DUAL SENSORY IMPAIRMENT IN THE AGING CLIENT

Deafblindness is “a unique and isolating sensory disability resulting from the combination of both hearing and vision loss or impairment.” (Deafblind Australia).

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Deafblindness has a significant effect on communication, socialization, mobility and daily living. For many people, the term deafblind brings to mind those with congenital impairments. These can occur as a result of genetic conditions, infections in pregnancy, or disease, infection, or injury during early childhood development. Deafblindness can also be acquired through genetic conditions such as Usher Syndrome, where a person is born with a hearing impairment and later experiences deteriorating vision. Some individuals with congenital vision impairment may also acquire hearing loss later in life, just as those with hearing impairment may experience age-related vision impairment. Many adults are conscious of both their vision and hearing deteriorating with age and a 2010 study by Deafblind Australia reported that the majority of those with deafblindness in Australia are over the age of 65, with combined age-related hearing and vision impairments.

As there is so much diversity amongst the population who can be impacted by deafblindness, it may be preferable to use the term dual sensory impairment. In particular, older adults with age-related vision and hearing loss may not identify with the term deafblind[1]. Regardless of aetiology, there can be significant impacts for those experiencing deafblindness/dual sensory loss. These include communication and access to information, orientation and mobility (O&M), and the management of daily living skills. Environmental modifications may be required, along with a range of specialized equipment or assistive devices.

COMMUNICATION

Deafblind Australia notes that there are distinct cultural groups within the deafblind community, and this can impact on preferences for communication. Individuals with profound congenital hearing loss who later lose their vision may have primarily communicated using Auslan and strongly identify with the Deaf community. For these individuals, communication may need to be modified to use tactile signing, fingerspelling, or visual frame signing.

Alternatively, those with congenital blindness or low vision who acquire hearing loss in adulthood use speech as their primary form of communication but may need specific assistance to manage their hearing devices. These individuals may also rely on braille or large print. Communication preferences will depend upon factors including diagnosis, the extent to which hearing and/or vision is impacted, and how the person has acquired language.

Some individuals may benefit from learning print on palm (tracing block letters on a person’s palm to spell out words) or deafblind fingerspelling for use in specific listening situations.

The application of assistive listening devices (ALD’s) and hearing tactics which minimise communication breakdown are particularly relevant for individuals with a dual impairment. Simply reducing background noise by shutting windows, turning off radios and TV’s, increasing soft furnishings, ensuring good lighting and reducing glare make a significant difference to a person’s communication ability and

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confidence. Teaching the individual about environmental and other factors which optimise communication enables them to be proactive in requesting modifications to minimise communication breakdown.

COMMUNICATION GUIDES

'Communication guide' is the term used in Australia for direct support staff skilled and experienced in working with people with dual sensory loss / deafblindness. These people mediate interaction between a person with deafblindness and their environment. This includes the physical environment, for example guiding a person with deafblindness in unfamiliar settings and explaining what is around them to help them orient themselves and learn more about their environment. It also includes the communicative and interactive environment such as supporting interactions at the shops, gym, or social gatherings.

A communication guide should never take the place of a qualified Auslan interpreter, though both will often work together. Communication guides will also often work with allied health professionals to assist in working on therapeutic goals, for example communication skills, daily living skills such as grooming, cooking and cleaning, and orientation and mobility skills.

ORIENTATION AND MOBILITY

Orientation and mobility (O&M) refers to the skills and knowledge required for safe and independent (or semi-independent) travel within the home and community. Orientation involves understanding conceptual knowledge such as your body position in space, knowing where you are, where you are going, and how you are going to get there. Mobility refers to the act of moving through space, safely and as independently as possible[2]. O&M skills and techniques include instruction in the use of mobility aids such as the long cane, as well as strategies for travelling with a guide, and establishing and maintaining orientation in a range of environments.

O&M specialists work with individuals across the lifespan and, particularly when working with individuals with dual sensory impairment, will take into consideration whether sensory loss is congenital or acquired, the extent of functional vision and/or hearing that the person has, and their conceptual understanding of their environment[3]. Communication considerations are also critical, particularly when working in busy environments such as a city centre, or teaching skills such as safe road crossings or the use of public transport. O&M specialists may work with a qualified Auslan interpreter, or a Communication Guide to ensure communication is clear. Communication guides can also assist in safe mobility in unfamiliar areas.

When working with older populations who have acquired dual sensory impairment, these same considerations will apply. O&M specialists will also be mindful of psychosocial implications of age-related vision and hearing loss. It can be challenging for older adults to adjust to ongoing changes in vision and/or hearing, particularly as this may occur alongside other significant life changes such as retirement or loss of a life partner[1]. 'Visible' indicators of low vision such as a white cane for safe travel can also be difficult for some individuals to accept[4] and it is important that any allied health intervention is provided with sensitivity and on an individual basis.

ADAPTING THE ENVIRONMENT

Accessing the environment can also be difficult for individuals with dual sensory loss. Both O&M specialists and Occupational Therapists may make recommendations for environmental adaptations relating to vision loss. These may include adaptations within the home – for example, looking at lighting and glare, improving the colour contrast between walls and furniture, or the placing of tactile guidance such as handrails or non-slip matting as well as specialised equipment such as visual alert systems. O&M specialists may provide recommendations for outdoor environmental modifications that could include painting a contrasting colour strip on the edges of steps or the placement of Tactile Ground Surface Indicators.

> **"Alone we can do so little; together we can do so much"**
> ***Helen Keller*.**

CONCLUSION

The diversity and complexity amongst individuals who can experience deafblindness or dual sensory loss presents a challenge for family members, service providers and researchers, and it is recognised that there is a need for further research, particularly within the aging population[1]. While age-related dual sensory loss can be isolating and impact on independence, with sensitive, responsive communication partners and skilled input from a range of professionals, individuals can maintain connection and independence, and lead a full life. ●

REFERENCES

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3. Lolli, D. et al. (2010). Teaching orientation and mobility to students with vision and hearing loss. In Wiener, W.R. et al (Eds.) Foundations of Orientation and Mobility (
4. Seybold, D. (2005). The psychosocial impact of acquired vision loss.. International Congress Series, Vol. 1282 298-301.

Useful links and resources are available on Able Australia and Deafblind Information Australia websites:
www.ableaustralia.org.au
www.deafblindinformation.org.au.

Helen Keller, (1880 – 1968) was an American author, disability rights advocate, political activist and lecturer. She lost her sight and hearing through a childhood illness and her teacher and life-long companion Anne Sullivan, taught her language, reading and writing. She wrote 14 books, hundreds of speeches and essays and was noted for her many insightful quotations, including the one cited here.