study was conducted during 2011 as a dissertation for my MSc in Human Resource Development. I worked with a group of experienced trainers who were delivering a two year academic programme to a mixed group. My aim was to understand more about how the trainers approached the task of delivering training to the group. In doing so, I focused on how they prepared for and managed the sessions and how they resolved any dilemmas.

The workshop will share what I learned and identify possible areas of further research. One of the outcomes of the research was a practical tool for trainers of mixed groups and this will be provided to participants who would find it useful.

EMPOWERMENT FOR DEAFBLIND SENIORS: AN EFFECTIVE APPROACH?

Liesbeth Cornelissen
THE NETHERLANDS

The workshop will present the basics of the empowerment method and its applications opportunities for seniors who became dual sensory impaired in later life. It will also cover the basics of the teaching and coaching modules designed for nurses working with these seniors. An impression of the first results will be shared.

Didactic methods that will be used during the workshop are role-playing, interactive exchange of experiences and discussion. The workshop starts with a session 'How good are your problem-solving skills? During the workshop, the participants get insight in the method and in the training and coaching of the nurses.

Aims:

The participants get an impression of the empowerment method

The participants get an impression how to avoid pitfalls such as taking away the autonomy from the senior person

The participants get an impression of how the empowerment method is related to other psychosocial interventions and to the classic rehabilitation methods for visually and hearing impaired persons.

PHONOLOGICAL AND LEXICAL SKILLS AND WORKING MEMORY CAPACITY IN CHILDREN WITH USHER SYNDROME TYPE 1 AND CI

Cecilia Henricson^{1,2}, Björn Lidestam³, Claes Möller¹, Björn Lyxell¹

*1) Linnaeus Centre HEAD, Örebro audiological research center and Swedish Institute for Disability Research, 2) Research on Hearing and Deafness (HEAD) Graduate school, 3) Linnaeus Centre HEAD
SWEDEN*

New results concerning important aspects of cognition in children with Usher type 1 and cochlear implant (CI) will be presented. Usher syndrome, being the most common cause of deafblindness, have been focus of many studies of molecular, genetic and functional consequences of genetic mutations. Few studies have, however, focused on the cognitive aspects.

The aims of this study are on cognition related to hearing and spoken language, with a special focus on children with Usher syndrome type1 (USH1) who are using CI. Seven children, ages 7.5-16 years, with confirmed USH1 diagnosis participated in the study.

An ongoing study examines the mentioned cognitive abilities in adults with USH2. There is a need for an increase in knowledge on cognitive abilities in the population of Usher syndrome, and to investigate the clinical experience of individuals with USH2 performing higher than expected results on tests of speech perception and speech understanding.

INDEPENDENCY IN DEPENDENCY FROM THE PERSPECTIVE OF THE DEAFBLIND IN THIRD WORLD COUNTRIES – IMPLICATION FOR STRATEGIES FOR SUSTAINING INDEPENDENCY IN DEPENDENCY

Pawlos Kassu Abebe

ETHIOPIA

This study is a case study of four acquired deafblind Ethiopian with a family to cater for. Two are totally blind with limited residual hearing while the other two are totally deaf with limited residual sight.

The questions are: what was the degree of their independency before other people started to depend on them?

How dose they see the dependency of other people on them? How dose other peoples dependency on them affected their independency?

What approaches did they use to minimize the impact of the dependency on their independency?

What do they suggest to be done to sustain their independency in dependency?

In addition to acquainting participants with the state of deafblindness in Ethiopia this power point presentaion offers insider's view of the thinking of the deafblind in third world countries towards dependency of other people on them and how it affect their overall lives and suggests the steps and approaches to be taken to sustain their independency in dependency without diminishing its possible benefits.

LIFE IS EITHER A DARING ADVENTURE OR NOTHING

Mrs. Drs. Trees van Nunen

Mrs. Sonja van de Molengraft

Mrs. Caroline Veerman

THE NETHERLANDS

The basis of our provision of services at the Kentalis Centre for Deafblindness was given to us by the ideas of a research on the topic acquired deafblindness and its influences on identity construction. In this research the most important conclusion was the difference in how the professional approaches the position of being deafblind and the way the person with acquired deafblindness considers this position. Because of this discrepancy it is not possible to come to shared knowledge. Making a Personal Position Repertoire (PPR) enables the professional not only to focus on the impairment but also on the person. This approach will empower the person with acquired deafblindness to keep control of her or his rehabilitation process.

