

2018

Podcasts Episode 08: Dr. Nora Griffin-Shirley

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Recommended Citation

Parker, Amy T. and Griffin-Shirley, Nora, "Podcasts Episode 08: Dr. Nora Griffin-Shirley" (2018). *O&M On the Go*. 8.

https://pdxscholar.library.pdx.edu/sped_podcast/8

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Amy: Hello, Nora? Can you hear me?

Nora: I can. This is very good.

Amy: Okay, excellent. Well, welcome, everybody. I want to welcome Dr. Nora Griffin-Shirley, who is a coordinator of an orientation and mobility program where I trained at my alma mater, Texas Tech University. Nora is also a distinguished researcher, a full professor, and she is the director of the Virginia Murray Sowell Center for Sensory Disabilities at Texas Tech University. Nora, we're honored to have you today to speak to our students and colleagues in the field about your work.

Nora: I'm happy to be here.

Amy: Okay. Well, Nora, if you could begin by describing your background and what drew you into the field of orientation and mobility.

Nora: Okay. Amy, I went to the University of Maine at Orono and became an elementary school teacher. That lasted for two years. In between those two years of teaching kindergarten in the morning and third grade in the afternoon, I needed to find another alternative. So I went to Boston to work in the summer and found a job at Carroll Center for the Blind in Newton, Massachusetts and fell in love with the whole field of visual impairment.

I was able to see orientation and mobility specialists work on my days off and decided that that would be a great occupation for me. So I went to Boston College, which is next door to Newton, Mass where the Carroll Center is located. Talked to the faculty there and applied, got accepted and started that following summer. Anyways, also when I was a child, I went to a Baptist summer camp that my church sponsored. The evangelist who my church also sponsored who spoke to us as campers was visually impaired with a dog guide from Seeing Eye. I was enamored with that even though I was deathly afraid of dogs.

Amy: Wow.

Nora: Probably the other piece was that my grandfather had glaucoma with no treatment. When my grandparents came to live with us in the winter only, he would travel somewhat with my little pet dog who was black in snow in the winter of about five feet of banks, but he was able to follow the banks and the black dog. Anyways, I was basically involved very much with my grandfather who had no rehabilitation training and no medical intervention to stop the ravages of the glaucoma, so he went blind as well. So probably those are the major factors that drew me into the field.

Amy: I know, Nora, we have been talking to many leaders in the field through this class. It is just, it's wonderful to hear about your early experiences. While I knew some of that as your student, I didn't know all of it, so thank you so much for sharing what drew you in. Our students are also reflecting on that, so thank you.

Nora: No problem, Amy. We do have to keep some things quiet, you know. For mystery.

Amy: For mystery. Right. Well, Nora, you have also specialized in work with adults and with older adults, with seniors. Some of your work our students will be reading about and certainly your contributions have been tremendous. Could you talk a little bit about some of the differences in orientation and mobility with adults and with seniors and then contrast that with orientation and mobility for children and toddlers?

Nora: I think for me, the best way to approach it is the approaches of education that we take and the study of children and teaching children and the study of teaching adults. The pedagogical approach that we use when working with children is very different from the androgogical approach that we use when we're teaching adults irrespective of whether it's O&M. It could be teaching reading, it could be introducing someone to math, whatever it might be.

The most important, I think, things to remember are those, the differences in those approaches. With the androgogical approach, basically the adult-oriented approach, the adult is driving the curriculum. We as the O&M specialists are not driving the curriculum. We're going to look at the individual's life experiences. We're going to capitalize on those experiences.

We're going to find out what motivates the individual from his or her perspective and then we can talk to the individual about what orientation and mobility is and how it might benefit them to get an idea of what they think and then to build the curriculum around that individual's perceived needs and actual needs. But they have to agree to it. In the pedagogical approach, we are the authority and we're driving the curriculum for the child.

As the child ages, of course, he or she is taking on more responsibility and moving into the adult-oriented educational practice. I think that those are the main differences and if you approach it that way, you're going to be successful. Of course, in both instances, you're going to have a team of people that you need to collaborate with.

That team is crucial to the actual practice of these students irrespective of their ages as to their independence in mobility and supporting them as much as possible, so working with those team members and understanding the roles and that we all work together. Also too in teaming in working with children's special needs and O&M, we always talk about transdisciplinary teaming.

