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ABSTRACT

This factsheet presents numerous ways that parents can interact with their deaf-blind children. The challenges facing children with deaf-blindness are explained and compared to children without disabilities. Ways to recognize and then respond to children's actions are suggested, and tips for developing good communication are presented, including using consistent daily routines, providing the child with cues so he or she can learn to anticipate what is going to happen, and giving the child opportunities to experience having control over his or her environment. Practical suggestions are provided for giving children consistent sensory cues, including: (1) establishing predictable routines with clear beginnings and endings; (2) giving choices; (3) remembering to offer pauses; (4) watching for cues; (5) inventing your own games; (6) taking advantage of "accidents"; (7) encouraging use of all sensory information; (8) adapting the environment; (9) helping the child interpret the limited sights and sounds that are available; (10) monitoring levels of stimulation; (11) proving opportunities to make choices; (12) using appropriate cues; and (13) helping the child interact with others. Contains a list of 20 printed resources and 5 organizational resources on children with deaf-blindness. (CR)

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The National Information
Clearinghouse on Children Who Are
Deaf-Blind

Helen Keller National Center
Perkins School for the Blind
Teaching Research

Early Interactions With Children Who Are Deaf-Blind

By Deborah Gleason
Edited by Ann Warren Smith

May 1997
Fact Sheet

EC 305913

Are the following conditions part of your story? If yes, you are not alone.

- ◊ You may be overwhelmed with the idea that your child has vision and hearing problems.
- ◊ You may find it difficult to relax and get to know your baby.
- ◊ Medical complications may require unending appointments and interventions.
- ◊ You may have to make sense of conflicting advice or opinions from professionals.
- ◊ Your child may associate being touched with unpleasant medical procedures. He may fuss or stiffen whenever YOU touch him.
- ◊ Your child appears unresponsive. He doesn't smile or make eye contact. Interactions may be frustrating and may take a lot of effort.
- ◊ Your child may feel isolated; she may act passive.
- ◊ Your child may need constant help from you since he or she can't "explore" or "listen to" environmental cues. No incidental learning can occur.

Before your baby was born, did you worry? Of course, you did. New parents have always worried. Certain questions probably nagged at you just as they have nagged at every parent from the beginning of time: Will she be healthy? Will he be "normal"? Will I be a good parent? And then the baby was born, and now you know your child is deaf-blind. All the typical adjustments to taking care of a helpless being and having to be wiser than usual are now compounded and complicated beyond belief.

Where can you go for help? For sure, professionals in many areas will help you. Many groups and many people will offer services. They will all help, but in the long run, it's you, the parents and the family, who will have the most profound effect on your child. Your child will be molded and influenced by the kinds of interactions he or she has with YOU.

In this fact sheet we present numerous ways you can interact with your young child. We offer practical suggestions for giving your child consistent sensory cues. We suggest ways you can recognize and then respond to your child's responses. We also include techniques that encourage exploration of the environment. Finally, we present the idea of playing simple games that are not only fun but also help develop interaction and communication.

The View From Inside the Crib

A sighted and hearing infant comes to anticipate daily routines because of the sights and sounds associated with them and can prepare himself or herself for the activities in advance. The infant who is deaf-blind misses these cues because of limited vision or hearing and may find the world unpredictable and confusing--possibly even scary. This child needs others to help make sense of the world.

From a child's perspective, what does it mean to have both a vision and hearing loss? Many things may happen that are unpleasant "surprises." She may not understand or be able to anticipate what is happening to her. He may try to communicate, but his cues may be so subtle they are difficult for people to understand. He may also find it difficult to understand his parents' best attempts at communication. Let's look at a common routine--diaper changing--but let's do so from the perspective of the baby.

Meg has just awakened from her nap with a soiled diaper. She fusses a bit to let her dad know she's awake. She looks up as she hears foot-steps and the opening of her door to see her dad walking toward her crib. She listens to her dad talk to her as he bends down over her crib, picks her up, and carries her to the changing table. Meg recognizes where she is from many previous experiences here. She watches her dad pull out a clean diaper and open the container of disposable washcloths. She knows what's coming! Once she's cleaned up, she enjoys the freedom of kicking her feet without the restrictions of her bulky sleeper.

