California Deaf-Blind Services

reSources

Third Person and Prompt Dependency

by Gloria Rodriguez-Gil, CDBS Educational Specialist

This article offers reflections and an approach for dealing with the common set of issues stemming from a weakened self-identity in students with vision loss, including students who are deaf-blind.

Introduction

In the 1980s I worked as a teacher of children with visual impairments and additional disabilities. A few of the students who were able to communicate verbally referred to themselves in the third person (i.e., a student named Jose would say, "Jose wants to play" instead of "I want to play"). These students also had varying degrees of prompt dependency and passivity, from having difficulty making choices to staying in the same physical position until an adult directed them to move. Directives from adults ranged from verbal commands and/or physical modeling to minimal physical or verbal prompts like a sound or a tap on the body. Extreme examples of prompt dependency

and passivity involved students who would never start a conversation, but instead would wait for someone to communicate with them, or those who would not stop an activity such as hand washing until someone gave a command or prompt to stop.

In the last few years, I have also encountered the issue of third person use and prompt dependency in students who are deaf-blind. Thus the second part of the article consists of examples and a case study on these observations.

Observations and Reflections

During the time that I had direct contact with this particular group of students, I observed consistent behaviors that seemed to relate to the student's sense of self-image. These observations, while purely empirical in nature, offer a good starting point for a discussion of behaviors frequently seen in children who are deaf-blind. It is important to note, however, that no single student exhibited all of the behaviors described below.

1. Students lacked a strong sense of self-identity (i.e., they didn't act as if they were separate beings from others, but rather acted as though they were an extension of their caregivers).

2. A majority of these students were totally blind from birth, which likely impacted their self-identity. Children who are congenitally blind often have experienced: 1) limited opportunities to explore the world, 2) limited opportunities to interact with caregivers, 3) difficulty perceiving responses to their actions and/or communication attempts, and 4) difficulty with the ability to imagine themselves physically impacting the world as they explore it.

3. At the time when typical children (i.e., children without disabilities) are asserting themselves in

---

In This Issue

❖ COMMUNICATION-RICH ENVIRONMENTS ❖

(Third Person and Prompt Dependency, continued from page 1)

terms of typical development, children who are visually impaired with additional disabilities are often struggling with more complicated issues such as health challenges, basic motor development like head control, and/or fear of expanding their reach into the larger environment.

4. These students behaved in a way that suggested limited volition and determination, which could be due to a number of factors: 1) caregivers directing most activities in the students' lives, 2) a tendency for caregivers to act for the children, rather than waiting for them to act partially or completely on their own, and 3) adults not taking the time to wait, and/or becoming anxious when the children does not respond right away or within an expected period of time.

5. Caregivers sometimes focused more on meeting the students' physical needs than on creating situations in which both students and caregivers had space and time to really enjoy the shared time, allowing for the children's personalities to blossom and for the caregivers to discover new facets of the children.

Working Strategies

Although the strategies I used were theory-based, they were selected as a result of a lot of trial and error. No single technique was uniformly applied to all students, just as no single student prompted the use of all the strategies. Presented here are those that proved to be successful.

Platform: A one-hour session was conducted with each individual student. During these sessions we talked about subjects that the student was interested in, or played games that the student liked. Through this process we created a relationship with strong bonds.

About the passivity: Once a safe and fun environment was created where bonding could occur, then new demands were added:

❖ I might stop in the middle of an activity to ask if the student wanted to continue with it or do something different.

❖ I avoided initiating conversation until the student began talking, even if he only made a sound at the beginning.

❖ I would ask what he wanted to talk about or what he wanted to do.

About speaking in the third person: If the student referred to himself in the third person, I used the following strategies:

❖ I modeled the correct form (e.g., if Jose said "Jose wants to play," I immediately said "I want to play").

❖ I avoided referring to the student or myself by name. When talking to the child I said "you", and when talking about myself I said "I" (e.g., "You and I are going to go outside and run").

