Inclusion for a lifetime of opportunities

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2578 Consultant service in Denmark

Program Models Suggestions for Improvement of Service Delivery
Poster

Inge Mogensen

The workshop is about the consultant system in Denmark. How assessment, intervention, staff- development and networking with families in a lifelong perspective seeks to give optimal service to deafblind people and their relations. The national consultant department works with assessment, intervention and identification in a network with families and local staff. The service is financed by the state. The service is built up as a lifelong service and integrates: Ongoing staff development, development of family members, networking, assessment of senses and cognitive capacities. The Workshop will describe how the consultants work with families, local staff and communities in order to collect, develop, adapt and spread knowledge about deafblindness in an ongoing service for each deafblind person in Denmark. The service includes development/training of staff and family members, video analyses in the network, assessment of functional use of senses, cognitive capacity, developing communication, observations and descriptions of methods and goals. The workshop will describe as well how the system is built up, how it works and give a brief case presentation to illustrate the work. Main factors in the service are: Identification and assessment is related. The focus on how assessment of function and capacity for the deafblind person leads to change of the social and physical surroundings. The service is focused on how to establish and develop interaction and communication. Cooperation between the consultant, family members, local staff and communities gives a good understanding for everybody to create good learning conditions for deafblind persons. Assessment, intervention and staff development go hand in hand. The consultants follow the deafblind child, youngster and adult in regular basis and the assessment is an ongoing procedure. The workshop could give inspiration to how good service for deafblind people can be built up, how to work with assessment and intervention in cooperation with the network around each deafblind person, how to manage development in the network, and how to develop and spread knowledge.
2590 CHARGE Syndrome in research and action Strategies of infants and toddlers with CHARGE Syndrome in early dialogues
Research Scientific and Evidence-Based
Poster

Dr. Ursula Horsch, Andrea Scheele

The session is about the results of a PhD study on early dialogues of children with CHARGE Syndrome and their parents. During the session video tapes as well as screenshots will be shown to give insight into the microanalysis which was accomplished during the doctoral thesis. **Background and aims:** The content which will be presented is an extract of data of the doctoral thesis “early dialogues between deafblind children and their parents” (2006-2010), which is based on the project “dialogic development of infants” by Prof. Dr. Ursula Horsch where infants with and without disabilities are observed through the first 18 months of life by the use of video tapes. Next to a sophisticated description of the dialogic structure and its development through the first 1.5 years, conclusions referring tangible impulses for early education shall be drawn. **Method:** Parents and their deafblind children up to the age of six are monthly video taped in their natural setting for one year during an aimless interaction. The first four minutes of the data of each videotape are analysed with the computer software Interact/Mangold. Afterwards quantitative and qualitative analyses by the use of SAS are made. **Key results:** The results refer to 14 pairs of parents and their children with CHARGE Syndrome of the 25 participants of parents with deafblind children and more than 200 videos of the study: The quantitative analysis already gave hints to typical strategies in children with CHARGE Syndrome and indicated the importance of the elements eye and body contact in contrast to more language emphasised elements like Motherese/Fatherese. I.e. as individual strategies sensory diet or individual mixtures of different communication modes can be stated. **Main conclusions:** Often the dialogic offers and the individual strategies of children with CHARGE Syndrome seem to be hard to detect for a hearing and seeing person without CHARGE Syndrome and hence without the same way of perceiving the world. Due to the idea of man and the trust in the competencies of the child with CHARGE Syndrome dialogue partners can improve recognising the offers and understanding the individual strategies. **Objectives:** We’d like the audience to experience the dialogue competencies of the child and its individual strategies very conscientiously to get another view on their own work again. We’d like to show the audience quite plainly that behind the concept of dialogue there is an idea of man which is about relationship and trust.
2693 Getting in touch: Interactions between adults with congenital deafblindness and the staff who support

Poster

Meredith Prain

Background: There is a paucity of empirical research into interactions between support staff and adults with Congenital Deafblindness to inform an understanding of best practice with this group. The majority of research into communication and interaction with people with deafblindness has involved children and their interactions with parents and educators. This study aims to examine what is currently happening during interactions between adults with congenital deafblindness and their support staff and also to gain information about the attitudes and perspectives of the staff working with these adults. This information will provide valuable evidence to shape policy and training and support for staff. Method: Interactions between adults with congenital deafblindness and their support staff were videoed on a weekly basis for a period of four months. The interactions were analysed in terms of their duration and qualities using a previously validated observation coding system designed for use in community residential settings for people with severe disability. Staff were interviewed about their interactions with the adults with deafblindness that they support and these interviews were analysed for key themes. Results: Inter rater reliability was assessed using both Cohens Kappa and Percentage Agreement calculated in a variety of ways. High inter rater reliability was evident for some codes but was lower for others, particularly the staff codes. Both the videos and staff interviews revealed extremely limited social interaction between the staff and adults with deafblindness outside of personal care tasks. Analysis of the interviews revealed four key inter related themes 1. Tacit knowledge about the clients, 2. Construction of client happiness, 3. Accounting for disengagement, and 4. Imperatives of the staff role. Implications: The results of this study provide evidence to shape training and support needs of staff working with adults with congenital deafblindness. Key questions 1. What is the current nature of interactions between adults with congenital deafblindness and the staff who support them? 2. What are the perceptions and attitudes of staff working with adults with congenital deafblindness? 3. How do we measure quality of life for adults with congenital deafblindness?
Quality education partly on distance to staff around children with congenital deaf blindness

Staff Development Effective Models and Creative Approaches
Poster

Annica Boström, Sonja Friberg, Jenny Näslund

At our recourse center we have given weekly courses twice a year for 10 years and we have always got good evaluations from our participants. We tried to keep the courses rather similar from year to year and also tried to assimilate with the Nordic syllabus. Although we were not quite satisfied, it was always a big effort to administrate the courses, the participants increased and we had to develop the content. Two years ago two of us attended an education of distance learning. Sweden is a country with lot of computers and the use of internet is quite common. Now we had found the solution! Last year we did our first course partly on distance for staff around children with congenital deaf blindness in “How to Communicate”. We first met for two days of introduction in October and among other things we made the students do a lot of exercises as if being deaf and blind. Then there were a period of 5 months where we had several blocks on a web based platform with different contents. Hearing, vision, interaction, communication, how to film and analyzing video sequences. Finally we met again in Mars and looked at the participants’ films and did a lot of analyzing in groups. We will in this presentation show how we have extended our former course into a real quality and successful product. It has also been more accessible for the participants and easier to rearch. We will give you examples of how our way of distance learning works. One of our main goals is the dialogical approach. We are really keen on seeing and speaking with every one even if we mostly meet in cyberspace. We also use a special way to evaluate the content and process which make the education dynamical. Finally we want to show our plans for a new course addressed to parents, also partly on distance.
Funded on 1829, Perkins School for the Blind is an education centre for blind, deafblind and multiple visual disabilities. The Perkins mission is support these population in achieving the Independence as well as train teachers and support universities to development to wider their training programs. In 1989, Perkins established an international program to support the education of blind and multiple visual disable children. The main focus of Perkins International is to develop the local, regional and national capacities to develop sustainable and independent education services in Asia, Africa, Latin America and the Caribbean and Central and East Europe. In Latin America, Perkins International did not have a web page in Spanish that offer resources for those interested on the issue to get information, find and share, offer opinions and share ideas. This way we create a space that has a main page to know the Perkins International mission and history, a space where you find a personal, familiar or professional story, underlining the issue, sharing the life experience related with deafblindness or visual disabilities and additional. Also you can go to “projects” where are information of each of the programs that Perkins International supports in Latin America; “Story lives” that let you know main aspects of the learning achieved by some children and young; “News” of different programs. “Library” where are the bibliographic Perkins International resources of the regional office has and that you can ask for. “Events and courses” where are share training, participation and interchanges more important of the programs. “Publications” where you can read and lowdown articles elaborated in different programs in Spanish or Portuguese; a Image gallery” with programs photographs and videos and a “contact us” for the users to communicate with the web manager for a suggestion, request or comment. This web address is: www.perkinsla.org since October 2010 when started until today we had more than 1000 visitors. We hope in the future to grow and add more information that is interest in Spanish and Portuguese to enrich the Latin American users.
Traditional play to develop basic motor abilities. An application for children with visual impairment at Andres Bello at Merida state in Venezuela

Luis Yajan Albarran Marquina

This is a research done on the application of traditional games used with visual impaired children in Venezuela focus on keeping the culture tradition and looking for the motor development of the visual impaired children.
2712 Development of knowledge across borders

Staff Development Effective Models and Creative Approaches
Pôster

Henriette Hermann Olesen

Workshop about the use of Nordic collaboration in the development of knowledge

For 30 years, the five Nordic countries have joined forces to develop knowledge of how to support and develop good communication and language with people with deafblindness. This knowledge is developed with focus on the connection between practice and theory. Experience shows that to understand the complexity in communication with people with deafblindness, there are many areas/subjects we need to address. Consequently, we need to work together across the countries to cover all these areas. In the Nordic countries, there is a tradition of collaboration in many areas. This tradition provides a uniformity that makes it much easier to cross borders. The reason why we need to collaborate in this particular area is that the population of people with deafblindness in every country is very small and, therefore, there is a limited basis for development of knowledge in each country. The opportunities for developing a broader and better knowledge are far more open when working together with professionals and people with deafblindness across the five countries. The Nordic Model: The above-mentioned way of developing knowledge is referred to as The Nordic Model. It contains Nordic networks, Nordic seminars, Nordic courses, Nordic workgroups, Nordic study plans, Nordic projects - and a Nordic institution. The Nordic institution is situated in Denmark, and, for nearly 30 years, the Nordic collaboration has been centered within and around this institution. In 2009, the institution along with three others was merged into the Nordic Centre for Welfare and Social issues. In this organization, there are opportunities to work with Nordic knowledge in areas related to deafblindness including politics of welfare, disability issues, social issues, work inclusion and more. The presenters work at the Nordic Centre for Welfare and Social Issues in Denmark, and we would like to present our thoughts of how the collaboration across the Nordic countries is rewarding for the development of knowledge on communication with deafblind people and staff development. We will present the organization of the Nordic Model and the experiences of working like that. The workshop should serve as an inspiration for other countries to work together across borders to develop and contain knowledge of how to support and develop good communication and language with people with deafblindness.
2715 From passive observer towards inclusion and active participation in own life

Education/Rehabilitation Innovative Approaches for Children and Adults
poster
Susanne Ozdemir, AnnCharlotte Kjeldsen Weidemann, Jette Noergaard

We are 3 social educators from Denmark who are working in a residential home for adults with congenital deaf blindness; established in 1986 and actually the first adult institution of its kind in the World! The institution has 8 residents consisting of 3 women and 5 men, ranging in age from 33 to 48. All residents are mobile and the majority have a combined sight- and hearing loss. Two persons are completely blind, but have a residual hearing. At our institution we work with key words such as co-determination and self-determination. About every second month we have a resident’s council meeting where the residents set the agenda. Our pedagogical foundation is built on equivalence and appreciative pedagogy, just to mention some theories of relevance for the subject we present here. The project we would like to present at the conference started nearly 6 years ago. At that time the focus person was severely overweight, and was driven mostly by basic needs, with focus especially on food. We experienced that she had difficulty in interaction with people in her surroundings, whether it was unfamiliar or well-known faces. Most of the time she sat in a chair not participating in any social interactions and other deaf blind people made no attempt to include her either. Furthermore she seemed to become more and more self-defeating and showing outwards behavior, became irritable and showed no patience when attempting communicating. We had a hypothesis that this behavior was due to her severe overweight, that she simply did not possess the mental excess to interact. Based on this hypothesis we decided to attempt to change her passivity and lack of participation in life around her to motivate her to become included in her surroundings and to play a more positive and active role in her own life. We selected the educational method CRAP (Cognitive, Resource focusing, Appreciative, Pedagogy) to clarify the above mentioned issues. CRAP is based on the believe that all humans have clear educational and value ideals about how we experience and create relations, wellbeing, joy, creativity and motivation so we get an experience of context, significance and meaningfulness. At the conference we would like to review the substantive process and issues such as: How did we get started? Implementation in the focus person herself, in the staff group at our institution and interdisciplinary teams (daytime occupation, teachers, family etc.). Establishment of common focus and perspective; How to involve the focus person in decisions concerning her own life? Co-determination and self-determination; How to get her more included in social life?; Reflections, strategies, actions and activities; How to introduce healthy food? For example to give the focus person new alternatives and choices. Documentation: weight tables, calculations of BMI, diet plans etc; How to introduce exercise?; How to keep up the spirit through the process!? For the focus person herself as well as for the staff group; Positive side effects including improvement of communicative skills, behavior etc. Documentation: the decrease of accident- and force reports; Status quo and how to use our current knowledge prospectively; How are we able to generalize the experience we obtained?
Cultural diversity provides the construction of different ways of raising and educating children. In addition, parents have also universal objectives in relation to their children which are independent of the culture in which they live, such as the child’s health, physical survival and personal satisfaction and self-realization (Sinha, 1995). The birth of a child with special needs is an impact that can bring mixed feelings and it is very difficult to accept. The families restore their balance in several different ways and this is directly related to the child’s characteristics, which have a direct impact on the daily routine of family members. The family environment can contribute effectively to the development and growth of the child.

This work aims to characterize the parental beliefs about the care of a child with multiple disabilities. Participated in this survey mothers of children between 0 and 5 years diagnosed with multiple disabilities and who are users of a nonprofit institution, located in the city of Campinas, in the State of São Paulo. We conducted open interviews with the mothers, checking the aspects of maternal history, history of child, dyadic interaction from birth and parental beliefs about the care of the child with multiple disabilities. The study is still ongoing and has been noted that most mothers prioritize feeding, hygiene and basic care, having difficulty reconciling stimulation with care, even with constant guidance of the professionals from the institution they attend.
When we take into consideration the fact that this is a little explored theme in Brazilian research, this makes this study to be of significant relevance, especially when we relate to a society so called inclusive. Deafblindness can be referred to the total impossibility to see and hear, however there should be taken in account the possibility of residual vision and or hearing, which in spite of being there does not mean they might be used in the same way that the ones who do not have such difficulties. Actually it is a condition in which there is a combination of the visual and hearing losses in several different levels, that produce problems in his communication with society. The deafblind child has one of the less understood disabilities by the society in general. It is not a blind child who cannot hear, or a deaf child who cannot see. It is a child who has multisensory deprivation, who will present limitations to the simultaneous use of both distant senses, or rather, will have difficulties in expressing his thought and understanding the thought of the others, through the usual channels. We cannot forget that communication is a basic need of every human being and in the case of deafblindness it is enveloped of particularities practically unknown to society. Thus, deafblind children should present difficulties that will probably hinder their development into becoming an active member of society. However they are able to express themselves as well as receiving messages we send. The objective of this study is to “see” and “hear” deafblindness, focusing in the forms of communication of congenital deafblind children. We sought the contributions of Vygotsky, Bruner, Tomasello, Chomsky, among others in order to base this study because they offer support to better understand the particularities of language acquisition of these children. In this research we had the participation of ten congenital deafblind children from three to ten years old, users of an institution in Pernambuco. The method proceedings abide by the recommendations of what a qualitative research should present. Data collection was made through three sources: interview with parents, MAPs and direct observation of the subjects during social interactions. Data analysis was done both individually and collectively, pointing out the profile of the forms of communications of the subjects. Final considerations revealed that the forms of communication varied among subjects independently of the age, but there is a set of forms of communication common in a way, expressed by the group, that allowed us to create a profile of the segment, also pointing to the use of strategies that foster acquisitions. We hope this study can bring contributions to renew the view of attention to the children who are deafblind, bringing concrete demonstrations of their development, and in addition showing the importance of social interactions in language acquisition, as it is for all the other children.
The objective of this thesis was to identify the orientations and strategies used with families at home visits that have helped their children with deafblindness or with multiple sensory impairment to develop skills in daily living activities. The theoretical basis refer to the characterization of the person with deafblindness and multiple sensory impaired, their difficulties with communication and participation; to the methodologies that guide the evaluation and organization of educational programs; to the characterization and needs of the families; to programs based on daily living activities. The participants were two students and their mothers enrolled in the Home Visit & Supported Families Program (Program AD & FA), of Ahimsa. The criteria to select the participants were: similarities in the characteristics due to etiology of the disability, Congenital Rubella Syndrome (CRS) and behavior alterations caused by the late manifestations of the CRS; similarity of age group, young adults between 22 and 23 years old. To data collection there were performed 10 home visits to each family in the period of February to September 2009, in which daily living skills activities were developed and observations reports were made; towards the end of the visits semi-structured interviews were carried out with the mothers. The strategies that promoted the participation of the student were listed and the factors that either contributed or made difficult for mothers to promote or not the strategies, through analysis of the data collected in five steps: 1) creation of the tables to record behavior/participation and the communicative behaviors of students in the activities at the first home visit; 2) creation of the tables to record behavior/participation and the communicative behaviors of students in the activities at the last home visit; 3) discussion on the differences, evolution and other variations (presented in the participations and in communication, as well as in the acquisition of independence and autonomy) in the execution of activities, based on the tables of steps 1 and 2 and on the observations reports of the home visits; 4) analysis of reports and interview of the mothers pointing out the needs and expectations raised, the strategies that were used by the mothers that have improved the participation and communication of the students and the factors that led families to implement or not the strategies; 5) reflections on the data of the discussion from step 3 and the similarities and differences with the analysis of step 4. Data analysis showed the benefits in communication and participation of students in the daily living activities proposed during the home visits and day-by-day, in addition, it has showed which strategies brought better results during the performance of the activities and helped improve the participation of the students, as the adoption and use by mothers of: routine implementation and maintenance of sequences in the activities, organization of the activities done, organization of materials used, systematization and implementation of means of expressive and receptive communication. The research pointed out difficulties of families, to implement some orientations and strategies, due to matters related to health conditions and challenging behaviors of their children. The short period of time of the home visits, only 10 sessions, and the number of only two young adults and their mothers were limitations found in this research, pointing out the need to carry on with the studies with more data, more participants and more time for the research. Nevertheless, the researcher proposes to divulge these data through publications, considering the lack of systematized and analyzed data on home visits of people with deafblindness and multiple sensory impairment.
The goal of this Project is to present the training of collaborative teams: informative and training presentations for disable member’s families. The main outcome is to train collaborative teams at the municipal network schools in Sao Pablo city in a way of empower the families, motivate them to participate at the collaborative teams and increment the responsible inclusion of the disable people, especially the deafblind and multiple sensorial disable ones, through the informative and training presentations for disable member`s families that are participating at the schools in at the municipal network schools in Sao Pablo city and being part of the collaborative teams. The work theory was based on the deafblindness and multiple sensorial disability definition, communicative supports for people that do not use speech and the family training needs. The project was developed by Ahimsa and Abrapascem professionals. The pilot Project was presented to the CEFAIs coordinators and done by CEFAI Capela of Socorro, through the presentations at 2 of the CEUs at the region named (Três Lagos e Parelheiros) with the total participation of seventy (70) people between families and school staff. The presentation “issue” was “how to communicate with my child that does not speak” by a CEFAI coordinator suggestion, because she fund at her work that this was something that happened with the inclusive students. The result was satisfactory, because the people participate more than we expected: asking and sharing experiences between the families and staff during the presentations.
This paper has the objective to present quantities results of a research carried out in Brazil in 2004-2006 by Grupo Brasil (Group Brazil of Support to the Deafblind and Multiple Impaired) and partial results of the research carried out in Canada by The Canadian Deafblind and Rubella Association (CDBRA) in 1999 about the late manifestations of Congenital Rubella Syndrome. The Canadian research presented significant data about the congenital problems with vision, hearing, heart, among others as well as the health and behavior manifestations that occurred throughout the life of the participants. In Brazil, after the knowledge of the Canadian results, and the proper authorization to divulge them to professionals of health, education and families, it was important to gather more information about Brazilian population, that is why an authorization was requested from CDBRA in order to carry out the research. The study in Brazil had the goal to show the effects of Congenital Rubella Syndrome and the consequent late manifestations that may occur throughout the life of a person affected by it. The importance of this study is to point to professionals who work with people with Rubella Syndrome, professionals from health and families, the possible manifestations so they keep alert to any alterations, risks and problems brought by Congenital Rubella Syndrome.
How can we enable persons with disabilities to live independently and to participate fully in all aspects of life? In Article 9 (Accessibility) of the Convention on the Rights of Persons with Disabilities the United Nations describes that State Parties shall take appropriate measures to implement standards for the accessibility of facilities for everyone. The presentation is focused on whether current navigation systems are adequate to enhance autonomy of persons with deafblindness. Can these systems offer a chance include of persons with deafblindness better in the society?