Alex just woke up with a messy diaper, too. He has a profound hearing loss, but is able to see faces and brightly colored objects when they are no more than 18 inches away. He doesn't hear his mom come in his room and is surprised to suddenly see someone moving above his crib. Because his diaper is so messy and Alex is not terribly fond of having his diaper changed, Mom decides to change his diaper quickly in his crib so they can get on to doing more playful activities. By now, Alex is beginning to recognize his mom from her touch and closeness and is hoping to be picked up to play. Suddenly he's confused, though. "What's happening to my legs? Why am I cold? What's that cold wet thing on my bottom? I don't really like this, maybe if I squirm away it will stop. Oops, that didn't work, how about if I stiffen up a bit. Still no luck. I guess I'll have to resort to crying. Finally, I'm back in warm dry clothes and Mom is holding me. After all that, though, I'm not sure either of us is in the mood for playing."

Michelle is fussing because she also just woke up with a messy diaper. Michelle has no vision and a moderate hearing loss. Her mom approaches Michelle's crib and gently pats Michelle's chest to greet her with their special "hello" sign, pauses, then gently brings Michelle's hand up to touch Mom's hair, which is Mom's "name sign." Michelle becomes quiet and reaches out to touch her mom's face. This has become a special greeting. (She knows it's Mom who's going to pick her up rather than Dad from the feel of Mom's soft hair rather than Dad's rough chin). Michelle feels her mom take her hands and gently pull as she says something that sounds like "up." Mom waits until Michelle starts to lift her head, then she picks her up. Michelle wonders what they'll be doing next, then feels the soft terry cloth of her changing table beneath her. She kicks her feet and feels the crumply mylar paper her sister so carefully attached to the foot of the changing table. She relaxes, knowing this is a familiar place. She feels her mom touch her diaper and then feels another clean diaper close to her hand. Michelle grabs it and enjoys crunching it together in her hands while her mom cleans her bottom. What fun it is to kick the mylar and feel it move without being restricted by all those sleepers and blankets! She feels Mom take her hands and gently pull. She hears that sound, "up," again. She relaxes into her mom's shoulder after she's picked her up and they go off to play together.

Each Child is Different

The amount of information children are able to gather depends not only on the amount and type of vision and hearing they have, but also on how they learn to use that vision and hearing. Each child learns to make use of available sensory information in his or her own way. Some children interact with their world primarily through touch, while others may rely more on vision or hearing. For many children, a combination will be most useful.

Other children will not be able to use vision, hearing, or touch all at one time, and, in different situations, may choose to rely primarily on one sense. Some children use their vision and hearing inconsistently; these fluctuations can be confusing for parents and services providers alike. Although complete ophthalmological and audiological examinations are essential, they may not be able to tell you how your particular child uses his or her residual vision or hearing. This information is best gained by carefully observing your child in familiar places and at different times. You need to provide opportunities throughout the day that will encourage him or her to use vision, hearing, and tactile senses. When you do this, your child will gain a great deal of information about the world.

Communication May Already Be Happening

There are many ways in which your young daughter or son may already be communicating. Watch for these cues:

◇ She may open her mouth eagerly when her spoon touches her lips, clearly indicating she wants more food.

◇ She may keep her lips closed as the spoon approaches, and if feeding attempts continue, may turn her head away, lean back into her chair, stiffen, or become agitated.

