

Adjustment to the Challenges of Vision Loss: How You Can Help

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Learning Objectives

1. We will discuss the losses a person with vision loss experiences and the stages of adjustment.
2. We will look at behaviors associated with different phases of adjustment.
3. We will discuss how different types of vision loss may impact consumers and manifest as behaviors that can be misunderstood.
4. We will discuss helpful interventions to support consumers in learning alternate methods of performing activities of daily living to encourage maximum independence.
5. We will discuss behaviors that may be indicative of a person having particular difficulty in their adjustment process and how we can be supportive in a way that will help a consumer express their frustration and grief in a healthy way.
6. Q & A

Let's Pretend



20 Losses of Blindness

(Based on the work of Rev. Thomas Carroll; 1961)

- *Basic Losses to Psychological Security*
- *Loss in Basic Skills*
- *Loss in Communication*
- *Losses in Appreciation*
- *Losses Concerning Occupation and Financial Status*
- *Resulting Losses to the Whole Personality*

20 Losses of Blindness

(Based on the work of Rev. Thomas Carroll;
1961)

Basic Losses to Psychological Security

1. Loss of physical integrity
2. Loss of confidence in the remaining senses
3. Loss of reality (i.e. contact with the environment)
4. Loss of visual background
5. Loss of light security

Loss in Basic Skills

6. Loss of mobility
7. Loss of techniques of daily living

Loss in Communication

8. Loss of ease of written communication
9. Loss of ease of spoken communication
10. Loss of informational progress

Losses in Appreciation

11. Loss of the visual perception of the pleasurable
12. Loss of visual perception of the beautiful

Losses Concerning Occupation and Financial Status

13. Loss of recreation
14. Loss of career, vocational goal, job opportunity
15. Loss of financial security

Resulting Losses to the Whole Personality

16. Loss of personal independence
17. Loss of social adequacy
18. Loss of obscurity
19. Loss of self-esteem
20. Loss of total personality organization

7 Phases of Adjustment to Blindness

(Based on the work of Dean and Naomi Tuttle; 1986)

Reaction Phases

- 1) Trauma
- 2) Shock and denial
- 3) Mourning and withdrawal
- 4) Succumbing and depression

Rebuilding Phases

- 5) Reassessment and reaffirmation
- 6) Coping and mobilization
- 7) Self-acceptance and self-esteem



“What people say when they don’t know what to say”,

(Haslet-Davis)



How do you recognize vision loss?

- Bumping into Objects
- Reaching for an object and hitting another knocking it over
- Holding reading material closer to one's face
- Always asking for more lighting
- Squinting or tilting one's head to view reading materials or objects
- Tripping on curbs, missing curbs or stairs
- Difficulty identifying objects from a distance
- Difficulty reading mail when it's in regular print
- Difficulty seeing at night or on cloudy days

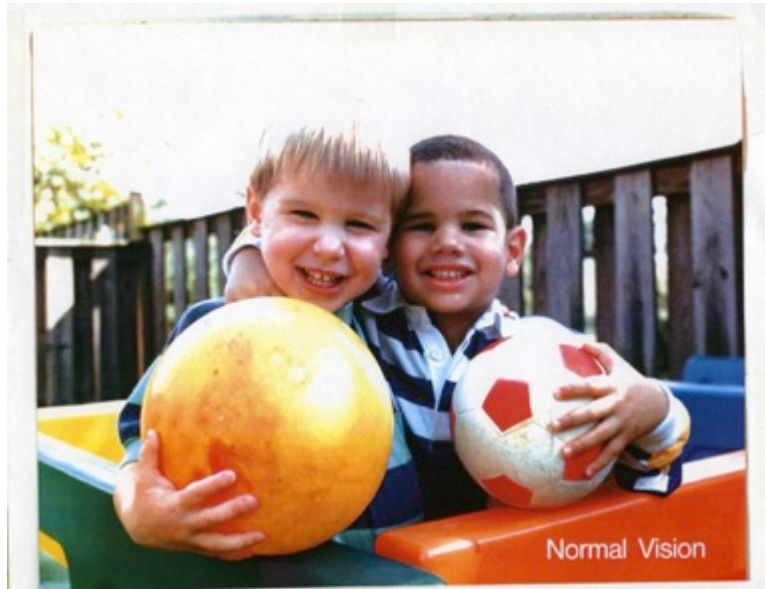
What causes blindness?

