September 28th, 2017

Dr. AMY Parker: Gene, can you hear me?

Dr. GENE Bourquin: I can.

AMY: Fantastic. Well, welcome everyone to today's podcast with Doctor Gene Bourquin, who is a distinguished researcher and practitioner in many areas of orientation and mobility. He's published and presented nationally and internationally.

Today we're gonna be talking with Gene and he's actually at an international location right now. So we really want to thank you Gene for taking some time to be with us today at the end of a long day for you and a morning hour for me.

If you would, just tell us a little bit about yourself and how you got interested in orientation and mobility.

GENE: Hi Amy. It's so funny, here we are talking 8,300 and some odd miles away and I think back to the time when we were both at Helen Keller National Center, at the headquarters there in Sands Point New York. You know how life throws you curves and sends you in different directions, I actually started out in the field as a sign language interpreter, somebody who had an interest in learning American Sign Language, became an interpreter and actually, my very first interpreting assignment ever, where I was paid, I was still an intern in interpreting school at the college of Staten Island and they sent me to the Helen Keller National Center in 1988, or '89, so 28, or 29 years ago, to do a job interpreting for somebody all day long and it turned out that person was deaf-blind and was also Japanese. His name was Shin and after that experience of interpreting for this deaf-blind person, which I found kind of remarkable, I don't know how good my interpreting was, but the experience was remarkable, eventually wound up learning about the field of O&M and going off to school to get my certificate in O&M, through the University of Arkansas, Little Rock.

It's kind of interesting also to reflect back, because that very first job with a deaf-blind person, that deaf-blind person and I met up here in Thailand just a couple of months ago. He's back living in Japan, he runs and organization in Osaka for deaf-blind people and we presented a major conference and we also conducted a workshop at a university in Bangkok, so that relationship that changed my life, that one did, it changed my life, continues onto today.

AMY: Wow. That is such a great story and it's true that one person can change the course of our entire lives in one happenstance from interpreting. That's a beautiful story. And you're in Thailand now doing work. Tell us a little bit about, more, how did you go on that path and how did that develop over time?
GENE: Well, I was doing my Deafness Rehab Masters Degree at New York University in the early '90s and we did the last nine credits of the Masters Degree were in Japan and Thailand. Included in that trip was the World Federation for the Deaf meeting in Tokyo that year and then we spent two weeks touring deaf facilities and deaf schools in Thailand and I sort of fell in love with the country and the culture and have been coming back ever since.

The last decade or so, I've had a relationship with a university and a college near Bangkok that provides education about and for people with disabilities, including blind folks. They have sort of an O&M program there, not in the American fashion of doing it, but in their own way and deaf folks. Through that relationship, I wound up coming here to Chaing Mai. When I first came here, the government and most of the officials that were involved with disabilities denied that there were any deaf-blind people in Thailand. There was no official recognition of deaf-blindness in any capacity. It was shocking, but not unexpected in a developing country.

I connected with the program here, the Northern Region School for the Blind is here in Chaing Mai and they have one of, I believe only two deaf-blind classrooms in the country and they have a remarkable person who runs the program, a teacher at the school. She has a classroom with five to six deaf-blind youngsters. One of those youngsters is probably the most academically advanced children born deaf-blind in Thailand, very rare for deaf-blind children to have an educational opportunity. Right now, what we're doing is, we're starting a community travel program with this deaf-blind young woman. We believe it's the first time that a deaf-blind person will be taught to do independent community travel and we've been working on this for almost the last year, doing assessments and training staff. That's kind of exciting and in fact, last week, we did our first outdoor lesson dealing with concept development according to O&M. Right now, the student has no real concept of what a sidewalk is, what a street is, where the dangers are, or what a corner is. We're starting from a fairly basic level and we're hoping to, because it's a very, very bright student and we believe she has a lot of capacity, we're hoping to bring her to a place where she gains a lot of independence. So, that's what's going on over here.

AMY: I am so fortunate that you would take this call. I'm fortunate to have met you, to have been in your trainings before. Gene, you're a great presenter, but what an incredible story that another person, a very bright deaf-blind person can change something for an entire country. And that you're helping bring that to bear. That you're helping bring that to life with other colleagues. That's incredible.