We want to share with you in more detail the theoretical background of identity construction, which steps we have taken to create the Kentalis Centre for Deafblindness and which way we are planning to go in order to make this centre a success. In time of economic crisis we know that a lot of countries are dealing with the challenges of securing the services for people with deafblindness. Sharing knowledge goes beyond borders!

Aims:

In this workshop we would like to inform the audience about our ideas of connecting expertise and knowledge.

In dialogue with the audience we would like to share ideas and get inspired by each other for steps to make in securing the services for people with acquired deafblindness.

DARE TO BE IN THE KITCHEN

Guneli Johansson

Lizette Östman

Gunilla Lind Thorbjörnson

SWEDEN

Summary of the main purpose of the presentation:

- To share our experiences of working with a group. To show methods that enable communication in a group setting, where the participants are deaf blind.
- How to give the opportunity to meet people sharing the same problems in every day life and exchange experiences.
- How to focus on possibilities by demonstrating ways to be independent in the kitchen

The aim of the workshop:

- How to focus on positive activity and not get caught up in difficulties.
- Highlighting the differences in deaf-blindness but still similar needs.
- Provide examples of cooperation with other actors

Questions that will be offered for discussion:

- Will the recovery for the individual accelerate, in positive or negative ways?
- Are there any long term effects?
- Is a group like this a way to break the isolation and gain self-esteem?
- How to highlight the deaf blind group in the Centres for Low Vision and Hard of Hearing

READY-RIDE: A POSITIONING AND SIGNALING SYSTEM TO SUPPORT AUTONOMOUS RIDING FOR THE PERSONS WITH DEAFBLINDNESS

Dag Stranneby

Parivash Ranjbar

SWEDEN

Some persons with deafness and blindness ride well and good. The lack of one sense (hearing/vision) is usually compensated by the functioning sense (vision/hearing). The problem is greater when both vision and hearing are severely impaired, e.g. when the person is deafblind. Since many diseases resulting in deafblindness begin with reduction of only one sense, there are a number of persons who continue their leisure activities e.g. riding even if the other sense is reduced. A riding arena can have two different sizes: one with 20m by 40m and one with 20m by 60m where different positions are marked by 11 and 17 letters respectively.

The rider with deafblindness receives the information about her/his position on the riding arena or the commands sent by the instructor by manual sign language from an interpreter walking beside the horse. The tactile communication is difficult from distance and decreases the person's autonomy. Many riders with deafblindness count the steps of the horse to find out where in the riding house they are.

USING VOLUNTARIES AND COMMUNICATION ASSISTANT IN SWITZERLAND

Mäde Müller

Sandra Paschoud

Stefan Spring

SWITZERLAND

The Swiss National Association of and for the Blind (SNAB) is responsible for providing advice and support to deafblind people in Switzerland via its seven regional advice and support centres. The services provided by the centres include social support, organising financial and human resources and giving training in techniques for coping with everyday life and for lowering barriers (visual and auditory measures and aids, computer use, communication techniques and mobility). In addition, the SNAB organises group recreational activities adapted to the needs of deafblind people and adult education classes.

We will deal with the following issues in our workshop:

1. To explain the difference between voluntaries and communication assistant.
2. We want to introduce the formation for the Voluntaries and the formation for the Ascom, what and how we are teaching. We want to have an exchange around this topic with the participants.

EVIDENCE BASED EDUCATION FOR STUDENTS WITH DEAFBLINDNESS

Ineke Haakma, Msc

THE NETHERLANDS

The central question of the study is if and how interactions between teacher and student with deafblindness can be improved and facilitate independent action. The starting point of our inquiries is the self-determination theory (Deci & Ryan, 1985; 2000). The theory has proven to be useful and applicable in a variety of contexts. According to self-determination theory, all individuals have three needs which contribute to development and well-being, if fulfilled. These needs are: the need for autonomy, the need for relatedness and the need for competence. The social context, those who are close to the student, should try to fulfil those needs.

The workshop has three aims:

To explain the main components of self-determination theory

To present the results of the pilot study

To discuss how the theory can be applied in practice

The goal of the discussion is to investigate if and how the components of the self-determination theory could be used to improve and redesign the education of persons with deafblindness. We will start the discussion by showing a video fragment of an interaction between a student and a teacher. Together we will discuss whether the components of the self-determination theory are visible in this video. After this example we will talk about the examples from the experiences of the participants.

