



Conversations without Language: Building Quality Interactions with Children Who are Deaf-Blind

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Editor's Note: In April of this year Region 20 Education Service Center and TSBVI Deaf-Blind Outreach Project sponsored a workshop presented by Dr. Jan van Dijk of the Netherlands. Dr. van Dijk has long been known for his work in developing educational programming for individuals with deaf-blindness. His work is the basis for much of the programming that occurs in this country for children with deaf-blindness. Linda Hagood, who has recently joined the staff of the Deaf-Blind Project in the Outreach department of TSBVI, has put together the following article as a result of the information she received during this workshop and her years of experience in working with children who have deaf-blindness. I think you will find this article helpful in thinking about communication for your child with deaf-blindness. If you have questions about the information presented you may contact Linda at (512)454-8631, ext. 188.

In his recent presentation in San Antonio, Dr. Jan van Dijk stated that the goal in programming for individuals who are deaf-blind is "bringing the person to conversation." In my work as a communication specialist with children who are deaf-blind or visually impaired, I have become increasingly interested in this concept of "conversation" as it applies to children with limited language skills.

WHAT IS CONVERSATION FOR THE CHILD WITH LIMITED LANGUAGE SKILLS?

Conversation is often what we really want when we say that we'd like to improve "communication" or "language" skills of children with disabilities. Conversation can be defined as a dialogue between two partners consisting of multiple turns which are balanced between partners around a topic of shared interest. Most often we think of using words to fill our turns in a conversation, but we also can use actions, objects, facial expressions, and movements as our response during a conversation. Think of the times you shrug your shoulders, hand someone an object, or wave your arms in response to a comment or a question. Conversation differs from other types of communicative interactions because the focus is on interaction around a shared topic, rather than communicating concrete needs or wants, instructing, or following instructions.

Conversational interactions with children who have limited language skills should involve:

- a short turn-taking format in which the adult and child alternately engage in actions with or without objects;
- following the child's lead in terms of interest or joint attention to objects;
- a playful atmosphere, in which both adult and child are enjoying the time spent together;
- modeling communication for the purpose of "commenting," "describing," or "requesting information."

While watching Dr. van Dijk evaluate a little boy named Tabor, I was struck by the undemanding, conversational nature of his interactions. We have often unintentionally taught our children to expect that all interactions consist of "adult prompts" followed by "child requests" or "child responses." I feel this occurs in part because we are not sure what "a conversation" looks like when the child has limited language. Let's look at a "conversation" Dr. van Dijk had with Tabor.

Dr. van Dijk began by having Tabor and his mother sit beside him on the floor. Working through his mother initially, Dr. van Dijk instructed her to give Tabor a favorite object, "his" sock. After having some time to play with it, a second sock made of a different material was introduced by offering it to him or laying it on part of his body. Tabor would place "his" sock to his right, explore the second sock in the same way as the favored sock, then dropped it to search for "his" sock. This sequence of introducing other socks, letting Tabor examine the new sock, drop it and return to his sock was continued. Sometimes Tabor would be offered several socks at once and he would choose the one he wanted to explore. Dr. van Dijk gradually increased his involvement in this interaction until he was the person primarily interacting with Tabor. As Tabor caught on to this game, Dr. van Dijk began to alter the socks by tying a knot in the middle of it, tying two different socks together or placing an object inside it.

Before this interaction Dr. van Dijk had visited with Tabor and his parents and had learned several things about Tabor:

1. Tabor had been diagnosed as having cerebral palsy and retinopathy of prematurity with retinal detachment in the left eye. He may have some light perception. Tabor had a moderate hearing loss resulting from complications of a shunt malfunction at the age of about four. He wears two ear-level hearing aids. He responds to voices and seems to discriminate between familiar and unfamiliar voices. However, he does not consistently search for sound sources or associate sounds with meaning.
2. Tabor's favorite toy was one of his socks. He would put the sock in his mouth, slip his hand down inside the sock, or stretch the sock with his hand while he held it between his teeth. He would also move through the house on his own and search through the clothes pile to find his sock.
3. Tabor enjoyed playing movement games with his mother. In these games Tabor's mom would co-actively clap his hands, or touch parts of his body, or rock him while singing songs.