GENE: Well thanks. It just seems kind of normal to me, but you know, what's normal to you and I, I guess is not normal to, I'll guess, it's just a gift that we've been given to work in this field, right?

AMY: It is a gift. You said it well. Gene, you bring a unique perspective about communication and the profound importance of communication and access, sometimes for people who traditionally have not been given great instruction, maybe that's an overgeneralization, but certainly in other countries, where people might presume that they are not able to be independent travelers, that they're not able to be even semi-independent travelers.
Talk about just the importance and nexus of communication and language in orientation and mobility, if you can.

GENE: Sure. I usually think of orientation and mobility specialists working with deaf-blind travelers in terms of what I’ve come to call the three Cs only because I’m old and it’s easy to remember C, C, C. Really helps me out there, but the three Cs are, two of them have to do with communication.

The first C is the modifications to the curriculum, the O&M curriculum and, I’ll just say that, although deaf-blind people do travel and that the foundational curriculums we use with other types of consumers is pretty much intact for deaf-blind travelers. There is a lot of indications that the curriculum is not fully articulated for deaf-blind travelers and we can talk about that later and so, for example, if you look at the classic O&M textbook, or the one that's being rewritten, there's a new edition coming out, thank goodness, but if you looked at the original Hill & Ponder book, Orientation and Mobility Techniques, and you went through each and every articulated skill that a traveler needed to achieve in mobility and orientation to be an independent traveler, that are clearly laid out in behavioral terms in the text, and you looked at those, you'd see that more than fifty percent of them require the use of audition, that is the ability to hear, or hear well, or the use of articulating spoken language. More than half the curriculum is not directly accessible for the instructor working with a deaf-blind person.

So that's the first C, but you asked about communication. And the other two Cs are the obvious, I think, is the communication between the specialist and the deaf-blind person and those two people, when you're a COMS and you want to teach, you have to share a language, or a communication method with the deaf-blind consumer. That could be anything from knowing how to communicate with people who are using amplification, or implant devices, but it becomes a very serious matter, I think when people are not sharing the same language. Of course, we’re talking about students who are using a signed language, either American Sign Language, or a variation on that, for us in the United States typically, and if you're going to teach a real curriculum of O&M, you have to have that share of language and it can't be pantomime and it can't be just a matter of demonstration, there has to be a certain level of sophistication there.

So you have things like the use of interpreters and there are certain ways to go about using interpreters that I have taught that make it much easier and more effective.

The other C that has to do with communication, the third C, is the whole part of the O&M field that is basically not addressed in most of our literature and that's the communication between the traveler who is deaf-blind and the rest of the world. While we teach blind and visually impaired people to travel, we take it as normal and assumed that they will have some level of communication with the rest of the world and we might work with consumers in finding new and better ways to communicate with the world using spoken English, or the person's native language, but that's not the biggest challenge. With children, we might do a lot of that kind of prompting and shaping how to communicate with the rest of the world, but with deaf-blind consumers, this becomes a very big issue because you can have perfect mobility skills and really good
orientation skills, but without being able to communicate with the public, travel becomes very, very difficult, or basically impossible.

That's my spiel on the communication of deaf-blind clients in the broad sense.

AMY: That was outstanding and also class, just a note that when you select your research article, Doctor Bourquin has several to choose from, some of which I've cited and certainly benefited from that go more into some approaches, some interventions, some ways, I should say, to empower the deaf-blind person to deal with that third C, which there aren't a lot of resources out there and that's why Gene, Doctor Bourquin's work is so important and I'm a huge fan, as well as a friend.

If you don't mind Gene, if you could shift a little bit and talk, maybe share an example of the three Cs, just from your practice, or an element of the three Cs that you've seen. How does someone with the support of a team, with the support of a COMS, overcome that? Or, manage it, I should say.