There are hundreds of other causes. Here are a few of the leading causes of blindness:

- Cortical (Cerebral) Visual Impairment (CVI)
- Age-Related Macular Degeneration (ARMD)
- Retinal Detachment
- Glaucoma
- Cataract
- Diabetic Retinopathy

Age-Related Macular Degeneration

Normal Vision



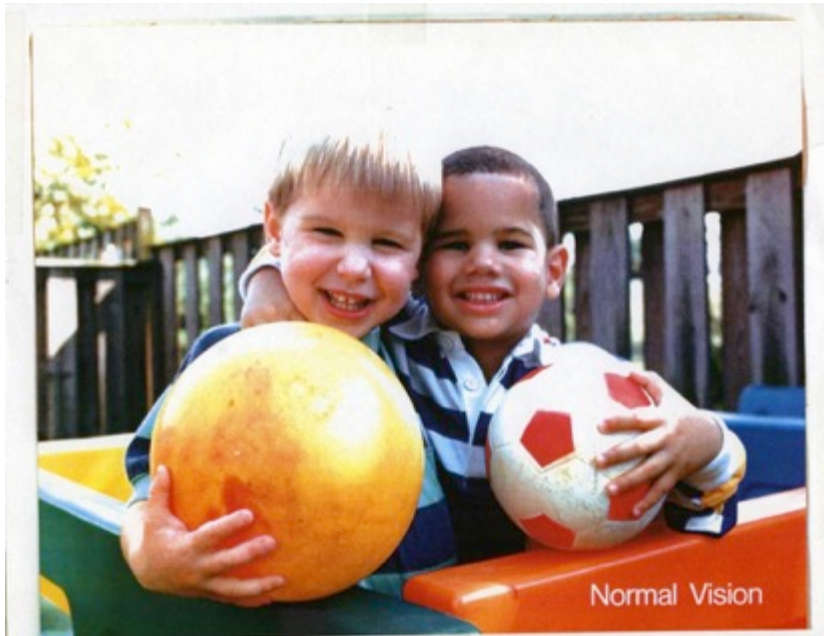
Macular Degeneration



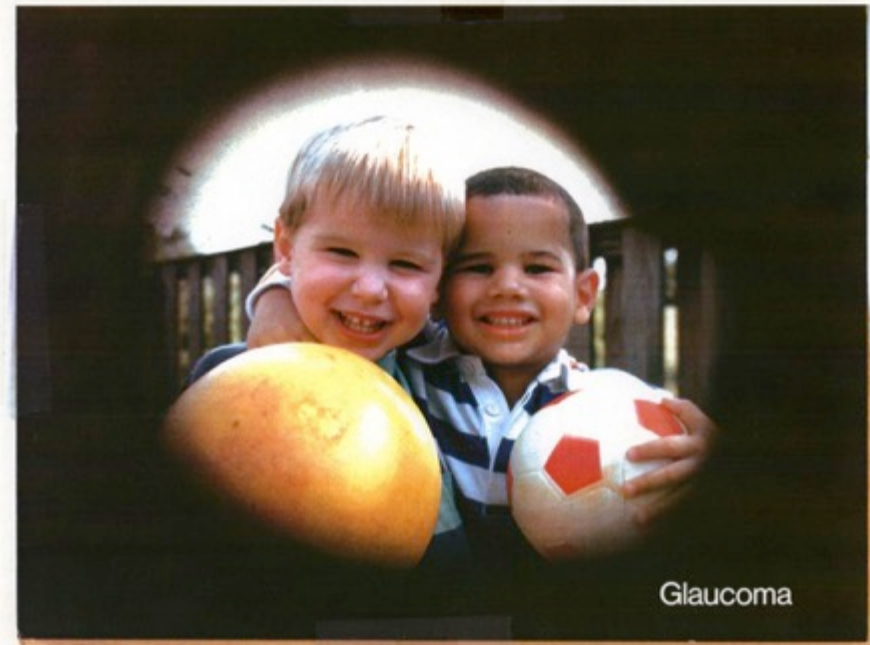
- Leading cause of vision loss among seniors
- Destroys central vision, vision used for focusing, reading, recognizing faces, distinguishing similar colors
- Eccentric viewing – using an area of peripheral vision to look around the central blind spot
- Rarely causes complete vision loss:
 - Loss of central vision (detail and color)
 - Blurred vision
 - Light sensitivity
 - Depth perception issues