Dr. van Dijk drew on this basic knowledge of Tabor to offer "topics" around which he and Tabor could have a conversation. He also used Tabor's mom to "make an introduction" in order to enhance Tabor's comfort level in interacting with him. All the elements of conversation were present in their interaction.

Turn-taking: Dr. van Dijk presented the sock, Tabor manipulated it. Dr. van Dijk presented another sock, etc.

Following the child's lead: Dr. van Dijk focus on the object Tabor was most interested in and didn't push him to explore the object in ways that were different from the ways he typically interacted with the object.

Playful atmosphere: The pace was slow and relaxed, no demands were made on Tabor to perform. His mother with whom he was most comfortable was involved in the interaction.

Commenting, describing, requesting information: Tabor's actions said "I like this sock best. It is my sock. This sock is like my sock, I can do some of the same things with it, but it is also different. I like the way this one stretches. I don't like the way this one feels." Dr. van Dijk's action's said: "I know you like that sock best, but I can put these two socks together for you. Your sock and the other sock will both hold this ball inside them. Some socks stretch more than others, you like to make them stretch, etc."

WHY IS CONVERSATION IMPORTANT FOR THE CHILD WITH LIMITED LANGUAGE?

I feel we should consider conversation as an essential component of communication and include it as an important aspect of programming for all of our students. As Dr. van Dijk noted, conversation "can occur at all levels" even with individuals who have little or no formal signed or spoken language.

Parents and teachers often tell me that they'd like to be able to have "conversations" with children who do not use or understand sign language or spoken words. I have unintentionally discounted this priority at times. I felt that it was more "functional" to focus first on teaching children ways to communicate their immediate, concrete needs and wants and to make choices between activities. I have made the mistake of suggesting that we save "conversation" for later, when the child has established a larger vocabulary or more formal communication system.

I found, however, that even after a child learned to ask for seconds at lunch, to choose between bowling and restaurant trips, or to follow teacher's instructions he may continue to interact very infrequently with others. When I attempted to teach social interactive skills the focus was often isolated greetings or other social rituals. These did not necessarily make sense to the child, but they helped him to "fit in" to more normalized settings.

Focusing our communication teaching exclusively on "functional skills," such as requesting, choice-making and social rituals does not necessarily lead the child to engage in longer interactions or improve the quality of relationships with peers or adults. Children need to learn that sometimes we interact for the purpose of having fun together which is the "reward" for communicative behavior. These conversation interactions may naturally lead the child to more "functional" communication such as requesting, choosing or

commenting.

FOUR PROBLEMS IN TEACHING CONVERSATIONAL SKILLS AND SOME SOLUTIONS

Some of the specific problems and solutions we've encountered at Texas School for the Blind and Visually Impaired in teaching conversation skills to people who are deaf-blind or blind multihandicapped are discussed in the remainder of this article. The emphasis will be on having conversations with children who have little or no formal language.

Problem 1: The child has limited exposure to conversational situations.

Idea: Set aside special times for having conversations.

Having a conversation with anyone takes a willingness to make time for that interaction to occur. We have conversations by phone, over a cup of coffee, around the dinner table, while riding in the car, etc. We take time to focus on the other individual(s) and devote ourselves to that interaction regardless of the environment in which the conversation occurs. Target some specific times of day or specific activities to have a conversation with your child. It might be just before bedtime, before you fix lunch, or before you begin a special activity together. Consciously targeting some special times to "chat" with your child makes these interactions more likely to happen.

Idea: Modify "functional" activities to focus on conversation skills development such as learning to select a topic, participate in turn-taking, and initiate, maintain, or end an interaction.

Conversations which occur during an ongoing activity frequently involve shared focus or playful interaction. Often these familiar activities help a child learn the art of conversation better than the situations which we set up to elicit requesting or choice-making.

An example of ways to incorporate both functional skills and conversation into a typical bath time are shown below. These are appropriate for a child who does not use formal signed or spoken language.

"Functional" skills that are worked on:

- scrubbing body parts when touched
- removing clothing
- choosing favorite bath toys

"Conversational" skills that are worked on:

- maintaining interaction by filling five (5) consecutive turns
- initiating familiar play activity
- choosing and/or changing the focus of the interaction

"Conversation" Activities (determined by the interest of the child):

- Tickle games: "This Little Piggy" or "Gotcha" At first, the child may fill his turn by smiling during pauses, later by extending foot, or by ducking when adult says "I gotcha;"
- Blowing bubbles through a straw on various body parts in predictable sequence.
- Scrubbing each other's arms (take turns with adult or sibling);
- Using squirt guns to squirt water in the same place on the child's body using consistent vocal and touch cue to build anticipation;
- Playing with water balloons. The adult fills balloons, some with air and some with water then ties them. Take turns playing with them by squashing them comparing full and empty or air-filled and water-filled balloons .