GENE: Let's think if we want to hit all three Cs, let's imagine that we have a deaf-blind consumer and let's imagine that we're teaching them community travel, since that's something I'm engaged in right now. The curriculum modifications that might be necessary, the biggest one, is probably the entire part of the curriculum that deals with crossing the street because crossing the street without assistance requires that you be able to see, or hear traffic movement, or that there be accessible pedestrian signals nearby. And even with pedestrian accessible signals, they don't solve the problem of monitoring street crossings that a blind person would normally do as they cross the street that is listening for traffic movement at the intersection and in particular, turning vehicles and dealing with those types of risks. An accessible pedestrian signal can provide you with the information of the onset and duration of the walk interval in the traffic signal cycle, but beyond that it does not assist the person to cross the street. Many, many deaf-blind people, especially those who don't have much, or any residual vision or hearing, they need a completely different set of tools in order to cross the street. So that's probably the most prominent area and one that we've looked at.

Now to teach that kind of skill, you would need to employ, if the person was a user of American Sign Language, you would want to employ an interpreter and you would want to assure that interpreter was professional and that interpreter was competent because both of those things are critical to your lessons. The professionalism of the interpreter is that they abide by a code of ethics and that they actually interpret what you say, so that they deliver an equivalent message to your consumer and when the consumer signs, they give you an equivalent message for what has been signed into spoken English. They should be both ethical, which usually means they are certified and have signed the coded behavior promise from the National Registry of Interpreters for the Deaf and competency is usually, it's not assured, at least promised when a person is certified and so, some level of certification from the National Certifying body, RID is what you would want, in order to make that communication successful.

Just sticking an interpreter between you and a deaf-blind person, or sticking an interpreter between any two people is no guarantee that there will be success.
Interpreting is what it is. It's not a machine and it's not magic, it's a human endeavor and when I'm trying to take the ideas as an interpreter from one person's discourse and put it into another language so that what the first person had in their head, gets into the head of the second person, that's liable to have a lot of miscues and errors and so there are ways to do that better and if your students can take a look at the article I wrote a long time ago about using interpreters, there are still some valuable suggestions in there. One of the things I would look at for the interpreting piece is the use of simultaneous and consecutive interpreting modes. Sometimes when you are dealing with very dense, or life threatening issues, or complicated O&M scenarios, you probably want to go into a consecutive interpreting mode, but I don't know if we have time to really go into that in detail. That would be the modification for communication between the COMS and the student, in that particular case would be an interpreter.

Now we’re teaching street crossing lessons, so now we get to the point where we've got to communicate between the student and the world. One of the ways that deaf-blind people cross the street is that they gain assistance from other people and this stuff goes way back, I wrote my dissertation on street crossing cards and deaf-blind people crossing the street. So we have a history of research. If you have insomnia one night and you really need to get to sleep and Ambien is not working, I'll send you a copy of that dissertation, but to me it was exciting. And we looked at the history and the development of cards that get assistance from the public, in order for a deaf-blind person to quickly, easily, securely get across the streets. Getting across the street is crucial for community travel. I tell my interns, when I work with interns, I say, "If you're overwhelmed by the O&M curriculum, think of it as two things. I want to get from one corner to the next corner. Then I want to get across the street. And then I want to get from that corner to the next corner and then I want to get across the street." If you can get your students to do that, you're doing really well.

So, getting across the street is really good, unless you're gonna spend your life walking around the block. Actually, it's interesting, because street crossing cards were developed somewhere, I wish I could be more precise, but somewhere between 1917 and 1947, or thereabouts, because the first deaf-blind training program in the country, probably in the world, was in Brooklyn at the Industrial Home for the Blind, which is now called Helen Keller Services for the Blind. And it was the folks there that first started developing these little cards that they would give deaf-blind people who would get to a corner and they would tap their cane on the edge of the street and would hand out the card and they would get assistance across the street.

