



SUMMER 2020 NEWSLETTER

Message from the President, Micah Bormann

Hello Everyone,

Our April Conference was a huge success, thanks to all of you who participated, despite the fact that we had to move it to an online format. Living in the present, however, we do want to acknowledge that we're all struggling with teaching through a screen, over a phone, mastering new technologies, and trying to get materials and resources to our students and clients. We worry about their health, both mental and physical, and are dealing with new and unique barriers to being as effective as we'd like. Along with that, we're all concerned about our own health and safety when we do return to in-person teaching and work. One of the best parts of an organization like MAER is our willingness to be a resource to each other. We strongly encourage you to communicate with us so we're all able to gain new skills and share them. MAER wants to continue to be a professional resource for all our members and to continuously improve as we grow.

Collectively, we are watching, hearing, reading about protests across the nation. I truly hope that this leads to meaningful and lasting change and that our country embraces every one of its citizens. People of color deserve true equality as members of our communities in Michigan and everywhere. We know in our field that protests just like these led to many of the rights of people with disabilities. I know that solidarity persists throughout the great people in our field. I was particularly inspired by a story from right here in Flint, Michigan, where a protest became better because of the actions of their sheriff, and there are countless other examples from across the nation. [I hope it inspires you as much as it inspired me.](#)

Please stay healthy, safe, and continue to support each other.

Have a great summer,

Micah Bormann

President, Michigan AER

HELPFUL INFORMATION

New Board Members

Please welcome our new Board members, President Elect Teresa Gest and Directors John Metz and Amber Strasz. Thank you to Amanda English, Teresa Gest, and Lori Vargo for your service on the MAER Board!

AER International Conference 2020 at Union Station Hotel in St. Louis, MO has been rescheduled for July, 2022.

Managing Services During the COVID-19 Pandemic: Guidance from ACVREP

As you know, our world has changed dramatically in the past several months due to the disease known as COVID-19. It seems that overnight, many of us were scrambling to try to figure out how to still deliver services to persons who are blind and visually impaired without seeing them face to face. The Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) stepped up to offer guidance to their certificants in late April and mid-May, by sending the following letters regarding provision of services for O&M Specialists and Vision Rehabilitation Therapists (COMSs and CVRTs). We thought it was worth putting them in the newsletter for any of you who have not seen them. Please see each letter below:

28 April 2020

Dear COMS,

ACVREP has been receiving many inquiries about managing O&M services differently since the COVID-19 pandemic began.

As you know, remote service delivery presents unique challenges. Technology offers the O&M profession a variety of new ways to make remote service delivery possible, and current social distancing rules provide the incentive to hone our tele-services and develop new professional practices quickly.

The proposed Code of Ethics addresses issues of this nature in Principle 3.7 “The COMS will consider the safety and the best interest of the client, impact on team members, ethical implications of the method based on ACVREP standards, consultation with relevant professionals and jurisdiction regulations”.

The Subject Matter Expert Committee met this past week to discuss this challenge and identified key concerns for COMS to consider as follows:

1. Managing risk.

While risk assessment is fundamental to any O&M engagement, your ability to evaluate risk might be obstructed through tele-services. Phone calls, verbal descriptions and camera angles may offer less information to the O&M professional than the visual and auditory scope that is usually available when working with a client in person.

These practices can help to maximize client safety.

a. Be methodical in your risk assessment at the start of every client's program and every session. Give particular attention to the client's risk of falls and risk of collisions. If you deem the risk too great to be undertaken, then suspend the program or session and do some more homework on how best to manage the risk. It is essential to acknowledge that there are lessons that can only be taught in person as this is the only way to minimize risk.

b. Where appropriate, make and document your risk assessment and conditional recommendations about the client's independence or need for additional supervision and/or support. While conservative recommendations might limit the client's independent travel or O&M activities in the short term, they could be necessary until such time as you or another O&M specialist can observe and confirm the client's abilities in person. As usual, this need for travel restrictions is likely to depend on the client's age, maturity and level of insight, as well as feasibility given the other support options available.