- When Big Sister pauses in a pat-a-cake game, he may reach for her hands as an indication he wants to continue.
- When Mom stops rocking with him in the rocking chair, he may move his body in a slight rocking motion to indicate he wants to continue.
- When Dad pauses in a favorite game after saying, "I'm going to get your nose," he becomes excited, anticipating the coming kiss.
- She may actively and eagerly participate in a familiar song and movement game (such as "Row, Row, Row Your Boat," "Wheels on the Bus," "Head, Shoulders, Knees and Toes") for five minutes or so; then you may feel her participation fade. She may turn her head to the side. If you persist in continuing the interaction, she may actively resist moving her hands with yours, stiffening her whole body and turning away. Clearly she has had enough.
- She may crawl to the door and sit, or bang on the door, as an indication that she wants to go out. Later, she may even come take your hand and take you to the door as a request to go outside.
- During her bath, she may splash her hands in the water. When she pauses, her dad splashes his hand near hers, then pauses. She splashes again. Reciprocal interactions with this back-and-forth turn-taking help establish early "conversations."

Tips for Developing "Good" Communication

Early communication development is based on three ideas:

- Using consistent daily routines
- Providing your child with cues so he or she can learn to anticipate what is going to happen
- Giving your child opportunities to experience having some control over his or her environment

You, as the parent, take the all-important beginning steps by developing a close and trusting relationship. You play simple turn-taking games together, which, through daily repetition, a child may learn to recognize. You interact in ways that encourage your child to tolerate touch and handling, and in which he or she can begin to demonstrate enjoyment during interactions. The following suggestions will get good results for you:

Establish predictable routines with clear beginnings and ends. Perhaps you have a special blanket on which you play on the floor together. Getting this out and sitting down on it will signal the beginning of play. You always greet your child with your special "hello" (gently patting her chest, for example), let her know who it is with your "name sign" (by helping her feel Dad's scratchy chin or beard, or Mom's hair).

Give choices. Show her two toys (perhaps the giggle ball and a mylar balloon) from which to choose. If she has some vision, you may hold the toys where she is best able to see them, alternately moving each one to help get her visual attention and watching to see which one she looks at longer or reaches toward. If she is not able to see the toys, you can help her touch each toy by gently bringing the toys to her hands (rather than taking her hands and putting them on the toys) and watching to see which one she touches longer, keeps her hand on, or tries to grasp. (Sometimes you may have to guess her choice.)

Remember to offer pauses. Respect the child's pace and follow his or her lead. If she has chosen the giggle ball, you turn it on for her, then after a brief play time, turn it off and pause, waiting expectantly, leaving both your hand and the giggle ball very close to her hand. She can have some control over the game by telling you she wants "more." When you slow down and offer plenty of pauses, you allow your child time to anticipate and respond. You also give yourself time to see responses.

Perhaps your son has a music box with illuminated moving pictures which he enjoys, but he doesn't have the motor ability to turn the knob to activate the music and light box himself. When the music and moving lights stop, however, his dad doesn't immediately turn it back on. Instead, he waits with both his hand and the toy near his son's hands for him to give a signal, such as touching the toy or Dad's hand, or waving his arms or vocalizing that he wants more. His dad then immediately responds to his request by turning the toy on for him.

Watch for cues. Stay alert for signals your child may give you that he or she is "ready" to communicate and participate in turn-taking games. Your child may signal that she wants to continue the game or, perhaps, she is "all done" or needs a break from the communication/interaction. She may kick her feet, wave her arms, make sounds, reach to touch your hand or the giggle ball, or use another signal. When she no longer indicates she wants "more," you may offer her another choice of play activities. Look for the following: quiet alertness, orienting toward the person or activity, reaching toward the person or activity, or vocalizing. Children have many ways of letting you know they would like to continue the interaction. Watch for small hand or body movements that reach toward the person or object. Watch for searching hand or foot movements, a smile, an open mouth. Stay in contact (allow him to lean on you or keep his hand on you). The following cues will tell you when your child has had enough and needs a break: turning away the face or body, leaning back, stiffening, fussing or crying, withdrawing, engaging in self-stimulatory behavior such as head waving or eye poking, closing eyes or mouth, or shifting attention to another object or activity (pulling on a blanket, sucking on fingers, etc.). Reading these cues and responding appropriately is a very important part of early interactions.