Well, these days, we do it a little differently. We use tools that have been researched. Dona Sauerburger, my colleague and somebody who is really such a giant in the field, she did some of the earliest research, way back when, in the '80s on street crossing cards and so, these days, we have a very effective tool and we've gone from the earliest studies show that seven percent of the public responded to a request to a person using a card to cross the street and our latest studies, back from the early 2000s, the response from the general public is over sixty percent. That's an enormous leap in the efficiency of the card and the wording has been ordered, the texture has been changed, the size of the card has been changed, it's had things added to it and so we think we have pretty good working tool these days.
So if we were teaching the person to cross the street, we would use what is currently the standard card in the field and people can get a sample of that card, at least you could when I worked there, by just contacting the Mobility Department at Helen Keller National Center. Of course-

AMY: Right, I think that's still true, having looked into it recently about designing, or where to find those templates because of your work and Dona's work and over the years, really perfecting those variables on that card for communication. It's important work.

GENE: Thank you. We don't have solutions for all the time, everywhere, but, when I first worked at the center and we first developed the new street crossing cards, we realized that there was a need for crossing streets where there were no pedestrians, or very few pedestrians, so we developed a companion tool to that, which is the [inaudible 00:25:28] sign, which is a larger version of the card and we did the studies and we were amazed because using a sign to get drivers to help you cross the street, the average number of passersby, in a suburban downtown area, for a deaf-blind person to wait to get help, that was about 3.5 pedestrians would pass by on average before somebody would help. The average time was somewhere between 30 seconds and a minute. So when we looked at the street crossing signs and we tested it. We tested it in places where cars had a place where they could stop, or slow down and pull over, so that was a prerequisite of course, the driver has to be able to stop. When we tested the signs, we found out that given the right conditions, the average number of drivers that passed by was actually 3.4, almost exactly the same as pedestrians.

So there's a whole psychology that goes on between people and deaf-blind travelers. There's a large corpus of research and literature on why people help and how they help and what causes them to help. So we take advantage of that. I have people all over the country, all over the world who use street crossing cards and signs to do community independent travel.

AMY: Thank you for so beautifully articulating that and the richness of distilling really years of work and dialog with the community, with research out in the field. It's interesting the different responses that you got from drivers, as well as from pedestrians, that's really fantastic.

I do want to shift gears because, I know you have an early day tomorrow, but I wanted to talk a little bit about just your thoughts on how a person is able to maximize the use of their senses and it could be a person with low vision who happens to be deaf-blind, it could be a person who is profoundly deaf, who has some residual vision, or that vision is changing, the whole constellation of what can exist. How can new people that are new to orientation and mobility begin to think about really doing good assessment, good thinking on those things, working with a team, perhaps to get some of that information especially, referring to another colleague? How do you begin to think about a person putting those things together, so that they can live the best life that they can and travel where they want to go?

GENE: Yeah, it's a really good question. And it's a big question. So, we won't have time to talk about particulars, but there are solutions to many things and you mentioned teams and
of course, we always say we work into disciplinary and we always work in teams. Let's break it down into deaf students and hard of hearing students. With hard of hearing students, their particular challenges with the way hearing aids are designed and fitted and prescribed and programmed, that sometimes work against what O&M-ers want to achieve, which is, often detecting, hearing, understanding, localizing the sounds in the environment. Most hearing aid folks are looking to dampen the sounds in the environment and boost the human speech. That works against us.

If you're working with a hard of hearing person and they have a good deal of residual vision, but they're not able to localize, or they're not able to quite hear, or identify traffic surges, which we know can be so important for things like street crossings, working with an audiologist, and explaining the goals of the O&M-er and the traveler can be critical. You 've got to get the time and the place to really communicate with audiologist, or have your consumer educated to a point where they can speak to the audiologist about what they want some of the programming to be like on their hearing aids. Unfortunately, there 's no really good documents that describe this process. So for now, I'll leave it at work with an audiologist. I've had O&M-ers tell me, "Oh, I always make sure my students are wearing their hearing aids when we go into a mobility lesson." Well, that may actually be the exact opposite thing you want to do. That's counterintuitive. So work with the audiologist.

When it comes to deaf folks that have residual vision, right? So we're talking about using residual senses, there are ways to effectively scan the environment. I would check out Dona Sauerburger's website and look at the stuff on effective scanning techniques that will make a person's scanning ability to do things like find things in the environment, or importantly detect traffic when they're at an intersection or roadside. That can enhance the deaf person's use of their vision for the purposes of O&M.