By using long-time video sequences the mobility development of a young woman (named Harmit) with congenital deafblindness will be shown. For six years Harmit is living and learning in Blindeninstitut Würzburg (Germany). After learning to walk independently with the white cane through the large institution-area, she started to train independent navigation using a new type of assistant system. This TANIA- System (Tactile Acoustical Navigation and Information Assistant) provides navigation indoors as well as outdoors, even in unknown areas. The system was originally developed in the Visualization and Interactive Group at the University of Stuttgart (Germany) as a navigation device for people with visual impairment. For persons with deafblindness the environmental information is presented on a Braille display. Harmit is the first person with congenital deafblindness in Germany to be trained in using this system. The presentation will show all aspects of her special training program. It describes the pedagogical preconditions as well as the technical aspects necessary to use the system. A critical evaluation will show the pedagogic possibilities and challenges of the TANIA system and its relevance in everyday situations for persons with deafblindness.
This article aims at reporting the experience of construction of the Pedagogical Support Services for a deafblind student that lives in the city of Londrina. This service was developed and structured based on the needs of this deafblind student enrolled in the 5th grade in a public school in the year of 2009. In the case of students with deafblindness, when the senses of hearing and vision are severely compromised, the difficulties related to learning and adaptation to the environment is multiplied. The lack of these senses limits the individual, resulting in the deprivation of his/her motivation and exploration of the environment. The difficulties of attending a regular school due to the need of establishing peculiar communication to each case represent some barriers to learning and require other more appropriate ways of dealing with it. As previously, there was no record of students on this condition that were studying in public school and, therefore, there was not an offer of specific supports, so it was searched in the existing literature about what kind of professional could offer this support, then it was found as an option: the professional guide-interpreter and/or instructor-mediator. Therefore, the alternative was to develop a protocol requiring the State Department of Education / SEED, the opening of demand for the supply of a professional guide-interpreter and/or instructor-mediator for pedagogical service in the classroom. Then, it was given to the NRE-Londrina, the responsibility for selecting a teacher whose job profile would be appropriate to the needs of the student, being open demand and later supply for a professional guide-interpreter. The criteria used to request the opening of supply are provided in Instruction No. 01/04 - SEED / DEE, but they required specific settings: 1) Letter from the Principal of the school addressed to the Secretary of State for Education and to the Head of Department of Special Education and Educational Inclusion / DEEIN requiring the attendance of educational support, containing the name of student, grade/class/time working to be supplied by a specialist teacher, 2) Medical reports noting the deficiency: audiometry and ophthalmological report of student, containing pathology with International Classification of Diseases ICD-10, 3) document with analysis and opinion of the responsible for coordinating the DeafBlind area of the Department of Special Education in the Regional Education Center in Londrina, about the need of care, 4) Personal documentation, graduate and specialization diplomas in special education of the selected teacher. For the selection process of the teachers for educational support, it was adopted some criteria about the specifics items of the student's grade level, as described below: 1) Being a teacher of their Own Framework of the Magisterium, graduated in the disciplines of knowledge, 2) Specialization in Education and/or Special Education, 3) Having experience as a teacher in Special Education. This case made it possible to extend the same kind of service to another student enrolled in a public school in the city of Maringá, with the possibility of constituting subsidy for another situations in the State of Paraná. Today, the student will start the 7th grade, with great prospects and conditions of dreaming of a not too distant future to attend a university.
This document had as objectives: 1. to assist the community to establish contact with people with deafblindness, interacting and learning from them; 2. to provide background information, in a practical and simple way to contribute to the social inclusion of people with deafblindness in their environment; 3. to draw up a guideline for community looking for the care of deafblind people either in the school context as in their daily social activities. We are all different from each other and herein lies one of the beautiful aspects of our human being nature. Another aspect, wonderful, admirable and interesting concerns to the capability to adapt ourselves to the vicissitudes that might occur and to the certainty that life and love can be infinitely stronger. Through unsteadiness caused by different reasons and looking for ways to overcome it, human beings have been building up mankind history. Different kind of difficulties, as well as different solutions, always creates the wealth of diversity. Usually, by the instinct of keeping their balance in any situation, people are used to adapt their comfort zone, discarding the elements that may threaten this condition. Therefore, mankind owes much to individuals with disabilities, who looking for overcoming their own difficulties and limitations, helped to streamline the history, transforming concepts, increasing the knowledge and developing the human potential of keeping going on, and after all, being resilient and reacting positively when facing adverse conditions. Deafblind people, and those who set themselves to respect and understand their needs, are part of this history, as well as everybody that nowadays has the opportunity to take advantage of the knowledge related to this area. Concerning to deafblind students, when the senses of hearing and vision are seriously impaired, the difficulties related to learning and adaptation to the environment multiply themselves. The lack of these senses limits the individual, resulting in the deprivation of his motivation and of the exploitation of the environment. The difficulties to attend regular classes in the school due to peculiar communication skill required by each case represent obstacles for the learning, which demands to be addressed using more convenient ways. Therefore, we opted for the preparation of an illustrated manual, with the main functional notions about orientation and mobility skills of the deafblind person in family, school and social environments, in order to facilitate its inclusion. Through the illustrations we looked for the visual appeal and the use of a simplified language, enabling this to be accessible by a larger number of people. This guide therefore is addressed to the community and to education professionals who work with deafblind students, easing up the handling and care of them. In the relationship with a deafblind person, it is mandatory to act recognizing the impairment as a very important personal characteristic. This way, embarrassing situations will be more easily solved out, once respect, sincerity and sensitivity towards others never fail.
The regular school, in its current organization, still has difficulty and resistance when the subject is inclusion, either by lack of physical structure, either by the possible lack of training of professionals who work there. It is a fact that the number of students with impairments in regular network is being increased considerably, but there are still many actions available to make the inclusion full and responsible. When applying the registration of a child with congenital deafblindness doubts and fears arise greater, once major part of professionals in the public network are unaware about the characteristics and peculiarities of congenital deafblindness, its causes and, above all, the potential of students with this impairment. Students with congenital deafblindness need specific support, differently from students with acquired deafblindness and also from those with other disabilities. It is vital that the professionals who work with these students, in classroom and support room, know the variations of congenital deafblindness and have access to the proposals of successful works and specific capacity training, in order to get the opportunity to think over their own practices through teaching-learning process. People with deafblindness present restrictions to access information, to orientation and mobility, few opportunities to experience, in addition to difficulties in expressing what they do and feel. An individualized educational plan is required, which shall be articulated by several professionals who work with children in regular school, so the inclusion might result into a significant learning in various areas of knowledge and a decrease of many restrictions that the deafblindness condition brings. It is right of any student the access to general curriculum, through activities that enable a more active participation within regular school context, so can not be denied this right to deafblind students. Even facing the restrictions that deafblindness brings to the individual, the school has the key role of diminish the barriers by means of an educational program focused on potential and needs of its students. This work aims to discuss some strategies to facilitate the inclusion of students with congenital deafblindness in regular classroom, based on experiences in a specialized institution, on specialized educational service in public network and on specific literature. Think over deadlocks and possibilities of congenital deafblind students’ inclusion and discuss feasible strategies to be implemented regular classrooms, emphasizing the necessary support for the communication and language of these students.
The job of SAAI’s teacher (Monitoring and Support to Inclusion Room) with multiple sensory impaired students: a daily experience

Program Models, Suggestions for the Improvement of Service Provide Conditions

Rosângela Nezeiro da Fonseca Jacob

São Paulo City Hall, through its Department of Education, established the Special Education Services by creating CEFAIs (Training and Monitoring to Inclusion Centers), which have acting PAAIs (Support and Monitoring to Inclusion Teachers) and SAAIs ((Support and Monitoring to Inclusion Rooms), these rooms are installed in regular schools. The articulation between CEFAIs, PAAIs and SAAIs is fundamental for the inclusion in São Paulo municipal network to meet educational needs of impaired students, to support the families and the regular classroom teachers and academic community in General. This work is oriented to the inclusion of students with multiple sensorial impairments, i.e. with visual and hearing impairments associated with other behavior and disabilities conditions. It is intended to present the experience done in a SAAI of a public network school in São Paulo City, with students of elementary school, as follows: performance of the professional during specialized educational care; partnership with the regular classroom teacher; relationship with the family; relationship with the academic community (other students and professionals); access to regular curriculum; individualized educational plan; alternative communication; pedagogical strategies; partnership with health system. The current structure of special education in São Paulo City Hall has been making true a new history regarding the inclusion of people with disabilities in regular school. There is still a long way ahead and many actions to be really done, however, it is necessary to acknowledge what is being done for the inclusion of students with sensory disabilities through the actions conducted by SAAI’s teachers.
Deafblind student’s education requires individualized programming developed by a teacher with the support and participation of parents. The goal is for parents to ask what strategies the teachers are using at the school for the visual impaired (CAIDEV I at Barinas) to develop an inclusive education program for the students with deafblindness.
Supporting the inclusion of deafblind persons in various community activities and promoting the awareness of this disability in Venezuela are the goals of university students from the National Communitarian Service. In 2010, projects were undertaken in Nueva Segovia, el Roble, and las Tunas (Lara State). For example, in Las Tunas lives Y.R., a 17 year old deafblind person, with residual vision who uses objects of reference to communicate. To carry out this community based rehabilitation initiative, it is necessary to train the participating university students in sign language, educate them about deafblindness, explain about the vulnerabilities of people with this condition and explain the individual variation of capacities and abilities. After the training, we contact the families to agree on the goals for the individual’s social integration. They contact the families to set up the individual plan using workshops and communitarian projects, etc. After 6 months of working on this project, the achievements were: Las Tunas community council approved a community housing project for deafblind persons and appointed the mother of Y.R. to the Disabled People’s Commission. As part of the social inclusion, Y.R. started dancing classes and arrangements were made for transport to go to the dancing lessons. What the students said about this inclusion project: “Y.R. is now welcome to go to a facility to socialize. Prior to this he sat home all day without any activity. Also, a mother was motivated to bring her deafblind daughter out 3 times per week to dance classes in the community.”
The students, who need special education, are educated in the schools having the same title with their related disabilities in Turkey. The students, who are visually impaired, continue the School for the Visually Impaired and the students who are hearing impaired, continue the School for the Hearing Impaired, etc. Also, the teachers working in these schools are educated in the special education departments of education faculties of universities. The special education department of each university educate teachers in the scope of one or more programmes. Some of the special education departments have only 'Classroom Teaching for Mentally Handicapped People' programme and some of the special education departments may have two different programmes such as 'Classroom Teaching for Visually Impaired People' and 'Classroom Teaching for Hearing Impaired People'. The teachers, who are educated in each of the programme, are assigned to the special education schools related to their education field. A teacher, who is graduated from the 'Classroom Teaching for Visually Impaired People' department is assigned to the school for visually impaired. These teacher training programmes are based on the sufficiency of teacher in Turkey. However, these programmes should be renewed in terms of service fields although they have proper syllabus. Particularly, the problems are faced with in the training of teachers for the multi-disabled and deafblind people. The characteristics of the programmes in the teacher training for special education in Turkey, subjects given to the candidate teachers and percentages of these subjects, proficiencies expected from the candidate teachers, working fields after graduation and the matters to be developed for teacher training will be discussed in this study. The good aspects of the teacher training for special education in Turkey will be shared to be developed as a good model for other countries and the recommendations of the other countries which train teachers for special education will be included in this study.
Cecilia Henricson, Claes Möller

Doctoral student Cecilia Henricson 1, Professor Björn Lyxell 1, Professor Claes Möller 1, Assistant professor Björn Lidestam 2, Post doc. Malin Wass 1 1) Linnaeus Centre HEAD, Örebro audiological research center and Swedish Institute for Disability Research, 2) Linnaeus Centre Head During this workshop the test procedure of the project will be outlined and the primary results discussed. The workshop will focus on discussion of cognitive functions in relation to vision and hearing, and of the possible implications and applications of the findings from the study. Children with CI have a distinctive pattern of development of phonological skills (Wass, 2010). Previous research (Spencer & Tomblin, 2009; Wass et al., 2009) has shown that deaf children with CI perform on par with children with normal hearing on some cognitive tasks, whereas they have a significantly lower performance level than children with normal hearing on tasks with high demands on phonological processing. The present project aims to examine phonological skills and working memory capacity in children with Usher type 1 and compare their performance with deaf children with CI and nonsyndromal deafness, with children with normal hearing and children with hearing impairment. Few studies have focused on cognitive development in children with Usher syndrome type I and there is a lack of knowledge on whether the deafness and the co-existing balance and visual conditions have an impact on cognitive development and the spoken language development which is an outcome of the CI. Six children with Usher syndrome type I, in ages 6-14 years participated in the study. Preliminary results revealed that children with Usher syndrome type I have a similar pattern of results on the tests as the comparison group of children with CI.
Able Australia (formerly The Deafblind Association) has been providing services to people with deafblindness in Victoria and other states in Australia for the past 40 years. Over the past 4 years, various projects and working committee's consisting of consumers (people with deafblindness), stakeholders, senior managers and staff from Able Australia has developed a greater knowledge and expertise to provide a increasingly high level of services. The establishment of a Centre of Excellence in deafblindness was 'born' a few years ago in an effort to pool available expertise at Able Australia and collaborating organisations to provide high quality services Australia wide and subsequently into the Asian Pacific. Over the past 18 months, our work and training has included various important new and ongoing projects such as: 1) National quantitative and qualitative research project on services and gaps in telecommunications and social media for people who are deafblind; 2) National deafblind awareness training program for professionals working with people with deafblindness; 3) A 3 year national assertive training project for people who are deafblind; 4) Annual camp promoting social inclusion; 5) A tertiary (higher education) level training and staff development course (particularly for those who rely on Australian Sign language as their primary communication); 6) An ongoing eCommunication "drop in" and training centre (Ablelink) for people who are deafblind; 7) A Churchill Fellowship research project to improve deafblind interpreting; 8) Attendance to in-depth training course provided by Sense UK; 9) Collaboration with leading deafblind service organisations in Europe and the USA; 10) Establishment of an independent self advocacy group governed by people who are deafblind and funded by Disability Support Unit; and 11) Contact development with Asian / Pacific regions including New Zealand, Papua New Guinea and China. Through these activities and projects, the model of "Centre of Excellence" is now able to: · Improve the overall quality of services to people who are deafblind · Through services and programs, provide "a lifetime of opportunities" independence and empowerment experiences for people with deafblindness · Increase awareness of deafblindness in the community · Gain better government funding to support services for deafblind people. This presentation will summarise the evolution towards a Centre of Excellence and the impact that this evolution has had for the deafblind community; eg the impact of positive liaising with other departments within Able Australia such as fundraising, respite, accommodation and day services; and where to next. As we approach a time where a Centre of Excellence can be formally recognised, we will discuss the opportunity to discuss the steps needed to establish a similar model in deafblind service delivery in other countries will be included.
The restraint of come and go right of the person with disabilities by occupying reserved parking area

