

## Chapter 10

# Conversation Training for Frequent Communication Partners

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### **Abstract**

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The goals of conversation training for frequent communication partners are to foster empathy for the difficulty in speech perception that may accompany a hearing loss and to encourage frequent communication partners to use appropriate speaking behaviors, message tailoring, and the use of verbal repair strategies. These goals emerge from a sociolinguistic consideration of conversation. A variety of techniques can be employed to assess the need for conversation training. They include interviews, questionnaires, daily logs, structured communication interactions, hierarchical speech samples, elicited narratives, and written examinations. Conversation training should be provided within a framework that is comfortable and beneficial to a frequent communication partner and client. Ethnographic research can refine training programs.

Each day, rehabilitation audiologists listen as clients and their "frequent communication partners" (Erber, 1988) describe how their communication has deteriorated; sometimes to the level where only simple, short verbal interchanges can occur because of the severity of the client's hearing loss. Conversation may have become a laborious and frustrating undertaking. Such descriptions are most likely to surface when the client has an acquired severe to profound loss. When a client has a progressive hearing loss, stemming from noise exposure or presbycusis, the complaints may be more subtle. Communication problems may occur only occasionally, as in the presence of background noise. Problems may have progressed slowly over time, so that the client and frequent communication partner do not associate their communication difficulties with hearing loss (Hétu & Getty, 1991). Conversation training for frequent communication partners may alleviate some of the difficulties. Such conversation training fosters empathy, appropriate speaking behaviors, message tailoring, and the use of verbal repair strategies.

This chapter focuses on future research directions. Many research and methodological issues stand to be addressed, including the following: What should conversation training include? How do we assess conversational successes and failures? Should conversational competency be the principal long-term goal for the client and frequent communication partner? If so, how do we define conversational competency, and what are the short term objectives that will help meet this goal? What specific roles do the client and communication partner have in disencumbering conversational dysfluency? What are appropriate onsets, courses, and closures for a conversation training program? How do we motivate

and maintain interest during training? Have other disciplines, such as sociolinguistics, counseling, and clinical psychology developed intervention approaches that could be incorporated into audiological rehabilitation programs? How do we evaluate the effectiveness of conversation training? Finally, how do we make it cost-effective?

### **CONVERSATION TRAINING AND PERSONAL ADJUSTMENT COUNSELING**

Conversation training is only one component of a multidimensional intervention model. Both the client and the frequent communication partner require support, information, and direction for solving communication difficulties. An audiologist might interweave conversation training with personal adjustment counseling or provide conversation training to the frequent communication partner immediately following a client's adjustment period with a new communication aid. Conversation training is usually incorporated into a comprehensive audiological rehabilitation program that may also include services provided to the client, such as speechreading training, auditory training, counseling, and communication strategies training.

During personal adjustment counseling, audiologists provide supportive, non-judgmental environments in which clients and frequent communication partners can verbalize communication problems. Frequent communication partners often experience a change in life quality after the client incurs a hearing loss (Hétu, Riverin, Lalande, Getty, & St-Cyr, 1988; Stephens & Hétu, 1991, p. 195; Thomas, 1984). Some partners report feeling stressed by excessive noise in the home, such as a loud television or loud speaking. Recurring misunderstandings with clients may leave them feeling annoyed, irritated, and tense. Clients' hearing losses may magnify the difficulties of everyday tasks for their partners. Social activities outside the home may have become a rarity, and frequent communication partners may feel lonely. The frequent communication partner may also have to assume extra burdens, such as interpreting for the client during group conversations or answering the telephone on all occasions. In some instances, conversation training can enhance and accelerate the adjustment process.

### **GENERAL PRINCIPLES OF CONVERSATION AND THEIR APPLICATION TO CONVERSATION TRAINING**

We will begin our consideration of research directions by first describing conversation and identifying the components of conversation training. Conversation is a verbal interchange between two or more persons. Wardhaugh (1985) presents an overview in his book, *How Conversation Works*. Four of his themes provide a framework for considering conversation difficulties between clients and their frequent communication partners.

Wardhaugh's (1985) first theme is: *conversation is a social activity – one must consider the conversational partner's feelings and needs*. With some excep-

tions, we attempt to make conversation a pleasant and rewarding experience for all participants. We strive not to offend our partner's sensitivities.

Ideally, a frequent communication partner considers the client's feelings and needs when conversing. The partner does not make the client feel inadequate, stupid, excluded, or burdensome because of his or her hearing loss. The partner recognizes the client will experience both predictable and unanticipated communication difficulties. The partner speaks clearly, avoiding inappropriate speaking behaviors (such as speaking in profile), and ensures favorable communication environments when possible. This is a two-way street. The client should recognize and value the accommodations made by the frequent communication partner and recognize that the partner also has feelings and needs related to the client's hearing loss.

