

A UNIQUE DEVELOPMENTAL PATTERN

The Young Child with Blindness/Visual Impairment

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The sense of sight typically serves as a mediator of the other sensory systems. In the absence of vision or in the situation of limited vision, the child's developmental journey is at risk for being fragmented.

Information concerning the impact of visual impairment should be used to guide a program, but never limit the expectations of a child's developmental potential. It is unwise to compare the child who experiences blindness/visual impairment to his/her sighted counterparts. The world of the child who is blind is inherently different. The developmental course should be respected for each individual child.

The goal of an educator should be to maximize the individual potential of the child with a sight loss by determining the child's individual learning style and building a high level of environmental support for developmental growth.

Areas to Consider

Cognition:

Object concepts

The child is initially limited to objects within reach

Child may randomly encounter objects and people

Objects may appear in fragmented form

To gain a full gestalt, extra time is needed

Object Permanency:

Visual prerequisites may be difficult or impossible

Sound localization may be demonstrated differently

Child first has to realize a certain object is making the sound

Ear/hand coordination does not develop until late in the first year

Cause and Effect:

The visual reward of most toys may not be appreciated

Results of other actions may both be as stimulating to other senses

Toys should be evaluated as to their tactual value to learning

Means-End:

Visual imitation/incidental learner may not be a viable learning avenue

Spatial Relations:

Objects cannot be visually compared or observed if they change position or are lost from immediate grasp

Spatial relations is tied to a consistent environment

Concept Development:

Child must be actively taught conceptual terms through direct manipulations of his or her body and objects to avoid meaningless language and splinter skills

Communication:

Non-verbal communication may be difficult to decipher (e.g., changes in facial expressions body language, etc.)

Delay in language acquisition is often due to lack of experience and stereotypical modeling.

The link of language to meaningful experience is critical.

Receptive language usually higher than expressive.

Children tend to have fewer expressive communication strategies (as modeled by adults).

Misuse of pronouns (e.g., substitution of you for I) is common.

Children often imitate large sections of speech in an echolalic fashion. It is important to validate the function of the echolalia.

Focus is often on self as a topic.

Gross Motor Development:

Sequence of milestone development appears generally the same as with sighted children. It is important, however, not to value milestone sequence as an absolute.

Static postural indicators typically occur at approximately the same time as with sighted children (sits alone, pushes into a four-point position, stands supported) while self-initiated movement milestones may be delayed such as rolling, crawling, and walking.

Generalized hypotonia (specific to trunk) may be evidenced.

Poor trunk rotation is often seen, as are fixed/abnormal movement patterns.

Delayed or immature equilibrium responses and protective responses may be seen.

Quality of movement may be compromised.

Children who are blind will not usually move out into space until after they have reached to a sound source.

Early (therapeutic) handling and vestibular stimulation are necessary for both quality of movement and attainment of milestones.

Fine Motor:

Mouth remains a primary sensory organ for a longer period.

Generalized upper extremity weakness may be seen.

Sequence of prehension skills may have unique order.

Social-Emotional Development:

Human attachment (bonding) may be more difficult to establish due to delay in interpretation of the baby's communication signals.

Child more dependent upon caregiver to introduce world to him or her.

Imitative play has been shown to be delayed. It appears to develop near the time the child can separate him or herself from others.

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