
Providing Travel Instruction to Individuals with Disabilities Other Than Blindness: A Practitioner's Perspective

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Some Orientation & Mobility (O&M) specialists provide instruction to individuals with disabilities other than blindness and vision impairment. In the US, this practice is referred to as travel instruction (TI). Through decades of providing TI, the authors have learned basic principles for success. This practice report addresses the definition of travel instruction, the essential components of a TI program, and two brief case studies. Advantages and opposition to O&M specialists providing TI are discussed. All individuals, regardless of the type of disability, deserve exemplary O&M and TI provided by highly qualified professionals. The authors encourage O&M specialists to provide TI and advise them to seek mentors and continuing education in areas of need.

Within the past several years, the practice of O&M specialists teaching independent travel skills to sighted persons with functional mobility needs has gained increased attention and support (Blasch & Gallimore, 2014). In late 2013, the O&M Division of the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) adopted a position paper that supports certified O&M specialists (COMS) teaching travel skills to persons with disabilities other than blindness, if they possess the knowledge and competencies identified in the position paper (AER, 2013).

In the US, this training is referred to as travel instruction (TI) and is defined as “one to one instruction provided to people with disabilities other than blindness or

vision impairment whose purpose is to enable safe and independent travel in unprotected environments, including on public transit” (Blasch, Wiener, Voorhees, Minick, & Furlong, 2010, p. 713). The Individuals with Disabilities Education Act (IDEA) 2004 described this instruction as “Travel Training” and includes it in both the definition of special education and the implementing regulations.

Passage of the Americans with Disabilities Act of 1990 (ADA) and IDEA 2004 reflects the role and importance of TI and offers vital incentives to ensure that individuals with disabilities travel as independently as possible. With architectural barriers being increasingly removed and transit vehicles nationwide reaching nearly 95%

accessibility, ADA ensures that the transit industry serves an increasingly wide array of individuals (ADA 1991; American Public Transportation Association, 2014). The IDEA requires public schools to provide “transition services” to prepare students to advance from school to adult life. Instruction in employment and life skills must be addressed annually beginning at age 16, with many states beginning at age 14. Although it is clear that the ability to travel independently opens doors to a myriad of opportunities, the exact percentage of schools that offer travel instruction programs is not documented. Through discussions with colleagues and postings on O&M listservs, the authors have firsthand knowledge that access to TI programs varies across the US.

The authors have been privileged to provide TI to children and adults for over two decades. They support expanding the profession of O&M to include serving persons with disabilities other than blindness. They believe everyone has the right to travel without barriers as freely and independently as possible. Specialised individualised instruction in the community, when needed, must be available and provided by highly qualified professionals (AER, 2013).

O&M specialists are one of the choices in providing TI to school age children and adults. Much of the O&M academic coursework as well as many instructional strategies and competencies are transferrable to services for persons with disabilities other than blindness (Blasch et al., 2010; Wiener, 2004). As it now stands, many O&M specialists are qualified to provide TI to sighted persons, as they already serve many individuals who are blind and vision impaired with intellectual, physical, social, medical, and other sensory disabilities.

However, there remains a broad range of preparedness in regards to knowledge and experience (AER, 2013).

The authors note many common factors between O&M and TI. Instructional goals and objectives for TI are identified based on the student’s needs, disability, and the results of an evaluation conducted in a variety of environments. Individual instruction is provided in natural environments, progress is monitored, and the instructor increases the monitoring distance as the student gradually takes on more responsibility for travel decisions. For many students, the instructional program may last a few weeks or months, until all goals have been met. O&M literature identified similarities and differences between O&M and TI, a model for TI assessment and intervention, fundamental skills, environmental factors affecting functional mobility, and case studies (AER, 2013; Blasch et al., 2010; Blasch & Gallimore, 2014).