Idea: Use routines or familiar repetitive activities to develop patterns of expectancy and anticipation which can be built upon to provide the child a way to talk about the present, past, and future.

Children without formal language may have trouble understanding conversations about something which has happened in the past or will happen in the future. In order to develop this time sense it is important to begin with conversations which are closely tied in time to the actual experience. As the child learns to converse about familiar, repeating events in his "present" you can provide ways to help him begin to converse about activities in the past or future using calendars, memory boxes, and reference books. Dr. van Dijk discussed the importance of "announcing the event, discussing it." He stated that it is "essential for human beings" to have a past, a present and a future.

Dr. van Dijk stressed the importance of developing patterns of expectancy and anticipation through the use of routines or familiar repeated activities such as the "sock game." When an activity is announced or begun, it is important to watch the child for signs of anticipation and recognition. Some signals of anticipation may include:

- a change in affect (become excited or nervous);
- appropriate use of objects (e.g. begins to try to push the shopping cart, brings toothbrush to mouth);
- moving toward the area where activity usually occurs (going to door when mother removes keys from purse).

The moment in which a child anticipates or expects something to happen is often the time they will communicate and our conversations will be most effective and meaningful. At the point of anticipation, pause for a brief conversation with the child before continuing with the routine.

For example, a child may initially anticipate a trip to the grocery store when her hands are placed on the grocery cart outside of the door to the grocery cart. For this child, the "conversation" could involve exploring the cart together; choosing whether to sit in the front or the back; buckling the belt and unbuckling it; showing the child a wrapper for candy they will buy later in the store. Another child may anticipate this trip to the store earlier in the routine. When his mother makes a list in the kitchen or collects bottles to be returned to the store the child may anticipate where they are going. For this child, the "conversation" about going to the store could involve helping to make a shopping list by drawing or placing

pictures or labels on a list. He might help collect the return bottles or be given money for the merry-go-round or gum machine outside the store.

A "discussion box" provides a way to announce and discuss an event that is about to take place. The discussion box (usually a plastic basket or other container) contains a number of objects that a child may use during an activity. A breakfast discussion box might include a toaster, plate, cup, napkin and knife. When the child sits at the breakfast table, she can remove the items one at a time exploring the objects on her own. (She may show some anticipation of the sequence or function of the objects by the way she explores them.) Dad or mom can help her "pantomime" the use of the objects as they are removed (e.g. pushing button down on toaster, drinking from cup). In this way, the child can be exposed to a "conversation" which is only slightly removed from the activity, at a time in which she is anticipating a familiar routine.

When a child demonstrates anticipation of a variety of activities with cues presented just before beginning activities, he or she is ready to use a concrete calendar system. Calendar systems provide a concrete way of scheduling events that are important for a child. The events can be represented in a number of ways using objects, pictures, tactile symbols, or written or Brailled words depending on the child's preferred communication form and abilities. These symbols can be placed in a cubby box or on a more traditional wall calendar. Time frames reflected on the calendar may range from two activities occurring within a short period of time to activities or events encompassing an entire month or a year.

Having a conversation about the event which will occur can take place naturally during calendar time. However, even though it is important to talk about an activity after it is completed, I've found that children and adults are most interested in talking about novel aspects of past events. For example, instead of drinking the coke at the restaurant, it spilled. We filled balloons with water today instead of popping them. The conversation might incorporate pantomime or drawing pictures of these new and interesting aspects of the activity.

Problem 2: Children do not understand roles and rituals involved in conversation which allow them to: maintain, initiate, and end interactions, or change the topic.

The child with sensory impairments may not receive the visual or spoken cues which typically occur in conversations. Learning to take turns, initiating, maintaining, and stopping interactions or changing topics of conversation are skills that often need to be taught. They may need explicit instruction and concrete cues to learn the expected behaviors in both nonverbal and verbal conversations.