❖ We began each session talking about something the child had recently done—for example, by asking what he did over the weekend. If I knew that he did something fun the day before, I might say "Your mother told me that you bought chocolate ice cream yesterday… how was that?" with the idea being to talk about what he *did* so that he could understand the impact he had on his immediate environment.

❖ I engaged the child in parallel activities, such as having a snack together. The student would eat his crackers and drink his juice, and I would eat my crackers and drink milk. During this activity I used phrases like "You are eating your crackers" and "I am eating my crackers", and I labeled the crackers as being either "yours" or "mine". Examples of other things said were "You are drinking juice, I am drinking milk", and "You like juice, I like milk."

As a rule of thumb, for serious discussions with parents or caregivers it is appropriate to hold conversations in private, that is, without the student present. However, when the student is present, do *not* talk about him as if he wasn't in the room. For example, if Jose is present during a conversation between his parents and teacher, I would not say, "Jose did very well in school today", but instead speak by including him: "I heard that you did very well today in school—what did you do today?" Then if Jose didn't respond, I would add something like, "I heard that you went to the little market near school and bought your own snack."

Results

All of these strategies seemed to work. After a period of a few months, the students started to take the lead in our sessions and began speaking more and more in the first person. After I began to see some results I started to meet with parents—with the students' knowledge—to discuss how these strategies could be generalized to home and community environments.

Students who are Deaf-Blind

A couple a years ago I began serving an adolescent who is deaf-blind, but who has good functional vision and can expressively communicate verbally, with some limitations. The girl's parent was concerned because her daughter only referred to herself by first name, and she also had difficulty expressing her wants and needs. At times the girl would become frustrated when she wanted to do something specific but could not easily state her wishes. She would then have her mother guess what she wanted to do, thereby saying it for her. In this way the girl remained passive in her expressive communication.

I shared some strategies from the "Working Strategies" section above with this parent. Although this student is deaf-blind, she also refers to herself in the third person and had prompt dependency issues. I found this interesting because in the field of deaf-blindness the "third person issue" is less apparent because these students have limited levels of formal communication. We can, however, recognize prompt dependency more frequently because students demonstrate it through their responses and actions. For example, one student (congenitally blind with a moderate to profound congenital hearing loss) would walk into the school classroom with his backpack on but would not remove it until someone told him to do so. Another student (totally blind from birth with hearing in one ear) had learned to speak through a structured program that taught him to plan and say individual words or approximations of words, but he would only do this when asked a question, or when prompted with the beginning of a word or phrase.

Conclusion

We know that in order for students to have a strong sense of self-identity, they need to have the fundamental understanding that they can have a direct impact on their environment without the constant mediation of adults. The critical issue is how students who are deaf-blind can make sense of this when so much of their lives require interdependence—for learning, communicating, and basic survival. The challenge—highlighted in this article and the case study that follows on the next page—is to reduce prompt dependency as much as possible while still promoting the concept of interdependence. While this presents something we might call a balancing act, it can be effectively addressed with the right set of tools, resulting in students who have a better idea of their place in the world around them.

❖ ❖ ❖

Annotated Bibliography

Selected resources on topics related to self-identity, self-awareness, and awareness of one's environment:

Social Relationships and Behaviour (Chapter 6) by Gary Bridgett, in *A Guide to Planning and Support for Individuals who are Deafblind,* by John M. McInnes. Published in 1999 by the University of Toronto Press.

> This book focuses on individuals who were born deaf-blind (congenitally deaf-blind) or who acquired the disability early in life (early adventitiously deaf-blind). Topics covered include: identifying deaf-blind individuals; intervention and the roles of intervenors; communication; cognitive development; social and emotional development; sexuality; family issues; planning and support for preschool infants, school-aged children, and adults; development of support organizations; advocacy; physical therapy (physiotherapy); and training for intervenors, teachers, and consultants. (Annotated bibliography from DB-Link.)

Are You Blind?: Promotion of the Development of Children Who Are Especially Developmentally Threatened, by Lilli Nielsen. Published in 1990 by Sikon Publishing in Copenhagen, Denmark.