2. Evaluating Instructional Strategies for Tele-services.

Many resources are being developed quickly in the face of COVID-19 and made available on the internet to support O&M tele-services. It is exciting to see this O&M innovation and the generosity of the O&M profession in sharing novel ideas. However, the onus is on the COMS to evaluate the quality of any resource you find, even when it comes from experienced and reputable professionals. Just because the strategy works for others does not mean it will be right for all. We encourage you to:

a. Evaluate the resources/information yourself.

b. Consult with a COMS, check with a colleague, discuss with a parent or other stakeholder in the client's program. Collegial support is important when brainstorming ideas for a client's program. It is also beneficial to debrief after a crucial conversation and to problem-solve.

c. Evaluate any resources you make available to others and build this evaluation into the resource as you share it.

The COVID-19 pandemic is a sobering time and we need to be sensitive to the grief, interruptions and changes it is forcing on every individual in the community. However, it also provides opportunities for amazing innovation in our profession. ACVREP welcomes this O&M innovation to promote safety and wellbeing as we move forward together with colleagues, clients, professionals and others.

Sincerely,

ACVREP COMS Subject Matter Expert Committee

Dr. Laura Bozeman, Co-Chair

Erica Ihrke, Co-Chair

Brenda Naimy

Dr. Molly Pasley

Jennifer Urosevic

Lauralyn Randles

Dr. Nancy Higgins

Mathew Hogel

Chris Tabb

Dr. Kim Zebehazy

Dr. Elizabeth (Lil) Deverell

Dr. Rob Wall Emerson

Nolan Markle

Michael Byington

Kevin Hollinger, Immediate Past Chair

May 21, 2020

Dear CVRTs,

ACVREP has been receiving many inquiries about how to provide Vision Rehabilitation Therapy (VRT) services differently since the COVID-19 pandemic began. The health and safety of those we serve and fellow professionals, prohibits us from engaging in the ideal service delivery model of face-to-face contact. Technology offers the CVRT a variety of new ways to make remote service delivery possible, and current social distancing rules provide the incentive to hone our tele-services and quickly develop new professional practices. This letter will address some of the unique challenges remote services present and provide recommendations for the ongoing development of such services.

The CVRT Code of Ethics addresses these challenges:

Section 1: Commitment to the Learner (2) The Vision Rehabilitation Therapist will take all reasonable precautions to provide for the physical safety of the learner from conditions that interfere with learning and protect the best interest of the learner.

Section 3: Commitment to the Profession (1) The Vision Rehabilitation Therapist will exercise professional judgment related to the practice of vision rehabilitation therapy services.

The Subject Matter Expert Committee has been working over the past few weeks to discuss these challenges and has identified key concerns for CVRTs to consider:

1. Risk Management

Developing creative and innovative instructional strategies to best support our learners during this time is exciting; however, some inherent risks may make this type of instruction unsuitable for some learners through remote means. Phone calls, quality of verbal description and the use of various camera angles may provide less information to the CVRT than the tactual, auditory and visual feedback that is available when working with a learner in-person. With this in mind, analyze the risk to a learner's safety when considering which skills to address through virtual learning strategies:

A. Risk Assessment: Take the time to complete a risk assessment as part of your initial program design and at the start of each lesson. Be sure to include:

- Open and Ongoing Communication: Discuss with the learner the lesson plan and review the perceived risks from both your perspective and that of the learner. Pay particular attention to training in skill areas where perceived risk may be higher including (but not limited to), cooking with an oven or stovetop, knife skills, some indoor mobility-related tasks, home repairs, etc. If during a given lesson, you or the learner deem the risk too great, suspend training on that skill-set and move to reassess

the need to address the skill virtually.

- Movement During a Lesson: Many supporting skills and concepts that do not involve the learner moving unattended during a lesson may be addressed using tele-service models. Take particular care to impress upon the learner the importance of being stationary while talking on a hand-held device.

- Individuality of the Learner: It is important to acknowledge that each learner is an individual and for some learners, there are lessons that should only be taught in person

as this is the only way to mitigate risk. Decisions as to what is taught will depend highly on a variety of individualized learner characteristics, including past experience, skill level, visual acuities, age and presence of additional challenges, etc.

B. Documentation and Reflection: Take time to document the risk assessment process and conclusions made during each lesson and the learner's overall program. Note the level of independence achieved during the lesson and any additional supports or supervision that is required for the learner to perform / practice a new skill. Locating resources and other supports to ensure the learner's immediate needs are met, is also an acceptable level of service during this time. The learner may need to receive face-to-face instruction on some skills once social distancing restrictions have been lifted.