Program Models, Suggestions for the Improvement of Service Provide Conditions
Elaine Teresa Gomes de Oliveira

Despite the new social representation of people with disabilities, there is still a disconnection between the rights historically constituted, and the reality in which they should be put in effect, creating gaps in the process of social inclusion. Beyond the respect for their condition, the effective implementation of public policies as well as of accessibility are required in order to allow people with disabilities to live together in public and private spaces. The come and go right, respect for diversity, equalization of opportunities, social inclusion and accessibility are issues that permeate the daily lives of people with disabilities to turn their citizenship effective. The study aimed to the comprehension of the meanings out of the come and go right, linked to the creation of reserved parking area for students with mobility restrictions at the Londrina State University’s (UEL) facilities. The information was obtained from students with reduced mobility, internal security staff, students without mobility restrictions and drivers without permission badges or stickers parking their vehicles in the reserved area. In order to get there 256 questionnaires were applied, containing specific issues related to the assessed group. The project was included in SISNEP and had passed the Ethics Committee of HURNP. The data were organized by thematic categories, according to the context of the responses of informants. The results confirm the lack of accessibility, mainly urbanistic and behavioral, which turns it sometimes into restraint of the come and go right into all the spaces that constitute the academic institution. It pointed out the critical issues and helped to establish an interface between sectors and to support specific proposals such as: a)mobilization of different sectors; b) streamlining of actions of the project “UEL Accessible”; c) course to all internal security staff of UEL; d) definition of a service responsible for the delivery of permission badges or stickers to server/reduced mobility; e) implementation of registration and control of special badges or stickers; f) awareness campaign named “Driver Accessible”; g) discussion about the standards related to the use of reserved parking areas as well as disciplinary measures against violators; h) involvement of academic volunteers of different courses of UEL, looking for their training on diversity and accessibility. Furthermore, it showed up that it needs to reinforce the interfaces between the institutional services in order to guarantee accessibility throughout its aspects.
Communication is a human inherent function. Any behaviour is potentially a communication attempt. We communicate ourselves through gesture, movement, glance, modification of facial tone, smile, cry, etc.. In the children’s communication development, vision and hearing play a decisive role. The ability to organize information awakens the desire for new adventures and develops a growing curiosity about the surrounding world. Based on this gradual concern about the world, the child develops the ability to communicate itself. Considering a deafblind person, how does communication happen? Deafblindness is a unique disability, with different degrees of hearing and visual losses, that carries to serious problems in communication, mobility and information access. To overcome these barriers a communicative interaction is necessary. In the Specialized Educational Care for Deafblind People Program, developed in the State Care Center for Audio Communication Impaired People (CEADA), in Campo Grande - MS, with three prelinguistic deafblind teen girls, i.e. that were born with the distance sense impaired, we emphasize the non-verbal communication as the key guideline of the work, based on the studies of Jan van Dijk. The work is rendered by the Communication Calendar System, which is a strategy used with deafblind people in a natural way, contextualized and established by means of functional activities, and organized with the purpose of structuring their world in terms of place, time and person, becoming important for the daily activities organization, for the anticipation of upcoming activities through objects, that give them reference and anticipate the actions that will be developed, easing up their participation in the environment where they live together, using a quality communicative interaction. As an example, in Calendar, we use place mats as a clue to anticipate mealtime, as well as the toiletry bags to hygiene, backpacks to go back home, among others. In this matter, for the deafblind student, communicate himself is more than being capable to speak or gain language. It is the conquest of space, by interfering in the environment, realizing the effects of his communicative intentions in shared interactions with trainer-mediator, which is the professional who provides assistance to a deafblind person or with multiple sensory impairments, making mediation between the person and the environment, in order to enable an effective communication. Through this experience with the Calendar System we found out the feasibility of a quality alternative communication between deafblind people and the environment where they live together.
Tai Chi: A Path to Improving Balance, Mobility, Communication and Inclusion in Individuals with CHARGE syndrome

Education/Rehabilitation Innovative Approaches for Children and Adults

Poster

Maria Alejandra Ramirez, Timothy S. Hartshorne

CHARGE syndrome is a complex disorder involving the sensory systems and body organs resulting in various degrees of deafblindness, balance issues, swallowing difficulties, and organ anomalies. In addition, behavioral challenges are common. Due to vestibular difficulties, children with CHARGE may have delayed walking and walk with an uneven gait. Delayed walking in children with CHARGE has been found to be associated with lower cognitive ability, communication difficulties, sleep problems, and challenging behavior. The practice of Tai Chi may be a useful intervention for children with CHARGE. Tai Chi involves the interaction and integration of the vestibular, visual, and musculoskeletal systems. Some benefits that have been identified in the literature include increased functional mobility, subjective psychological health, improved immune health, decreased anxiety and less hyperactivity, and improvements in sensory and self-regulation, behavior, and communication. Given the physiological, emotional, and social benefits of Tai Chi it is worth exploring as a tool in our communities, schools, and home as a means of increasing mobility, communication and inclusion with individuals with CHARGE. Community facilities may offer Tai Chi lessons and integrate classes in which both individuals with and without disabilities can participate together. Tai Chi may be implemented in the school settings during physical education classes as a means of increasing inclusion and integration of children with CHARGE in the general education curriculum. In the home Tai Chi may be explored and practiced with the family, setting daily times to meet and interact with members of the family. Tai Chi can be explored as a tool that facilitates balance and mobility but most importantly as means to increase social interaction and inclusion across settings and environments, thus giving these individuals the opportunity to become more active participants of their communities and environments. This presentation will address the potential benefits of Tai Chi and describe how it is being used in Perth, Australia.
2773 The importance of interdisciplinary work in the Specialized Educational Care for Deafblind People Program
Program Models, Suggestions for the Improvement of Service Provide Conditions

Jacquelini Ricartes

The two main distance senses are vision and hearing, and together they provide much of the basic information for understanding and dealing with the environment. People with serious impairment of those distal senses can experience great difficulty in understanding the world and this difficulty is particularly acute if combined with difficulties in learning. The State Care Center for Audio Communication Impaired People (CEADA), in Campo Grande - MS, offers specialized educational services for students with severe/profound deafness and other impairments associated and deafblindness, with appropriate guidelines and partnership with family members, within a global proposal for early intervention in different age groups. It is noted that the problems of development and education of people with deafblindness are quite varied, making specially difficult the communication and perception areas. The consequences of this dual sensory deprivation, when not properly worked up, reflect in mental and emotional disorders, lack of motivation and difficulty in interacting with people and the environment, among others. This program has an interdisciplinary team composed by professionals of psychology, pedagogy, speech therapy, occupational therapy, social assistance, in addition to the mediator, trainer, interpreter, deaf instructor, art educator, physical educator and aims to implement educational services to students with deafblindness pre or pos linguistic. The implementation of a specialized educational care for deafblind people program means find out paths that lead to quality of life of these people and their families, showing up features that can and shall be put into practice, using team works that will contribute to the construction of a suitable curriculum that makes effective the interaction and communication of the deafblind person.
The supporting teacher and the curriculum adaptations in the educational process oriented to deafblind student in Londrina City
Scientific and Based on Evidences Research

Rozi Terra Fabri

This article situates the inclusive education of student B., a deafblind girl, in Londrina City and the value of supporting teacher. It involves aspects of educational inclusion, whereas the current action plan, but focusing on a specific character, the inclusion of a deafblind student in regular school, the role of the mediator-teacher in school inclusion, and how happen the communication and the learning of the student in different situations within the school context. The Special Education National Policy from the perspective of Inclusive Education aims to constitute public policies of quality education for all students. The promotion of conditions for students with special educational needs means give equal access opportunities to information and academic knowledge, involving the most different educational spheres.

The student B. was born prematurely in 1995. An ophthalmological report from January, 2000 states that the child suffered retinal detachment by retinopathy of prematurity in grade V, and the auditory appraisal from May 2001, reported sensorineural hearing loss in both ears with classification severe, based on Davis and Silvermann. She shall attend the 7th grade of a regular education State school in 2011. The supporting teacher is already coming along with her for two years and will continue monitoring during 2011. He performs the adaptations of didactic-pedagogical materials for effective learning by the student while she stays in the classroom, as well as for her better understanding of the content. He uses speech amplification as a communication resource for the student in the school environment. He either transmits the contents related to the discipline being learned in real time, as draws up strategies to promote the meaningful learning of contents. Schools must become able to deal with this reality, providing assistance towards development of the student, giving equal access opportunities to learn, however, taking care of decisions to be taken, regarding teaching methods to be used, aiming to the contents of each discipline. The role of the supporting teacher becomes meaningful when it happens during daily school activities, helping the teacher of regular. In this way, he will give her conditions to expand the knowledge through strategies along with the regular classroom teacher, aiming to her learning of meaningful content, having a sequence of facts in the context of discussed content.
2776 Estándares de Excelencia para Personas que son Sordociegas

Sugerencias de Modelos de Programas para la Mejora de Prestación de Servicios

Jolene Stowell, Susan Manahan

En primavera de 2009 la organización Servicios para Sordociegos de Ontario recibió una beca de la Fundación Trillium de Ontario para desarrollar servicios de calidad y puntos de referencia para asegurar servicios consistentes de calidad para personas sordociegas. El propósito de desarrollar y medir estándares es asegurar consistencia y responsabilidad en la prestación de servicios. Antes del inicio de éste proyecto, no había estándares que evaluaran los servicios y apoyos en el sector de las personas sordociegas en Ontario. Se creó un comité asesor, liderado por Servicios para Sordociegos de Ontario y compuesto de representación de organizaciones tanto del campo de la sordoceguera congénita como de la adquirida, para ayudar a guiar el proceso de desarrollo y puesta en marcha de los estándares. Los estándares se pusieron en marcha en organizaciones que proporcionan apoyo y servicios a personas con sordoceguera congénita y adquirida. Las experiencias piloto dieron como resultado feedback y sugerencias de una amplia variedad de personal de la organización y voluntarios. Lo más importante, fue que se incorporaron al desarrollo de los estándares, recomendaciones de la gente con experiencias vividas de sordoceguera. El resultado de éste apasionante proyecto es la Estándares de Excelencia para Personas Sordociegas. Los estándares se centran en cuatro áreas de servicio: Gobierno, Recursos Humanos, Responsabilidad Financiera, y Servicio Directo. Tomando un enfoque holístico para evaluar la prestación del servicio, las organizaciones pueden asegurar mejor la excelencia, la innovación, y la responsabilidad a las personas que usan éstos servicios, especialmente a medida que cambian con el tiempo. Desde la finalización de los Estándares, se publicó un artículo sobre el proyecto titulado “Esfuerzo por la Excelencia: Nuevos Estándares para los Servicios de Sordociegos en Ontario” en la edición de otoño del año 2010 Perspectivas de Sordociegos, dando como resultado la atención nacional de educadores, aliados, y proveedores de servicios en EEUU. Los Estándares de Excelencia para Personas Sordociegas se han desarrollado como guía para la planificación, prestación, y evaluación de servicios para personas sordociegas. Están destinados a servir como herramienta para organizaciones: facilitar la reflexión, auto-evaluación, proporcionar bases para el feedback y revisar las partes involucradas, e incorporar iniciativas de calidad y mejora de sus servicios. Los estándares también ayudarán a las organizaciones a desarrollar y proporcionar servicios prácticos y apropiados, basados en la premisa de que las personas sordociegas tienen acceso a servicios que mejor se adaptan a sus le convienen para cambiar sus necesidades y deseos.
**2777 FIVE SENSE IN ACTION**

Education/Rehabilitation Innovative Approaches for Children and Adults

Pôster

Anabella Troconis

What is it? How and when was created? The Filosophy The activity The Products: audiovisual (Focus in MICROS), printed, performing, plastic, entertainment. Sensory interpretation through conventional languages Results Where are we heading? Based on DEAFBLINDNESS IN MICROS, an educative audiovisual piece, with 7 parts and 1 documentary, with aprox 40 seconds each, which explores the 7 most important themes about deafblindness: what is? Grades? Types? Diagnosis, Usher Syndrome, Communication Systems, How to help in Venezuela and Five Sense in Action; we invite the spectator to understand this condition with a playful and colorful message to explain the deafblind people’s world. We used colorful t-shirts, a happy oratory and close shots to demonstrate closeness and happiness. This is our interpretation of them: Five Sense in Action. It is a whole programme created in Venezuela to develope experiences between artists/sporters with deafblind people during one day. We create a whole experience and products: if the artist is an actor, they make a performance together; if the artist is a plastic creator they make an sculpture or painting and so on...Since 2004 we have produced around 42 sessions (6 grupals, 36 individuals, involving 102 artists, 15 sporters, 95 deafblind people, 40 mediators, 200 communication Media, 10 types of products: calendars, cups, earings, bracelets, chairs, books, etc...with the imagen of the experiences). Thanks to this activities and results, SOCIENVEN have diagnosed and approached many new cases, as well as changing community’s interpretation of this condition and how to get involved in daily activities.
Deafblindness is not only the simple sum of deafness and blindness, and it’s not only a communication and perception problem, many factors are involved for its understanding and effective attendance with quality. Being the vision and the hearing fundamental senses of distance during a child’s development, when they are severely compromised, the learning, conduct and adaptation to the situation problems, multiply themselves. The lack of these perceptions limits the deafblind child and/or sensorial multiple handicapped child with his/her interaction with the ambient. These children need people that help them and make possible develop their learning to overcome their sensorial difficulties and maintain interactive relationships. Comprehending and working with the deafblind and/or multiple sensorial handicapped, to some people, is a theoretical and, mainly, practical challenge. On the social and educational inclusion process it’s necessary to break the attitudes’ barriers, review paradigms and believe that it’s possible dealing with them. In the course of our work, inside a special school, we face with these difficulties in the school’s community and in its visitors, among them volunteers, interns, technicians from other institutions. Thinking about one way to sensibilize those involved with the accepting and development of their work in conjunction with the deafblind, we believe that this could only be possible if, besides the realized studies, people could go through a sensorial experience, where, at the same time they’d be developing their senses and would be sensibilized by the lack of them. Then it was created the Sensorial Room with the goal of testing and experiencing the senses through sensorial experiences. Developed in a simple and didactic manner, the Sensorial Room is comprised of activities (Sensorial Circuit), simulates experiences present in the everyday of deafblind people, proportionating to its participants the opportunity to experience what these people feel. By means of such experiences, diverse intrinsic concepts about the deprivation of the senses and reduction of mobility are explored, fixing better the message and facilitating the sensibilization process. This Sensorial Room happens once a year, during the Cultural Scientific Fair, at the State Center for the Attendance of the Audiocommunication Disabled-CEADA, in Campo Grande-M S, and our goal is being reached.
2781 Barriers and facilitators to implement the education inclusion policies for disabled people in Bucaramanga, Colombia

Research Scientific and Evidence-Based Poster
Claudia Patricia Serrano Ruiz, Diana Marina Camargo Lemus