> This book deals with visually impaired autistic children. The author characterizes these children as especially developmentally threatened and describes an educational method which has been shown to be of benefit to these children's emotional, motor, communicative and social development. Ways of establishing contact in normal as well as in multiply handicapped children are outlined. The fundamental thesis of the method is to establish environments where the children's functional and emotional development can be closely related. The book is aimed at teachers, psychologists, parents and others who are involved in caring for children who are especially developmentally threatened. (Annotated bibliography from DB-Link.)

Self-Representation in Language and Play (Chapter 11), in *Insights from the Blind,* by Selma Fraiberg. Published in 1977 by Souvenir Press, London.

> This book is the detailed investigation of a number of children who were born blind and who had no other disability. The development of grasping, standing, mobility, prehension, and speaking is recorded. It is apparent that it is important to organize an educational program which is based on the principles of developing the blind child as an individual and making him recognize this individuality. Book review by A.G. Gross.

A Case Study: Luis, Prompt Dependency and Strategies

Background: *Luis is an engaging 12-year-old boy who is totally blind, has a moderate to severe hearing loss, mild cerebral palsy, and global developmental delays. Luis wears bilateral hearing aids consistently. He has a diagnosis of severe combined immunodeficiency (SCID). He contracted meningitis and cytomegalovirus (CMV) a few months after birth. He takes seizure medication, and is also under treatment for his immunodeficiency, treatment which can literally be considered life saving.*

Over the last four years Luis has attended the same special day class at a general education elementary school site. Luis' classroom mainly serves students who have visual impairments with additional disabilities.

Luis communicates primarily through behaviors but also uses a few signs like EAT, MORE, ALL DONE, DRINK and BYE-BYE. Most of the time Luis needs to be prompted to sign—by an adult asking him what he wants and then keeping their hands on Luis' forearms, which means to him, "I am waiting for you to sign back to me." He understands tactile signs within the context of activities. People communicate with Luis at school and home through touch cues, objects cues, and tactile signs. They use co-active signing with him if they want to teach him a new sign or to help him sign something more accurately. They also offer him choices when appropriate to encourage expressive communication (e.g., offering two foods or two activities).

Challenge: *Luis waits for some type of physical prompting to take the next step in a routine he already knows. This prompt can be as subtle as a quick tap on his body by the adult working with him or an accidental touch from one of his classmates. He follows this same pattern throughout the school day. People who work with Luis know that he understands the steps in his routines because as soon as they prompt him he does the next step.*

Variables: *There are some days when Luis moves at a faster pace through his routines without being prompted but it always takes him a long time to go through them. His classroom teacher reports that on some days Luis seems more "connected" to what's going on than on other days. Teachers in the past who worked with Luis have made this same observation.*

Examples of prompt dependency: *Luis' teacher has been recording the time it takes for Luis to continue to the next step in the daily routine of putting his cane and backpack away. It can take Luis up to eleven minutes to put his cane in its place once he has reached the classroom door. To put his cane away, Luis must extend his hand to his right side with the cane in his hand and leave it against the side of the counter. Once he has placed his cane against the counter, Luis must walk a few steps to a bin into which he places his backpack. This step of placing the backpack in the bin can take Luis up to twenty-eight minutes.*

Another example of this high level of prompt dependency is during breakfast. Luis is supposed to sit in his chair before he starts eating. Despite the fact that eating is one of Luis' favorite activities, he will stand for up to fifteen minutes in front of the back of his chair and touch his food tray on the table while waiting for a prompt to sit down.