Maintaining Interactions Through Turn-Taking

Idea: Use social games to teach a child how to sustain an interaction.

Ritualized social games, such as "Peek-a-Boo," "This Little Piggy," and "Pat-a-Cake" play

an important role in teaching all children, even those without disabilities, how to sustain an interaction for multiple turns. These games have features which make them good for teaching children to take turns in conversations:

1. Simple repetitive structure
2. Playful atmosphere
3. Clearly marked cues for child response
4. Multiple opportunities for child response
5. Reversible roles

When adapting these games for your child, think about how deafness or blindness might impact these features. For instance, the child without vision will need tactile and auditory "surprises," rather than visual ones to understand "Peek-a-Boo." The typical visual cues (hiding the face) are not available.

The social game features should also be considered when inventing new games for your child. Songs which involve "whole body" contact with the parent and incorporate movement provide a good structure for learning to keep an interaction going by signaling for continuation of movement during pauses, maintaining joint attention, laughing or other affective responses. Dr. van Dijk suggested movement activities with a predictable, consistent pattern provide an important basis for learning conversation.

Dr. van Dijk developed a social game with Tabor around sound play, which had been previously identified as a "self-stimulating behavior." He began by singing a brief melody in Tabor's ear, then paused to allow his mother to sing another melody. They continued to take turns singing the song until Tabor began to understand the structure of the interaction, then modified the tune, the loudness, and the rates of their singing to help maintain his interest. Tabor showed them that he understood and enjoyed the game by leaning toward the next "singer" during pauses in the interaction, and by smiling or laughing when the songs changed. In these subtle ways, he filled his turn and was able to maintain the interaction for about 15 minutes.

Idea: Multiple step functional activities with clearly defined, predictable roles can also provide children with a way to maintain an interaction.

Most activities can be broken down to multiple steps which can provide an opportunity for maintaining turns. For example, in washing the dishes the sequence might occur as follows:

- Adult: turns on hot water
- Child: turns on cold water
- Adult: hands child dish soap
- Child: squeezes soap into the sink
- Adult: puts the dishes into sink
- Child: rubs the dishes with a rag and hands them to the adult one at a time
- Adult: helps the child pull the plug out

While the child may need some help initially to perform his parts of this activity, it is important that the turn-taking format is presented, so that the child learns that this activity

is structured with consistent roles. A second adult may be needed to help the child fill his turn so as not to confuse this turn-taking structure. However, it is important not to structure all of the child's activities this way or you will run the risk making the child too reliant on the adult's prompts.

Dr. van Dijk also stressed the importance of consistency in the way that activities are structured for a child who is deaf-blind. Greatly altering the structure of the activity (e.g. asking child to "wash dishes by himself" with support provided by an adult as needed) may cause the child to conceive of the activity in a very different way, and may cause confusion about what we want from him.

Idea: Your main priority should be a focus on keeping the interaction going for more turns.

Children who begin to develop some language skills will inevitably be asked questions by adults. It is important to avoid overloading the child with questions, since these are usually not the best way to keep an interaction going. Even when children are successful in answering questions, we have found that questions often lead to "dead end " interactions consisting of a single adult initiation and a single child response. More helpful ways of keeping a conversation going include:

- following the child's lead by acting on an object mentioned by the child or providing language to describe what the child is doing or attending to at the time.
- expanding what the child says (imitating his action and adding an action of your own)
- responding to the child in some fashion even if you do not understand the intent of his communication.

Initiating Interactions

Children with deaf-blindness are often passive in their interactions, always waiting for an adult to initiate the interaction. Dr. van Dijk emphasized the difference between the child who will "wait and see," and the child who is in a more ready state of "anticipation," in which he is ready to learn. Some helpful strategies for stimulating the child to initiate might include:

Idea: Interpret non-communicative behaviors as "conversation starters".

When the child moves to an area and begins to search for a familiar object or toy, the adult can respond as if this is an attempt to interact and converse. For example, a child always goes to sit in his favorite rocking chair when he gets home from school. The adult always follows him, helps to remove his shoes and socks, and then rocks him gently. Periodically the adult pauses to allow him opportunities to continue the "conversation" by signaling for continuation.