In Colombia there are inclusion policies for disabled people in educational settings. However to achieve the goal of inclusion, we need to identify the factors that will permit the implementation of these policies. Goal: Explore the factors that are barriers to, and elements that facilitate for, the implementation of education inclusion policies for disabled people in Bucaramanga, Colombia. Methodology: We made a research in Bucaramanga, Colombia with the participation of governmental organizations, education directors and disabled people or their advocates. We analyzed variables related to physical, social, political barriers as well as opportunities that could facilitate the implementation of the education inclusion policies. The information was collected through a research design based on interviews. Results: The total participants were separated into 2 groups; each group containing government staff, directors and disabled people or their advocates. The participants identified such barriers as: the lack of supporting plans in the education facilities, limited teacher training, high education costs, negative attitudes towards disabilities. The facilitators reported high student fees, the fact that the government does not include disability on its agenda and the lack of family interest for the disabled member to study. Conclusion: We found useful information for future research about: 1) the factors that do not permit the implementation of inclusive policies, and 2) the urgency for establishing a network between the universities and the public sector to offer strategies and advocacy.
Inclusive education is a great idea, but to talk about its success must be met several conditions. In Poland in recent years has exploded the idea of inclusive education, speaking and writing about it devotes a great deal of time and attention. The idea is promote by the Ministry of Education, and also parents of handicapped children, among them parents of deafblind children accept it with a great joy. However, next to the voices of rapture, you will hear more cautious voices. And what about practice? What are the results of the first trial? I would like to show the example of groups of children with CHARGE. Each of these children is slightly different, and each has its own history, connected with education, including inclusive education. Sometimes these are positive experiences, which bring the child and his family much joy and satisfaction. Sometimes, however, there are difficult, even painful experiences, which bring a lot of fears, stress, irresolution and conflicts. Why these experiences are so different? Because now, the success still very much depends on the reality of how challenging is the deafblind child for the establishment of inclusive education, not only because of his/her vision and hearing problems but also because of additional obstruction; success depends also very strong whether there is good will on the site of an educational institution. Still very much success depends on the individual culture of teachers, their willingness to cooperate with the family. These factors can never be eliminated, and they will always play an important role, but when they are one of the links of the specific system they are embedded in the whole range of activities in the entire infrastructure for the success of inclusive education, where they are based on clear, well prepared "surface" - it is more likely that these factors will be "with us" and not "against us". Meanwhile, we see that Poland is not yet built a comprehensive, coherent system, so the idea of inclusive education not always meet a suitable support. As a result - sometimes suffers deafblind child and his parents. It runs a variety of "corrective actions", but they are not able to blot out previously picked up negative experiences. All this, does not mean, however, that the idea of inclusive education is not right. Simply, I would like to show that its practice is not easy and requires a properly prepared soil.
2791 Socieven National Network: providing an excellent opportunity for inclusion in Venezuela
Program Models Suggestions for Improvement of Service Delivery
Poster
Nelly Ramirez

In 2005 Socieven (Deafblind Venezuela) established a new plan to become a network to assist the needs of deafblind people at the national level. Since its beginning, the main goal of Socieven has been to offer direct services to improve the quality of life for deafblind individuals. This has been accomplished through alliances with professionals in various educational, social services and health related organizations and facilities. The direct benefits of these alliances for deafblind people have been: medical assessments; advisory services; functional evaluations; specialized resources (glasses, hearing aids, canes, wheel chairs, Perkins brailler) etc.; providing such human resources as Intervenors, guide interpreters, and therapists; transportation payments; facilitation of such special activities as celebrations, meetings with other deafblind persons, Five Senses in Action, etc. The ‘Five Senses in Action’ is a new activity created by actress Anabella Troconis. This activity ensures that deafblind people have better accessibility and communication opportunities through sensory and creative experiences facilitated between deafblind people and who we call ‘deafblind ambassadors’. This ambassador group includes artists, actors, musicians, social communicators, models, athletes, chefs, dancers, etc. Through their interaction and interpersonal communication with deafblind people, they have established a dialog to produce art works, a calendar, and other creative products. This awareness opportunity for deafblind people, through their own skills, ensures they are included in a special community of creative individuals.
When I was born the investigations began, they found out deafblindness. I went to doctors, physiotherapy and speech therapy. I had a great living together with my family. When I was two years old I was enrolled in a special school and stayed there until I was seven, then I went to a regular school. I have always been independent and dedicated. I have learnt many forms of communication. I got into University and now I attend college and rehabilitation. I believe in the full life of the deafblind.
2794 Meeting the Needs of Children with Deafblindness and their Families from Birth to Adulthood
Program Models Suggestions for Improvement of Service Delivery
Poster
Susan Marie Gawne, Theresa Anne Tancock

The Canadian Deafblind Association - BC Chapter (CDBA-BC) provides family centered programming from birth to adulthood. We provide Intervention services and support to children with deafblindness in order to meet the transitional needs of our changing population. The CDBA-BC recognizes the needs of the family once their child is diagnosed with deafblindness. The family often feels disappointment, social isolation, added stress, frustration and helplessness. Our focus is to provide consistent support to the families as they journey through the many life transitions. In this presentation, we will show how our programs meet the needs of the children, and their families, as they mature. The Early Intervention Program (EIP) and its Consultants provide support to children with deafblindness, from birth to age five, to assist families in understanding deafblindness and its effect on their lives. They are taught strategies and skills so that the child may experience their environment to the best of their ability. The Consultants work with the child and their family to meet their growing needs at home and in the community, as well as learn to advocate for their role in society. When the child reaches preschool age, the Consultant ensures their school experience will be successful and works closely with school staff, related agencies and multi-disciplinary teams with the focus on Individualized Family Service Plans. This process supports transition to preschool and then again into Kindergarten. Once a child with Deafblindness reaches school age, the Early Intervention Consultant works closely with the Provincial Outreach Program for Students with Deafblindness (POPDB). The POPDB provides deafblind consultation and ongoing Intervention training within the school for the child, the Intervenor and associated staff. A three-year "Intervenor for Individuals with Deafblindness" Diploma Program is taught by the POPDB, in partnership with a local college, and the school Intervenors are required to take the introductory courses. The CDBA-BC recognizes that children with deafblindness need continual family service throughout the year. One way to provide this support is through our Summer Intervention Program (SIP). This program provides funding during the school summer break to allow the families to hire an Intervenor to work with their child with deafblindness. CDBA-BC also provides Intervention training and support for the Intervenor and the child's family. We recognize the need for the children, their families and the Intervenors to socialize and network, so have coordinated a Summer Recreation Program, which gives families and Intervenors the opportunity to participate together in recreational activities throughout the summer. CDBA-BC provides support to the children and their families in times of need, whether it is for medical procedures, family crisis, financial support or social networking. In response to this, we have developed our Hospital/Relief Intervention Services Program, an Equipment Fund, a Toy and Resource Lending Library, a Parent Group Email Network and an Intervenor Database. CDBA-BC strives to honour deafblindness as a unique disability. Through our many programs, we enhance the lives of anyone who has the good fortune to experience the world of deafblindness.
Inclusion of a hearing impaired student in a public school in the city of Fortaleza: a case study.
Edmara Gomes de Freitas, Renata Rosa Russo Pinheiro Costa Ribeiro

The work was to study the process and the actual conditions of inclusion of students with hearing impairments in the public schools of education in Fortaleza - CE. The inclusion of students in regular classrooms arose from the necessity that all citizens have access and permanence to quality education without any discrimination learning difficulties and disabilities. In the Law of Directives and Bases of National Education No. 9393/96 (LBD), we found that this legal determination is legitimate, but in practice, we can observe in many cases, that in reality this is not happening effectively in Brazilian schools, even though the school community and family is launching efforts to the full realization of the inclusion of students with disabilities, highlighted, the deaf students. The overall objective of the study was to analyze how the process of inclusion of students with hearing impairment in mainstream schools of public system occurs in Fortaleza. The specific objectives were: to contextualize historically the hearing disability; know the concept, causes and characteristics of the hearing impairment, to know the process of inclusion of students in Brazilian public schools, to investigate the amount of deaf children in the Municipal School of Fortaleza - Region VI check the process of training teachers in the area of hearing loss and identify the physical conditions and educational with respect to teaching deaf students. The methodology was a qualitative research with theoretical insights of some authors highlighted, Northern & Downs (2002), Carlos Skliar (2005), Silveira (2007), Oliveira & Pacheco (2004). The field research was conducted in a public school in the municipality of Fortaleza. As instrument it was used the semi-structured interview, as participants a deaf student of 1st year of elementary school, the hearing teacher a representative at the core of the school manager. There was a technique of observation in the classroom of deaf students, in order to identify the routine student and teacher of the deaf student and the relationship with the hearing student. After collecting and analyzing data, results show that in this school, there is no inclusion as determined by the LDB, which makes us apprehensive about the treatment given to our children. We conclude that despite the attempt to embrace and accept all students with disabilities in regular classes, it is not possible to meet all disabilities with quality.
The Canadian Deafblind Association - BC Chapter (CDBA-BC) recognizes the many needs of children with deafblindness, their families and Intervenors. In response to this, the CDBA-BC provides different programs according to the age-related needs of the child with deafblindness, from birth to adulthood. The first level of support begins at birth, due to the screening done through the British Columbia Early Hearing Screening Program. Children are screened within hours of their birth and those diagnosed with deafblindness begin receiving our services from that point on. Our Early Intervention Program (EIP) provides Consultants who work closely with the families and their child, from birth to age five, in order to teach strategies and skills that allow the child and the family to experience their environment to the best of their ability. The Consultants also work with other agencies and multi-disciplinary teams to help the child and their family transition into the varying stages of development, such as preschool and Kindergarten. The CDBA-BC realizes the need for child and family support to continue through the school years. Although the child with deafblindness is supported in school through the Provincial Outreach Program for Students with Deafblindness, the CDBA-BC provides the much needed support and advocacy outside of school. Our Family Services Coordinator provides this support through various programs. The Summer Intervention Program (SIP) provides funding for Intervention Services during the summer months when school is out. Intervenor and Parent training is also provided. We hold a Member's Annual Family Retreat and also have developed a Summer Recreation Program, which allows children with deafblindness, their families and Intervenors to network and socialize on a regular basis within their community. Many families of children with deafblindness experience times of crisis, whether it is of a medical nature or a crisis within the family. The CDBA-BC provides a Hospital Intervention Services Program and a Relief Intervention Services Program, which provide Intervention for their child during these times of need. The CDBA-BC also provides an Equipment Fund, offering financial support to children with deafblindness in need of specialized equipment, a Toy and Resource Lending Library, a Parent Group Email Network and an Intervenor Database. Our programs are provided to all children with deafblindness within British Columbia in spite of the geographical challenges presented by the Province of British Columbia. The focus is family-centered with emphasis on the uniqueness of deafblindness and Intervention Services.
Objective: to describe the clinical and epidemiological characteristics of people with deafblindness in Venezuela. Methods: We researched the medical records of those people who received hearing and vision tests from SOCIEVEN (Deafblindness in Venezuela), 2006-2010. The criteria for blindness was visual acuity in the best eye less than 20/200, visual field of 20 and poor visual functioning in people with neurological deficit. For deafness, the criteria was hearing loss more than 65 db. In addition, associated physical and cognitive disabilities were evaluated. Results: Socieven, through an awareness program called “knowing deafblindness”, identified 382 individuals with various levels of visual and hearing problems in Caracas and throughout the country. Physicians subsequently tested 294 of this initial group and determined that 197 of them were deafblind, 53% female and 47% male. The age distribution of this group of 197 was as follows: 0-10 years-35%, 11-20 years-30%, 21-30 years-14%, 31-40 years-11%, 41-50 years-7%, and ages 51+-4%. The geographic distribution of those identifies as deafblind were: Caracas 21%, Nueva Esparta 19%, Lara 13%, Zulia 13%, Merida 11%, other 26%. The identified causes of the deafblindness were: Usher syndrome (44%), congenital rubella syndrome (23%), prematurity (9%), neurological or cortical causes, including hypoxia, meningitis, craneosynostosis, metabolism disorders, tumors (11%) , and others, including genetic accidents, Harada sickness, etc (13%). Conclusions: Deafblindness in Venezuela is not a condition that all professionals are aware of. Socieven cannot evaluate all the population at the national level. However, through this national network and the awareness program, each year we found more people with deafblindness. We were able to offer them medical services, family advice, special education teachers training, improving communication and opportunities for integration into their community.
The syndromes represent a considerable slice among the main causes of congenital deaf, where the most compromising cases receive Specialized Educational Attendance - AEE in centers or special schools that have available an interdisciplinary team within its staff. Among the variety of clinical signals, the Beckwith-Wiedmann Syndrome can present a severe to dangerous chart, which is the case reported. In this sense, the CEADA uses as a main communication manner the Libras, considering that the child’s receptive communication, especially the visual should be stimulated in a diversified form helping for a less stereotyped expressive communication. Because of its gravity, the Beckwith - Wiedmann needs invasive conducts especially after birth, characterized, including, by surgeries that despite the fact that they prevent or minimize the deformities inherent to the Syndrome (macroglossia and umbilical hernia), the sequels can complicate the normality of the child’s development process. It’s a syndrome that also needs, in the long term, pediatric follow-up and complementary evaluations. The AEE offering presents its importance mainly when the clinical chart evolves to conditions of autistic spectrum, characterized by generalized abnormalities in the social interaction and in the communication process, and by a restrict number of interests and behavior highly repetitive and stereotyped. Some therapies and treatments commonly offered to multiple disorder children, deafblindness and autism can be adapted and operationalized in the Child’s Individual Plan of Attendance. Also the presentation of self-mutilating and self-aggressions tendencies demand flexibilization in the planning, and, when not successful, a home attendance should be considered, still emphasizing activities for an autonomous child’s life.
Kentalis Rafael is a school for children with deafblindness from 3 to 20 years old, in the Netherlands. Our students are functioning on very different educational levels, because the deafblindness appears very differently in every one of them depending on the impact of the sensory impairments and on the influence that additional disabilities play in the total picture. What they all have in common is that deafblindness affects all aspects of their lives. Deafblindness causes serious problems in three main areas: the area of getting access to and processing information, the area of communication, and last but not least the area of mobility and orientation in the environment. The school environment for students with deafblindness must be well accessible for and adapted to the students, both in and around the building. At every stage of life a person with deafblindness faces specific questions. Perhaps even more in the educational period and what this means to the learning environment. Kentalis Rafael has their educational program for students with deafblindness translated into a new adapted educational environment with many new opportunities. Using a PowerPoint presentation and video examples we will take the audience on an interesting journey from vision to applied building in which the educational concept is visible and tangible. The following items are part of the presentation: The educational mission of Rafael a school for deafblind children; The relationship between education and care; The educational organization; The concept of education; The view on applied building DB perception and its relationship to the environment; DB compensation options in the built environment (light, material, brightness & contrast, sound); The building concept The practice in pictures.
Traditionally, scarcity of deafblind interpreters has always been a problem. Too many times when an interpreter is assigned to a deafblind client the mode of communication is not known or the communication needs are not fully understood, and interpreters are ill prepared. The modes of communication used by the deafblind community vary considerably; therefore, matching the right interpreter is essential. Interpreter training institutes do not commonly have subjects covering this area and so interpreters are reluctant to take on these types of jobs; there are also the understandable concerns about OOS (Occupational Overuse Syndrome) and interpreter injuries specific to this work. It is also not enough to 'interpret' for a deafblind person if we want them to be fully present in the environment. I recently received the Winston Churchill Fellowship and had the opportunity to travel to Seattle, USA and to Helsinki, Finland to research advanced communication in the Deafblind communities and strategies to entice more interpreters into this rewarding field. Seattle has a very impressive approach to training interpreters and a well-structured mentor program in place. From Seattle I learned the importance of giving interpreters a chance to attain much needed skills in a safe and supportive environment arming them with the confidence to work within the Deafblind community. Helsinki was equally as impressive in its comprehensive training courses specifically focusing on Deafblindness and an innovative new way of communication (Haptics). Haptics is a new way of communication used in situations such as music therapy, art therapy, information technology, public speaking and social messages. Environmental maps and computer screens can be drawn onto the back of a deafblind person, affirmations and negations can be delivered through touch, art can be appreciated by a person who is unable to see, music can be enjoyed by those who cannot hear and presenters can be given audience reactions and information about the environment without interrupting the speaker. Information can be relayed in a quick and precise way and physical stressors on the interpreter can also be alleviated. We need to encourage the training of interpreters in the use of haptics and how to adjust signed language to meet the needs of deafblind people, with the reassurance that the work need not be as heavy and straining on the body and is of enormous benefit to the clients. Once training is set up a mentor system is vital to pass on skills that can only be learned on the job. Curricula need to include deafblind subjects to teach interpreters to empower the deafblind person. We also need to promote the training of deafblind people in public speaking so that future training will come from the community for the community.
The training course named “Orientation and curricula criteria to educate students with multiple disabilities and deafblindness,” is part of the work done since 2007 by the Special Education Unit of the Education Ministry in collaboration with Perkins International and the Metropolitan Educational Science University. It is important to recognize the work done since 1998 by the Metropolitan Educational Science University and Perkins International to support special education professional training with a focus on multiple disabilities. The training material consists of a guide book of 5 modules containing study material and work units. Each module attempts to help the educational professionals reflect upon, review and revise concepts, attitudes and practices to answer individualized educational needs. One fundamental characteristic of the material and the training methodology is that the participants are able to experiment with the training strategies that might apply with individual students in the classroom. The main challenge is to help the team to be responsible for their own teaching process with the support of the course tutors.
This paper proposes a physical activity through a motor circuit, developed and used in Adefav - multiple disabilities, visual impairments and deafblindness resource center, located in São Paulo, Brazil. This activity is composed by easily accessible and low cost materials, and is intended to be used in regular and special schools and rehabilitation centers. In literature, the physical activity is not much explored when it comes to practicing with deafblindness and other disabilities. Considering this fact, the circuit created integrates children with and without disabilities and all age groups, encompassing sensory, vestibular and proprioceptive stimulation, yet allowing experience of new positions, the generalization of concepts and communication between them. It is important to highlight that the circuit was developed by collaborative team, focusing on development of skills and abilities of students and integrating their family in the activity. This paper will present the motor activities, with the sequence of the circuit, directed to children and young people with deafblindness and others disabilities, assisted in Adefav. The study was conducted with 80 students. Also, it will be described the low-cost resources used and the benefits of motor activities, for each stage of the circuit, in the development of the students. Key-words: Physical activity, deafblindness, collaborative.
The objective of this study was to observe how the motor impairment and deafblindness influence in the routine of the classroom and learning of a learner. The person with visual impairment (DV), such as low vision, shows a reduction in their visual ability that limits or interferes with their performance in the classroom. Also, hearing loss (HL), whether partial or total, interferes with performance in the classroom. The DV is called THE deafblindness, which is defined as a disability that presents the loss of the sense of hearing and vision simultaneously, albeit in different degrees. Cerebral palsy (CP) can be defined, according to an international consensus, as a disorder of movement and posture due to a defect or injury to the developing brain. The motor impairment of individuals with PC arise from dysfunction of the central nervous system (CNS), which interferes directly in global development. Dysfunction in postural control, visual and auditory interferes with daily functional activities, including activities in the classroom, one of the main problems in this population. Limitations in performing daily tasks and activities of children with CP are related to neuromotor disabilities that impair their visual field and motor control. Some children with CP have the RTL (tonic labyrinthine reflex), the presence of this reflex is always pathological and is evoked by changes in head position in space, causing a maximum extensor tone, which when too intense, occurs opisthotonos (hyperextension global), the reflection interferes with the balance in sitting and standing posture, as well as in carrying out activities in these positions. This paper presents the standard forms of inhibition of an extensor students of twelve years, deaf-blind (visual field and mild hearing loss) and diagnosed with spastic quadriplegic-type PC, which goes to the resource center twice a week. The interventions were used and applied during the teaching activities within the classroom and in other settings, through the physiotherapist, psychologist and educator, also developing this skill in collaborative team, with the aim of preparing all professional team to manage, transferring and positioning students irrespective of the activity being performed, so that their performance is not compromised by inappropriate placement. The frequency of people with deafblindness and other disabilities has expanded in ordinary schools is therefore necessary to integrate in the inclusive classroom, knowledge and understanding of global development as well as specific aspects of the DV, DA and PC entail, that can provide the resources necessary for educating school participation.
Educational functional assessment of children and youth with deafblindness and multiple disabilities