Description of TI Services

The authors provide a range of TI services including TI evaluations, indoor and outdoor travel classes, individualised instruction in pedestrian skills, public transportation procedures, self-advocacy, and problem solving skills using methods for reducing vulnerability. Functional community skills, for example, making purchases, phone skills, time management related to travel tasks, preparing for various weather conditions, and soliciting assistance are taught as they naturally occur. Pedestrian skills often focus on street crossing procedures and sidewalk travel including negotiating level changes, slopes, and obstacles on the sidewalk while walking or using mobility devices such

as a wheelchair, support cane, or walker. Instruction also includes planning and learning routes to transit stops, stores, job sites, and other destinations selected by the student.

Students often learn routes fairly easily through repetition. However, students have difficulties when unexpected things happen, for example, when the bus does not arrive at the stop on schedule or when confronted by a stranger. Many TI students have a lifetime of being protected from having to deal with such events on their own. Creating or allowing for situations that demand problem solving and independent decision-making are integral to TI. Instructors must step back to allow interactions to occur and expect students to make their own decisions. Subsequent feedback can provide strategies for the way to effectively handle unexpected events.

Many parents report that their fear for their child's safety is greatly reduced when they know that their son or daughter have developed the ability to respond appropriately when approached by strangers or when an atypical event occurs. The authors evaluate students' interactions with unfamiliar persons through planned stranger approaches. For example, a plainclothes police officer or a school employee approaches the student to offer a ride, ask for personal information, or engage the student in conversation about a preferred topic.

Some individuals are taught social behaviour and conversation rules for riding in transit vehicles and travelling in the community. Procedures for communicating with transit drivers and store personnel are developed for individuals who are

nonverbal, use American Sign Language (ASL), or speak a foreign language.

In the author's experience, the essential components of a quality TI program include:

- A thorough understanding of each student's disability, medical condition(s), and behaviours prior to starting instruction
- Frequent communication and collaboration with family members, teachers, and school or agency personnel
- High expectations for student success
- Detailed documentation and progress monitoring
- Instruction based on student's needs and interests
- Numerous opportunities to practice problem solving.

Case Study – A Young Man Who Uses a Power Wheelchair

Sean is a 17 year old male from Minnesota who has round-the-clock medical care and lives with his parents in an accessible home near a city bus line. Sean has a medical history of spina bifida and hydrocephalus resulting in a seizure disorder managed with a shunt. He also has moderate intellectual challenges.

REASON FOR TI REFERRAL

Sean likes to visit his neighbours and take rides on the city bus. During a neighbourhood outing with his personal care attendant shortly after he started using a power wheelchair, Sean drove his new wheelchair too quickly for the travel conditions, encountered a driveway slope and tipped over. He was unharmed but frightened by the experience. His high

school physical therapist requested a travel instruction evaluation and training in safe community wheelchair driving strategies designed to improve his travel skills and to boost his self-confidence.

BRIEF SUMMARY OF INSTRUCTION

Travel instruction services consisted of teaching Sean the way to visually preview his environment and assess the grade of a slope; manage the power chair's driving speed on driveway slopes and curb cuts; negotiate raised sidewalk slabs; scan for vehicles, pedestrians, and bicycles; cross streets safely; gain or regain his orientation; board and disembark a city bus; solve travel problems; and advocate for himself. Sean found it helpful to use a laminated picture notebook that showed key sequential landmarks including buildings, signage, and danger zones. After he learned each route, Sean was filmed. He and his parents viewed the film footage and celebrated his increased self-confidence. Sean has maintained a safe power wheelchair driving history since the conclusion of his two-month travel instruction program.

Case Study – A Young Man on the Autism Spectrum

Jim is a 17 year old male from Minnesota who had just entered his freshman year in high school. His diagnoses include Autism Spectrum Disorder, Tourette syndrome, and Bipolar disorder. Jim required intense instruction and direct supervision when travelling in the community.

REASON FOR TI REFERRAL

School documents indicated that Jim could not cross the street reliably more than

10% of the time and wandered into the street without knowing it. His mother was not able to transport him. She questioned whether these behaviours were inherently part of his disability or whether Jim could be taught to change these behaviours. After completing the travel evaluation it became clear that Jim was highly motivated to travel on his own. He was intellectually curious and listed many places he would like to visit. He possessed a level of insight into his inability to travel independently stating, "I just can't pay attention."