Invent your own games. Perhaps now she'd rather play one of her favorite games that you and she invented together. You begin at her toes and slowly move your hands up her legs, up her chest, pause at her chin, then continue to her cheeks, ending with an "Eskimo kiss," rubbing your nose and face against hers. Because this is a game you play together often, and always in the same way, she has learned to anticipate what will happen. You may notice her excitement build as she begins to anticipate the fun "kiss" at the end. Perhaps she starts to move her face back and forth too, or reach up for your face. When you put your hands back on her toes, she might kick her feet indicating she wants to play again.

Take advantage of "accidents." Initially, your son may accidentally bang his arm down on his sound/light piano toy, not realizing he has caused the sound and the keys to light up. With repeated experiences, however, his movements will become more purposeful as he realizes he made something happen. You can join him in play as you invent a turn-taking game: First, he bangs on the piano, then you take a turn and pause and wait for him to repeat his turn. By imitating your child's movements and/or sounds, you can begin many different "conversations."

Encourage use of all sensory information. Help your child who is deaf-blind learn to use vision and hearing for functional activities. Approach your child gently to let him know you're available for interaction; do not "surprise" him with unexpected or abrupt touches or sounds. Attend to and imitate any actions and sounds; invite him to take another turn; let him know you share his interests. Offer consistent touch and object cues to signal the beginning of an activity and use movement and body contact during your interactions.

Adapt the environment. Create clearly defined spaces for your child to explore; provide optimal visual contrast and auditory feedback; include toys and materials with sensory characteristics your child will appreciate (e.g., shiny reflective toys such as a mylar balloon, toys with vibration, and easily activated sound toys that provide auditory feedback within his or her range of usable hearing). Objects may be placed where your child can find them--attached to the crib, high chair, or car seat, or in a hanging mobile or some special play space. In this way he or she will not "lose" them. They may also be placed so any movement the child makes produces a result. You need to provide opportunities that not only encourage your child to interact with the environment and the people and objects in it, but also give results of that interaction, so he can make the connection of "I did something"/"I made that happen." The little boy who kicks his feet while lying on a water-filled mat may not initially realize that he caused the movement he feels. However, with repeated experiences--"The mat only moves beneath me when I move"--the child will learn that he can make something happen. This child will become a more active player in the world.

Help your child interpret the limited sights and sounds that are available. In this way, your child will integrate information gained through all the senses to gain a better understanding of the world.

Monitor levels of stimulation. Be sensitive to the type and amount of sensory stimulation your child can handle at any given time and adjust activities and materials accordingly. Be sure to monitor or eliminate background noise and confusing visual effects.

Provide opportunities to make choices. Throughout the day, give your child choices: bounce or rock? cracker or juice? bells or slinky? pat your hands or kick your feet?

Use appropriate cues. Provide your child with language in any form he can understand. This may include words, signs, gestures, touch cues, object cues, movement cues, contextual cues, visual and/or auditory cues.

Help your child interact with others. As she begins to interact with other children, you can be a facilitator. Help other children learn effective ways to understand and respond.

Playing games is much more than mere play. Through play, your child can learn a great deal:

- Trust and anticipation that certain things will always occur
- How to make things happen

- ◊ Ways to ask for help, ask for more, ask to be done
- ◊ The power of making choices
- ◊ Better understanding of the world
- ◊ Communication in its many different forms

Summary

The term "deaf-blind" indicates a serious problem for your child. We know, however, that very few children are totally deaf and totally blind, and when the term is used, it refers to a child who has a combination of vision loss and hearing loss. Most young children who are deaf-blind have some usable vision and/or some usable hearing. The combined effects of both losses, however, are far greater than either loss would be by itself. Your child will require special equipment, special methods of communication, and special educational services that will surpass what may be required for a child who experiences either vision loss or hearing loss.

It is you, however, the parents and family members, who will have the greatest influence on your child's development. Seek out help from others but be assured that your loving responses to your child, coupled with ideas gleaned from professionals and those who have "been there," will make the biggest difference. Just as other parents do, you will celebrate your child's achievements. Questions such as those that nagged you before your child was born will never go away. However, armed with empathy, patience, a loving attitude, and good information, your answers will be good ones.