Goal: *The goal for Luis is to become more independent (i.e., requiring fewer prompts) within his known routines in the classroom setting.*

Strategies adopted:

1. *The classroom staff decided to start by focusing on a few of Luis' routines: walking from the school bus to the classroom; placing his cane in the correct place once at the classroom door; walking to his bin and placing his backpack and bus harness in the bin; walking to his calendar box to pick up the first object cue of the day (a spoon for breakfast); walking to the table and sitting down; eating breakfast; and walking to the bathroom and toileting.*

2. *The teacher will use a chart to record the time it takes Luis to move from one step of a routine to the next without prompts.*

3. *Luis' mother is going to communicate with the teacher using a home-school notebook which includes information about changes in Luis' health, his level of activity the day before at home, how well he slept the night before, etc. The idea is to see if there is a connection between these variables and Luis' level of pacing, his "connection" to activities at school.*

4. *At home, Luis' mother reports that he is more independent than at school, but she will observe the amount of prompting she gives Luis and then see if she can reduce it.*

5. *Luis' teacher had observed that Luis took time to process new information when he moved from one place to another and when he changed activities, even when he knew the activities and his school environment well. For this reason the teacher will reduce the number of activities and locations within specific routines so Luis does not need to process more information than necessary.*

6. *School staff will not sign to Luis at every step of his routines. It seems that constant signing is used by Luis as a prompt, and it is also diverting his attention from the tasks in front of him.*

7. *School staff will sign to Luis when he completes tasks so that he is not isolated from communication and physical contact for long periods of time.*

California Deaf-Blind Services

Fact Sheet

Strategies for Creating Communication-Rich Environments for Children who are Deaf-Blind

by Maurice Belote, CDBS Project Coordinator

Core Beliefs

Everyone communicates. Children who are deaf-blind are communicating all the time. Some children communicate in very obvious ways: speech, signed communication, sign language, pictures and drawings, voice output boards, etc. Other children may communicate in more subtle ways: moving you to an object, standing near a desired object, eye gaze, withdrawal, change in muscle tone, self-injurious behaviors, etc. In many cases, the challenge to service providers and family members is to give the child a more socially appropriate way to communicate. The new system, however, must work as well for the child as the way she or he has communicated in the past or the child will have little motivation to use the new system.

Everyone has the right to a formal communication system. A communication system is formalized when it is documented so that it follows the child who is deaf-blind from program to program. The system must be accessible to the child at all times, so it must be portable, and it must be appropriate to the child's wants and needs. A communication system isn't something that happens when the right person is hired, adequate funding is secured, or the next IEP is convened. Once a child's team has developed the system, some parts of the new system can probably be implemented almost immediately.

True communication is dependent on trust. Many children who are deaf-blind live in a world of surprise, contradiction, and confusion. One of the ways that service providers and family members can help a child to organize her or his world is to establish a relationship built on and respectful of trust, and to be mindful of the need for relationship repair if the trust is at risk.

Key Points

Does the child have a way to communicate about the abstract, e.g., the past, the future, people who are not present, etc.? An important benefit of a well-designed communication system is that it allows the child to share past experiences, future plans, and his or her feelings. Non-symbolic forms of communication do not typically allow for this; they are effective mainly for communicating about the present, such as immediate wants and needs.

Does the child have opportunities to be a passive observer of other people communicating using the same system that the child uses? Children with sensory impairments may not realize that those around them are also effectively communicating, and communication is not always directed to/from the child. The child might not only find amazement in this discovery, but it may be an important component to her or his learning.

Has the child experienced success and found joy in the ability to be clearly understood by others? Communicating effectively should be a wonderful experience and should not be stressful, at least at the start. Think about the way you communicate under stress: a job interview, an awkward social situation, a foreign language in which you are just marginally proficient. Choose a system that doesn't require too much learning—at the beginning—in order to be successful. As much as you can, build in success.

Does the child have access to the communication system at all times? A communication system must be accessible in each of a child's environments—home, school, transit, workplace, recreation sites, etc. The system, or at least a component of the system, must therefore be portable. A point to remember about access: the child might communicate something over and over as she or he relishes this newfound power of communication. During this time, access to the system cannot be denied simply because the system is annoying. Validate the communication even when you can't honor the specific request.

Does the communication system meet everyone's needs? A well-rounded system must not only include what adults would like the child to communicate about. It must also allow the child to talk about his or her interests—no matter how repetitive or peculiar the topics may be. The system must also take into account what others of the same age are interested in communicating about, so that the child who is deaf-blind is seen as an interesting potential communication partner to non-disabled peers.