BRIEF SUMMARY OF INSTRUCTION

Based on the travel evaluation, 10 90-minute lessons were added to his annual Individualised Education Plan (IEP). Under a generalised goal of increased community safety skills, the objectives identified benchmarks related to safe sidewalk travel, crossing streets with various traffic controls, public transit use, and community problem solving (for e.g., dealing with an uninvited person, soliciting assistance when lost). Breaking tasks into smaller steps, adding frequent rewards and identifying "rules" for individual street crossings proved effective. Techniques included identifying fixed visual landmarks to create "safety boundaries" when crossing streets without a traffic light and allowing sufficient lesson time for problem solving.

Over several lessons, Jim learned to independently walk five blocks to the local library. Following that success, he learned to take a three-bus route from his school to a recreational program for students with Autism Spectrum Disorder. This journey took over an hour of travel time each way. Jim stated that it was worth the long ride because of the friends he made. He graduated last

spring and continues to travel independently. His mother reported that learning to use the bus had been one of the biggest milestones in her son's life. She stated, "He has never been able to ride a bike or even walk very far on his own, so he never had those smaller steps to independence that most kids get. This has really been life changing for him."

Sean and Jim received TI services from O&M specialists who have academic preparation, professional mentoring, and continuing education in TI. These O&M specialists provide instruction to students with vision impairment and students with disabilities other than blindness.

Advantages and Opposition to O&M Specialists Providing TI

The authors have addressed administrators in rural school districts and resource personnel at state departments of education to emphasise that having dual expertise to serve children who are vision impaired or blind and those with disabilities other than blindness is a valuable asset. By being able to meet the travel needs of a diverse population, administrators can justify full-time O&M positions. It may be more cost efficient to include TI as part of the workload of an O&M specialist rather than hiring a separate professional to provide only TI.

Over the years, O&M specialists have raised concerns that having expertise in TI would increase their caseloads to unmanageable numbers, resulting in persons with vision impairment receiving less service. Conversely, others believe that expanding their role to provide TI increases job security. Some O&M specialists believe they are proficient while others have questioned whether they are qualified to do

the work. Supervisors have questioned the efficacy of travel instruction due to lack of empirical research, certification, and/or licensure.

Seek Professional Development Activities

The authors believe that it is up to each O&M specialist to continually seek knowledge in areas of need by attending conferences, collaborating with other professionals, reading literature, and taking college level courses. The Consortium for the Educational Advancement of Travel Instruction (2015) and the Association of Travel Instruction (2015) are professional associations that organise conferences, publish newsletters, and provide resources and other continuing educational activities for practitioners providing TI. In addition, many conferences in the O&M profession include sessions on TI and teaching persons with intellectual, physical, social, medical, and sensory disabilities.

Conclusion

Through decades of working with individuals with disabilities other than blindness and vision impairment, the authors have learned basic principles for success. It has been gratifying to observe students achieve levels of independence within the community that they or their family members originally thought were impossible. All individuals, regardless of the type of disability, deserve exemplary O&M and travel instruction provided by highly qualified professionals. The authors encourage O&M specialists to provide TI and advise them to seek mentors and continuing education in areas of need.

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Background of the Authors

In recognition of the need for professionals to provide mobility instruction for people with any disability, the United States Rehabilitation Services Administration funded the Mobility Training Project at the University of Wisconsin-Madison from 1977-81. Ms Peterson graduated from this program in 1980 with a Master of Science degree in Behavioral Disabilities with an area of concentration in mobility. This training prepared her to meet the mobility needs of all persons with disabilities. Ms Peterson, COMS and Registered Travel Instructor, has served students with functional mobility challenges for 33 years in the Saint Paul Public Schools.

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Ms Dodson-Burk, COMS, and Teacher of the Visually Impaired (TVI) has been self-employed for over 25 years, contracting to provide O&M, TVI, and TI services with school districts and early intervention agencies in Pennsylvania and Tennessee, and a paratransit agency in Pittsburgh, PA. She currently works with school age students and adults with various disabilities.