Additional Resources

The Deaf-Blind Baby: A Programme of Care. Freeman, Peggy. London: William Heinemann Medical Books, 1985.

This book is intended for parents but will also provide insight for others who share in the care and education of deaf-blind children. It provides explanation of the functions of vision and hearing, the needs of the deaf-blind child, and an intervention program designed to move a deaf-blind child through sequential developmental stages. The program itself is divided into six stages with no age reference because progress is continuous at each child's own rate. A milestone schedule of child development is provided as a guideline, along with appendixes of sources of further information and resources.

Developmentally Supportive Care: Hospital To Home for the Infant With Deafblindness: Greeley, J. Denver: Colorado Deafblind Project, 1997.

Developmentally supportive care is a method of caring for fragile infants who are not yet able to regulate their physiological, motor or state systems. This article includes a series of intervention strategies for infants who are deafblind. Designed primarily for families and other care givers, the strategies include supportive environments, pacing and timing, transition support for new environments and situations, supportive movement, handling and positioning, and supporting sleep wake cycles.

Early Social Interactions: Chen, Deborah. 1994.

This article discusses easy and enjoyable ways the family can facilitate early interaction with their deaf-blind baby that will help develop social and communication skills.

Guiding Principles for Interaction with young Children Who Are Deafblind: Anthony, Tanni;Greeley, J.;Gleason, Debbie. 1994.

Eight suggestions for successfully interacting with young deafblind children. Suggestions for using toys and types of toys to use are included.

Importance of Touch in Parent/Infant Bonding: Brown, Gisele. 1996.

The author describes various techniques to ensure a child who is deaf-blind develops a sense of security and is in communication with his world. She describes ways parents and care givers can provide comfort and recognition through touch when vision and hearing are impaired.

Orientation and Mobility (O&M) for the Young Child Who Is Deafblind: Practical Suggestions. Idaho Project for Children and Youth with Deaf-Blindness. 1995.

A dozen practical suggestions for parents which will encourage the development of independence and exploration by their deaf-blind children. Points out the communicative aspects of behavior and the importance of touch.

A Resource Manual for Understanding and Interacting with Infants, Toddlers, and Preschool Age Children with Deaf-Blindness: Alsop, Linda, Ed. SKI*HI Institute. Logan, UT: SKI*HI Institute, 1993.

The manual's purpose is to give insight, information, and strategies for intervention to service providers for infants, toddlers, and preschool age children who are deaf-blind. The manual is divided into fourteen sections containing topic information specific to deaf-blindness. Order information: (801) 752-9533.

Starting Points: Instructional Practices for Young Children Whose Multiple Disabilities Include Visual Impairment / Chen, Deborah;Dote-Kwan, Jamie. Los Angeles: Blind Childrens Center, 1995.

This book offers a bridge between the methodology for teaching children with significant disabilities and the methodology for teaching children with visual impairments. The primary focus is to provide basic information for the classroom teacher of young children (3 to 8 years old) whose multiple disabilities include visual impairment. This book may be ordered for $19.95 plus 20% for processing from Blind Childrens Center, 4120 Marathon Street, Los Angeles, CA 90029. In California one may call (800) 222-3567. In the USA one may call (800) 222-3566.

Active Learning by Means of the Little Room: Adaption/Sharing of Dr. Lilli Nielsen's Work with Environmental Intervention with Young Children with Deafblindness. Brown, Gigi;Shafer, Stacy. Austin: TSVBI, 1996

This article summarizes the philosophy behind the ACTIVE LEARNING approach. The article discusses how play helps a child develop necessary skills. Included are reprints of a number of articles about Lilli Nielsen's work, an order form for her books, and plans for resonance boards and "Little Rooms."

Catalogues for Ordering Developmental Toys: 1996.

Contact information for receiving catalogues of toys and equipment for children who have disabilities.