Well, we also are looking at that as a possibility and as a good practice even when we're working with older adults. The differences are there, but I think in many ways, we still have similarities because we know that our children as well as adults who are visually impaired have additional disabilities in many cases and so we're always having to look at adaptations.

For example, the adapted mobility device which certainly was developed for little ones can also be used for older adults. Many of the skills that we're actually training students,

students in classes, are applicable. Those big differences are, are we child-oriented or are we adult-oriented? We as the instructor. The bottom line is this. If there is an area that someone's not succeeding in, what can we do in order to change your intervention so that the individual will succeed? That gets at teaching and looking at us reflecting on what we're doing to make sure that it's a win-win situation.

Amy: I love that.

Nora: That's all I had to say about that, Amy.

Amy: I loved that, Nora. Thank you.

Nora: You're welcome.

Amy: We've been talking a lot about strengths and really focusing on people's strengths and then also adapting, adapting ourselves and making the person successful. That's just wonderful. Thank you.

Nora: You welcome.

Amy: Nora, one of the many reasons I admire you is that you also have an international focus as well as a national focus in some of your work certainly through the Virginia Murray Sowell Center, but some of the work that you've done more recently in India. Could you talk a little bit about some of the work that you've done and some perspectives on international orientation and mobility?

Nora: I guess briefly I can. Probably the first notable experience I had was doing a personnel program in China for the Jimmy Carter Center. That was a short-lived program. Actually, one of my students was my boss at the time, which is we're a very small field, so you never know where you're going to end up. That was an amazing experience in China. One of the amazing things to me was that of course at that time, they only had one university in China that was educating people with disabilities. Many of the students that came were actually faculty from other universities throughout the country.

Basically what was amazing to me is how much they were willing to work. Literally it seemed like overnight I introduced two point touch cane technique and I came to class the next day and they had all mastered it, which is I've never seen that since in all my years I've been teaching O&M at a university. But to be there as well for the country's celebration of their law in regards to having disabled people included in different aspects of the Chinese people's lives and in government, we were there for that celebration and that was quite moving.

Amy: What year was that, Nora? You said it was through the Jimmy Carter Center and when you were working in Atlanta?

Nora: Oh [crosstalk 00:10:32] now, Amy. That was so long ago. Probably in the 80s, I would think? Yeah, maybe. Who knows?

Amy: Very cool.

Nora: Yeah, I don't remember time. So anyways, because I've been in this field since 1978, so we're going way back. Things happened. Then most recently in between, I would say that attending the international mobility conferences is another highlight of my career. I so enjoy going to every one of those conferences and have learned so much from the people that attend.

Many of them have multiple hats. I've learned that we have as much to learn from them as they from us and the importance of not assuming that our Western way is the best way and capitalizing on the resources that those individuals from different countries have. Even though historically we've been very instrumental in taking the idea of orientation and mobility to many countries worldwide, they have to develop their own program whatever it might look like and we have to honor that as far as I'm concerned in my opinion.

Most recently in 2009, I had the opportunity to go to India where actually I taught in a distance education program not specific to orientation and mobility but specific to the teachers of visually impaired, which is interesting because I am not one. Anyways, I guess I faked it while I was there. I taught throughout India at different schools for the blind and I had a curriculum that I needed to use.

Of course, the creative side of me did interesting things and that was very, very exciting. I've been very lucky in that I've been able to go back every year since then and until two years ago. Looking at a potential March trip. Not sure yet. I've also been able to have my Indian colleagues there come here twice and to our university here and share experiences and challenges.

There is more similar than different aspects for travel, specifically. In both countries, it is very, very crowded and you can see everything from horse-drawn carts to motorized vehicles of every kind to bicycles everywhere to people everywhere. The whole idea of independent travel is quite different. Independent travel in many cases in the bigger cities would be certainly human guide technique. In other places, it certainly would be independent travel in a village of some sort.

The materials used, the attitudes towards people with visual impairments is very different from country to country. When you get a group of people who are visually impaired and then professionals who they themselves might be the professionals but you sit down and talk with them, I think you learn they're people first. They have the same challenges if they're teaching and preparing professionals and working. So I find it's more similarities than differences.

Amy: Nora, thank you so much for sharing that rich history that you have and the compassion that you have and the shared learning, the mutuality that you have in your work. I did wonder if you could describe any of the cane construction that you've seen uniquely. That did come up in some of our readings and some of our discussions. It's been something that I've observed in my limited international travel in Sierra Leone [inaudible]

00:14:46] cane construction and use of different materials for canes as well as canes that may be brought in. Did you see any differences or uniqueness there?