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This educational assessment instrument was developed to be used by professionals of regular and special education, health and social care who work with children and youth with multiple disabilities, visual impairments and deafblindness as well, to be used by families and caregivers. Sponsored by Perkins International, USA and Big Lottery - SENSE, England, the ADEFAV - resource center multiple disabilities, visual impairments and deafblindness, drew up this document gathering students families and all staff involved, as participants in the process. Educational Functional Assessment in a collaborative approach is conducted in natural environments for learning and daily life and can be developed in the student's own home, regular school, special school, the resource center or community activities. The parameters of this model follow the criteria of evaluation of activities according to the chronological age of the students. The objective of this assessment model is to collect data to guide families and professionals for developing an educational proposes the following areas to be observed in order to collect data to assist in recommendations to parents, families and professionals: sensory - vision, hearing, touch and smell; Language and Communication; Dysphagia and Feeding; Motor - posture, movement and proprioception, Orientation and Mobility; Psychosocial, Behavioral, Cognitive, Activities and Daily Life Practice and Educational. The objectives of Functional Educational Assessment are the following ones: to identify and enhance the capabilities and skills of children and youth, family and professional guidance on disability, identify needs and abilities of children and young people, facilitate the elaboration of the Individualized Education Program (IEP) together with family and professional; prepare the plan of access to the regular curriculum; suggest practical intervention for families and professionals; orient regular schools and special schools on the Individualized Education Program to include and recommend best practices and interventions related to children with deafblindness and multiple disabilities, for families, professionals, school coordinators, school principals, education departments and health departments. In the collaborative team has been included: speech therapists, psychologists, specialist teachers, teacher orientation and mobility, physical therapist, occupational therapist and social worker. This will show the function of educational assessment protocol contained the still theoretical references which supported this work.
This work consists of orientation for teachers whose students show some kind of commitment. The objective is to provide simple strategies and resources to be used positioning in the classroom. To illustrate and clarify the issue, we use historical 50 students under the counter-round assisted in Adefav - multiple disabilities, visual impairments and deafblindness resource center, located in São Paulo, Brazil. The assistive technology (AT) is defined as any equipment, tool or system, tailored or adapted, used to maintain or improve the functional abilities of the individual, providing greater social inclusion, recovery of desires, greater independence and autonomy in educational and vocational. The posture adequation is held to promote comfort and meet the needs of each, this adaptation looks at the stability during the performance of certain functions. The AT has several divisions, in this study, we used only those related to aids for daily life, practical life and the appropriate posture. The posture adequation through the AT, making use of different resources, contributes significantly in the school life of individuals who need support to minimize difficulties encountered when interacting with the environment. Therefore, this study aims to reinforce the importance of correct placement in the classroom, which increases the mobility, autonomy, comfort, safety, prevents pain and especially promotes academic achievement. Key-words: assistive technology, deafblindness, teachers.
The term arthrogryposis is of Greek origin and it is the limitation of movement, characterized by multiple contractures present at birth of a non-progressive nature, characterized by joint contractures. Arthrogryposis presents a subcutaneous tissue, which is inelastic and adhered to deep planes, accompanied by skin folds, muscle atrophy or hypotrophy, that is, weak and replaced by fibrofatty tissue, and besides the motor characteristics, there are sensory alterations. Faced with the demand for treatment by a family of a 12-month-old female child with arthrogryposis multiplex congenita in the city of Ji-Paraná (RO), it was decided an orientation with the use of a booklet for the neuropsychomotor development. This booklet contains information and illustrations about adaptive measures that favor the motor and sensory development of the child and it promotes a greater independence in her functional skills. The mother received guidance twice a week, with a period of fifty minutes in the family environment, for two academics that are studying at the 8th semester of the physiotherapy course (CEULJI / ULBRA), and the total of meetings was fifteen. The result was that the family was enabled to stimulate the child's neuropsychomotor development. It was observed that there was improvement in her trunk control, fine motor and a great advance in her development on gait with unilateral support and lateral gait with support and greater integration of social life. It can be concluded that despite the difficulties and contractures already installed, advances were made in psychomotor development, by auditory and visual stimuli, and recreational play. The child became more independent as her growth and the family said that the booklet helped to encourage the child to interact with the family and social environment.
Multiple Disability is the association of two or more disabilities, so it is a set of physical, sensory and mental alterations that changes development. Faced with the challenge of doing a home treatment with a twenty year old man who has multiple disabilities (motor and sensory), and with the request of his mother that had asked to improve his condition of performing daily tasks, as: eating, bathing, dressing. And in the face of the standard of tone that was excessively high it was decided to use music combined with kinesiotherapy in an attempt to reduce tone and allow a more effective result with kinesiotherapy. It was tested several types of music and those who were more accepted with greater demonstration of higher muscle relaxation were country and gospel music. So the objective was to verify the association of the music with the kinesiotherapy to improve behavior, reaching functional activities. It was used the neurofunctional evaluation form of the school clinic CEULJI / ULBRA (Ji-Paraná), on the first and last sessions, and music and kinesiotherapy as a therapeutic tools. It were performed 13 sessions of physical therapy twice a week, along with weekly report for the registration of clinical adult evolution and with testimony of the mother at the beginning and at the end of the treatment. The result was satisfactory with the acquisition of improved posture and performance of everyday skills. The sessions, where music was used, had better results, giving evidence that the music in association with kinesiotherapy allowed an improvement in behavior and functional activities, both physical, psychosocial and behavioral, promoting greater integration between therapist and patient, thus it facilitated the development of the treatment and therefore there was a faster and more efficient rehabilitation. Further studies are needed to determine the influence of music in these cases.
Empowerment, participation and contribution by persons with deafblindness

Program Models Suggestions for Improvement of Service Delivery

Poster

Kerstin Maller

Just because a person has the combination of visual and hearing impairment it is not evident for themselves or professionals that this may be deafblindness or to know and be able to request requirements in order to get full participation. Deafblindness before old ages is rare and working with clients/patients who has this disability is a challenge for the professional and especially for the person with deafblindness. Persons with rare disabilities do often have less power related to politicians, authorities and the professionals. Deafblindness is a rare disability with specific requirements. People with deafblindness and their associations require empowerment in order get their rights. The Association of the Swedish Deafblind (FSDB) work for rights of people with deafblindness. Empowerment in order to be a strong association is regarded to be liked with participation within the organization. Members, the board and employees at the office communicate in different language (sign language or oral communication) use different mode and may not take part in the other language or used mode. Participation within the FSDB is therefore not easy and the task to improve participation and empowerment within the association is therefore a necessary challenge. This is a report of the beginning of a process with the goal to strengthen the association and to tighten up and pursue FSDB’s policy. The idea of potential resources in persons with deafblindness was the starting point. The Convention of the Rights of Persons with disabilities (CRPD) does in the preface recognize, the valued existing and potential contribution by persons with disabilities. Furthermore, the promotion of the human rights and full participation will result in significant advances in the human, social and economic development of society and eradication of poverty. Furthermore individuals have responsibilities and duties to promote Human Rights. In line with CRPD every one in FSDB is valued to have dignity and is both the same and unique as human beings. Members in FSDB are and have the potential to enlarge their mind. They may increase their ability to be a resource for oneself, a joint resource for each other within FSDB and resources for persons with deafblindness in general and for the society as a whole. FSDB has begun a learning process in lasting, strategic and systematic development. This is done by getting hold of knowledge and sharing experiences. It requires mutual respect, responsibility and knowledge. The leaders do further require experiences of deafblindness and ability to reflect of its consequences in everyday life-situations beyond their own experiences. The CRPD serve as the common base, the framework of the International classification disability, functioning and Health (ICF), adopted by WHO 2001 is also used. The underlying theories are humanism, holistic health theories (Nordenfelt, 2003, 2007), Metatheory interdisciplinarity and disability research (Bhaskar & Danermark, 2006) and conclusions from an interdisciplinary research about factors with impact on participation and service for persons with deafblindness (Möller 2008).
2841 THE USE OF ASSISTIVE TECHNOLOGY FOR THE TRAINING AND INFORMATION OF DEAFBLIND PEOPLE

Education/Rehabilitation Innovate Approaches for Children and Adults

Poster

Marcia Maurilio Souza, Shirley Rodrigues Maia, Dalva Rosa Watanabe, Sandra Regina Stanziani Higino Mesquita, Vula Maria Ikonomidis

At Ahimsa education association for the multiple disable and Grupo Brasil of support the deafblind and multiple sensorial disable developed a rehabilitation program for acquire deafblindness, this population has looking for rehabilitation services to find communication alternatives and this way to continue their activities. In this work we will tell about the services we offer at the rehabilitation program through the assistive technology: such as the amplifier, alphabetic table and electronic magnifier. We will present the case of two young ones, one with Usher Syndrome type I and other with Bardet-biedl syndrome, describing the learning process of a new communication way or how to adapt the communication system that allow them to acquire information and this way to continue their education, the social activities and the interaction. We try to show that the acquire deafblind people need an opportunity to communicate and with the assistive technology are able to achieve the higher level of autonomy as well as look for interest information. We conclude that when the acquire deafblind people are aware of the assistive technology and how positive it is for their lives, they are motivate to use it and feel strong to look at the governments and other organizations for the technology for themselves.
Fatima institution for deafblind and multi disabled people
Education/Rehabilitation Innovative Approaches for Children and Adults
Poster

Marcela Zamponi, Nora Beatriz Sinopoli

Fatima institution, situated in Beccar, San Isidro, Buenos Aires, Argentina, was created in September 1988, to offer services for deafblind and multi sensory disabled people. Mission: To provide an educational and therapeutic opportunity for those who are deafblind and those with visual and hearing impairments and additional disabilities to improve their quality of life. General information: Fatima uses the van Dijk methodology, which includes the calendar system, communication, Argentinean sign language, Braille, and ecological activities. We have developed individualized programs for children between ages 3 to 15 years and workshops for those older than 15 years old. The programs offer speech therapy, physical education, psychotherapy and occupational therapy. Pedagogical dimension: That communication is the basis for the education program. Maps: Through information meetings, we defined goals and activity priorities according to each student’s needs. Through team meetings with the director, teacher and therapists, we regularly report progress of the students’ in daily work.
The education and therapy centre “my place” started in 2003 as a nonprofit civil association in Argentina. It was an initiative of Gonzalo Rodrigo for parents to promote the education of deafblind children and young adults; something that did not exist in the public or private education system. This continues to be the only education setting for multisensory and disabled children and young adults. Our mission is to offer assistance for the deafblind and multiple disabled individual to improve their and their family’s quality of life through an individually based functional curriculum. The team work allowed us to offer individualized programs for each student, aged 4 to 24 years of age. The education program is offered in 3 levels: primary, middle school and pre working /vocational. The services offered include: vocational activities in the community, body expression and movement, bread making, artistry, cooking workshops, sensory integration, speech therapy and communication strategies, sport and leisure activities, workshops and parents meeting and staff training.
Vision and hearing are necessary for the overall global development. The early detection of problems in these sensory pathways is important, especially from 0-4 months of age, because earlier intervention is more efficient. The purpose of this study is to present a screening protocol for children who are at risk of visual and/or hearing impairment. For the first basic functional vision assessment, children are evaluated by their responses to the following twelve tests: visual fixation, visual contact, horizontal and vertical visual tracking, environment scanning, increasing global movement to look at object, attempt to reach the object viewed, vergence, saccadic movement, vestibulo-ocular reflex, optokinetic responses and maintain gaze fixation. For the second assessment for conduct hearing, children will be evaluated by responding to the cochlear-palpebral reflex, startle reaction, attention to the sound, searching for sound source, lateral location, location sound up, observation of responses to verbal stimuli. This screening protocol could provide good referral for an early treatment as well as to prevent psychomotor development disorders improving quality of life of those children.
In Venezuela, education is a right and a social duty. Inclusion is also a right, according to our National Constitution, which says that: any person has the right to have an inclusive, quality and equal education, without limitations. Deafblindness is recognized as a unique disability that requires attention from the point of view of the student as a total person, including the psychological and the biological. It recognizes that these individuals enjoy full Human Rights as reflected in the Venezuelan Constitution. An education experience is described about a young adult name R.B who began his education at 7 years of age at a school for the deaf. His inclusion began first by the staff learning about the child’s history and individual condition. Using this background we were able to train the teachers. This successful inclusion for this deafblind student was the result of the “will” of the teachers who allowed him to be part of the school. The teacher’s education methodologies and techniques were based on sign language. The participation and interaction by the boy’s deaf classmates helped to achieve the successful results.
A person has - according to the Nordic definition - deafblindness when s/he has a combined vision and hearing loss, which affects and thus has severe consequences for a person's daily life. According to the definition, which is functional in its starting-point, some people with deafblindness may be completely deaf and blind while others may have remnants of both vision and hearing. The combination of the loss of both vision and hearing results in a drastic reduction of the possibilities to compensate for the hearing loss visually (for instance, by lip reading). Similar problems occur when a person is forced to compensate a vision loss with a deteriorating hearing capacity. Those who, due to age-related changes have acquired a severe combination of hearing and vision loss (CAHS) very often end up in the same situation as persons with deafblindness. Even relatively small losses of hearing and vision can, when combined, severely affect their life situations. When a person has become affected by CAHS, it means that the individual must find new ways and strategies in order to manage everyday affairs, as well as in maintaining a good quality of life. This holds particularly regarding matters connected with communication. To find these new ways, it is almost always necessary that the person him/herself, and the network around him/her, regard this combination of vision and hearing loss as something specific; the combination has created something new, a new situation. Specific needs arise for rehabilitation and services, which in their turn require specific competencies and co-operation. It is not obvious that those with CAHS are indeed able to utilize those efforts aimed towards visual and hearing losses. One conclusion we have drawn from the Linköping project is that the group of CAHS sufferers is large, yet that relatively small, nevertheless adequate, efforts aimed at those in question, as well as at their respective environments, can make a significant difference to their experiencing a good quality of life.
The teachers of the public education network from different municipals request for strategies to teach the education inclusion of deafblind and multiple disable brought us to made video conferences and training with them in a period of time between September 2009 and august 2010 in Sao Pablo. This action was possible for the research done by the CAPE the special pedagogic support centre of Sao Pablo. The video conferences were attended by 1600 teachers and the meetings by 250. The workshops were organized in different dates with theory and practical activities at 16 hours. The resources were focus to improve the communication, movility and learning strategies for the deafblind and multiple disable. The participants would able to select the cases to do the practical part, based on the needs. Those materials and social strategies are supporting the inclusion of deafblind and multiple disable students in the school network, the resource centre, the pedagogic support and the special education attention. You can conclude that the video conferences and practice are the necessary resources for the deafblind and multiple disable students to be attend.
After having several cases of children between 3 to 6 years old with multiple disabilities associated with visual neuromotor problems, as children with scissors with difficult control we create a study group on the Cortical vision disabilities to solve the problems they have such as a non consistent visual answer even using low vision techniques. We fund that in the practice and the lectures were no enough to be sure the work was the more appropriated one and the difficulties still not clear ones. After a training offer by a cortical vision low vision expert teacher and genetics' ophthalmologist we confirm that those children need a new structure for her attention. From that on we made students evaluation and re organize the activities. The students groups were selected by the early intervention program (0-3 years old). The activities were known games ones. The environment was re organize with low lights and we use cause effect games, contrast color pedagogic games and interaction songs (material made with cardboard, games hold at the child sides for him or her to look by sound, vision or tactile). With the activities re organization and using the colors to promote the functional vision the answers were more efficient in the children. The families also were tough to do the same at home to improve the learning. We conclude that it is necessary to continue the study to improve the visual attention of those children to improve their integral development.
CHILDREN EDUCATION: A SHARE WORK BETWEEN THE MUNICIPAL NETWORK AND SPECIAL EDUCATION LOOKING FOR THE TEACHER TRAINING