Effective Practices in Early Intervention: Infants Whose Multiple Disabilities Include Both Vision & Hearing Loss / Chen, Deborah (Ed.) Northridge: California State University, 1997.

The Model Demonstration Early Intervention Network serving Infants who are Deaf-Blind and their Families was a government funded three year project at California State University, Northridge, directed by Deborah Chen. Project goals involved identifying and developing effective early intervention practices with infants with multiple disabilities including both vision and hearing loss and their families. This manual documents the training topics, effective practices, and key strategies developed and identified by the project process. Four videos were developed as part of the project: Vision Tests for Infants, What Can Baby See?, What Can Baby Hear?, and Making the Most of Early Communication.

Guide to Toys for Children Who Are Blind or Visually Impaired: Toy Manufacturers of America American Foundation for the Blind. 1995.

TMA and AFB have jointly produced and released the third edition of Guide to Toys for Children Who Are Blind or Visually Impaired. The Guide is a resource for parents, grandparents, and teachers that contains commercially available toys and games appropriate for blind and low-vision children of all ages, as well as adults with visual impairments who wish to participate in play with sighted children. The 1995-1996 edition contains 75 new products from 35 different toy manufacturers. The toys are arranged in categories to help make the selection process easier, and this edition features a new category, "Books and Fun Skills," which encompasses a range of products not detailed previously. Other significant improvements include a greater selection of toys in a wider price range, including many lower-priced products, and an expanded introduction, which makes it easier for adults choosing toys to understand the selection criteria used and how to apply them beyond the toys in the guide. Copies are available in full-color print or on audiocasette free of charge to individuals and groups by contacting American Foundation for the Blind, 11 Penn Plaza, Suite 300, New York, NY 10001, 1-800-AFB-LINE (232-5463) or Toy Manufacturers of America, 200 Fifth Avenue, Room 740, New York, NY 10010, fax: (212) 633-1429.

Key Indicators of Quality Early Intervention Programs: Chen, Deborah;Haney, Michele. Northridge, CA: California State University, 1994.

List of indicators based on a review of current literature on effective practices in early intervention and reflecting the unique learning needs of infants who are deaf-blind as well as the priorities of their families. Includes a model for promoting learning through active interaction.

Toy Guide for Differently Abled Kids!: Toys "R" Us. Paramus, NJ: Toys "R" Us, 1995.

Endorsed by the National Parent Network on Disabilities this catalogue lists toys that have been tested by Lekotek. Symbols key toys in 10 developmental areas: auditory, language, visual, tactile, gross motor, fine motor, social skills, self esteem, creativity, thinking. Each toy is pictured and a each picture is accompanied by a full description and the appropriate symbols. Catalogue may be ordered from Toys "R" Us by writing Toys "R" Us, Guide for Differently-Abled Kids, P.O. Box 8501, Nevada, IA 50201-9968.

Ideas and Suggestions for Developing your Child's Learning through Reactive Environments: Wyman, Rosalind. 1996.

The use of small reactive environments, like the Little Room, in stimulating young multi-sensory impaired children to explore and experiment with objects and their environments within a safe space is discussed. A reactive environment is one in which a child becomes aware that her actions will make things happen. Touch, residual vision and hearing, spatial awareness, and vocalization can be stimulated within these restricted environments. Suggestions for adaptation of an environment for a child's special needs, appropriate equipment to use (such as rattles, hangable toys, and shiny refractive objects), and its construction are highlighted.

Making the Most of Early Communication: Reynolds, Janice;Chen, Deborah;Schachter, Pam;Jones, Jack. Northridge, CA: California State University, Northridge, 1995.

This video presents selected strategies for communicating with infants, toddlers, and preschoolers whose multiple disabilities include vision and hearing loss. The three principles demonstrated in the video are: (1) make use of the child's available senses; (2) use systematic and direct instruction; and (3) use games, repetition, and routines to encourage turn-taking. Methods of communication demonstrated include object and touch cues, sign language, and total communication. A discussion guide accompanies the video - EAI-96-017. The video may be ordered from AFB Press, American Foundation for the Blind, Eleven Penn Plaza, New York, NY 10001, 1-800-232-5463.

