

Using a Group Approach to Motivate Adults to Learn Braille

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## Introduction

Teaching braille is one of the most time-consuming tasks for a Vision Rehabilitation Therapist (VRT). Complicating this process, adults who might be good candidates for learning braille are often resistant to the idea (Ponchillia & Ponchillia, 1996). In an attempt to address these challenges, a combination of correspondence braille classes supplemented with face-to-face group activities was implemented. Perseverance in learning braille was assessed for the six participants of this intervention.

The VRT is typically the instructor of braille for adult learners (Giesen, 1998). However, due to recent name changes in the profession, braille instructors may now have various job titles, including rehabilitation teacher, daily living skills instructor, and braille teacher. In 1995, center-based instructors were found to be instructing about 20% of their consumers in braille (Ponchillia & Durant, 1995). Although no research has been completed about the rate of instruction among itinerant teachers, it could be even lower as hours of potential instruction are greatly curtailed by the nature of the itinerant model.

For consumers with adventitious vision loss, common areas for instruction include daily tasks (such as cooking) that the consumer was familiar with prior to losing their vision. These skills can be quickly relearned using adaptations. However, in the case of braille, consumers must learn a completely new skill. The time-consuming nature of learning braille is a major drawback for consumers considering committing to this goal. The number of lessons required to complete a course in contracted braille is often large. For example, the *Illinois Series* curriculum has 50 lessons (American Printing House for the Blind Inc., 1992). Ponchillia and Ponchillia (1996) suggest that up to 100 hours of instruction may be required in order to master braille.

According to the American Foundation for the Blind (2013) it could take a year or more of weekly lessons to learn braille.

For some consumers, braille carries a stigma. By learning braille, a consumer may come to accept the blindness label and face some of the negative stereotypes about blindness and braille. However once braille is mastered and an integral part of their functioning, consumers' attitude toward braille can have a new connotation: one of competence (Schroeder, 1996). By learning braille, consumers identify themselves as blind, which could be a significant step toward improving self-esteem and building new confidence in their abilities. Knowledge of braille has been linked to improved self-esteem, feelings of independence, and competence (Schroeder, 1996).

### **Method**

Prior to this intervention, my experience teaching braille under the itinerant model could only be characterized as tedious, and it took me up to one year just to instruct on the letters of the alphabet. I was aware of the self-paced correspondence braille courses offered by Hadley, informed my consumers about this option, but had no success in getting them to sign up. Seeking to improve my effectiveness by increasing the number of individuals who received braille instruction, I decided to try a new approach.

The braille class I used for the intervention was structured around the Hadley School for the Blind course entitled *Tactile Readiness for Braille*, which has six lessons. Group meetings for braille learners were scheduled for one hour, once a week, for six weeks. Hadley offers correspondence courses on a wide variety of topics to consumers, family members, and professionals. Courses for consumers have no cost. Using the Hadley course allowed consumers

to try out the Hadley system and planted the idea that braille training could be completed by taking additional courses. With the curriculum in place, I was free to find creative ways to encourage and motivate the participants.

Consumers were invited to participate in the intervention based on my knowledge of the individual's potential to benefit from braille. In total, six consumers agreed to participate in the group. All six participants were very limited in their functional vision and struggled to or could not use large print. Each participant was either employed (n=3), had significant volunteer responsibilities (n=2), or was actively seeking employment (n=1).

The Hadley *Tactile Readiness for Braille* course has six lessons, and consumers were encouraged to complete one lesson prior to each class period. Each lesson has a separate exercise book, and an audio tape gives instructions about proper finger position and how to complete the exercise for each page. Following the taped instructions and completing the activities may take approximately one hour for each lesson. Examples of exercises include marking the character on each line that is different from the others (e.g., for the letters l, l, l, g, l) or placing both hands on the page and tracking the lines of braille using both hands. The exercises do not teach letters, but instead focus on proper hand and finger position, while building good habits for the beginning braille reader. Class time was used to discuss the completed lesson and review consumers' questions.