Is the child's communication system documented? The system can be documented with videotape, written descriptions such as a personal communication dictionary, or a combination of these and other methods. Without documentation, some children are forced to learn new ways of communicating every time they transition to a new school, agency, foster home, etc. There may be someone on the child's educational team who is uniquely suited to maintain this documentation, such as a speech and language specialist who doesn't feel qualified to provide direct instruction to the child. There is probably an important role for any service provider who is written into the child's educational plan.

Is the child given opportunities to make choices throughout the day? There are many ways to build in choice making, even in structured situations. In school, if the child is required to complete a number of tasks, is it possible to allow the child to choose the order of these tasks? At home, is it possible to allow the child choice in clothing, food, meal times, etc.? To help with this process, try making a mental list of all the choices you make from the time you get out of bed in the morning. You may be surprised to discover how significantly your day might be affected if opportunities to make simple choices were taken away, e.g., having to wear an uncomfortable pair of socks all day, or being forced to drink too much at breakfast knowing that a bathroom will not be available during a long commute to work.

Have you given yourself credit for your interest in this subject? Never underestimate the value of helping someone learn to communicate clearly. It may be the most important gift you can give, and will improve a person's quality of life immeasurably.

Further Reading

Remarkable Conversations: A Guide to Developing Meaningful Communication with Children and Young Adults who are Deafblind, edited by Barbara Miles and Marianne Riggio. Published in 1999 by Perkins School for the Blind, Watertown, Massachusetts. 308 pages.

California Deaf-Blind Services

Servicios de California para la Sordo-ceguera

Hoja de Datos

Estrategias para Crear un Ambiente Rico en Comunicación para Niños que son Sordo-Ciegos

por Maurice Belote, Coordinador de Proyecto de CDBS

Creencias Fundamentales

Todas las personas se comunican. Los niños que son sordociegos se comunican en todo momento. Algunos niños se comunican de maneras muy obvias: hablan, hacen señales, usan el lenguaje de señas, hacen ilustraciones y dibujos, usan tableros con voz, etc. Posiblemente otros niños se comuniquen de maneras más sutiles: empujándolo a Ud. hacia un objeto, parándose cerca del objeto que deseen, mirando las cosas, aislándose, haciendo cambios en el tono muscular, mostrando conductas auto agresivas, etc. En muchos casos, el desafío para la familia y para las personas que le dan servicio al niño es ofrecerle una forma más apropiada para comunicarse socialmente. Sin embargo, el nuevo sistema debe de funcionar muy bien para el niño, de la misma manera que funcionaba el sistema que estaba usando anteriormente, si no es así, no va a tener motivación para usar el nuevo sistema.

Cada persona tiene derecho a un sistema formal de comunicación. Un sistema de comunicación se formaliza cuando está documentado para que acompañe al niño que es sordociego de programa en programa. El sistema debe ser accesible al niño en todo momento, por eso debe ser movible y debe corresponder a los deseos y necesidades del niño. Un sistema de comunicación no es algo que ocurra solamente por contratar a la persona correcta, por conseguir los fondos adecuados o por establecerlo en la próxima junta IEP. Una vez que el equipo del niño ha desarrollado el sistema, es probable que se puedan implementar algunas partes del sistema nuevo casi inmediatamente.

La comunicación verdadera depende de la confianza. Muchos niños que son sordociegos viven en un mundo de sorpresas, contradicciones y confusión. Una de las maneras en que los miembros de la familia y las personas que ofrecen servicios al niño pueden ayudarlo a organizar su mundo es estableciendo una relación basada en la confianza y el respeto, además hay que ser consciente de la necesidad de poner atención a la relación si la confianza establecida está bajo riesgo.