Also, there is a group of us that has spent the last ten years doing a lot of research into making street crossings safer. People who have dual-sensory loss are at, by the nature of the input they can get, at greater risk when crossing the street, in the crosswalk and as they go across the street. We have researched up and down the effects that the pedestrian can have on the drivers, so I would take a look at the yielding research that can make a huge difference in how well drivers respond to the consumer. It 's something you can empower the consumer to do. So, along with teaching them to scan and spot and trace better and using some new techniques we do for causing and increasing driver yielding, I think consumers can be much more confident when they're out in the community.

AMY: One of the tasks, this is very helpful and because some of this isn't written down, is also why I'm really passionate about getting these podcasts and getting some conversation pulling from Dona's website, pulling from the research and the resources that we do have, one of the things that our class will be doing, is going out and doing some observation. Of course, they're building, as they go, this knowledge from their textbooks, from their readings, from conversations that we've had, from working with practicing, orientation and mobility specialists doing these observations and your answer was really about what to think about, what to look for in terms of using the system. Are there tools that you've found helpful in that process of gathering
information? What would you say to people that are new to the field on how to make those observations, before they do anything. This is a learning process. How do you observe?

GENE: Well, how I do it, is that whenever I can, I collect data on what I’m seeing. Human beings have huge biases in what they see. Often we do something and we see improvement, so that may, or may not be real, but for example, when I assess an individual using their hearing aids in the community, I will go to a prototypical intersection where conditions are conducive to hearing and I will test the person's ability to localize the sound of traffic to track the movement of moving cars to see if they can tell me if there’s a sound in front of them, or behind them, or to their left and their right. All in the real world. And I record their responses and so when I go work with the audiologist and we subsequently practice, I can see if there's a real change and I can share that information with the student and the student can make their own decisions about the amount of risk they want to take and can judge their own performance. And going back and forth with data with the audiologist is very helpful because the audiologist can see if the changes that he, or she has made are effective or not.

I’m a big believer in recording what you observe and then seeing if what you do is effective after what we would call in science the treatment.

AMY: Wow, this has been a fantastic time with you. I don't know if you have any closing words of wisdom for students who may be listening from all over the Pacific Northwest. Advice that you may have as people are starting out.

GENE: First I have an advertisement, right? I have a Facebook page that follows my activities and it's almost always about what's happening in the research and in deaf-blindness and in yielding, so if people want to connect to that, it's facebook.com/bourquinconsulting and you can tell them how to spell that, right? Bourquin Consulting is one word.

AMY: We will provide the link most certainly with this podcast, it is fabulous. The dialog is ongoing and it's wonderful.

GENE: The other thing I would say is that Dona Sauerburger and I are rewriting, although the process is slow, Independence Without Sight and Sound and so we hope to put out the textbook, that book, which was a classic, but it's very old at this point, a new version of Independence Without Sight and Sound, which will be new and improved, so people can look for that. Sauerburger.org is an amazing resource for all of us. I would encourage people to go there and see. We just put out a new self-study guide on traffic signals. I know from my interns and from my experiences teaching the Capstone Advanced Topic class at Salus, that we in the field do not get the basic education in how pedestrian and traffic signals work, well enough to teach crossings appropriately, so there's an offering for that there. There are some really good resources around.

Finally, I would say, listen to your consumers. A lot of times, deaf-blind people, they can tell you what they need. A lot of times they can offer suggestions that you may never have through of. Think of it as collaborative. The idea that we are going to know
everything, or could know everything is not a healthy idea. So if you keep an open mind when you work with deaf-blind people, I think the results of your instruction will be much better.

AMY: Doctor Gene Bourquin, traveling the world, making an impact in Thailand and the lives in people in very practical ways. Thank you. Thank you for taking the time to talk to our class and thank you for your leadership.

GENE: Oh, this was fun and thank you for getting the word out. The more COMS we have who are interested and knowledgeable about deaf-blind travel, the better things will be, so thank you so much Amy. And take care. I'll talk to you soon.

AMY: Talk to you soon. Bye-bye.

GENE: Bye-bye.