2016 SWOMA Conference:
Moving On

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8:30 – 10:00 AM
O&M for Older Adults with Vision Loss

Presented by
Nora Griffin-Shirley, PhD, Texas Tech University,
n.griffin-shirley@ttu.edu

and

Anita Page, COMS, Texas Tech University,
anita.page@ttu.edu
O&M for Older Adults with Vision Loss

Power Point Presentation

Participants will identify:

- O&M challenges older adults with vision loss face.
- Instructional strategies to use when teaching O&M skills to older adults with vision loss.

Agenda

- Simulation Activity
- Dialogue
- Presentation

Group Activity

Figure 1 Clip art image of one head speaking to another head.

1. Pair with a partner & listen to instructions
2. Go to all stations & complete activities
3. Note concerns you had completing the activities & what you did to successfully accomplish the task or cope

What concerns did you have when completing the activities?
What did you do to successfully accomplish the task or cope with it?
Group Activity – Discussion

Figure 2 Clip art image of one head speaking to another head.

Demographics

- By 2030, the baby boomer population will increase by 7% from 13% in 2008 (Brandon, 2014).
- Number of persons who are visually impaired over 55 years – 4.4 million (U.S. Census Bureau, 2016)

Challenges

- Financial – longer hospital stays, increase in doctor’s visits, poverty
- Falls - Your 85 year old consumers are 4-5 times more likely to fall than your 65 year olds (CDC report, 2010)
- Non-driving concerns
- Changes in physical status

Challenges

- Older adult’s attitude toward blindness (Brennan, Horowitz & Reinhardt, 2004)
- Strong sense of spirituality (Brennan & Bally, 2007)
- Impact of deafblindness

Changes in Living Options

- Older adult’s house
- Independent living
- Assisted living
- Nursing care
- Continuing care retirement communities (CCRC)
- Home care
(Types of senior housing and senior care, 2014)

Living Options

- Adult day care
- Alzheimer’s or memory care
- Low income affordable care
- Respite care - short term stay

Changes in Support Systems

- Caregivers can experience grief, depression & fatigue.
- Spouses’ emotional well-being can be compromised (Brennan & Bally, 2007).
- Families tend to be overprotective of a family member with vision loss, thus facilitating more dependence.
- Caregivers report a fairly high level of self-esteem although they may feel a mild burden when caring for a loved one with vision loss.

(Silva-Smith, Theune, & Spaid, 2007)

Psychological Effects of Vision Loss on Older Adults

- Less likely to socialize with friends & participate in community activities
- Reduced informal supports such as family members and friends
- Decline in mental health (e.g., depression, frustration, helplessness, loss of confidence, insecurity, reduced self-esteem)

(Griffin-Shirley & Bozeman, 2016)

Psychological Effects

- Fear of blindness
- Negative stereotypes of persons with visual impairment
- Strain on caregivers
- Compromised communication for those having both vision & hearing loss

(Griffin-Shirley & Bozeman, 2016)
Falls & Prevention
2.8 million older adults annually are treated for fall injuries in emergency rooms (CDC report, 2016).

Falls
- Look at side effects of drugs – some anti-depressants cause balance issues
- Encourage exercise
- Conduct home safety and modification programs
(Couturier, 2010)

Assessment of Risk for Falls
- Range of motion
- Balance
- Reflexes
- Neuropathy
- Health conditions that cause a potential fall – dizziness, weakness

Importance of Physical Fitness
- To improve overall health
- To increase older adults' balance, endurance, strength, & flexibility
- To reduce falls
- To support mobility
(Bozeman & Zhang, 2016)

Slide 19
O&M specialists need to promote exercise of older adults with vision loss to help them maintain or regain strength, thus reducing falls.

Home/environmental Safety Evaluation
- Document falls & alert doctor of results of fall screening/PT referral?
- Does senior have:
  - Balances issues?
  - Difficulty standing from chair?
  - Does he/she shuffle?
  - Are steps symmetrical or equal in length?
  - Stand with his/her heels close together?
• Does student clear the floor when walking with feet?
• Are arms of favorite chair worn?
(Riddening, 2011)

**Fall Prevention**

• Teach eccentric viewing/scanning
• Discourage use of: unsafe footwear, bare feet, throw rugs
• Use non-skid strips, grab bars
• Use high contrast material to mark raised thresholds; apron pockets, rolling carts, backpacks, bags with long straps, bath & tub seats, walker baskets

**If Fall Occurs**

• Check for dizziness & injuries
• If uninjured, have senior roll on all fours
• Crawl to heavy piece of furniture
• Pull up and sit
• Reassess injury & call for assistance

**Exercise**

*Figure 3 Clip art image of person doing Tai Chi.*

• Increase physical activity on a daily basis
• Get seniors involved in a regular exercise program such as walking or Tai Chi after their physicians have given permission to start an exercise program.