Puntos Claves

¿Tiene el niño una manera de comunicarse sobre lo abstracto, es decir el pasado, el futuro, las personas que no están presentes, etc.? Un beneficio importante de un sistema de comunicación bien diseñado es que el sistema le permite al niño compartir experiencias del pasado, planes futuros y sus emociones. Las formas de comunicación no simbólicas típicamente no permiten esto, son efectivas para comunicarse principalmente en el presente, tal como las necesidades y deseos inmediatos.

¿Tiene el niño oportunidades de observar pasivamente a otras personas comunicándose a través del mismo sistema que él usa? Es posible que los niños con impedimentos de los sentidos no sean conscientes de que las personas a su alrededor se están comunicando eficazmente, y que la comunicación no siempre se dirige a ellos. Posiblemente este descubrimiento pueda sorprenderle mucho al niño, pero también puede ser un componente muy importante en su aprendizaje.

¿Ha tenido el niño la experiencia de éxito comunicándose claramente con otras personas y ha disfrutado esta habilidad? La comunicación eficaz debe ser una experiencia maravillosa, no debe provocar estrés, por lo menos al principio. Piense en la manera en que se comunica cuando está bajo estrés: en una entrevista para un trabajo, en una situación social incomoda, usando un lenguaje extranjero con el cual tiene poca habilidad. Para tener éxito, al principio elija un sistema que no requiera de mucho estudio. Hasta donde sea posible, base el programa en los logros.

¿Tiene el niño acceso al sistema de comunicación en todo momento? El niño debe tener acceso al sistema de comunicación en todos los ambientes: en el hogar, la escuela, el sistema de transporte, el trabajo, los lugares de recreo, etc. Por eso el sistema, o por lo menos un componente del sistema debe ser movible. Hay algo que se debe recordar relacionado con el acceso. Es posible que un niño vaya a comunicar algo varias veces porque está disfrutando el poder de la comunicación que acaba de descubrir. En estas ocasiones, no se le puede negar al niño el acceso al sistema solamente porque estas repeticiones le están molestando a Ud. También, hay que valorar la comunicación, aun cuando no se pueda responder a la petición específica del niño.

¿Satisface el sistema de comunicación las necesidades de todos? Un sistema íntegro de comunicación debe incluir no solamente lo que los adultos quieren comunicarles a los niños, sino también debe permitirle al niño hablar sobre sus intereses, sin importar que tan repetitivos o extraños puedan ser los temas. El sistema también debe tomar en cuenta los temas de comunicación que les interesen a los compañeros del niño de la misma edad que no tienen discapacidades, para que vean al niño que es sordociego como un compañero interesante con posibilidades de comunicación.

¿Está documentado el sistema de comunicación de su hijo? Se puede documentar el sistema a través de videos, descripciones escritas, tal como un diccionario de comunicación personal, o una combinación de estos y otros métodos. Sin documentación, algunos niños están obligados a aprender nuevas maneras de comunicarse cada vez que hacen la transición a una nueva escuela, agencia, hogar substituto, etc. Posiblemente haya alguien en el equipo educativo del niño, tal como el especialista del habla y lenguaje que no le ofrezca instrucción directa al niño, y que tenga las calificaciones necesarias para mantener esta documentación. Es probable que haya un papel importante para cada persona que le ofrezca servicios al niño y que participe en el plan educativo del niño.

¿Tiene el niño oportunidades para escoger lo que desea durante el día? Hay muchas maneras de incluir la posibilidad de escoger entre diferentes opciones, aun en situaciones muy estructuradas. En la escuela, si el niño debe completar un número de tareas, es posible permitirle que escoja el orden de estas tareas. En la casa, es posible dejar al niño seleccionar la ropa, la comida, el momento para comer, etc. Para ayudarle en este proceso, intente hacer una lista mental de todas las cosas que Ud. elije desde el momento en que se levanta en la mañana. Posiblemente le va a sorprender cuanto puede cambiar su día si no tuviera la oportunidad de tomar decisiones simples, por ejemplo tener que ponerse unos calcetines incómodos todo el día, o estar obligado a tomar mucho liquido en el desayuno, sabiendo que no va a tener acceso a un baño durante el viaje al trabajo.

