**Association for Education and Rehabilitation of the Blind**

**and Visually Impaired (AER) Position Paper: University Personnel Preparation of Orientation and Mobility Specialists**

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The ability to move independently, safely, efficiently, and purposefully through the environment is a skill of primary importance for each individual’s functioning and development. Until confronted with temporary or permanent restrictions on this ability, people often take for granted this skill which is critical to their growth and activity. Orientation and mobility (O&M) instruction is the process of helping individuals who are visually impaired, or blind develop or reestablish this skill. This instruction is the responsibility of the O&M specialist (also referred to as O&M instructors and peripatologists; ​​Neustadt-Noy & LaGrow, 2010). This position paper is focused on the preparation of O&M specialists at the university level.

Orientation and mobility is a professional area of study, therefore as a profession, it has become well-established. Some of the earliest historical documents attest to the fact that individuals without sight have learned to negotiate their environment. In general, it was accomplished by a few people who were visually impaired who learned independent travel through “trial and error” techniques and creativity. The idea of a professional O&M specialist was not generated until sometime in the 1940’s. This profession stems from the work of Dr. Richard Hoover and Warren Bledsoe at Valley Forge Army Hospital, along with Russell Williams at the Hines Veterans Administration Hospital (Bledsoe, 2010). The original five teachers (orienters) at Hines were individuals with training in physical education, corrective therapy, and psychology. With this combined expertise and creativity, the profession had its initial foundation.

During the 1950’s the civilian population wanted to benefit from the successful training efforts experienced by the veterans. So that they could return to their own institutions and share their knowledge, many lay professionals went to Hines for periods of a few hours to a few weeks to observe O&M lessons. Others watched a promotional and informative movie produced in the 1950’s, “*The Long Cane”* (Bledsoe, 2010). From these efforts, individuals tried to implement this innovation with a wide range of visually impaired civilians. In evaluating these procedures, the Hines staff was dissatisfied and concluded that a different approach to dissemination had to be developed.

Several meetings and workshops involving staff members from Hines, rehabilitation personnel, special educators, and representatives from residential schools and dog guide schools were convened. Based on previous efforts, experience and concerns for providing the best possible instruction for individuals with a visual impairment, the group’s perspective resulted in a distinct course of action. Specific parameters were established including the curriculum content and the physical abilities needed by the O&M specialist.

In 1960 and 1961, the first University programs at the graduate level were established at Boston College and Western Michigan University respectively (Wiener & Siffermann, 2010). At the time, these curricula were thought to require graduate level courses; however, since that time there have been several successful undergraduate programs in O&M. Some fifty years after the inception of the University level programs, it is important to recognize the success of these programs.

The O&M curriculum originally tailored for the adult who was traumatically blinded has been expanded to meet the needs of the total population of persons who are blind or visually impaired. This population includes but is not limited to infants, preschoolers, children and adults with multiple impairments and/or with low vision. These individuals may lose their vision adventitiously or have congenital blindness. Indeed, O&M instruction has also been provided to individuals who have cerebral/cortical visual impairments, low vision including those with deafblindness, intellectual disabilities, autism, learning disabilities, physical impairments, medically fragile conditions, and the geriatric population. As our field evolves, this list will need to adapt to the changing needs of the population of individuals with disabilities.

Since the 1970’s, many textbooks have been written to document the body of knowledge developed in this profession. Many changes have occurred in teaching the use of the long cane since the original curriculum evolved at Hines. Some of these changes and additional areas of instruction include but are not limited to concept development, anatomy of the eye, auditory skills, orientation, and wayfinding, use of orientation aids and mobility devices, low vision skills for mobility, and special considerations for individuals who are in pre-school or are multiply impaired. In addition, O&M specialists provide lessons on gaining control of one’s transportation needs for school, work, and community travel including but not limited to use of electronic transportation apps, learning to budget for transportation, and pre-driver awareness for those with potential to become low vision drivers.

