
Practice Perspectives

Using a Group Approach to Motivate Adults to Learn Braille

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Teaching braille is one of the most time-consuming tasks for a vision rehabilitation therapist. Complicating this process, adults who might be considered to 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 vision rehabilitation therapist is typically the instructor of braille for adult learners (Giesen, Cavanaugh, & Johnson 1998). However, due to recent title 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 clients in braille (Ponchillia & Durant, 1995). Although no research has been completed about the rate of instruction among itinerant teachers, it could be even lower now, as hours of potential instruction are greatly curtailed by the nature of the itinerant model.

For individuals with adventitious vision loss, common areas for instruction include daily tasks (such as cooking) that they were familiar with prior to losing their vision. These skills can be quickly relearned with the use of adaptations. In the case of braille, however, individuals whose vision has deteriorated need to learn a completely new skill. The time-consuming nature of learning braille is a major drawback for those considering a commitment to this goal. The number of les-

sons 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, 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 people who are visually impaired, braille carries a stigma. In the learning of braille, a person may come to accept the label of blindness and confront some of the negative stereotypes about blindness and braille. Once a person masters braille and it becomes an integral part of the person's daily life, the attitude of the individual toward braille can have a new connotation: one of competence (Schroeder, 1996). By learning braille, people with vision loss identify themselves as blind, which could be a significant step toward improving their 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 the intervention described in this report, my experiences of teaching braille under the itinerant model could only be characterized as tedious, and it took me up to one year just to teach the letters of the alphabet. I was aware of the self-paced correspondence braille courses offered by the Hadley School for the Blind (2014), and I informed my clients about this option, but had no success in getting them to enroll. 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 course entitled "Tactile Readiness for Braille," which has six lessons. One-hour group meetings for

braille learners occurred once a week for a period of six weeks. Hadley offers correspondence courses on a wide variety of topics to individuals with vision loss, their family members, and the professionals who work with them. Courses are free for people who are visually impaired. Using the Hadley course allowed my students the opportunity to try out the Hadley system and instilled in them 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.

Individuals were invited to participate in the intervention based on my knowledge of their potential to benefit from braille. In total, six people agreed to participate in the group. All had limited 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 ($n = 1$).

In the six lessons of the course, I encouraged the participants to complete one lesson prior to each class period. Each lesson had a separate exercise book, and an audiotape that provided instructions about proper finger positioning and how to complete the exercise for each page. For each lesson, listening to the taped instructions and completing the activities was intended to take approximately one hour. Examples of exercises included marking the character on each line that was different from the others (for instance, for the braille letters *l*, *l*, *l*, *g*, *l*) or placing both hands on the page and tracking the lines of braille. The exercises were not intended to teach letters, but instead to focus on proper hand and finger positioning while building good habits for beginning braille readers. Class time was used to discuss the completed lesson and review the questions the students had.

During class periods I had each student demonstrate one portion of the completed exercise, and I gave feedback about their

technique—suggesting, for example, that they keep their hands relaxed, which is an important behavior for ease in 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 the participants to the numbers assigned to the six dots of the braille cell, gave them copies of the braille alphabet in large print, and had them manipulate a large braille cell with removable pegs. Since I did not have enough of these large braille cells for each participant, one student went home and had his son help him make one for each member of the group. In weeks two and three, students were given demonstrations of the braillewriter and slate and stylus. Each participant was encouraged to handle these items and scribble with them. In the final three weeks, I showed the class items like Dymo tape and explained how to use a Dymo tape labeler to make affixable braille labels for files, showed a print-braille children's book, and gave examples of how to make simple braille labels for food and household products.

At the end of the six-week course, the goal was for my clients to be motivated to sign up for and complete additional Hadley braille classes without the support of a group. Because of my prior experience with struggling braille learners, I expected that periodic, continuing support after the completion of the intervention would be required if its participants were to succeed in learning uncontracted braille.

RESULTS

Of the six individuals who began the class, two were men, three were employed, three had retinitis pigmentosa, four had college degrees, and only one had no usable vision. All participants except one attended every session. Participants who brought their course materials to class often ended up sharing them, since not all students had received their

coursework prior to the beginning of class. This lack of synchronization did not seem to affect the enthusiasm of the group. 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 the large manipulatable braille cells. Five of the students completed all six lessons. One student did not complete the class because of inadequate sensation in her fingers.

Several participants requested permission for family members to accompany them to classes. Allowing this additional source of support may have been essential in facilitating the students' initial participation. One student had her 12-year-old daughter accompany her, and a second invited her mother. Both family members were active participants during group activities.

Assistance was offered to those individuals 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 the participants informed me that they had finished learning uncontracted braille with Hadley lessons.

In total, four of the individuals who participated in the intervention reported that they had completed uncontracted braille training. These four represented all the participants with retinitis pigmentosa ($n = 3$) and the one individual with no usable vision. One participant later developed a condition that reduced her finger sensitivity, and she was unable to continue using braille. The final three who persevered with braille after the intervention 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 when riding elevators and when finding hotel rooms.

An unexpected outcome of the class was dis-

ussion 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 someone who is visually impaired. Schroeder (1996) identified the strong relationship between the acceptance of identity and the acceptance of adaptive skills. Since Schroeder's work only addresses braille, it would be interesting to determine if the same link exists between the white cane and acceptance of the label of blindness.

CONCLUSION

From my perspective as a braille instructor, the approach described in this report saved a great deal of 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 the students who continued and completed their uncontracted braille studies with Hadley, it is noteworthy that three of these individuals continue to make braille part of their daily lives 10 years after the intervention described here took place. If these individuals had not found a useful purpose for braille, they would have abandoned it long ago, but their persistence in using it speaks to its continued relevance in their lives.

Success for this intervention was defined as the 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 expectations.

The Hadley course "Tactile Readiness for Braille" is simple, and it helped the participants quickly achieve some success. Learning

braille is both an emotional and a time-consuming journey. By defining the length of the initial commitment as six weeks, individuals could investigate the process of learning braille and explore the potential benefits they could gain within a limited time frame. During group sessions, participants found that they were not alone on the journey of needing to learn braille, that they could tackle the emotional aspects of the learning process, and that they could build the momentum necessary for reaching their goals. 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 manipulatable braille cell during classes gave participants a jump start on learning the braille alphabet, while the hands-on demonstration of writing braille dispelled the mysteries related to the practicality of braille. Pride in their accomplishments was evidenced by the majority of participants reporting that they went on to complete their goal of learning braille.

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