Capítulo 51

Visual rehabilitation in the virtual in pandemic times: experience report

https://doi.org/10.56238/devopinterscie-051

Charles Henrique Andrade de Oliveira

Daniely Mendes Marinho

Yani Sarmento Pacheco Silva

Keywords: Rehabilitation, Low Vision, Blindness, Remote Service, Pandemic.

1 INTRODUCTION

Social isolation (quarantine) was one of the main measures adopted during the pandemic, with the separation and restriction of people's movement, aiming to reduce the risk of infection, and thus, the spread of the virus and the reduction of new cases, which could lead people to experience in negative ways, such as discomfort, the feeling of loss of freedom, loneliness, boredom, suicide, anxiety attacks, panic, anger, among others (ZWIELEWSK et al., 2020).

Changes and adaptations were necessary for the care of people with disabilities, especially those with low vision and/or blindness, assisted in the Rehabilitation Centers (CER), according to the guidelines of Decree No. 48834 of the Government of the State of Pernambuco, centered on the production of autonomy, including the participation of users as a fundamental condition for the construction of this personal and social care (BRASIL, 2013).

Initially, meetings through digital platforms to outline possible strategies, through contact via mobile phones, messaging applications, and video calls, according to the possibilities of each user, considering their territory, socio-family context, current decrees, and professional ethics. The interventions were based on the Singular Therapeutic Project (PTS) of the users to continue what had been executed and agreed upon by the team, user, and parents/caregivers, considering the impact of this period on the family and the individual and their functionality (BRASIL, 2013).

From the first contact with users, the team can rethink, redirect, adapt, and even create new strategies according to the reality experienced by each user and/or family, considering economic, affective, and emotional aspects (BRASIL, 2007).

The main objective is to share the experience of this sector, expanding discussions and reflections on such adaptations in the pandemic, without losing quality and, above all, caring for others and strengthening the team.

2 EXPERIENCE REPORT

The CER had to rethink its role as a care institution, aggregating information on the spread of the virus through current guidelines from the Ministry of Health. The Home Office service was implemented, monitoring users through technological tools such as mobile telephony, computers, and the internet, taking place outside the Centre's premises. Interaction with the user could be synchronous (chat, conferences, video calls) or asynchronous (messages via an application) that managed to meet the singularities of each subject served (SANTANA et al., 2020).

The team meetings, now in a virtual environment, cast an ethnographic look as spaces for building the participatory, reflective process, with and at the service of the team, establishing an exchange of knowledge, which allows us to reflect on care integrally, with our meanings, promoting a process of critical reflection on this new possibility of action (LOAIZA and CORREA, 2018). Looking at different forms of the constitution of subjectivities, articulating the experience and its theoretical assumptions, not as a ready-made method, but a starting point for multiple possibilities, in different fields of production in care and the subjectivities involved in this process (CRUZ et al, 2016).

Care was taken not to centralize procedures simply, prioritizing the effectiveness and potential of interventions based on singularities and their processes of subjectivization. A vertical, unidirectional relationship removes the subject from the intervention, being a direct and sovereign action of technical and scientific knowledge, compromising non-adherence to the new mode of care (MERHY, FEUERWERKER, and GOMES, 2016).

In the first contact, it was possible to verify the current situation of the users and inform them of the new follow-up modality. Psychology offers care, such as humanitarian assistance and help in crises, to reduce concerns, offer comfort, question whether there is a social support network and its basic needs, as well as having everyone on the team attentive to these issues, and there may be some specific referral to the psychology sector (SCHMIDT et al., 2020).

Identifying the social support network is important since our users may have specific conditions due to their visual impairment and/or associated comorbidities. The first contacts had some obstacles, such as non-existent registered contact and/or missed calls, areas without telephone and/or internet coverage, difficulty in dealing with technological resources such as computers, smartphones and tablets, and messaging applications and/ or videos.

Socio-emotional learning is experienced by professionals in the face of new experiences, allowing access to new knowledge about their work, including our attitudes in the face of social isolation and the possibility of emerging new skills and potentialities, organization of emotions and reconsidering goals in a positive way, decision-making decisions, and our competences (PRIMI, 2018).

3 DISCUSSION

Authors such as Ornell (et al., 2020) point to some individual recommendations to be taken into account at this time of social distancing, such as: taking care of yourself and others, keeping in touch (not in person) with friends and family, paying attention to your needs, feelings, and thoughts, communicate to professionals when experiencing exacerbated symptoms of sadness or anxiety; for children, it is important to maintain family and leisure activities, maintain routine (as far as possible), identify possible behavioral changes (irritation, recurrent crying, authoritarianism, regressive attitudes), encourage the expression of feelings (such as fear); adults should be given extra attention to the possibility of being in risk groups, following the recommendations of the World Health Organization (WHO) and all users should be instructed to keep the medications already prescribed by the doctors who assist them, as well as to keep sleep patterns and nutrition.

Thus, it can be seen that follow-ups, of any professional category, must be dynamic, and directed at possible stressors related to this period of social restrictions. It is possible to identify reactions commonly presented in this context such as anxiety and stress, including negative emotions such as sadness, fear, loneliness, and anger. Some of these follow-up strategies can be adopted to maintain psychological well-being, such as the organization of routine daily activities under safe conditions and guided by other professionals at the center; sleep care; the practice of physical and leisure activities; and relaxation techniques (such as breath control techniques). It is important to warn users about excessive exposure to information, and its veracity (SCHMIDT et al., 2020).

The pandemic can bring out negative and distressing feelings in people. We found parents, caregivers, and users quite distressed, bewildered, in a way lost their references, with difficulty reflecting on their actions, not being able to decide or act in this new reality. In moments of crisis, negative thoughts are commonly persistent, not allowing new developments in your life to flow. In this sense, Psychology points to a rupture, a discontinuity of what subjects face from their Reality, dealing with the unpredictable, with the imaginary (RATTI and ESTEVÃO, 2016).

The authors mentioned above bring us an understanding of social isolation in light of Lacanian concepts about the frustrations and deprivations that the subject experiences in this context. Objectlessness is an issue that touches every human being. In quarantine we are deprived of so many desired objects, we find ourselves as divided subjects, therefore missing, intensified by the gravity of the situation. Being deprived of social life implies being in greater family life, and thus can have negative effects on family life (RATTI and ESTEVÃO, 2016).

4 CONCLUSIONS

Because of the report presented, we can reaffirm that the care for people with visual impairment suffered from some of the previously mentioned particularities, however, it can be seen that the affective bonds and commitment, both of the team and with the users, were strengthened, in favor of our users, as

well as our team, which promoted adaptation and innovation in the face of this atypical period, not failing to fulfill our main objective, which is the care and reception of our users, without losing the quality provided and linked to new care in the face of the new reality.

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