(Griffin-Shirley & Welsh, 2010)

**Exercise - 2**

• Discuss with personal trainers and exercise program instructors how they can modify their teaching to include verbal cueing and assisted movement, if needed, for students to be successful.
• Have individuals try new recreational activities with a friend and discover what modifications may need to be made with the actual recreational skills and the environment.

Exercise – 3

Figure 4 Clip art image of a figure on an exercise bike.

• Have older adults initiate social interactions with friends and others to feel comfortable about exercising together.
• Have older adults experiment with their low vision devices during recreation activities to understand what works best and how to care for these aids.

Exercise – 4

Figure 5 Clip art image of an individual stretching to one side with arms spread and raised and legs spread.

• Access transportation and routes to a fitness facility. Advocate for familiarization to this facility and access to educational materials distributed by the facility.
• Have older adults journal their thoughts and feelings when starting an exercise program to document the effects it has on their lives and the resulting impact on their orientation and mobility.

Assessment for Older Adults with Vision Loss
• Take the whole person into account
• Two parts: background assessment & functional assessment
• Determine the older person’s goals for the development, implementation, & evaluation of an efficacious O&M program

(Bozeman & Bozeman, 2016)
O&M Instructional Strategies - 1

- Use an andragogical approach
- Schedule lessons at the most appropriate time of day to maximize the older adult’s learning based on her functional abilities
- Plan the duration of a lesson to accommodate for an older adult’s health condition and stamina

O&M Instructional Strategies - 2

- Choose the locations and content of lessons that are going to contribute to meeting the most immediate O&M goals of older adult
- Adjust the delivery of a lesson’s content to facilitate an older adult’s comprehension

O&M Instructional Strategies - 3

- Share with the older adult observations of her performance and her evaluation reports.
- Discuss O&M goals with the older adult and her family members as well as their feelings about independent travel and how it fits into their lifestyles.

(Griffin-Shirley & Welsh, 2010)

O&M Instructional Strategies - 4

- Modifications “may be used to address balance problems, physical weakness, hearing or cognitive issues” (Page & Bozeman, 2016, p. 46). When making modifications stress performance and safety.
- When using guide techniques, more communication may needed than with younger people with vision loss.
- Guide technique modifications. (Page & Bozeman, 2016, pp. 50, 51)

O&M Instructional Strategies - 5

- Provide initial objectives that are meaningful but readily attainable & lead to successful experiences relevant to attainment of the older adult’s orientation and mobility goal.
- Create teaching materials that enhance the older adult’s comprehension of lesson content, involve a multi-sensory approach, and tap into the older adult’s preferred intelligences.

O&M Instructional Strategies - 6

- Make sure the older adult does not think you are overprotecting him, due to his age. This perception of overprotectiveness could interfere with the older adult’s desire to become an independent traveler (Cimarolli, Reinhardt & Horowitz, 2006).
Choose highly motivating routes to teach older adults (Griffin-Shirley & Welsh, 2010)

**O&M Instructional Strategies - 7**

- Choose the most appropriate environmental modifications for the older adult’s home to maximize safety and travel efficiency
- Use memory techniques and devices if the older adult has memory problems.
- Respond promptly to an older adult who is crying or extremely emotional during lessons
- When appropriate, include caregivers in your lessons, teaching them ways to support the older adult’s independence and safety.

**O&M Instructional Strategies - 8**

- Recognize that older adults may use a variety of mobility tools (e.g. reverse walker) and orientation aids (Crawford, 2016).
- Become well versed in the use and maintenance of tools and aids and how to train the older adults to use them.
- Use a team approach – transdisciplinary vs. interdisciplinary

**O&M Instructional Strategies - 9**

- Break a complex route into small, logically contained sections that are taught successively. The routes can also be stored mentally; written in Braille; recorded on audiotape, MP3 player or iPhone.
- Teach older adults how to solicit aid and to know when they need to travel with a guide.

**References**


References


Notes
SWOMA Sponsors

Region 11 Education Service Center, Ft. Worth

Figure 6 Region 11 ESC logo.

Texas School for the Blind & Visually Impaired Outreach Programs, Austin, TX

Figure 7 TSBVI logo.

Figure 8 Two images: IDEAs that Work logo and OSEP disclaimer.