¿Se ha dado crédito a si mismo por tener interés en esta área? ¡Nunca debe subestimar el valor de ayudar a alguien para que aprenda a comunicarse con claridad! Este puede ser el regalo más importante que Ud. puede dar, y va a mejorar sumamente la calidad de vida de esa persona.

Sugerencias para lee más

Remarkable Conversations: A Guide to Developing Meaningful Communication with Children and Young Adults who are Deafblind, **editado por Barbara Miles y Marianne Riggio. Publicado en 1999 por Perkins School for the Blind, Watertown, Massachusetts. 308 páginas.**

What's New with the Network of Family Support Providers?

by Jackie Kenley and Myrna Medina, CDBS Family Specialists

California Deaf-Blind Services is proud of the accomplishments of its Network of Family Support Providers (FSPs). The FSPs most recently met in May 2008 for a wonderful and informative workshop conducted by Cathy Kirscher from Helen Keller National Center. FSPs were presented with certificates of appreciation for their hard work over the course of this funding cycle. The following updates are from FSPs who attended this training.

Josie Garro's adult son Tony is using his computer skills to help him with his academic work. Tony has had a personal futures plan over the years and Josie says that it has been a great tool in his adult life since, as Josie says, the process of transition never stops. Josie is working as a paraprofessional in a special education classroom and is passionate about helping people with special needs trusts and difficulties with SSI.

Pearl Veesart is still with the National Family Association of the Deaf-Blind (NFADB) and serves as the liaison between NFADB and the American Association of the Deaf-Blind (AADB). Pearl is on the National Taskforce for Interpreting for Persons who are Deaf-Blind. This task force is working on creating better and more standardized interpreting services. Her daughter Corrina has one semester remaining before she completes her AA degree at the local community college.

Michele Hatfield continues to work at the Bakersfield Californian newspaper. Her daughter Berkeley is 9 years old and the family very much enjoyed attending the International CHARGE Syndrome Conference this past summer in southern California. Michele is very interested in learning about issues related to transition.
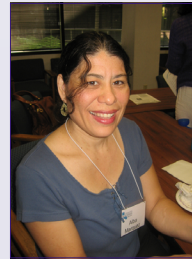
*Alba Marquez i*s back at work part-time at her local parent training and information center TASK (Team of Advocates for Special Kids) and is busy working on her daughter Karilin's transition to adult services. Karilin has started facilitated communication and Alba is amazed at the things Karilin is now communicating.

Bethany Stark is now working 30 hours a week at her FRC, the Lili Claire–UCLA Family Resource Center. She is running family workshops and is excited about the upcoming schedule of workshops. Her twins are now 11 years old and Julian received an assessment by a deaf-blind specialist that has been a great tool for the family.

Deb D'Luna (pictured here with Jackie Kenley) is busy with home life and traveling more since her husband's retirement. Deb's daughter Alexis learned to ski this winter and will be going to sleep-away camp this summer. Alexis is now working two days a week at Trader Joes where she stocks frozen food and nutrition bars. Alexis also performs altar service at their local church.

(Family Support Providers, continued from page 9)

Rosa Salas is working on tutoring at Grace Family Resource Center in Garden Grove, and helping families with IEPs and with navigating their local school districts. Juan is now a teenager and he and Rosa are learning to navigate the teenage years as well.

Teresa Becerra-Lund's son Erick is now 18 years old. He has taken a course related to travel agents, and also took a course in sales at Sears and did an internship at Old Navy. Erick has been accepted at California State University Northridge. Teresa is interested in a pilot project dealing with parent leadership and social equality and wants to improve the lives of Latino families.

Martha De La Torre was excited to announce that she recently became a U.S. citizen. She is working at a family resource center at Miller Children's Hospital at Long Beach Memorial Medical Center in Long Beach. Martha reported that she is serving more and more families, and that approximately 80 families are participating in programs with the FRC. Martha's desire for her son Ernesto is that he participate more in community activities.

