Social Services Professional’s Knowledge & Perceptions of Low Vision & Integration of Low Vision Educational Materials

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Abstract

Today, many older adults are unaware that they are eligible to receive vision rehabilitation services. (Copolillo & Teitelman, 2005). Vision impairment is often overlooked by gerontological health professionals, typically attributing vision loss to normal age-related changes (Steun & Offner, 1999). In 2007 low vision was included in AOTAs Centennial Vision and was indicated as an important target audience (AOTA, 2007). These statements were the motivating factors for my culminating project. In aim to increase awareness and understanding of low vision, the purpose of this project was to examine FiftyForward’s staff’s knowledge and perceptions of low vision in order to appropriately develop low vision educational materials (e.g. resource manual, training presentation, and decision matrix). The project was completed in four phases: needs assessment, creation, training, and piloting/modification. Each phase was crucial for the development and implementation of the materials. Providing low vision educational materials to social service professionals working with the older adult population will prepare them on how to appropriately address those who are affected by low vision.
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Literature Review

According to the National Eye Institute (2012), low vision is a visual impairment that cannot be corrected by corrective lenses, contact lenses, medication, or surgery and it interferes with the ability to perform everyday activities. Low vision is usually caused by eye diseases or health conditions. Blindness or low vision affects approximately 1 in 28 or 3.3 million Americans older than 40 years (Arbesman, Lieberman, & Berlanstein, 2013; Barstow, Bennett, & Vogtle, 2011; Janiszewski et al., 2006). Those who lose vision or have low vision are unable to participate in activities they find meaningful and are three to four times more likely than adults with normal vision to experience difficulties completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs), (Crews & Campbell, 2004; Smith, Ludwig, Anderson, & Copolillo, 2009). Today, low vision is looming as one of the biggest public health problems in the developed world (Mogk & Goodrich, 2004).

Although the prevalence of low vision is increasing, public understanding about the condition remains limited or, in some cases, misperceived. Visual impairment is considered to be one of the most feared and common disabilities among people of all ages and the occurrence of low-vision impairment increases with age (Arbesman, Lieberman, & Berlanstein, 2013; Beckley et al., 2007; Steun & Offner, 1999; Perlmutter et al., 2013; West & Sommer, 2001). Many older adults are unaware that they are eligible to receive vision rehabilitation services as many health care professionals tell patients that there is no treatment available, without referring them to vision rehabilitation or educating them about assistive technology (Copolillo & Teitelman, 2005; Schoessow, 2010).

Occupational therapists (OTs) offer a valuable approach to low vision rehabilitation by using clinical observation skills to observe client factors, one’s context and environment, perform a task analysis, and implement necessary changes through modifications (AOTA, 2014). Although OT’s have recently established guidelines for low vision services and is beginning to be addressed in curricula, there needs to be more education for entry-level therapists as only half feels adequately prepared to provide low vision services (Winner, Yuen, Vogtle, & Warren, 2014).
Results

Knowledge & Perceptions of Low Vision

Open-ended interviews were used for this project as this approach is easily analyzed and compared. For this project, a total of 15 participants were interviewed about their knowledge and perceptions of low vision. Seven participants completed the pre interview, training, and the post interview. Three participants also completed the pre interview, but did not attend the training session due to either other work obligations or were no longer working for Fifty Forward. Finally, five participants attended the presentation and completed the post interview. These participants did not complete the pre interview as these social workers were invited by their supervisors who felt they would benefit from the presentation/training. The investigator did not have enough time to complete the pre interview prior to the presentation with these participants. The interview responses transcribed were non-verbatim and summarized.

<table>
<thead>
<tr>
<th>Question #1: Define low vision.</th>
<th>Pre-Training # of participants</th>
<th>Post-Training # of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant did not know or had never heard of the term.</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Participant attempted to give a definition but was not correct.</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Participant gave the correct definition.</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

Question:
Are you familiar with any resources for people with low vision?

Pre-Training Summative Response:
Most participants were familiar with financial aid resources for obtaining glasses or funding an eye examination. Some social workers refer their clients to government services, but stated they are placed on a long waiting list before they are eligible to receive any services. Most participants said that there was nothing more they could do with a client who is visually impaired after helping them attain glasses.

Post-Training Summative Response:
All participants stated they learned about new resources to potentially use with their clients. After learning about social support strategies, one employee referred her client to a support group for those with vision loss. Three employees forwarded the low vision manual to other social workers that they oversee. Another stated she purchased a check line guide, ordered large print checks and bank statements for her client. Most employees stated they enjoyed learning about assistive technology devices and resources to aid in obtaining those devices for their clients. Most participants appreciated the lighting strategies as that is an inexpensive and effective environmental strategy to address.
Results

Question:
For those who have low vision, what areas of their life do you think are affected?

Pre-Training Summative Response:
All participants felt that many areas of their clients lives would be affected. Specifically, not being able to manage finances, prepare meals, drive, or participate in meaningful activities. One participant stated that those with vision loss may be more vulnerable for criminal activity. Most participants stated that those with visual impairments are also more susceptible to social isolation.

Post -Training Summative Response:
As part of the presentation/training, the participants wore goggles that emulated age-related macular degeneration, cataract, hemianopsia, or blurry vision. While wearing the goggles, the participants were instructed to read their bills and write the appropriate check amount, manage their medications, write a shopping list, and spread chocolate icing on a graham cracker. After completing this activity, all participants stated they had a better understanding of the effects of vision loss and the ability to complete everyday activities. Many participants stated that prior to the presentation, they were not familiar with the different levels of vision loss and the functional implications of those different levels. Understanding those different levels will help them identify the best course of action with their clients.

Overall, all participants stated they appreciated the presentation and resources made available to them. Although the results of these interviews cannot be generalized, the results indicate that a TTT and knowledge translation model may be used as a method to increase knowledge and awareness of low vision to other professionals. Occupational therapists may work with organizations such as industries, agencies, senior centers, and other businesses that serve older adults with low vision in a variety of ways. OT’s may provide educational information, develop program or grant proposals for funding agencies to develop community programs, and serve on advisory boards of visual impairment groups to establish services and programs for older adults with low vision (Kaldenberg & Smallfield, 2013).
Occupational Therapist’s as Trainers

Train-the-trainer (TTT) and knowledge-translation may be useful strategies in increasing the awareness and education of low vision, who it affects, and resources available for those with low vision. For this project, TTT and knowledge translation were incorporated during the presentation and training. TTT is an educational model where an organization that houses content-area expertise identifies potential trainers with ties to the community for targeted training. Knowledge translation uses evidence based research and utilizes tools or tool kits that enable the learner to apply best practice. (Levine et al, 2007). For this project, each participant was given a printed decision tree and low vision manual. During the presentation, the participants referred to the manual during case studies. The printed low vision manual included a printed guide on how to identify a client with low vision and how to provide an appropriate course of action for them (a course of action may include appropriate low vision referrals, environmental modifications, lighting assessment, and appropriate assistive technologies to use.) At the end of the presentation, participants wore goggles that emulated visual impairments and completed activities to apply best practice strategies.
This decision matrix was created to assist the social worker in taking an appropriate course of action with their client with low vision. This decision matrix is to be used in conjunction with the low vision manual.
Resources