During class periods I had each consumer demonstrate one portion of the completed exercise and gave feedback about keeping the hands relaxed, an important behavior for ease of braille reading. I included additional activities that addressed common questions about braille and introduced participants to braille items and equipment. In week one, I introduced dot numbers and gave out the braille alphabet in large print. The use of a large braille cell with

removable pegs was used; as I did not have enough braille cells for each person, one participant went home and had his son help him make one for each member of the group. Weeks two and three included demonstrations of the braille writer and slate and stylus. Each participant was encouraged to handle and scribble with these items. In the final three weeks I showed items like braille dymo tape and explained how to make labels for files, showed a print braille children's book, and gave examples of how to make simple labels for food and household products.

At the end of the six weeks, the goal was for consumers to be motivated to sign up for and complete additional Hadley braille classes without the support of the group. Due to my prior experience, I expected that periodic, continuing support after the completion of the intervention would be required if consumers were to succeed in learning uncontracted braille.

### **Results**

Of the six persons who began the class, two were men, three were employed, three had retinitis pigmentosa (RP), four had college degrees, and only one had no usable vision. All participants except one attended every session. Participants brought their Hadley materials and ended up sharing them as not every person received their materials prior to the beginning of the class. This lack of synchronization did not seem to affect enthusiasm. Participants were observed in their technique, participated in discussions about the use of braille, and drilled each other on letters of the braille alphabet using their large braille cells. Five of the consumers completed all six lessons. One consumer did not complete the class due to inadequate sensation in her fingers.

Several participants requested permission for a family member to accompany them to the class. Allowing this additional source of support may have been essential in facilitating consumers' initial participation. One consumer had her 12 year old daughter accompany her,

while a second invited her mother. Both family members were active participants during group activities.

Assistance was offered to consumers who wanted to continue learning braille, but, in an effort to promote independence, I did not initiate follow-up. In passing conversations after the completion of the intervention, a majority of consumers who participated informed me that they had finished learning uncontracted braille with Hadley.

In total, four of the consumers reported completing uncontracted braille training. These four completers represented all participants with RP (n=3) and the one individual with no usable vision. One participant later developed a condition which reduced her finger sensitivity, and she was unable to continue using braille. The final three who persevered with braille after the group class are currently employed and continue to use braille successfully. They use it primarily for labeling items like file folders, medications, household appliances, and cleaning supplies. In addition, one reported feeling comfortable with reading numbers and uses this skill in elevators and on hotel room labels.

An unexpected outcome of the class was discussion about the use of a white cane. As a direct result of this discussion, one participant requested white cane training for the first time. Braille and the white cane are both symbols of blindness. Schroeder (1996) found that persons who had a positive attitude about braille identified themselves as blind, rather than as a person with a vision impairment. It is thought that the relationship between acceptance of identity and acceptance of adaptive skills is strong. Since Schroeder's work only deals with braille, it would be interesting to determine if the same link exists between the white cane and acceptance of the blind label.

### Conclusion

From the perspective of the instructor, this approach saved much time. I estimate that I spent approximately 20 hours recruiting, arranging, writing case notes, and teaching the class. In addition to the initial success of consumers continuing on to take uncontracted braille with Hadley, I find it noteworthy that three of these individuals continue to make braille a part of their daily lives 10 years after the class took place. If they had not found a useful purpose for braille, they would have abandoned it long ago, but their persistence in its use speaks to its continued relevance in their lives.

Success for this intervention was defined as number of participants who finished training in uncontracted braille after the intervention was completed. Due to my prior experiences in instructing braille, I would have been happy for even one of the participants to reach this goal. Since four of the five graduates continued independently with the Hadley braille courses, I felt the results exceeded my expectation.

The Hadley course *Tactile Readiness for Braille* is simple and helped consumers quickly achieve some success. Learning braille is both an emotional and time-consuming journey. By defining the length of the initial commitment as six weeks, consumers could investigate the process of learning braille and the potential benefits they could gain within a limited timeframe. During group sessions, participants found that they were not alone on the journey, they could tackle the emotional aspects of the learning process, and they could build the momentum necessary for reaching the goal. As one participant reported, “It was good to get to know other blind people who were trying to increase their independence and find tools that could help them cope better with life.”

Use of the large braille cell during classes gave participants a jump start into learning the braille alphabet, while the hands-on demonstration of writing braille dispelled the mysteries related to making braille practical. Pride in their accomplishment was evidenced by the majority of participants self-reporting that they went on to complete their goal of learning braille.

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