The child learns that his actions can impact other people, and that people in his environment respond to his intentional behavior. He can start conversations as well as responding to others' input. It is important to be sensitive to the level of intrusiveness which is acceptable to the child during this type of interaction. For example, if the child clearly

does not want to share an interaction (i.e., turns away from the adult or clutches his chair more tightly when approached by the adult) this should be interpreted as "no" to the adult's question "Do you want to rock with me?" It is important to respect this communication and his need for time alone.

Idea: Make slight changes in familiar routines.

When the child shows through anticipatory behavior that he knows what is to happen next, you may be able to stimulate him to initiate a "conversation" by throwing him a curve. Adding novelty to a routine, may cause him to try to initiate the predicted action or ask for an object needed to begin the activity. For example, instead of providing the wooden spoon to stir the juice at snack time, substitute a plastic spoon. Wait for the child to respond; he may search for the "correct" spoon or ask for the adult to help. This lets you know he is aware of what usually happens and allows you to have a conversation about the different utensils which can stir, the similarities and differences between the spoons, etc.

Idea: Help the child locate a partner for conversation.

It is important for the child with vision and hearing problems to know where to locate a familiar person if they want to initiate or maintain an interaction. For example, parents should try to sit in the same seat, close to the child at dinner. While playing at the sandbox, let him know where you are positioned. It is helpful to "touch base" with your child frequently when he is playing outside or in his room, by using physical contact and voice and by positioning yourself within his visual field. These momentary interactions may provide the child with important reminders that you are available if he would like to start a conversation.

Ending Interactions and Shifting Topics

We all employ "conversation ending" tactics ("I need to talk to someone over there.") and topic shifts ("That reminds me something I've been wanting to ask you.") to control our interactions with another person. When the child who is deaf-blind gives you a cue that he is not enjoying the interaction it is critical that you either change the topic or end the interaction.

Idea: Observe the child's attention and interest level to determine when to shift topics or end the interaction.

It is important to respond to changes in attention and interest level as a child's way to end a "conversation." Dr. van Dijk noticed after a period of time that Tabor was taking all of the socks and putting them to his right. Dr. van Dijk seemed to interpret this as meaning, "Give me something new." He moved to a new topic, the "singing game", to keep Tabor engaged. A child may fuss, turn his head, disengage, or demonstrate some other behavior to indicate his need to change the topic or end the conversation. Being a good observer of the child's responses is key to having a conversation.

Idea: Teach more conventional ways to end an interaction.

Some children may not have good strategies for ending an interaction. It may be helpful to teach the child to reject or end an activity by pushing objects away gently or by using a calendar "finished" basket. Both of these strategies can be taught in non-stressful situations. For example, the child pushes away the non-preferred item in choice-making activities; or he pushes his plate away gently as the final step in a dinner activity. One child we know threw away balloon pieces as a way to end the balloon activity. He was able to generalize this final step in the routine as a way to tell us, "I don't want to play this game now." It was very important for us to respect his request to end an activity. We generally gave him some time alone before attempting another interaction.

Problem 3: Children may not have enough to talk about (limited topics).

Topics are the "subjects" of conversations; a conversation with a friend might include topics such as marriage, work, children. Our selection of topics reflects what we know about the world and where our interests lie. The child with sensory impairments needs us to bring the world to him, to find the things that are valuable and interesting. He will also need help to be able to share them with us. Help him expand topics for conversation by considering these guide lines:

Idea: Build topics for conversation by developing and expanding activities that the child engages in every day.

First look at the things that the child does already, such as brushing teeth, bathing, eating. Look for parts of those activities which could be turned into "conversations." For example, a "conversation box or bag" with a toothbrush, cup, and comb previews the activity with the child just before brushing teeth in the morning. Items can be added to the bag to expand on the topic, including hand lotion, lip balm, hair clips. During eating, a "conversation" can be set up by taking turns tasting juice or food items as they are added to the child's plate. Try to develop a list of activities in which these brief conversational encounters can be incorporated without changing the child's schedule. Think of these as "topics" for conversation .

Idea: Expand the variety of topics by looking at what is interesting to the child about favorite objects or activities.

Children often have favorite objects which they hold and manipulate. Instead of always considering these as "self-stimulating" objects which should be discouraged or worked around, it is sometimes helpful to look at the features of the object which make it interesting for the child and to try to build on these.