Family Support Providers who were not able to attend this year's meeting were Martha Alvarez, Nancy Cornelius, Faye Groelz, Jessica Horta, Sandy Luckett, Miriam Mullen, Stacy Rodgers, Herlinda Rodriguez, Sandra Suitor, and Wendy Keedy. Once again, many thanks to our hard working and dedicated family support providers! You are true leaders in your communities.

❖ ❖ ❖

Are you **interested** in teaching?

Find out about an innovative new teacher training program in deaf-blindness.

CLICK! ➜

University–CDBS Partnership Project

News & Events

It's picnic time again ~

Mark your calendar!
¡Reserve la fecha!

COPE-DB AND CDBS INVITE YOU, YOUR FAMILY AND EDUCATIONAL TEAM TO THESE UPCOMING EVENTS:

NORTHERN CALIFORNIA FAMILY PICNIC
SATURDAY, JUNE 7, 2008
10 A.M. – 3:00 P.M.
KENNEDY PARK
HAYWARD, CA

Click here to download the NoCal picnic flyer!

SOUTHERN CALIFORNIA FAMILY PICNIC
SATURDAY, AUGUST 23, 2008
10 A.M. – 3:00 P.M.
JUNIOR BLIND OF AMERICA
LOS ANGELES, CA

Click here to get the L.A. picnic flyer ~ complete with directions!

For more information about COPE-DB picnics, contact Jackie Kenley or Myrna Medina at 800-822-7884.

News & Events

Servicios de California para la Sordo-ceguera (CDBS) y Centro de Recursos y Fortaleza para Familias del Oeste de Los Angeles presentan un taller en Español ~

el IEP de mi hijo:
herramientas y técnicas prácticas

para padres de familia de niños y jóvenes
con problemas necesidades especiales
incluyendo problemas visuales y auditivos

Los participantes aprenderán sobre:

* el papel de los padres en el proceso del IEP – antes y durante de la reunión del IEP.
* el papel de los padres y los profesionales en la implementación del IEP durante el año escolar.
* técnicas para relacionarse entre los miembros del equipo cuando hay tensión y conflicto.

Sábado, Septiembre 20, 2008
8:30 a.m. – 4:00 p.m.

Centro de Recursos y Fortaleza para
Familias del Oeste de Los Angeles
5901 Green Valley Circle, #320
Culver City, CA 90230

para información llame a:
Gloria Rodriguez-Gil 310-823-5824
o Myrna Medina 323-363-7499

click to get the Spanish flyer

my child's IEP:
practical tools and tecniques

for parents who have children and
young adults with special needs
including visual and hearing problems

The participants will learn about:

* the role of the parent in the IEP process – before and during the IEP meeting.
* the role of the parents and the professionals in the implementation of the IEP during the school year.
* techniques for interaction between the team members when there is tension and conflict.

Saturday, September 20, 2008
8:30 a.m. – 4:00 p.m.

Westside Family Resource
& Empowerment Center
5901 Green Valley Circle, #320
Culver City, CA 90230

for more information contact:
Gloria Rodriguez-Gil 310-823-5824
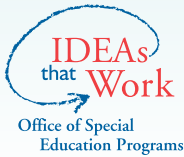or Myrna Medina 323-363-7499

click to get the English flyer

California Deaf-Blind Services

Staff

(800) 822-7884 VOICE/TTY

Maurice Belote .... Project Coordinator
David Brown ....Educational Specialist
Barbara Franklin, Ph.D. ....Principal Investigator
Lori Goetz, Ph.D. .... Project Director
Liz Hartmann...Special Consultant
Jackie Kenley .... Family Specialist
Myrna Medina.. Family Specialist
Rebecca Randall....................................Information Technology
Gloria Rodriguez-Gil.................................Educational Specialist

SAN FRANCISCO
STATE UNIVERSITY

California Deaf-Blind Services
1600 Holloway / Pacific Plaza
San Francisco, CA 94132-4201
(415) 405-7560 VOZ/TTY
(415) 405-7562 FAX
www.sfsu.edu/~cadbs