Shirley Rodrigues Maia, Vula Maria Ikonomidis, Sandra Regina Stanziani Higino Mesquita, Susana Maria Mana de Araoz

Ahimsa Education Association for the multiple disable in alliance with the municipal secretary of São Paulo, the technical orientation of special education and children education departments and other institutions in São Pablo shared experiences to train the teachers in children education, looking for the inclusion of disable ones. This presentation talks about the education practices for the inclusion of disable students. For that, we had monthly meetings to share issues based on the curriculum orientations of the Mayor’s (Building environments’, story tells, take in mind, conversation, expressions and games group) to organize material for the network of network- the continue training of children education. Each institution was responsible of one issue and the interchange was call for next meeting as well as some lectures for the trainers. The evaluation issue was done by all the participants. The results were use for the promotion and dissemination of the 6.500 teachers of the municipal education network. We can conclude that the share work of public policies for the inclusion of disable children on children education was important to promote the quality of our work.
We are conducting a study in Scandinavia of how to live and cope with adjustments in life, when having a dual vision and hearing loss. The theoretical framework of our study is based upon previous research by Dr. Ann-Christine Gullacksen, Sweden. She has focused on people with hearing loss, and how they lived through different stages in an adjustment process. She found that the respondents experienced the same stages in the adjustment, and from this research Gullacksen developed a Life Adjustment Model. In the present study, we want to investigate how people with acquired dual vision and hearing loss live through these stages. We meet with focus groups in Denmark, Norway and Sweden that share their thoughts and experiences of living with dual vision and hearing loss. We want to identify whether the adjustments that they live through are different from other groups with life long diagnoses. We expect to describe a Life adjustment model according to dual vision and hearing loss. In the workshop, I will present certain aspects in t Life Adjustment that we have identified. I intend to engage the workshop by raising some questions about how professionals and services contribute in these ongoing adjustment processes. The study is run by: Ann-Christine Gullacksen, Högskolan i Malmö, Sweden Lena Göransson, Mö Går, Sweden Anette Rud Jørgensen, Center for Døve, Denmark Anny Koppen, Regional Resource Centre for Deafblind, Bergen, Norway Gunilla Henningsen Rönnblom, Andebu Dövblindesenter, Norway There is a Scandinavian reference group where the participants are persons with dual vision and hearing loss.
2860 Feeding program geared to babies and children 0-3 years old with deafblindness and other disabilities.

Education / Rehabilitation, innovative approaches for children and adults

Poster
Natallie Carmo Bianchini Prado, Renata Nogueira Capeto

Food is one of the most important human being, both for biological reasons, as by social and cultural issues that surround eating. (Hering). Every human being needs to eat to be able to live well. The deafblind need to learn to use the remaining senses and / or waste auditory, visual and tactile perception mainly for the establishment of meaningful and necessary changes to their effective participation in the environment. After all, while children use the normal hearing and vision to direct its action, and thus learn, for example, that their behavior and movement have consequences and that certain objects and children that can not be seen still exist, not the deafblind child conditions have to respond and understand the demands of the environment, need, therefore, that these aspects are taught them. The aim of this paper is to show the importance of targeted feeding program for infants and children deafblind and / or other disabilities from 0 to 3 years of age in the feeding process. This work was accomplished through a literature review and from the experience of a collaborative team (speech therapist, occupational therapist, teachers and families) in a group of early intervention with children aged 0 to 3 years of age at the Resource Center multiple disabilities , visual impairment and deafblindness - ADEFAV. The role of the audiologist with the deafblind child is to meet its lack of functioning sensory stimuli and significant organized and supported the construction of his consciousness and body image and occupational therapy provides support motor development, and also its autonomy. In Food Program oriented, with the support of professionals mentioned, it is possible to provide for these children to develop their skills, according to their limitations. It is noteworthy that the presence of parents and collaboration with professionals is extremely important so that everything is done in the Early Intervention Group, runs at home. It was observed that the feeding program conducted with the targeted speech therapist, teacher, therapist and family assist in the construction of knowledge as a whole, since the lack of sensory information as basic as sight, hearing and touch making each child, when exposed to a stimulus, can only absorb some of this information.
ACIPDIM, the civil association for multiple disabled people, is an NGO located in Rio Cuarto, Cordoba, Argentina. It is a unique education service for multiple disabled people in this community. This developed with the assistance of Perkins Program and their representatives in Latin America. Through training that began in 2004, the program has grown in the number of the families that we are working with in the communities. There had been many people involved that have enriched the activities in the educational setting with their experiences. As well they have set up new challenges for us to help define our goals. We now, as part of our mission, support the families to improve their quality of life, while respecting the level of their personal resources and individual needs.
At FUNDAL we are continuously looking for new and creative ways to create awareness about Deafblindness and to raise the funds needed in order to continue providing our services. It has been a dream of ours to design a calendar that provides information about this unknown disability besides sharing a positive and encouraging image of the children and teenagers with deafblindness. We weren’t able to find the perfect topic for this calendar... Until now. At the beginning, the project sprung as an artistic outlet for children and teenagers with deafblindness and associated disabilities; looking for a completely different activity to what we are usually accustomed to. Traditionally an artist begins and ends his or her work according to their preferences, leaving their feelings and life experiences exposed for others to discover given that it is an unknown dimension for most people. We asked each student to represent their feelings and experiences on paper. This turned out to be more interesting that we thought, considering it seemed impossible. As usual, the students at FUNDAL proved that what seems unreachable was never so. From the work and a description of each student, professional artists were inspired to interpret each of the designs adding colors to create masterpieces. Our 2010 Calendar “Strokes of Light” was developed as one of the many ways that we wish, through art, to reach recognition, respect and dignity for children with disabilities in Guatemala. We have learned so much from this project that our perspective on many things has changed greatly, such as what we thought was simply taking a pencil and drawing a line. That is exactly where this project takes a life of its own; animating sketches created with hard work by adding color, being able to communicate what is in each child’s heart.
This presentation talks about the experiences in the training course of people to become guide interpreters of acquire deafblind people and of teachers and interpreters to become intervinors to act with deafblind and multiple sensorial impaired people. The guide interpreters and the tools require (assistive technology) are the bridge to inform and guide deafblind people and let them participate in the social life and to include them in the education system. During the period between May 2009 and January 2011 we developed 4 training courses, each had 80 theory and 80 practical hours. The courses were done for the professionals that work with deafblind people at: Mato Grosso do Sul, Mato Grosso, Bahia, Ceara, Sergipe states, for interpreters and in Sao Pablo, for teacher of the deaf; at Sao Paulo, Mato Grosso do Sul, Mato Grosso, Ceara, Minas Gerais and Paraná with persons that works at the municipal network to become education guide interpreters. The course for the intervinors was done in Sao Paulo for teachers that Works at the resource in 32 municipals and Maringá and professionals of the CAP- support centre for the visual impaired and at the deafblindness sector. The training goals were: 1 - To train interpreters to work as guide interpreters to support the inclusion of acquire deafblind people; 2 - To train special teachers for the deaf to become a guide interpreters in education; 3 - To train teachers at the resource centre to become intervinors for the inclusion of deafblind and multi sensorial impaired at the municipal network.
Abraapascem, the parents and friends of deafblind and multiple disable people association, created in 1999, went through more than ten years the way designed in the statutes that said we have to reach the families and support their development through empowerment activities. Those was possible thanks to the constant support of Perkins International that offer the directors the working methods and the economical resources that allow us to develop the work. At the beginning the association was just at the following cities São Paulo SP, Curitiba PR, Florianópolis SC, Barreiras BA and Cruz Alta RS. It was created an alliance with the education and health institutions creating the network called Grupo Brasil, determining with it a effort synergy that have to be underline, because with institutions individual efforts actions were done to benefit professionals and parents, participating at the training programs that were developed in the country with Grupo Brasil and for this goal with the Education Ministry. Using the Perkins International support the association become strong and let us go forward having inter states meetings all over the country to share the association principals and creating parents association at the states of Rondônia, Sergipe, Rio de Janeiro, Minas Gerais, Rio Grande do Sul, Mato Grosso and Mato Grosso do Sul that continue working. On this year 2011 we are planning to have the parents meeting at the city of Maringá PR and the pre conference on families at the 15th DbI World Conference. The efforts continue and in São Paulo the work include distant regions such as East region group that with the government support has transport, food and a meeting place to support the empowerment and the inclusion education effort done by Grupo Brasil and de Abraapascem. The continued join, solidarity and planned work is giving results that motivate the participants to continue the fight to cover needs that are as big as our country is.
By putting aside previous studies, and identify where individuals are in their life, it pops up interesting things. Our experience shows that communication difficulties, makes test results unreliable. We therefore rely on, and build on, what’s happening in the interaction. No1: Young woman, immigrated from Thailand. Came to Norway 2001, and was a student at Vetland School, 15 years old. Joined the Andebu Competence Center, 17 years old in 2003. Is now 24 years of age. Based on the sign language she had when she came to Norway, it has been worked extensively with conceptual understanding. This young woman has gone from being an underchallenged student, to an inquisitive, reading person. Ever hungering for new understandings. No 2: Young Women, on her way into adulthood. During a course in mobility, she went from being the led, to discover that her companion is a tool for her to use. An instrument, that she can control, request from, and develop. By being used as an expert and teacher for employees, she has increased her confidence and has gotten a more equal role in relation to staff. She realizes that it is not she, who must be the obedient pupil, but that the companion should learn to accompany her. No 3: Male, 57 years old. The transition from seeing, to blind. He has gone from, dealing with the staff distantly, and just make contact when he wanted to, to make increased use of assistance, as his eyesight decreased. He is now, blind. By doing this, he found new ways to realize his life. The staff assist him, on his own terms, and to his desire. No. 4: Male, 47 years. Moved to Signo Vivo 13 years ago. Autistic. When he moved to us, he knew quite a few signs, but were not able to use them in context. A sign was something that gave notice of something that would happen right now. And if he didn't understand, he would be self destructive. He has now developed an ability to wait in, and with curiosity, see what's coming. He can now plan activities far ahead in time, and in their right order. He uses writing, signs, pictograms, images and photographs in his communication. AAC - Augumentative and Alternative Communication. We will, in our presentation, show examples from our work, on two posters of set size. We will also show filmed examples on a pc.
Sharing grief, worries, hopes and joys is important for mental health for all humans. Talking about emotions help us to deal with different challenges in our lives. We learn a lot from other persons stories and the emotional pressure diminishes when we can share difficulties. But how is this for persons with cdb? How can they express their feelings and are we able to share feelings and their emotional challenges? In this workshop I will discuss the relation between communication and mental health of persons with congenital deafblindness. How can we share and communicate about feelings with persons with cdb on different communicative levels? And how important is it that we try to do this? Sharing and communicating about feelings is a dual process. It is not sufficient that we try to confirm and share the emotional expressions of the deafblind persons. We must also make our feelings and emotional expression available for them. Are we willing to share our feelings and how can we do it? We all express our feelings through bodily expressions, and confirming and sharing these can be a good starting point. To a certain degree, many people do this naturally, in some cultures more than in others. Still, a greater consciousness of the importance of this, and more reflections about how we can do it, can make a difference. However, language makes it possible to talk about and discuss issues related to emotions at a more distinct and differentiated way, that opens for a better understanding of ones own and others feelings and reactions. And this again, will lead to emotional growth, better social functioning and a better mental health. But how can we introduce signs for emotions, and how can we develop a shared vocabulary related to these issues? The main focus in this presentation will be on persons with cdb who have reached a certain level of communication, including some signing.
Collaborative work by opening opportunities for independence and autonomy for deafblind with Usher's syndrome

Education/Rehabilitation Innovative Approaches for Children and Adults

Ana María de Barros Silva, Elenir Ferreira Porto Carillo, Silvia Costa Andreossi, Vera Luz Almeida da Silva