For example, one child we knew loved playing with a vibrator. He could remember the location of a vibrator wherever it was placed in the building. He liked to place the vibrator on his ear or neck, and tended to withdraw from interactions while engaged in play with his vibrator. We decided to introduce other objects that vibrated, to try to build interactive turn-

taking activities around them. We were careful to introduce the new objects in interactive, not solitary, situations. We did this because we knew that if he began to play alone with them, he may not be as willing to share them with conversational partners.

Conversational topics which were developed around his preference included:

- Foot massage with a foot bath, in which he and a partner took turns activating the foot bath with a switch, drying each other's feet, and rubbing each other's feet.
- Making juice with an electric juicer. He and a partner took turns pushing the orange halves down on the top of the juice machine. They cued each other by passing the bowl of oranges when their orange was squeezed.
- Play with a vibrating pillow and a switch with a timer. One partner holding the pillow while the other one turned it on with a switch.

The original vibrator never became a "conversational topic" because he used it only for solitary play and would not willingly share it with others. However, by looking at this child's interest in vibration, we were able to build four interactive topics for "conversation." It was important to distinguish between interactive and solitary activities for him, because any of these activities could have easily become solitary activities rather than conversational activities.

Idea: Provide a format for displaying or making vocabulary concrete and accessible.

For children who understand object symbols, display objects on boards or hang them on the child's door in shoe bags or boxes so that the child can access them. Children who understand pictures or tactile symbols can use storage books or boards which the children and adults can use to develop conversation. Organize these displays by categories (people, places, objects, actions), or by activity.

Idea: Associate specific people, places, actions, times, and objects with familiar routines to help him enrich his concept of a specific topic and to develop building blocks for more formal language usage.

Language grows out of children's non-verbal knowledge of objects, people, places, actions, times, and feelings. All children have to develop organizational systems to take the chaos of random "experiences" and find meaning in it. Without some way to label an experience, it is impossible to share that experience with someone else. We organize these experiences in different ways making categories of a sort: things, actions, people, etc. which helps us retain and retrieve these experiences. These categories help us to interpret new experiences and expand our knowledge. For example, we associate the actions of pushing a cart, walking down aisles filled with food supplies, and selecting food with a grocery store. We do not associate petting a dog or riding a motorcycle with this place. The actions associated with the grocery store experience define the concept for us even though there are many types of grocery stores that we experience.

It is important to highlight specific aspects of an activity even if we aren't using words or signs to describe them yet. This will help the child to develop these "categories" where his

experiences can be stored. Later, when the language is introduced, the child will have the conceptual underpinnings needed to make sense of the sign or spoken word. The example in Chart 1 shows concepts or early vocabulary that could be highlighted in two different conversational topics that were the focus of the interaction between Tabor and Dr. van Dijk.

Problem 4: The child has limited partners for conversation.

Children with deaf-blindness often communicate to only a limited number of partners. Often, we see that the child bonds and develops trusting relationships slowly. Their conversations are often very context-dependent--only a few people know how to keep an interaction going with them, and only a few people can understand the child's signals or "home-made signs."

Idea: Expose the child to a greater variety of people by providing guided interactions with peers and others unfamiliar with the child's specific conversational style.

Because of their unique communication systems, children with deaf-blindness are most often involved in one-to-one interactions with parents or other adults, and may not have many opportunities to engage in interactions with peers. It is important to provide guided interactions with others in order to support them in becoming friends with the person who is deaf-blind.

It may be helpful to observe the natural interactions which occur with peers, brothers and sisters, and use these interactions as conversational forms, instead of trying to train peers to use forms selected by a teacher. Children may come up with their own personal ways of communicating and interacting if we do not interfere with the process. However, we should be available to guide the interactions when needed and to demonstrate nonverbal ways to communicate.

When communicating within activities, peers and co-workers may need help learning to use touch cues, to play physical non-verbal games ("high-5," "cats in the cradle", etc.), and to respond to the child's signals. When communicating about non-present events, we have sometimes found that new people feel most comfortable in communicating if they have a communication book with concrete pictures or symbols to represent important activities (bathroom, car, eating).

CONCLUSION

Although Dr. van Dijk described conversation as "the goal" for the deaf-blind child, I think he would also agree that the types of non-verbal conversations we've been describing are also the foundation for learning language and a variety of other skills. As children spend more time interacting with other people, they naturally have more opportunities to learn from them. If conversation and interaction are priorities, the child will have many opportunities to learn new words, signs, symbols and / or functional living skills.