Wardhaugh's (1985) second theme is: *conversation proceeds on the basis that participants are reasonable people who can deal decently with one another.* When conversing, we adopt the premise that the persons with whom we are speaking have good intentions and that they are interested in communicating.

Since conversations with a client can be laborious, the communication partner may sometimes question whether the client is doing his or her best to communicate. The client may often seem not to be listening, especially on occasions when the client is tired and stressed or in the presence of background noise. The frequent communication partner must occasionally grant the client the benefit of the doubt, and acknowledge that the client's intentions are not purposely obstructive to open communication. Ideally, the partner will realize that many communication difficulties probably do not stem from marital disharmony or some personality defect associated to the client or partner, but rather relate to the hearing loss (and perhaps associated frustrations and anxieties) and to the particular conversational styles used by the partner and client.

The third theme from Wardhaugh (1985) is: *conversation is a reciprocal endeavor; participants must cooperate in choosing conversational topics, in allowing all participants an opportunity to speak, and in achieving a sense of orderliness in the progression of the conversation.* Typically a topic of conversation is selected and changed by mutual agreement, and all participants are allowed to contribute toward its development. Turn-taking occurs in an orderly fashion, and interruptions are rare.

A frequent communication partner should realize that some of the rules of conversation must be modified or adapted when he or she converses with the client. Interruptions will occur as the client requests clarification of misperceived utterances. The communication partner may need to employ novel means for changing topics or for demarcating the onset and offset of a speaking turn. On occasions, the partner may have to assume a greater burden in maintaining a dynamic conversation than when speaking with a normal hearing person.

The final theme expressed by Wardhaugh (1985) that will be considered here is: *misunderstandings are commonplace.*

Misunderstandings occur more frequently when one of the conversational par-

ticipants has a hearing loss. A frequent communication partner can circumvent some communication breakdowns by practicing appropriate speaking behaviors, optimizing the communication environment, and presenting well-organized messages. The frequent communication partner can make more frequent checks on comprehension than with normal hearing conversants. The partner may have to be more creative and patient in finding ways to repair communication breakdowns.

### COMPONENTS OF CONVERSATION TRAINING

From the above discussion, we can identify several components of conversation training. Frequent communication partners can learn to use appropriate speaking behaviors to meet the special needs of the client. For instance, they can learn to use "clear speech" (Picheny, Durlach, & Braida, 1986), and speak with their faces clearly visible. Also, they can become informed about how difficult speech is to understand when one must rely on an incomplete audio signal and visual cues. They may become more empathetic with the client's communication difficulties.

Frequent communication partners can learn to present organized messages. For example, they can avoid verbal mazing (e.g., say, "The blue sweater is in the drawer," rather than, "The blue sweater, which you can wear with the blue pants, is in the top drawer upstairs").

Frequent communication partners can also learn to monitor the client's comprehension. For instance, after verbally providing a grocery list, the frequent communication partner might ask the client to repeat it. Partners can learn to use repair strategies when the client does not recognize a message. Repair strategies are well-defined procedures that provide a definitive course of action for the communication partner (see Table 1).

### ASSESSING CONVERSATIONAL INTERACTIONS

Conversational styles are dependent upon several factors, including: lifestyle, interpersonal relationship, culture, stage of life, and the values of a client and frequent communication partner. Some communication problems are specific to a conversational dyad: What may constitute a problem for one conversational dyad may be inconsequential to another. It is precisely these considerations that render assessment (and training) procedures extremely difficult to develop and research.

The goals of assessment are numerous. They include documenting conversational competency (how successful the conversational dyad is in exchanging information and maintaining conversational fluency), identifying factors that contribute to communication breakdowns, formulating training objectives, and determining the effects of intervention. Finally, one of the most important goals of assessment is to document the efficacy of conversation training programs. Medical, clinical, or occupational institutions, or third party health care pro-