This paper discusses the experience of a group of deafblind adults with Usher's syndrome, involved in a program of habilitation and rehabilitation. Individuals who are surprised by the double disability after adolescence or adulthood suffer, in most cases, a deletion that begins within the family and goes to school, work and society in general. The lack of vision and hearing prevents further actuation of the person, as well as limiting their autonomy and independence, won previously. The accumulation of specific needs, often leads to depression and / or apathy hindering rehabilitation. This work was developed by professionals in a collaborative model ADEFAV with participation in a group of deafblind and their families in order to provide opportunity to acquire quality of life, a new interest in social participation and especially for the rehabilitation work. To this end, it was necessary attendance in a program aimed at training and rehabilitation work of communication, orientation and mobility, and ceramics workshop. The facilitation of the guide to interpret in this context, makes possible the return of the deafblind to study, work and social life. With the rehabilitation of communication, orientation and mobility, and activities offered in the initial therapeutic ceramics workshop was possible to see the evolution in the development of social relations, autonomy and independence of each one. The implementation of working in clay provided satisfaction and fulfillment as a result of the production, seeing the possibility of turning into profitable business. The reflection of this evolution was observed by the group's social connectedness.
Since long ago, almost 23 years as a Speech Therapist I had been immerse in the children world and their special needs. Specifically one year ago I met a VERY SPECIAL child, I do not mean for her physical condition, is for her the implications on the human and professional grown. Kamila is a total congenital deafblind charming 5 years old, whom has cochlear implant. When I first met her I felt that the work was lovely and complicate... but I did not know how enrich it will be! I fund some disjunctives... first was to think in the focus to use to achieve her communication, that I think it is the most important for her functionality and relationship with external world. In the side it was very important to control de impulses and the acquirer of limits and habits, as sitting for at least one minute... achieving by the love technologies and behavior modification, applying the communication tools and support facilitated by the deafblind guide for deafblindness and communication: based on learning wrote by. María Luz Neri de Troconis. After when she was sitting by a short activity (5 minutes) exploring different texture, sizes and temperatures objects, we started working on the activities time (start, development and finishing) at her daily life, school time and at the therapy sessions. For that was and continue being important tell her step by step for her to anticipate and understand what is happening. Now she comes walking with a walker (support equipment) and explores and sit by herself to work, more independent. Achieving that, the question was to selected the communication channel for the interaction and the situation understanding. My initial though was oralism, after I though in binauals focus and Venezuelan sign language, even that was against the verbal hearing therapy the one that is use in cochlear implant. When analyze and felt what was adequate for Kamila I decided to link all the techniques to achievement the communication and following my intuition through love and the skin that we offer to each other. Today Kamila is learning the daily words meaning with the sign and finger spelling at her hand with the verbal command.
Kamila Alejandra González Monasterios, was born on January 28, 2006, at 8:31 pm. At the maternity of La Floresta in Maracay, Aragua. She was diagnosed with bilateral congenital absence of her eyes and bilateral hipoplasia in her face. One month after she was born the Neurologist Dr. Francisco Renola sent us to have auditory test, genetic study and all test she required to Kamila, as heart evaluation and from the abdomen. We went to the Neurophysiologic unit to do all the test, there were done by Dr. María Álvarez, she told she has deep hearing lost (neural); and the genetic study done by Dr. Venancio Simosa, told about microcephalic and lung problems, secondary to environment polygenic by a environment virus; we look at the internet because the doctors did not know about congenital deafblindness and they thought that just in Venezuela were 3 cases 1 every 10.000.000 de habitants. Dr. Juan Armando Shiossone ear doctor told about the cochlear implant to hear. I had to attend the psychologist on those days for orientation as a big responsibility that the Kamila parents were challenged to go forward on this difficult road. After the intervention Kamila wait for the scarf then for the external processors to be put on February 16 2008 to be able her to hear, but for the success she require speech therapy every day. Deafblind specialist started telling us that Kamila require skills, a structure world that she did not want to; also by her condition Kamila’s biological clock was different then she rest on the day and on the night walk everywhere, to play or to get attention. Since June 2009, Kamila attends the kinder on hearing and language in the morning and in the afternoon gets Speech and physiotherapy, to have a structure world, she is able tocontact the external world, the family and the social people around her. Kamila is a multi sensorial impaired, she needs exclusive attention, diary therapies an intervinor to be able to front the world she does not know, not understand or do not see. Kamila has a straitening as love that help her to go over the obstacles that are in her way.
The portfolio is, in essence, an individual folder, where it is collected the work of the student during home visiting. Gardner (1995) defines it as a place to collect all of the steps taken by the student along the path of learning. The collection of papers and photos that are present in the folder individually, allows to build, among other things, the profile of the student, reflecting the pace and direction of his/her growth, the activities of interest, difficulties and the potential to be developed, aiming to provide tools for the family in order to understand how we learn. The data collected show that the proposition of portfolio as a tool for assessment of home visiting is certainly a strategy that promotes the realization of activities consistent with the proposed content and allows for further evaluation of the student and the process of teaching and learning, respecting characteristics and peculiarities. In this sense, the analysis of the activities presented shows that the practice of home visiting can contribute to the development of these skills, because it has a monitoring structure and process of active learning and student centered. The student presents severe deafness associated with neuropsychiatric issues as a result of congenital rubella syndrome. Schooling process began in October 1997 at CEADA school, and in the year 2008 school was suspended due to aggressive behavior when home visiting took place. It is important to mention that the Specialized Educational Services Program developed in this institution offers the PSO Project - SOCIO-OCCUPATIONAL PROGRAM - It is a unique program and aims to make the student independent in the sense that the skills taught will have function for life, which can be used immediately or in the near future. The family certainly has a considerable influence on school/ home performance. Concerning the family environment and routine habits, parents are instructed constantly explaining that in order to improve learning and behavior there must be commitment, but it's necessary to create a habit that goes beyond homework and home chores. Parents are informed that it is not enough to do things for the student and why she needs to do, that the family should provide conditions for the student to become a habit for her which implies not only the issue of environment, but the implementation of a routine daily tasks, monitoring and motivating. The student learns through modeling and it is family’s role to initially remind her of appointments and gradually turn to only a supervisory role until the student has the habit and autonomy to carry out the activities on her own. Through experience with the portfolio it was observed the impact on family and improvement in the interest towards this commitment.
Ahimsa Education Association for the multiple disable and deafblind people in São Paulo, Brazil, that has as a mission and values: “To Favor and qualifying the development of multiple disable and deafblind people, promoting their social inclusion.” Values: Ethic to offer example of: integrity, moral, honesty and to have a higher principle and ethic patrons. Social Responsibility to advocate through education and la rehabilitation, for the society development. Human been to value the team work, promoting the participation of all in the educative contexts (professionals, students, families and volunteers), stimulating the learning context, development respect, collaboration and self steam. Quality to promote plan creative spaces and actions looking for the quality of life multiple disable and deafblind people and their families. Respect see each person as unique, respecting their needs and abilities. In 2007 started the Project call “Young adults interacting with the community, advocating for the working opportunities”, its goal was to offer the multiple disable and deafblind student the opportunity to live in the community, the acquire abilities in the education actions, at the school; Stimulate the communication, the independence and the self autonomy, O&M at working opportunities; aware the community to live with the disable people, showing their potentials and abilities; aware the institution actions to create future alliances for the employment positions. This project is the first step to achieve the professional education with the new globalization profile, that as Sandra Pinto Levy said the modernization is as if Education become a new practical consider productive for the worker. The technologic changes today request a simple dominium of the motor abilities and disposition to follow orders. To achieve a competitive market you need to “know how to learn” and to be able to active the knowledge that let propose solutions and take creative decisions for the business. We are in the knowledge revolution where the hand work is not value any more, opening space to experiences of abilities and abstraction capacity. This is a big challenge, because we live in a reality in which the multiple disable and deafblind person not achieve the professional competences and that the law Cotas Nº 8.213/93 define the obligatory recruit of disable employment by companies than have more than 100 staff. Many enterprises trying to following the law had look for sensorial disable staff, even they are not prepare or are not qualify for that work. In this way the project looks to attend the existent requests, in one way the enterprises wants to employ the disable trained staff to follow the law and in the other side the young are attending the first employment that require preparation with quality for the work market.
This paper aims to present the results of a consultation process that led to the reorganization of intervention programs for children and young people with deafblindness and multiple disabilities. This reorganization, in turn culminated in advances and organizational development of a collaborative team. This process of consultations began in 2001 with support from the Hilton Perkins Program for Latin America for Adefav - Association for the Disabled Audio Vision, in Sao Paulo, Brazil. Since then, annual issues related to ecological and functional approach and intervention models have been discussed and implemented. As a result of advances organizational philosophy extended to work incorporating the parameters of the World Health Organization with regard to inclusive policies and direct people with disabilities and reorganizing Adefav as a resource center aimed at inclusion. From interviews with professionals who participated in this process consultants will present the data changes, advances and innovations that led to the formation of a collaborative team model. It is expected that the results obtained in this study may suggest strategies for the formation of collaborative teams of professionals and training for inclusive education of children and youth with deafblindness and multiple disabilities, as the area of education in universities in these specific areas is in the process of expansion.
Studies define deafblindness as unique disability that presents visual and hearing loss, so that the combination of both sensory losses causes problems in global development. From this definition, people with low vision associated with severe or profound hearing loss are considered deafblind because they have difficulties in acquiring information of short and long distances. The State Center for Care of People with Audio communication Disabilities has an Educational Assistance Program for the Deafblind people, students from kindergarten through high school. This paper presents the educational services of a student who is 24 years old, with profound deafness associated to low vision, enrolled in the third grade of elementary school at night. His expressive communication is through natural gestures, mime and some signs of Sign Language that learned in the school context. He knows and uses the manual alphabet to spell his name and the words worked in the daily activities. He has good relationship with everyone at school is participating, interested and motivated to academic learning. He performs independently the daily living and social activities. Despite the low vision, and the refusal to use optical resources, his interest in technology and manual skills are surprising. He has good spatial orientation and independent mobility. The work of the school initially aims to provide the student a form of communication to enable better interaction with the family and social environment, the acquisition of knowledge, to achieve greater independence.
This study has been presented as the orientation and mobility occurs in children with congenital deafblindness with other commitments. The deafblind child has unique characteristics that result from the effect of combined hearing and vision. In addition to the clinical features that define the child's point of view ophthalmological and audiological over time there are other needs, for example, motor that specify the care and development of this population. The increasing population of children with deafblindness and other disabilities raises the need for specific strategies of intervention when the motor difficulties are associated with visual and hearing loss. The stimulation that happens in ADefAV resource center multiple disabilities, visual impairments and deafblindness in Sao Paulo, Brazil, to meet those needs based on a collaborative team care that takes into account all these needs in accordance with specific individuals each as may be the case of a child with deafblindness and motor impairment. In significant approach is required to use the remaining senses for participation to be effective with the environment and contact with people. The use of the body through movement for the exploitation of its human and physical environment can minimize the implications that affect these children. The child with deafblindness is compromised motor skills develop better waste your senses in order to interpret the information until you get to understand where is located an object in relation to himself, moving - with intention, or only extend an arm or go in search of the object want. This is an important factor in the success of interaction and independence. The absence of such stimulant, the child may display behaviors deafblind socially inadequate. The operation of the orientation and mobility along with communicative actions in a comprehensive approach will favor the sensory stimulus in order to organize significantly promoting the construction of consciousness and body image, motor development, and emotional autonomy. The information should reach the world's children a structured and systematic. It seeks to present strategies, resources for the intervention of orientation and mobility of children with deafblindness and other disabilities. So it is considered the functional use of their remaining senses to the development of strategies and activities, so she can start building your world. Deafblind children with other disabilities may have different profiles according to various aspects early, it acquires more appropriate social behaviors and also can develop and learn to use their remaining senses better than the one that received no treatment. It is important to take into account the motivation to participate in all the experiments even basics such as food, hygiene, leisure etc. The learning process occurs repetition and stimulation-oriented in natural contexts, as deafblindness interferes with the ability of spontaneous learning.
There has been no research or study on the population or status of deafblind people in India, however, home to home survey in our Community Based Programmes gives an estimate that we have about 0.04% of total population as deafblind. Therefore, our estimate is that there are more than 450,000 deafblind people in India. In 1997, Sense and Sense International helped with the establishment of Sense International (India) and marked the beginning of needs-based rehabilitation services for deafblind people. Before that only 1 organisation in a metro city of India, was reaching-out to about 25 deafblind persons. Today, in the 13 year of our existence, Sense International (India) is reaching out to more than 32,700 deafblind persons in the country. We are using advocacy and partnership as major tools to influence lives of deafblind persons. At present Sense International (India) is working with 40 organisations in 19 states of the country. The partners are inclusive of likeminded government & non-governmental organisations working on disability and development issues. Working with government organisations like Rehabilitation Council of India, National Trust, Sarva Shiksha Abhiyan (Education for All) etc has also ensured the greater partnership opportunities. Our approach has resulted in creating the awareness about the unique needs of deafblind children, as well as, needs-based educational/ rehabilitation services. Keeping in mind the magnitude of the country, in the year 2007, Sense International (India) setup its Regional Learning Centres on Deafblindness (RLCs) in four regions-North, East, West and South of the country. Each RLC focussed on 5-6 states of the country, and reached to an additional 5000 deafblind persons in four regions. Within the given time, more than 250 organisations and 1000 professionals joined the movement to reach-out to deafblind persons. In the last five years we have been able to increase appropriate services and improve access to opportunities for deafblind people in the country. The key role of the RLCs has been to develop deafblind programmes and establish comprehensive centres that will affect the change in the field of deafblindness. These centres are the hubs for technical know-how for referrals, up to date information and recognised as models of good practice due to its core team of professionals, thereby ensuring that greater numbers of Deafblind people are accessing their right to a quality life. The present paper is attempts to bring forth the innovative model we have created in India in order to increase appropriate services and improve access to opportunities for deafblind people and their families in 4 regions of our country. The establishment of the RLCs has brought about a significant increase in the numbers of deafblind people being identified and accessing rehabilitation with in their communities. The paper will also discuss successes and challenges faced by the RLCs in promoting best practice models through their deafblind programmes at all levels and how the centres have been a role model for other organisations in the region to start up and add a component of deafblindness in to their existing programmes. The ultimate impact of all these efforts has led to complete acceptance of deafblind people as an equal and contributing member of the society.
The process attention to the education inclusion at the Pedagogical especial support centre CAPE from the CENP/SEE Education secretary of the Sao Pablo state that are responsible of the special education offer support to the disable students, the ones that has development problems, specific functional problems as well as the ones that has very high abilities and exceptionally ones. The CAPE acts as a support, accompany and management of the regional actions in special education, in the training activities, offering resources and linking the community schools. Also write the guide lines of the public policies of the inclusive education through multiple phases to offer the main knowledge to the teachers that are directly with the students at the classes as well as to supervisors responsible for the special education or the PCOP (responsible for the special education) that are part of the special education secretary. The professionals training by the state teaching network and the attention priority of the deafblind student at the mainstream schools. Goal to describe the actions developed by the Pedagogical especial support centre CAPE that offers support, orientation and guide to teachers, supervisors of PCOPs of the network. Methodology: register the developed actions, resources used, public and number of professionals trained between 2008 and 2011 that are related with deafblindness, by video conferences. Results: between 2008 and 2010 91 directors from the Sao Pablo state participated on 5 video conferences by streaming, by the especial education supervisors or the PCOP responsible of special education, coordinator teachers, special teachers, regular teachers that are working with the deafblind students and the professionals from the CASA foundation. The video conferences were available at the internet for the general people. The 2 technical orientations were done with the people there, the first one was on 2010 training on “intervinors” for 2.643 teachers that work on special education with hearing and with visual disable students. Conclusion for the inclusive education become a reality it is necessary that the educational systems offer training and update courses for the teachers to act with the disable students. Continued actions are planned for 2011 by the state education secretary.
We Too are Counted: Innovative model for Inclusion of deafblind children in government education sys

Program Models Suggestions for Improvement of Service Delivery

Poster

Biju Mathew

Education of Children with Deafblindness is a complicated issue in itself to be resolved effectively. Inclusion is the only positive approach that will create an impact on the growth and development of Deafblind child. However the complexity and uniqueness of the needs of deafblind children poses a huge challenge for effective inclusion. This is further compounded by a huge deafblind population (approximately 450,000 estimated) and very few trained human resources to work with these children. Sense International (India) works with local partner organisation and government to develop services of deafblind children across India and reaches out to more than 32000 deafblind people. We have strategically aligned with the Sarva Shiksha Abhiyan (Education for All) programme of the Government of India, which ensure free primary education to all children to include children with Deafblindness in the education process. This paper is an attempt to bring forth the model we have adapted to ensure trained personnel who are adequately equipped to support educational needs of Deafblind children. It will also talk about the process of building the capacity of the government system at various levels- from national to the village level teacher. The paper will also look into the challenges of working with the government system, across diverse languages, geography, bureaucracy and red tape. It will give an insight into a hugely successful model of partnering the government, which can be replicated, especially in developing countries where specialist centres and resources are limited.
All people communicate through the expressions: the smile, cry, body movement, and throughout a vast array of nonverbal behaviors. Through repetition and interaction with his family, the child since birth, establishing a code of communication that will improve throughout its development always seeking the full effectiveness of communication and interaction with peers. It should be noted that much of the information received (95%) comes through the sensory organs away: vision and hearing (Ng, 2008). So when people are born or acquire early visual and auditory limitations, the communication process does not develop naturally (Chen, 1999). The deafblindness describes a condition that combines severe limitations in sensory domains in different degrees (Deafblind International, 2006, and Sense, 2006). When it occurs simultaneously, dual sensory impairment [visual and auditory - deafblindness] multiplies and intensifies the impact of each of these limitations isolated, creating unique difficulties to the deafblind person and specific challenges to families and professionals who work with them. The entire development is influenced by the deprivation of these senses and their early behaviors do not match the usual pattern of development. It is essential to understand what forms of communication that everyone uses this population to receive and express information. Given the specificity of deafblind people, is essential to organize the activities they participate in order to create opportunities to enable them to better understand the world where they are allowing him to interact and feel fully integrated into society. Initial contacts are very important to lay the groundwork that will allow us to develop a close relationship, trust and interaction between deafblind person and those closest to him - the nuclear family and coaches. Initial contacts are a first time interpersonal knowledge. In it are recorded impressions and expectations (positive or negative) that can be decisive in the process of learning and intervention. They are a time when the life histories of individual players are marked and are mirrored throughout the course of these moments and reflect the characteristics that each individual has and builds on its development process. For those who are deafblind the world is initially highly restricted. If the deafblind person is deep, his experience about the world "extends only as far as your fingers can be reached" (Smithdas, 1958). These people are effectively alone if no one touching them. Throughout this presentation will be developed as Theme: Learning deafblind person; Development Communication in deafblind people; Forms of Communication of deafblind people and some guidelines that will enable it to address an deafblind people.
2951 Association of deafblind people, their families and technicians

Program Models Suggestions for Improvement of Service Delivery Poster

Carmen Patricia Sobral Pádilha Pinheiro de Melo

Built in November 2009 appears for the first time in Portugal, an association that brings together and supports the deafblind population (Db) and the people who surround them (families and technicians). Named Associação Presença (A.Presença), resulting from the urgency to proclaim the existence (presence) of these individuals, their rights, their needs and expand awareness to create support for this specific population in Portugal has resulted in an initial working group he founded, organized and defined what the mission and goals for this association. A.Presença mission is to aggregate the Sc community, representing its members to cooperate in initiatives and streamline projects. Its main aims are to promote recognition of the rights of Db; defend their interests, contribute to the care of this population; act among institutional partners, raise awareness, promote specialized training; to call for access to communication, collaborating on research; collaborate with international organizations in the area of deafblindness. Be characterized by an association whose founding members and partners, representing all groups to which A.Presença aims to help. In this way, brings together representatives of deafblind people (adults acquired Db), relatives of Db (congenital and acquired) and technicians who assist them. It is noteworthy that all this diversity of elements leads to a wealth A.Presença and makes a meeting place, gathering and sharing (first person). The A.Presença have various projects started as: awareness raising (general public), regularly published articles, training in deafblindness (for technicians), among others. Projects planned in the medium term: participation and collaboration with international organizations, organization of awareness campaigns, continuous training, secure funding for the raising of a permanent headquarters. Our proposal consists of a poster for an informal presentation which will include visual and textual information about A.Presença (topics and objectives of projects, contacts, images, etc.). Participation at the 15th World Conference of DbI, aims to promote A.Presença, but mainly to share experience and contacts that make us grow and be an association that promotes inclusion for a lifetime of opportunities in the deafblind community in Portugal!
The Initial Stage of Pedagogical Rehabilitation among younger age Deaf-blind Children with cochlear Implantation