**Present and Future of O&M University Programs**

University personnel preparation programs are now the standard approach in how O&M service providers are prepared professionally. University faculty and program graduates have developed an O&M curriculum, which was embraced by practitioners in many other countries (Neustadt-Noy & LaGrow, 2010). Individuals with visual impairments around the world have benefited from the pioneering efforts of the Veterans Administration and the continued research and refinements evolving from the University preparation programs and the O&M specialists graduating from these programs.

University programs use different methods of instruction that may incorporate either in-person only or a hybrid instructional approach that utilizes both distance and in-person education. While much of the O&M curriculum can be taught through distance education, there will continue to be a need for instruction that is in-person with a university faculty member supervising the development of knowledge and skills.

Personnel preparation programs often use face-to-face instruction to provide experiences under blindfold and low vision simulation. These courses often provide students with opportunities to practice O&M skills under blindfold or low vision simulation while also allowing them to serve as capable travelers for their classmates to practice their instructional skills. University programs have shifted the focus of these courses more onto the importance of teaching these skills instead of primarily demonstrating skills under blindfold or low vision simulation. There continues to be an on-going discussion regarding the efficacy and ethics associated with low vision simulation and blindfold experiences. Since there is little research on O&M university programs and curriculums, it is not known how the quantity and quality of blindfold and low vision experiences relate to developing effective professionals.

Courses that provide blindfold experiences involving O&M skills and techniques in complex environments naturally present risks and liability concerns. Ultimately it is the responsibility of university faculty and instructors to ensure and monitor the safety of students. As it is stated by the AER Accreditation Standards, the university must ensure that the student to instructor ratio is no more than six students for each university instructor (AER Core Standard E, p. 9). As students take active roles in teaching and monitoring safety in these courses, they also become responsible for ensuring the safety of their classmates under blindfold or low vision simulation. As the use of distance education increases in university programs, these hands-on travel and teaching experiences become even more critical.

In a survey by Griffin-Shirley et al. (2019), university instructors identified that individuals with visual impairments were participating in the O&M techniques courses and demonstrated the ability to supervise fellow students during travel instruction. A critical factor identified in the survey was the importance of the individual with a visual impairment having developed their own independent O&M skills to successfully complete the activities required. O&M specialists who are blind or visually impaired are graduating from university programs and training through NFB center based programs.

University programs prepare O&M specialists to become certified through one of the recognized professional certification bodies (Kaiser et al., 2018). The Certified Orientation and Mobility Specialist (COMS) is the credential from the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP). The National Orientation and Mobility Certification (NOMC) is the credential from the National Blindness Professional Certification Board (NBPCB). While these certifications follow different philosophies and university coursework, both credentials require the completion of a university O&M program, internship, and certification exam. Each of these certifications also include an extensive Code of Ethics to guide the actions and practices of professionals (ACVREP, 2013; NBPCB, 2006).

Based on the successful history of the University programs that are educating mobility specialists, the O&M Division IX of the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) reaffirms its support of these programs. Furthermore, the O&M Division supports the efforts to increase the numbers of O&M specialists being prepared to meet the increasing demands for O&M services. The O&M Division IX is committed to the philosophy that individuals with visual impairments deserve evidence-based O&M services as taught in AER-accredited University programs preparing O&M specialists.

The practice of O&M can be complex as it is inclusive of individuals across the lifespan from birth through old age. O&M specialists work with individuals who have a wide range of vision including blindness and those with both ocular and neurological visual impairments. Individuals who experience visual impairment as their only challenge as well as those who have a variety of disabilities may benefit from O&M services. To ensure that O&M professionals are prepared to effectively teach this diverse range of individuals, university programs must assess whether the students have acquired the extensive knowledge base and can also thoroughly demonstrate the appropriate instructional skills to facilitate independent, safe, and efficient travel. Therefore, it is the position of the O&M Division IX that university coursework and professional certification should be required for all O&M providers for children and/or adults who are blind or have low vision.

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