C. Resuming Face-to-Face Services: As the Covid-19, shelter-in-place restrictions are being considered and in some places removed in a systematic process, it is important to continue to assess the potential risk to your learners, their families, yourself and the community before returning to face-to-face instruction. Refer to the WHO, CDC and local governmental recommendations for the provision of services and then apply your own professional judgement to take all precautions necessary to protect the most vulnerable of our population. You and the learner, should abide by any procedural practices your government and workplace require regarding the taking of temperatures, use of protective gear, etc. While we know the desire to help, provide training and support is high, it is imperative that we proceed with an abundance of caution.

2. Evaluation of Instructional Strategies for Tele-services

It has been exciting to see the creativity and collaboration that the Covid-19 crisis has inspired within our field. Many new ideas, strategies and instructional resources are being developed and shared on-line and through professional forums each day. The innovative ideas and open sharing is one of the strengths of our field. Not all content shared has been designed by CVRTs, nor utilizing best practice guidelines. It is up to each individual CVRT to evaluate the quality of any resource you find, even when it comes from experienced and reputable professionals. Just because the strategy works for some learners does not mean it is right for everyone. We encourage you to:

- Evaluate the resources and information and compare it to recommended best practices.
- If you are unsure, reach out and collaborate with another CVRT or vision professional.
- Discuss your ideas, thoughts or plans with the learner, their family members or other supports.
- When collaborating, take time to ask the hard questions, evaluate the strategies for risk and problem-solve when necessary.
- As you test new strategies, evaluate how they worked and build this assessment into the brainstorming process. Encourage those with whom you share new techniques to do the same.
- As you find new strategies and techniques, share them with your peers to advance the capacity of our field to address learners' needs.

The COVID-19 pandemic has been a difficult time for many of our learners. We need to be sensitive to the fear, anxiety and changes it has forced on every individual in our communities. However, it has also provided numerous opportunities for creativity and innovation within our profession. ACVREP welcomes the growth to the field of Vision Rehabilitation Therapy and encourages its professionals to continue to promote safety and wellbeing for all as we move forward together with learners, colleagues, professionals and others.

Respectfully,

ACVREP CVRT Subject Matter Expert Committee
Aisha Hixon
Bill Boules
Daniel Norris
Dan Vodon
Elyse Connors
Heather Solberg
Jennifer Ottowitz
John McMahon
Lachelle Smith
Linda Fugate
Mark Armstrong
Nancy Parkin-Bashizi
Sheryl Brown
Terri Everett

ADDITIONAL INFORMATION

Outreach Committee

Anyone interested in being part of the Outreach Committee and helping to spread the word about available professions in the field of vision impairment, please contact Amanda English at EnglishA1@michigan.gov. This is a new committee and we are still in the beginning stages of developing what this will entail. Your ideas are welcome!

MAER Conference 2020

Think Differently. Make a Difference.

We want to thank all of you who participated in our first-ever online conference, “Think Differently. Make a Difference.” It was at times challenging, but was a rewarding way to communicate with and learn with each other during extraordinary circumstances. We also want to again thank all of our presenters and vendors for showing their passion for our field, and flexibility in a tight time frame to get it all put together. Refunds will be going out by next week, for those of you who have been waiting! Thank you for your patience with this as well. As a board, we’ve already started discussing how to continue to include an online component or option for when we all get together in person next April in Kalamazoo for the MAER 2021 conference.

MEMBERS SPEAK OUT

Do you have an article, resource, or other information you would like added to the MAER newsletter? Use this opportunity to get information to other members. Please send all ideas to bethbrabbs.maer@gmail.com

MAER Board Officers and Directors

Please contact michiganaer@gmail.com with any questions.

PRESIDENT: Micah Bormann

PAST PRESIDENT: Amy McDonald-Lamiman

PRESIDENT ELECT: Teresa Gest

SECRETARY: Roberta McCall

TREASURER: Amy Schreiner

DIRECTORS: Patty Killey, Leanne Ford, Liz Mulligan, Beth Brabbs, John Metz and Amber Strasz

Our AER Mission: To render all possible assistance to the promotion, development and improvement of all phases of education and rehabilitation of blind and visually impaired persons of all ages.