Glaucoma

Normal vision



Glaucoma



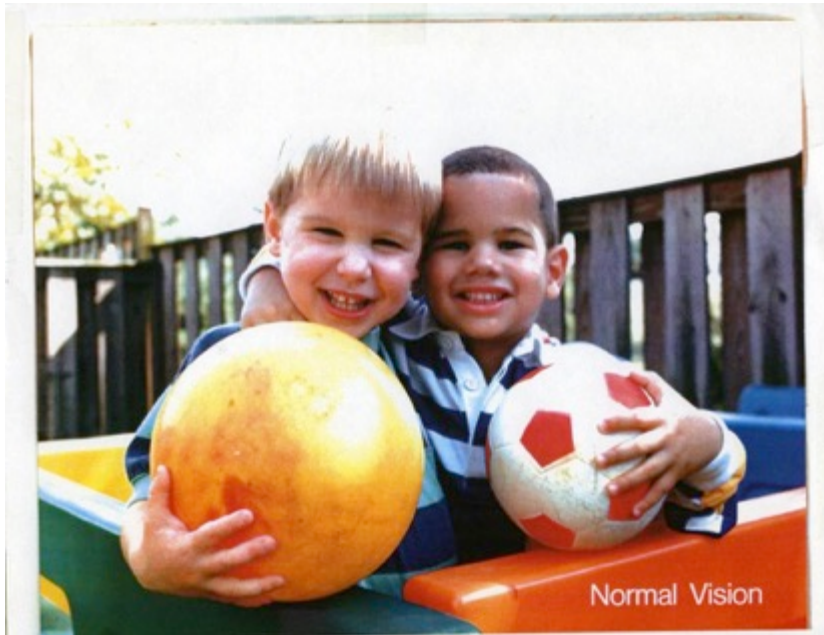
- “Sneak thief of sight”
- Optic Nerve atrophy-Gradually robs peripheral vision
- Not detectable in early stages
- Vision lost to glaucoma is permanently lost
- Often treatable with medication or surgery
- If untreated, results in “tunnel vision” or total blindness
 - Loss of side vision/movement
 - No night vision

Retinal Detachment – separation of the retina from the underlying tissue-“like a curtain coming down”

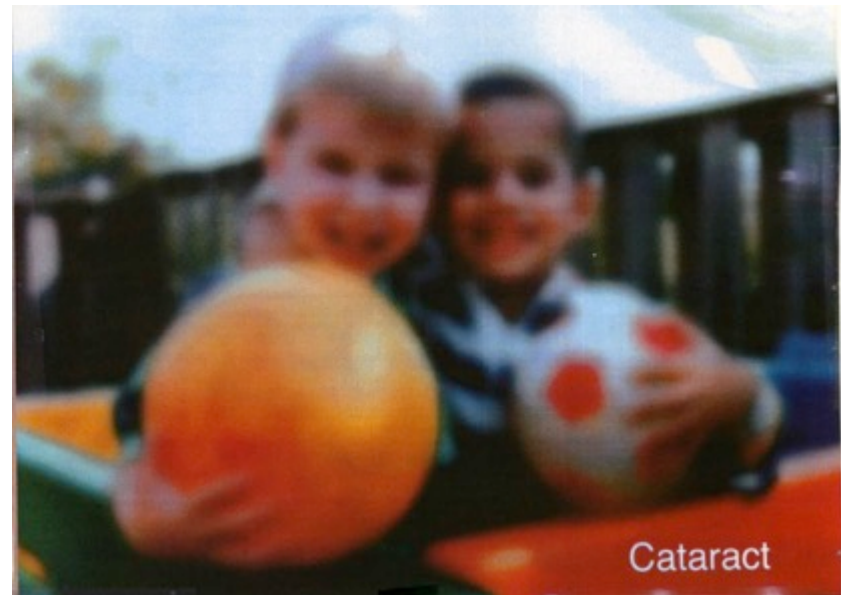


Cataract

Normal vision



Cataracts



- Cataracts occur on the clear crystalline lens at the front of the eye.
- For everyone, the lens grows thicker every year.
- Eventually the lens can become cloudy, yellowish, blurry.
- If you live long enough, you will get cataracts.
 - Clouding of the lens
 - Blurry vision
 - Glare problems