Nora: Well, in traveling in Europe, you see many people who use canes that are made out of wood, certainly out of metal as well. It was the first time I had really seen years ago someone who was using a dog guide also using a cane. Now of course, we see that now in the U.S., but long ago, that was never seen here. A person used a dog and if they were using his or her dog, then they wouldn't be using a long cane which actually is a shorter cane than what we have when we think of here. Sometimes wooden canes, sometimes metal canes.

Depending on where you go and the materials and resources that are available, I've seen all sorts of materials used, bamboo for example, wood for example, metal for example. It just depends on where you're traveling and what's available. Once again, I encourage your students to go to the international mobility conferences because as we have here in our International AER Conference, there are exhibitors. They will have their canes that you can see and touch and feel and buy if you want.

That's probably the best thing ever to actually experience. You need to get out if you can, is how I put it. Even AER has an international perspective. We're international AER and people forget that sometimes, but it's important to understand that wherever an individual's located, they're going to use the natural resources they have in order to construct equipment that's going to help them. That's basically all I have to say about that, Amy.

Amy: Thank you so much, Nora.

Nora: You welcome.

Amy: As you look at the roles of researchers and practitioners in the field of orientation and mobility, sometimes a researcher is also a practitioner. Usually that's one of the best ways a person can be and then researchers also do partner with practitioners. Can you describe the dance between research and practice in orientation and mobility and your thoughts on that?

Nora: Well, when we first years and years ago ... of course O&M has been around since the beginning of time. When you look up the development of O&M within the United States, it's fairly still a fairly new field. For many years, the what we call best practice what was what emerged from the Department of Veterans Affairs and was what was best practice and as we have evolved.

We were looking at veterans who were well and just visually impaired and moving out into society and then looking at the field changing. Maybe the idea of the long cane mobility skills could be learned by children and having the schools for the blind who did not let initially children use canes to use canes. Then providing instruction and then moving from that idea and practice to working with children with multiple disabilities.

Also the demographics of a nation changing to people living longer and then we're also saving people with many chronic illnesses and working with adults as well and older adults with additional disabilities, so it was always best practice. If you go, if you were sued, then there would be an expert witness that would come and talk about what was best practice in orientation and mobility.

Most of the time it was anecdotal stories. O&M is, does this and this and this for this person and so it's a wonderful field. Well, during that period of time historically, we also had legislation pass to which I'm sure your students are reading about and learning about that basically it was looking at the need for research to be done in order to develop teaching strategies that were going to be leading to outcomes that were very measurable.

With that thrust in the legislation and more so every day in that we need to have student outcomes that irrespective of the age of the student, we need to have outcomes that are evidence-based. So how do we get that? That's by doing research. Doing any type of research that is going to show the importance of O&M in different life situations for people to make them more independent and more contributors to society, then that is vital.

That's where we can ask for funding of any kind. An increase in funding, well, that may or may not happen. The whole idea of having teaching strategies, and we are mandated if you're in the public school system for teachers and related service personnel to use teaching strategies that are evidence-based. Who's going to do that? Well, who's going to do that are practitioners.

We do not work in isolation. We as researchers do not work in isolation. We have to work with practitioners and with people who are visually impaired in order to develop that research base, that evidence base of research. It's a slow process. It's not something that is happening overnight. But more and more, we are getting people that are interested in research, even practitioners.

When you look at our journal, our primary journal, the Journal of Visual Impairment and Blindness, we have the ability as practitioners to write about what we're doing and what we find out. Then we have researchers that will read the journal, will identify someone, and will ask them to collaborate with them. We also have doctoral students more than ever. Years ago, it was like a doctorate with an emphasis on O&M was unheard of.

Now we have actual programs at the universities that have doctoral programs, as you know, Amy. You certainly completed not one specific in O&M, but certainly did research and did have an O&M component. We have many people who are interested in research, are doing research, not necessarily and should not be generally just in the academic situation but we can't do it alone.

It's all collaboration which comes back to our practitioners and with the person who's visual impaired at the center of it all. That's what we always have to keep in mind is that why we do this is to work with those students, those individuals who are visually

impaired and have additional disabilities. There are a few people who are just visually impaired, but that's fine if they are, obviously. O&M is an emerging field still.

