Developing Visual Skills for Children with Cortical Visual Impairments

Children who face significant neurological challenges, may also exhibit difficulties using their vision effectively, due to cortical vision impairment. Cortical vision impairment is diagnosed by functional visual disabilities. Typically, these children have a vision report from an ophthalmologist indicating that their eyes are not damaged or defective. However, observation of the child’s behavior reveals lack of use, or limited use, of vision for functional activities. These vision problems stem not from the eyes themselves, but from neurological damage in the brain and difficulty with the brain processing that comes in through the eyes. For these children, specific attention needs to be paid to building the neurological pathways that enable them to make sense of what they see. With appropriate and practical strategies for developing visual skills, integrated into daily routines, children may be able to improve their ability to process visual information and make sense of what they see.

Children who experience cortical vision impairment may have multiple challenges, including motor problems, cognitive delays, and difficulty with language and communication. These students present a unique set of challenges that require special considerations. Vision Specialists, who have experience with cortical vision impairment, should be an integral member of these children’s teams. They will be able to conduct a functional vision assessment and help the team understand what strategies will assist vision for that child at given times in development of his/her vision.

Teaching Strategies

- A great deal of energy is needed to process information visually. The child might tire easily, when called upon to use his visual sense. Allow for intermittent “break” times.

- Positioning is important. Keep the child comfortable when vision use is the goal in order that “seeing” is the only task.

- Head support should be provided during play or work sessions, to avoid involuntary shifting of the visual field.

- Try many different positions to find the one in which the child feels most secure. Infants and toddlers will demonstrate when and where they see best by their adaptive behaviors.

- If the child needs to use a lot of energy for fine motor tasks, work on fine motor and vision separately, until integration of the modalities is possible.

- The simpler, more constant and more predictable the visual information, the better the child with CVI is likely to deal with it. Keep toys and environment simple and uncluttered. Use books with one clear picture on a contrasting simple background.

- Use familiar/real objects (bottle, bowl, plate, bath toy, diaper, cup, spoon, favorite toy) one at a time. Familiarity and simplicity are very important.

- Since the color system is often intact, use bright fluorescent colors like red, yellow, pink, and orange. Colored mylar tissue seems to evoke visual responses.

- Repetition is very helpful: use the same objects and same process each time to provide familiarity and security for the child. Familiarity breeds response.
☺ Look for toys and activities that motivate the child.

☺ Vision is often best stimulated when paired with another sensory system. For example, auditory cues from the handling of mylar may help attract the child’s attention.

☺ Introduce new and old objects via touch and verbal description.

☺ Try different lighting situations to assess optimal conditions for viewing. Try locating a light source behind, and/or to the side of the child.

☺ Keep visual clutter to a minimum so there is less for the child to process and distract them.

☺ Try moving the target that you want the child to see: try different visual fields.

☺ Allow lots of time for the child to see and to respond to what is being seeing.

☺ Learn to interpret each child’s subtle response cues: such as changes in breathing patterns, shifts of gaze or body positions, etc.

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