Diabetic Retinopathy – retinal changes due to Diabetes Mellitus, eventually resulting in the growth of abnormal new blood vessels causing distortion/disruption to vision



- People with diabetes are more likely to have glaucoma or cataracts.
- They may also have diabetic retinopathy.
- This happens to people who have had diabetes for a long time.
- Fragile blood vessels grow up on the retina, burst, and release blood or fluid into the eye.
- Vision may change from time to time.
 - Fluctuating vision
 - Blurred vision
 - Glare problems

Working with a person with blindness

- Always talk directly to the person with visual impairment, unless they designate a rep.
- Greet a blind person with your name.
- Verbally identify all individuals present.
- Announce that you are leaving.
- You don't need to raise your voice when speaking to a visually impaired person.
- Light is important for persons with low vision.
- Be aware of safety, lighting and contrast.
- Use vision words like "see you later".

Working with a person with blindness

- Provide descriptions. Do not say, “The restrooms are over there.”
- Ask questions, “How can I help you?” “How would you like to receive this information?”
- Do not move things without explanation.
- When serving food, use contrast, lighting, and description, for example, clock method.
- Place the person’s hand on the back of the chair they are to sit in.
- Service Dogs are working- the owner needs to grant permission to pet the animal.



Working with a person with blindness

- When meeting a person, you may offer a sighted guide & wait for the individual's response
 - How may I assist you? May I offer you my elbow?
 - *Never* grab by the arm as it will throw the person off balance.
- Upon acceptance let them take your elbow & walk about 6 inches in front of them.
 - This allows the person to follow your body movements & travel safely through an unfamiliar environment.



Working with a person with blindness

- Describe the path
 - Stairs- up or down and how many
 - Turns - Objects in the way - Door open to the left/right
- In person or on the phone, offer:
 - Large Print (16 font or larger)
 - Braille
 - Electronic Copy via email if available
 - To read items, fill forms & answer questions

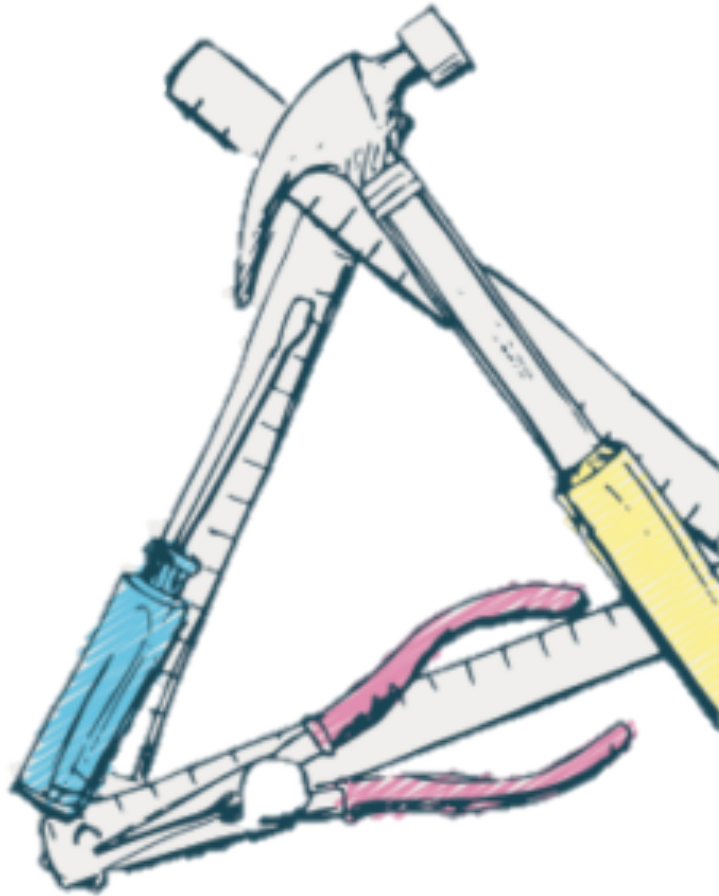


Working with a person with blindness

- Background noise can distort the sound of your voice so don't act annoyed if you have to repeat the information
- People using Braille, magnified or speech to access print materials may require additional time to navigate through documents
 - For each magnification, you drop viewable area by $\frac{1}{4}$

Always ask, “How may I assist you? What form of communication do you prefer? Do you need assistance filling out the form?”

Now let's
use the
tools we've
discussed



What questions do you have?