Positioning and Handling: Yates, Cynthia. Hattiesburg, MS: University of Southern Mississippi, 1992.

Covers basic information about infant positioning and handling to develop motor skills. For availability information: University of Southern Mississippi, (601) 266-5135.

Family-Guided Activity-Based Intervention for Infants & Toddlers: Cripe, Juliann J. Woods. Kansas University Affiliated Program at Parsons. Baltimore, MD: Brookes Pub. Co., 1995.

Daily routines and activities can be turned into learning opportunities for young children with special needs. This video explores family-guided activity-based intervention, a set of strategies that enables parents and caregivers to help young children gain skills within the context of naturally occurring events. These methods enhance children's development, accommodate families' daily schedules, address children's IFSP goals, and promote family interactions. It is intended for early interventionists and child development specialists who wish to teach parents and family members this approach. The video can be ordered from: Brookes Pub. Co., P.O. Box 10624, Baltimore, MD 21285-0624.

Interaction and Play: Matthews, Jimmie. Hattiesburg, MS: University of Southern Mississippi, 1992.

Discusses interactions with people and objects at the reflexive and intentional behavior stages and encouraging social interaction through play. For availability information, contact: University of Southern Mississippi, Southern Station Box 5115, Hattiesburg, MS, 39406-5115, (601) 266-5135.

Tactile Stimulation: Activity Sheet / Overbrook School for the Blind. 1994.

Play activities for developing the tactile sense of blind children to help them interact with their environment are fully described here. Water play, sand play, shaving cream play, cuddling games, tape play, and play dough activities are included.

Programs

State Deaf-Blind Projects, Services For Children With Deaf-Blindness Programs.

U.S. Department of Education, Office of Special Education Programs

The purpose of the Services for Children With Deaf-Blindness Program is to support projects that assist states in assuring the provision of early intervention to children and youth who are deaf-blind; to provide technical assistance to agencies that are preparing adolescents who are deaf-blind for adult placement; and to support research, development, replication, pre-service and in-service training, parental involvement activities, and other activities to improve services to children who are deaf-blind. For information concerning particular state projects and contacts.

Contact DB-LINK (800) 438-9376.

Hilton/Perkins Program, Perkins School For The Blind

Hilton/Perkins program provides consultation, training and technical assistance to programs throughout the nation and in developing countries. Emphasis is on program development for multi-handicapped blind and deaf-blind infants, toddlers and school-aged children. Funding is provided to organizations of parents, and to assist in the pre-service training of teachers.

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National Early Childhood Technical Assistance System [NEC*TAS]

NEC*TAS is a consortium project intended to design and provide technical assistance for four primary target populations---Part H Staff, Interagency Coordinating Council members and staff, Part B-Section 619 staff, and Early Education Program for Children with Disabilities project staff---as well as to various secondary populations. The mission is to provide technical assistance that assists the target populations in developing and providing multidisciplinary, comprehensive, culturally sensitive, and coordinated services for young children with special needs and their families.

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National Family Association For Deaf-Blind [NFADB]

NFADB is a national network of families focused on issues surrounding deaf-blindness. As a national organization, NFADB advocates for all persons who are deaf-blind, supports national policy to benefit people who are deaf-blind, encourages the founding and strengthening of family organizations in each state, provides information and referrals and collaborates with professionals who work with persons who are deaf-blind. The organization has regional representatives in each of its 10 regional districts throughout the country. It also publishes a quarterly newsletter.

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National Technical Assistance Consortium [NTAC]

NTAC is a consortium for the provision of technical assistance to families and agencies serving children and young adults who are deaf-blind. The primary mission of NTAC is a) to assist states in improving the quality of services for individuals (birth to age 28) who are deaf-blind; and b) to increase the numbers of children, young adults, their families, and their service providers who will benefit from these services.

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