I hope that I have given you some ideas about how to improve conversations with children who are deaf-blind. To summarize:

1. set up opportunities and situations in which conversations can occur;
2. teach conversational structure (starting conversations, keeping them going, ending or shifting topics);
3. expand topics by making the world more interesting and accessible;
4. provide more varied partners; and
5. follow the child's lead and interests in order to engage him in conversation.

Better conversational skills can lead to better overall communication skills which are critical to leading a quality life for individuals with deaf-blindness.

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Chart 1 - Topic expansion for a child with limited language based on two sample conversational interactions between Tabor and Dr. van Dijk as discussed in "Conversations without Language: Building Quality Interactions with Children Who are Deaf-Blind" by Linda Hagood, TSBVI Outreach.

TOPIC & ACTIVITY: SOCKS

Tabor's mother and Dr. van Dijk began by offering Tabor his favorite sock, letting him explore it in familiar ways, then offering other types of socks. As the game progressed the socks might be presented together so he could choose, with an object placed inside, or tied together. Tabor anticipated what would come next in the activity and would place "his" sock on the floor to his right so he could explore the sock that was being offered next. When he tired of the exploration of the new sock he would drop it and search for "his" sock.

VOCABULARY CATEGORY

- Objects - (foundation for nouns)
- Actions - (foundation for verbs)
- Places - (foundation for names of locations, prepositions, adverbs)
- People - (foundation for the names of specific people)

NON-VERBAL WAYS TO HIGHLIGHT SPECIFIC CONCEPTS AND VOCABULARY

During the interaction Dr. van Dijk exposed Tabor to various types of socks (footlets, baby socks, sweat socks, nylon socks, slipper-socks). This type of experience can help Tabor understand that the category of "socks" includes a variety of different objects which share common features--they are stretchy and have an opening in the top.

Tabor currently likes to find socks, stretch socks, hold them in hands, and hold them in his mouth. The number of actions he does with socks can be expanded by gradually showing him to put on socks, put things into socks, tie and untie socks. Performing these new actions with socks will help him again to develop a richer concept of "sock" and will provide a foundation for learning verbs.

Tabor first discovered that he could find socks in a specific place, the laundry pile. Expand his understanding of sock locations by helping him to find socks in the dryer, in different dresser drawers, in his bedroom, etc. He also showed he has specific places where he puts socks based on whether he wants to play with it (in front of him), or he wants to store it (discards it by placing it in a pile beside him).

Although Tabor's sock game is currently a solitary activity if he is not resistant to "letting people in", it might be nice to build some associations between specific sock games and specific people. Mama always plays put-the-sock-on-the -hand games, Daddy always plays hides-the-block-in-the-sock.

TOPIC & ACTIVITY: SONGS

Tabor's mother and Dr. van Dijk took turns singing in Tabor's ears. Dr. van Dijk was positioned to his left and Tabor's mother was positioned to his right. Tabor showed he anticipated the next turns by smiling and orienting toward the next person during pauses. He also showed a preference for his mother's voice by generally shifting his body orientation toward her during the activity.

VOCABULARY CATEGORY

- Objects - (foundation for nouns)
- Quality - (foundation for adjectives)
- People - (foundation for the names of specific people)
- Time - (foundation for time concepts, adverbs)

NON-VERBAL WAYS TO HIGHLIGHT SPECIFIC CONCEPTS AND VOCABULARY

Dr. van Dijk expanded the sound play by blowing up balloons and singing into them to change the sound of his voice. Other objects could also be incorporated into the sound play activity, such as kazoo, tubes, microphone.

Dr. van Dijk and Tabor's mother changed the rate, loudness, pitch, and tune of the singing presented to Tabor. This seemed to maintain interest for both Tabor and the adults involved. It also provides a basis for Tabor's later development of preferences and vocabulary related to sound quality.

Tabor demonstrated an acceptance of a new partner (Dr. van Dijk) and a preference for his mother's voice. This might be an activity which Tabor could later learn to share with peers or other adults and make associations. Ed sings the Popeye song, Mommy sings the Barbra Ann song.

The activity could be presented at a consistent time each day, e.g. always right before bed or just after breakfast. Later, when trying to teach concept words like morning or night, he may be able to associate this concrete activity with those more abstract time concepts as represented in a concrete calendar system.