Younger pre-school age deaf-blind pupils after cochlear implantation were accepted for training to our Institute. Cochlear implantation should be considered to be as a complex system of actions, directed to the child’s with deep hearing loss social adaptation. Cochlear implantation includes three stages: 1) Preliminary examination of the patient with its aim to distinguish the possibility to apply Cochlear implantation. 2) Surgical intervention with its purpose to restore hearing abilities by acoustical nerve fiber electric stimulation. 3) The longest and the most important stage is the stage of rehabilitation, which consists of speech processor connection and pedagogical work with an implanted child. While organizing the pedagogical and social rehabilitation process, two aspects should be taken into consideration: 1) The brain ability itself to process the information and to train and 2) time factor, which can be defined by: - Hearing loss age (congenital loss, before or after the ability to speak) and the duration of the period between hearing loss and Cochlear implantation. The important role for the Cochlear implantation success plays: - Oral speech condition and experience of acoustical perception before the Cochlear implantation operation. - The presence of accompanying impairments (visual impairment, intellect etc). - Individual psychological peculiarities of the child (ability to training, motivation degree to use an acoustical implant). - Success of surgical intervention process and adequacy of the speech process adjustment in future. - Acoustical implant constant carrying. - The speech surrounding presence. - The organization of acoustical and speech rehabilitation process. - Active participation of parents or persons, who replace them, in this rehabilitation. The main aim of all rehabilitation activities is to teach the child to perceive, to distinguish and to identify the surrounding sounds, to understand their meaning and to use this experience for the speech development. For this purpose, the postoperative children rehabilitation, besides speech process periodical adjustment, includes the acoustical development perception development and also general development (nonverbal intellect, memory, attention motor functions and so on). From the history of children development we know about the boys twins, who were born on the 32-d week of pregnancy. At birth Sasha’s weight was 2150, Vova’s weight was 1900. The condition after the birth was very difficult; the nursing period lasted for 2 months. Through Sasha’s diagnosis there is a 5-th level retinopathy of prematurely born, congenital bilateral deafness. Vova’s diagnosis is 2-3-d level retinopathy of prematurely born, congenital bilateral deafness. Besides the CMV pre-natal infection is revealed. At the age of 3 years 3 months the boys had the Cochlear implantation operation. They arrived to the Children’s House 4 months after the operation. It is necessary for us to develop acoustical perception in the following directions: - working out of move mental reaction for the sound; - sound detection and its localization in the space; - distinction of verbal and nonverbal sounds, - distinction and identification of various sound characteristics, - distinction and identification of different sounds in the surrounding, - Distinction, identification and recognition of different speech signal (phonemes, phrases, words). A part from the lessons, directed on verbal and nonverbal hearing, we should also enrich imagination about nonverbal sounds of the world around, such as: - household sounds - Street sounds - Birds and animals sounds - Nonverbal sounds produced by the human But we all know that
hearing and speech development of the child directly depends on his general psychophysical development. So, the boys also have music and rhythmic lessons, lessons on nonverbal functions development and fine motor functions. There are lessons on: - Movement activity development - Subject activity - Lessons, directed on the world around perception - All round touch development As it has already been mentioned above, it is necessary to preserve the certain conditions, for example, the constant implant wearing and speech surrounding creation. We are trying to organize children`s life considering all the conditions. All the activity, organized with children, is accompanied with adults` speech, at the same time teachers use natural gestures as an addition method in organizing and performing some exercises and regime moments. In all lessons, regime moments and games we try to realize the idea of acoustical stimulation continuity.
DeafBlind Ontario Services creates homes where adults with congenital deafblindness can live more independently. Through its supported living arrangements, trained intervention, work experience and other specialized support services, DeafBlind Ontario Services gives each resident the ability to enhance their independent living skills. Currently DeafBlind Ontario Services supports 45 persons, each with their own individualized history, abilities and passions. This presentation will illustrate how over a five year time span an organization was able to transform their service model, develop a staff training model, ensure a strong governance structure, implement a major growth strategy which included a new community outreach program; all within a context of their strategic plan. **Objectives:** Overview of DeafBlind Services yesterday, today and tomorrow - Current Strategic Plan: 1. Development of a Service Model reflective of transition to adult services while focusing on “imagination, intervention and independence” while using a person centered approach; 2. Development of a Staff Training Model, “TOUCH,” which is reflective of the skill set required, intervenor staffing levels and the support needed for the new Service Model, including evaluation processes and continue best practices; 3. Development of a community outreach model called “REACH”; 4. Development of a Mentoring Program for front level supervisors named “SHARE”; 5. Development of new programs within the Service Model, including a Sensory Excursions Program and a Sensory Exploration Arts Program; 6. Development of Employee and Employer Relations Committee named “EARS”; 7. Examples of the success of all of the above and how it has impacted the lives of Residents supported by DeafBlind Ontario Services.
SOCIEVEN in 16 existing years, Venezuela deafblindness fund 709 deafblind congenital and acquire people whom are children, young and adults, through a program call “awareness deafblindness and the national network SOCIEVEN (2006-2011). The program goal is the awareness and detection of the population in a national level that let them advocate at the society and the government. Finding between 2006 – 2015 (ten years), 5000 deafblind people that we consider exist in Venezuela. The program implicates using communication tools such as social networks (web, facebook, twitter, blogs, text messages) that has been effective, creative and free, creating (calendars, brochures, videos, posters, documents, guide), printed publicity, developing a corporative image and publicity in different printed media working close with designers and others. As a result: for year 2005 we had just 234 deafblind persons (1995-2005). In 5 years “awareness deafblindness we fund 475 deafblind people that were diagnosed, improve the communication and quality of life through the national network SOCIEVEN (training workshops for professionals, parents, population and others). We achieve that deafblindness become positive known and seen a deafblind person as someone that cannot see and hear (some with residual vision or hearing) that has communication possibilities and the most important has a potential to be include in different places if they had the opportunity to do, letting him or her through the INCLUSION ON AN OPPORTUNITIES LIFE. We are developing a campaign called deafblindness micros, there are 7 informative ones (produced and directed by Anabella Troconis) that in a summary and simple way talk about this conditions.
Since 2000, in Margarita island (Venezuela); SOCIEVEN had been registered a numerous population with Usher Syndrome type I (43 cases and we think that are around 70). We developed different actions (workshops with institutions and advice) and seeing the problem magnitude, we developed and create the project called Usher Syndrome in Venezuela (2005-2015). General goal: Start a national movement to aware the special education and medical field about Usher Syndrome I y II to get the correct services, to find it in early days and improve the quality of life in a meaning way. Results: On those 10 years SOCIEVEN fund 146 deafblind people by Usher Syndrome at 13 states; 129 of them type I and 17 type II. We have some medical teachers. We developed more than 30 workshops in a national level for professionals, affected population and families; 10 medical conferences, more than 20 assessments, 1 family meeting, more than 30 deafblind meetings, 2 theatre activities, 15 Five senses in action (S S A ) activities. We implemented the functional assessment (symptoms and behavior observation), we create a vision assessment protocol for the possible Usher Syndrome people (for eye doctors). A book name “guide of support to deafblindness and calendars. We are creating Usher Syndrome documents and genetic on Usher Syndrome. We create a Genetic lab on Usher Syndrome with the East University, we implemented the CBR by professionals, parents, Usher Syndrome people and government people. The support of the national network and the alliance professionals and institutions brought some other benefits (as canes, lenses eye evaluations, scholarships, transport, advise and trips). Thanks to the trained team, the government staff and the communication media, the support of Perkins International, CBM, ICEVI special group, Sense (Mary Guest and video), LOCTI and support enterprises. The deafblind people more strengthening.
The ICEVI special group on deafblindness and multiple needs (GESNM) is a group created by ICEVI (International council for the education of visual impaired) to participate in the deafblindness and multiple needs cause on Latin America. It has its own identity and work coordinately with the international organizations in the region without overlap efforts and strengthening the programs, institutions and existing groups in our countries with the local government and private references in each country, ICEVI by the philosophy and structure. It is a regional volunteer. The leader professionals, the deafblind adults and the parents join to create the deafblindness and multi disability structure in each country to join the work in the region, with the private and government entities and the international ones offer training, inter changes, information access, deafblindness awareness and strengthening that let the development of the deafblind and multiple disable persons an active citizen. The ICEVI group GESNM develops actions to support, increase and complete the work to benefit of congenital and acquire deafblind people and multiple disable persons, their families, professionals in Latin America. Promotes training workshops that were not cover by other international programs; selecting the issues based on the needs by countries: O&M for deafblind and multiple disable people, Cortical visual impairment, rehabilitation and inclusion of adults and young deafblind and multiple disable people and Usher syndrome attendance.
We would like to acquaint you with the condition of communication and language of adults with total or severe visual and hearing disabilities. They are scattered across Bulgaria, live with their families, and communicate at everyday level with them through tactile signs. Good examples of tactile sign communication in Bulgaria are persons who have occurred early deafness, have excellent command of sign language, but lost vision in adulthood. In the process of rehabilitation work with them, conducted classes and seminars, we concluded that the visual sign language should be adapted to tactile communication. We are using the experience of experts from the Union of the Deaf in Bulgaria (UDB). Training in a tactile sign language is done by getting acquainted with various objects, tactile perception, using the tactile alphabet. National Association of the Deafblind in Bulgaria (NADbB) and UDB fight together, that the Bulgarian political body have to recognize officially the Bulgarian sign language (BSL) as well as the tactile communication of deafblind people, in purpose to be introduced in the training of children with impaired hearing and children with deaf-blindness. Official recognition will help to be regulated occupation of interpreter for deaf persons and of interpreter-guide for deafblind persons. UDB through its National Sign Language Centre, organize BSL training courses for teachers and for interpreters for deaf, including specialists of "Helen Keller" National Rehabilitation Centre for Persons with Deafblindness (NRCPDb). With the help of UDBs specialists, we are conducting practical exercises in the deafblind rehabilitation for university students of "Special Education" subject, because in our universities, they do not receive such training, correspond to specific abilities and needs to the deafblind persons. We use foreign experience and we hold seminars with specialists from Norway, Italy, Croatia, Russia, etc. Help of inestimable value gave us: William Green - President of Deafblind International, Geir Jensen - Norway, Sergey Sirotkin - Russia, Sanja Tarczay - Croatia etc. Specialists from "Helen Keller" NRCPDb - Plovdiv had visited rehabilitation centres in Russia and Norway, and their specialists get acquainted and exchange experience in rehabilitation of deafblind persons in Bulgaria. Owing to Norwegian specialists was introduced in Bulgaria the haptic communication as communication mode for totally deafblind persons and persons with severe visual and hearing impairments. In purpose of improving of communication, NADbBg insist on Bulgarian government to ensure interpreter-guides for persons with deafblindness. Together with all national representative organizations of people with disabilities, NADbBg struggle that Bulgarian Parliament to ratify United Nations Convention on the Rights of Persons with Disabilities. For deafblind persons this Convention is of great significance because for the first time there deafblindness is recognized as distinct disability.
Sullai Institution, started 1994 by parents and professionals work as a result of the adequate programs for the education of deafblindness and multiple disabilities children and young. We started with 3 students and have now 60 offering individual programs of special education in special areas and transition to adult life with the vocational activities at the community. With the support of Perkins International we developed training cycles for ourselves and for external schools or institutions in Cordoba, San Juan, San Luis in Argentina as well as in other countries. Our vision and mission is to “improve the quality of life of multiple disable people and their families, respecting the person and the continue quality of the update service offer, looking for the inclusion in the family and society.” “Offer education and attention to multiple disable children and young and their families promoting the self determination and personal development for the family and social inclusion, being a multiplications’ of our issues. That let us follow the way proposed by the Sullai educative community. Our legal format is a NGO belong to the education ministry DGIPE, achieving this way the economical sustainability that let us plan the future in a strategic guarantee the service offer. A strengthening that the institution has is the work with the families and the community. The parents participate in the teams taking decisions on the education of their children, knowing what is need for the equal conditions. We work with families on rights and duties that they have, as well as self help, training during the year, visits, etc. SULLAI, name means HOPE in the mapuche indigean language, but hope is the crop after the sowing, for that we understand that all we do in our institution honors its name.
The use of assistive technologies for training, education and work is essential for the deafblind community

Program models and suggestions for improving the services offered.

Pôster
Guilherme A zambuja

The use of assistive technology for education, training and the work for deafblind community. For the importance of the inclusion of them at the Brazil society as public policies have to be included in the strategies and use of technologies. Braille (accessible digital by Braille line) as a fundamental communication element for blind and deafblind as an alternative for reading books and written text, magazines as new ways of communication and digital information. Justification: by the study done in 2004 by CBO there is an estimate number of blind people in Brazil of 1 million or 1,2 million blind people, but if we consider the percentage done in USA (0,3% of the population) it comes to more or less 570.000 blind people in Brazil. How many are deafblind? We don’t have government numbers, however the USA (Gallaudet University – Deaf-Blind in USA 2007), numbers apply on consider that 0,015% of the population in the US is deafblind, we could think on for 190 million habitants in Brazil, around 28.500 are deafblind and from them 7.250 are children and adolescence, those without consider the percentage increase of 2 percentage, relative to factors as not having the health system, the poverty in so many regions in the country. Public Policies: by the UN convention of disable people signed by Brazil and ratified by the Brazilian congress, Brazil was force to provide the assistive technology for those citizens to be full autonomy and citizen. The federal, state and municipal governments on their responsibilities mainly on education and work have to have technology access to deafblind people as fundamental for their development. The public policies should consider the use of assistive technologies in the education and work policies. For disable people, especially for deafblind those technologies are essential for the right of seeing, express and offer the opinions. Conclusion The federal, state and municipal government cannot forget those social group so commitment by the disability. Os resources offer by the Social Agency of the Growing Acceleration PAC as well as in other programs are keep for projects gaps and to use the assistive Technologies for deafblind people, difficult the access at education and work and not letting them the citizen exercise.
**3102 The communicative interaction of deafblind: the art of telling stories, re meaning of the learning strategies**

Research Scientific and Evidence-Based Poster
Sandra Regina Stanziani Higino Mesquita

Introduction: Taking in account the individual possibilities this proposal looks for new education alternatives for the deafblind people, the main question is how to widen the communicative interaction of the sensorial impairment people from the tell stories art point of view? Goal: Organize, apply and assess the classroom work on the stories tell, looking for a wider meaning communicative interaction for the deafblind students, as a resource for the students development. Justification: Find out and systematize the resources for the teachers that let them recognize that the learning is not an isolate or mechanic action, it is part of the meaning inter relations that are establish by the involve people. Materials and Methods: In a qualitative research, respecting the natural spaces of the involved people the use of appropriate material depending on the characteristics. Talking about deafblind people, the issues funded in the history books should be adapted, bringing the information from the history text as real as possible, taking in account the specific considerations for each child involve. Starting from the concrete to the symbolic, using the materials that could be explore by textures, colors, smell, contrasts... that allow the understanding of the person that is telling the story. Results and Discussion: In a qualitative research (Ludke e André -2003) we had to lead with all the information’s done at the observations, hoping to contribute to a bigger knowledge and experience interchange on the study issues, on the research identities of the children were reserved. The reflexion on the analyzed information show that the particular communication ways of each of the involve people perceive by the teacher and whom apply it, as intervinors, understood that each deafblind child offer a meaning build by them and not impose, offering the opportunities of express in the context where they were.
3104 Inclusive Dance = Expressive Communication

Program Models Suggestions for Improvement of Service Delivery

Daniella Forchetti

Through dance we can create a resonance, using the art as an instrument of dialogue between individuals with and without disabilities. After years working as a speech therapist, noticed that much of what was in rehabilitation for the deafblind and people with multiple disabilities was insufficient to develop their expressive language. Opportunity to "be" - make your own choices. This was the path taken. The art itself brings the opportunity to develop the individual, free of barriers and prejudices. When we recognize our individuality, we can see our similarities and differences. A paradigm change. And so the question the labels, stereotypes and preconception still so pervasive in our society. The transdisciplinary vision creates of a new approach to work. I decided to share what believed to be more valuable - the art of expression through the dance. So I created in 2000 Project Arteiros - dance inclusive. In order to develop a project that encompasses the intersection Art / Health / Education I seek to achieve the following main objectives: body awareness, creativity, communication, socialization and autonomy of all participants. I tried to focus my gaze on capability rather than just see the disability. For this project I have developed on the studies proposed by Jan Van Djck (Levels of Communication) and Ruldof Laban (Modern Dance Education). When composing with these two researchers I was able to create a unique methodology developed in line with the work of contemporary dance. Since then, I implemented the proposal in 11 institutions for the care of children, young adults and seniors with disabilities and / or at risk. These partnerships were made with associations, Non-Governmental Organization, Ministry of Culture of the State of São Paulo and Department of Justice and Citizenship in São Paulo / Brazil, offered for free. Currently this work is done in three areas: 1. Project Arteiros - makes the implementation of programs for arts education through dance inclusive in public institutions and private partners; 2. Cia Experimental DiDanDa (Dilaran - Hindi word meaning "the comforter of hearts, Dan - Dance, Da - Daniella) - is an open group that includes the participation of dancers with and without disabilities who already have experience in dance inclusive. Its composition varies depending on the choreographic style. 3. Consultancy and Research - Through research themes "development of augmentative and alternative communication" and "inclusive dance" is being offered training in the area of inclusive education and humanization in health care. This work is done in partnership with municipalities, state and private. Result: Include is open to the world of appreciation of differences. When I dance, express myself. Feelings, words and actions are integrated. We work with different bodies, young and old, fat and thin, high and low. There are no limits for humans to express themselves. Just find each of its shape. I dance, therefore I exist!
To bring traditional subsistence skills to the Deaf-blind students in Yupik communities

Staff Development Effective Models and Creative Approaches

Poster

Michelle Radin

The Yupik people live on the tundra at the western coast of Alaska near the Bering Sea. Villages are often small, with a population of one to five hundred, spaced far apart, and are accessible only by small plane, snow machine or dogsled. This project's purpose was to bring traditional subsistence skills to the Deaf-blind students in Yupik communities. These skills not only preserve the communities' cultural identity, they are vital for safe and functional independent living in the harsh environment. Jerry Lipka of the education department at the University of Alaska, Fairbanks, recently coordinated the publishing of Math in a Cultural Context: Lessons Learned From Yupik Eskimo Elders. This curriculum uses traditional knowledge of such topics as star navigation and the safe preserving of salmon during the long Alaskan winters as a context to teach math and science skills. An addendum was added, giving educators the tools to include Deaf, blind, and Deaf-blind individuals in the activities. It provided the first Yup'ik codes for Braille, sign language, symbol systems for non-verbal students and Yup'ik articulation instruction for students who are hard-of-hearing. The author followed up by providing on-site consultation to interested schools in rural Alaska. Pre-and post test data was collected from participating students. The results show that traditional knowledge is not only vital, it's use is more motivating and relevant to a student's education.