In my opinion, we have a long way to go and we have a lot of challenges, many of them that are still the same from the 1980s and 90s that have not been resolved. In order to receive the funding that we need to continue, we have to have research, evidence, documentation that is quantifiable to show that orientation and mobility makes a difference in people's lives or we won't get the money in order to have the personnel and the services that our people who are visually impaired need.

Amy: Absolutely brilliant, Nora. Yes. Yes to all of the above and I would include people who are deaf-blind as well. You said people with visual impairments and yes, ma'am, and those people include people who are deaf-blind, so that's [inaudible 00:23:31].

Nora: Yes. Certainly when I say people with additional disabilities, I include deaf-blind. It may be an old way of describing it, but what can I say? I'm old, Amy. That's the way it goes.

Amy: Well, and I love what you shared, Nora, because it does talk about the significant changes in the field over time. That's really helpful.

Nora: Mm-hmm (affirmative).

Amy: What advice would you have for O&M students-

Nora: Oh, I don't want to go there yet. I have more thing to add.

Amy: Go. You go, Nora.

Nora: For those of you who do not know, Amy has supplied me with a wonderful list of questions and I don't want to miss this next one. We did talk about how the field has changed a little bit, but what are some significant changes? The one significant change that I think is imperative, because I've been around long enough to see this, is the advent of computers and mobile apps with iPhones.

That has changed the whole idea of what our visual impaired population do and can accomplish in the future. I'm just very excited about that and where we will be in the future. That is monumental. I just can't wait to be in one of those driverless cars in 20 years. To me, that's absolutely fabulous. But think what implications that might have for someone who's visually impaired as far as transportation to getting to and from work setting? To and from the home environment?

That's just one example, but the technology behind it is phenomenal. Just to have a phone? My goodness, to have a phone whereby you have voiceover, whereby you can identify your money, you can identify colors of your clothing, it can have a GPS involved, it goes on and on and on. It's one piece, a little piece of technology, a little piece of equipment to carry versus braille books. You go on and on.

I'm really excited about that. I think that's a major significant change in the field is technology in and of itself, even though we still have the long cane and we still have dog guides. But technology in itself has allowed people globally to network with each other and to share the O&M techniques, challenges, strategies worldwide. I didn't want to [inaudible 00:26:02].

Amy: That's why, Nora Griffin-Shirley, I'm glad you are who you are. I'm glad that [inaudible 00:26:11] because what you're saying is really helpful. That's why I value you and wanted to share your knowledge with others.

Nora: Thank you. [crosstalk 00:26:21].

Amy: Do you want to go to the next question?

Nora: I do indeed, Amy.

Amy: Okay. Go for it.

Nora: All right. Advice I'd give to you. The advice I would give is to meet as many visually impaired individuals. If we use person first language, people who are visually impaired of all ages that you can and first of all, observe, listen, and learn. That is probably the best advice I can give you. Also too, don't give up. It is a daunting task to go out on the street your first time alone after you become certified with a student. Especially a student that you may not have worked with during your internship.

Not all university training programs can provide internships with all different ages of individuals and with all different types of syndromes and disabilities that they may have in addition to the visual impairment. If you look at that idea of observing, listening, and learning and then most importantly collaborating with other people that actually are maybe a parent, a caregiver, a caretaker, a friend, whomever and then the other professionals on the team irrespective of the individual's age, you're going to be successful. That's it, Amy.

Amy: That's great, Nora. That's great, that each person is an individual. We talked about the trusting relationship too and the respect is certainly a part of what you said, the deep respect for people with visual impairment. Blindness, deaf-blindness, multiple disability, all of the above.

Nora: Mm-hmm (affirmative). You got it, Amy.

Amy: Thank you, Dr. Nora, for being a mentor and a professor to me and today for sharing this wonderful interview with our class and beyond.

Nora: Good luck all to everyone and I hope you last in the field as long as I have. I'm not going anywhere, so I'm happy to say that. I'm still here and I can't wait for the new technology that's going to emerge and the new people I might meet that are just getting in the field. You have an obligation to carry on. You have an obligation to participate in our

professional organizations and in consumer groups to make everyone's voices heard, so thank you, Amy.

Amy: Thanks again, Nora. Take care.

Nora: Bye bye.

Amy: Bye bye.