



Four basic categories of Deafblindness

Each color column represents a group of persons who are deafblind. For example, the bright green indicates persons who are born with BOTH visual and hearing impairments.

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|---|--|---|--|---|
|  | <p><u>BORN WITH</u> /acquired shortly after birth: Blindness or Visual Impairment</p> | <p><u>BORN WITH</u> /acquired shortly after birth: Blindness or Visual Impairment</p> | <p><u>ACQUIRED:</u> Blindness or Visual Impairment</p> | <p><u>ACQUIRED:</u> Blindness or Visual Impairment</p> |
|  | <p><u>BORN WITH</u> /acquired shortly after birth: Deafness or Hard of Hearing</p> | <p><u>ACQUIRED:</u> Deafness or Hard of Hearing</p> | <p><u>BORN WITH</u> /acquired shortly after birth: Deafness or Hard of Hearing</p> | <p><u>ACQUIRED:</u> Deafness or Hard of Hearing</p> |
| | <p>Examples: Children who have gone through severe birth trauma; Prematurity that affects both senses; Children born to mothers who have had Rubella or CMV (cytomegalovirus) infection during a critical time in pregnancy</p> | <p>Example: A child who is born with ROP (Retinopathy of Prematurity) - where vision is affected; and then, later on, acquires a hearing loss through meningitis</p> | <p>Examples: A child who is born deaf or hard of hearing (genetic factors), and begins to lose vision later on. A classic example is Usher Syndrome (especially Type 1); A child who is born deaf/hard of hearing, is in an accident, and loses vision</p> | <p>Examples: A lot of older persons fit into this group - where there is age-related vision and hearing loss. Among children, both senses could be affected if a child has been in an accident.</p> |

IMPORTANT TO NOTE:

These are VERY broad categories, but all persons who are deafblind do "fit" into one of these groupings. This does NOT mean that everyone in a specific category is the same and can be educated or taught as a "group." Keep in mind the following:

- Someone with Usher Syndrome who was born with a hearing impairment and acquired a visual impairment may have very similar needs to a person who lost both hearing and vision in an accident as a child.
- There may be a child who was born with BOTH vision and hearing losses but has no cognitive issues; and yet another child who has other severe conditions and for whom attention, cognition, language are all challenges.
- Inclusion of a child in the general education curriculum has nothing to do with the "category", but with the child's INDIVIDUAL needs, abilities, preferences, interests and how we approach these.
- The categories do not specify the LEVELS of visual or hearing FUNCTIONING. So while one child from a category may have more visual ability than hearing, another child may be just the opposite. Sometimes two children who have the same diagnosis for vision loss may function very differently.
- We are born with innate strengths - and with a preference for one sensory mode over another. So, for example, a child who has a severe visual impairment and a mild hearing loss may still attempt to use vision over hearing just because it is an innately preferred mode.
- Children who acquire a vision loss (such as in Usher Syndrome) will continue to use their vision as long as they can do so - and may find it difficult to make the switch to a tactile mode that they may need - for example, switching from visual manual sign language to the tactile version.
- Communication and Mobility are two primary issues for all persons who are deafblind.

Examples:

1. A person who has Usher Syndrome may have an excellent communication system, and language - and excellent mobility - until vision begins to deteriorate. Mobility then definitely becomes an "issue" until new skills are learned. And although the person may be able to communicate well and have language, changing over to a tactile mode may prove challenging and somewhat frustrating. Keep in mind that loss of communication mode (visual sign) may cut this person off from friends and community who sign, but don't know tactile sign. Loss of "community" can be devastating.

2. A person who is born with little or no vision will need to learn how to get around (Orientation and Mobility) safely and efficiently. If speech is not hampered by medical conditions, then communication and language are minimally hampered. These persons will still not "get" the non-spoken communications of gesture, facial expression or body language and will have to rely on nuances in speech to get additional information. If this person then loses hearing later, they will have to re-learn some techniques to move around, and will have a major shift in communication - away from speech. Hopefully, the use of hearing aids and cochlear implants will help prolong the period when this person can hear speech sounds.