**Table 1**  
Verbal Repair Strategies That can be Taught to Frequent Communication Partners

Verbal Repair Strategies and Examples of Each
<p>a. <i>Repeat</i>: Say the message again. Original sentence: My mother called today. Repair strategy: My mother called today.</p>
<p>b. <i>Simplify</i>: Use fewer words and/or more commonplace words. Original sentence: The black and yellow cardigan is hanging in the closet. Repair strategy: The sweater is in the closet.</p>
<p>c. <i>Rephrase</i>: Use different words. Original sentence: The television is broken. Repair strategy: The T.V. is not working.</p>
<p>d. <i>Keyword</i>: Speak one important word. Original sentence: The boys are playing baseball. Repair strategy: Baseball.</p>
<p>e. <i>Elaborate</i>: Repeat keywords or provide a little more information. Original sentence: I made some chicken. Repair strategy: I made some chicken. We'll take the chicken to the picnic.</p>
<p>f. <i>Delimit</i>: Limit the responses when asking a question. Original question: Where did you go? Repair strategy: Did you go home or to the party?</p>
<p>g. <i>Build from the known</i>: Start by presenting information that can be recognized. Original sentence: Please put the tray on the table on the porch. Repair strategy: Here is the tray (talker hands tray to cochlear-implant user). The table is on the porch (talker gestures toward solarium). Please take the tray to the table.</p>

*Note.* From "Aural Rehabilitation and Patient Management" (p. 109) by N. Tye-Murray. In *Audiologic Foundations of Cochlear Implants* ed. by R.S. Tyler, 1992, San Diego: Singular Publishing Group. Copyright 1992 by Singular Publishing Group, Inc. With permission.

viders, are unlikely to support conversation training until researchers and clinicians have demonstrated and documented its benefits.

Assessment procedures might include interviews, questionnaires, logs, structured communication interactions, elicited narratives, speech samples, and written examinations. In the following discussion, we will consider research directions for each procedure.

### *Interviews*

The most commonly used assessment procedure is an interview. This process usually involves both a frequent communication partner and a client. The couple might describe their conversational problems, as well as their personal theories as to why communication breakdowns occur. The advantage of the interview is that it provides a qualitative description. It is perhaps the most effective and

efficient means for obtaining information about conversational difficulties. The disadvantage is that the remarks of the client and frequent communication partner are difficult to quantify. Thus, changes in communication behaviors are difficult to document following conversation training (Stephens & Héту, 1991). Quantification of benefits may be essential when the audiologist seeks reimbursement for services from third party health care providers. In future research, we might determine how to modify interviews so that they provide quantifiable information.

#### *Questionnaires*

Few questionnaires are available to assess the quality of interactions between a conversational dyad. Most questionnaires have been designed to assess only the client's handicap, as in the Communication Profile for the Hearing Impaired (Demorest & Erdman, 1986). A two-part questionnaire could be developed, with one part to be completed by the client, and the other by the frequent communication partner (e.g., McCarthy & Alpiner, 1983). The questionnaire could probe conversational difficulties and the communication behaviors of the frequent communication partner. Similarities and differences in the responses obtained from both parties could be evaluated and used to develop conversation training objectives or to assess training effects. For instance, a client and frequent communication partner might disagree on how often communication breakdowns occur and even about what comprises a communication problem.

Acceptable test-retest reliability for such questionnaires may be difficult to achieve. It is possible that responses might vary from day to day, depending upon the couple's activities. More problematic, content validity must be established. Questionnaire items should represent the content domain of daily communication interactions for the conversational dyad. Herein lies a major difficulty: questionnaire items that may adequately sample one couple's communication behaviors may fail to do so for another couple. For instance, a true/false statement, such as *I always indicate topic changes to my husband/wife when we are speaking with others at a party*, may be irrelevant to a couple who rarely attends social functions. Questionnaires have "the disadvantage of potentially missing very specific disabilities which are crucial to the individual[s] concerned" (Stephens & Héту, 1991, p. 190).

#### *Logs*

Daily logs can be developed to assess whether a communication partner could benefit from conversation training. An example of a daily log appears in Table 2.

Self-monitoring daily logs have been used by clinical psychologists for documenting treatment effects and for the purposes of accountability (e.g., Barlow, Hayes, & Nelson, 1984). However, as with questionnaires, much research is needed before such logs can be used for assessment purposes. The content validity and whether most frequent communication partners can reliably and accurately describe their behaviors must be established. Some partners may not

**Table 2**  
A Daily Diary for Frequent Communication Partners

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Instructions: Please answer the questions below in the appropriate column. All questions concern your conversational interactions with your family member who uses a cochlear implant.

1. For the following situations, in which you might have talked to your relative, circle the term (*never, a few times, many times*) that best describes how much time you spent talking today (beyond a greeting). Circle one response for each condition:
 

In a quiet place	Never	a few times	many times
In a noisy place	Never	a few times	many times
On the telephone	Never	a few times	many times
From another room	Never	a few times	many times
In a group of people	Never	a few times	many times
When only the two of us were present	Never	a few times	many times
  
  2. For the following two situations, write down a number between 0 to 100 (0 = nothing and 100 = everything), that indicates how much of what you said today you believe your relative understood.
    - \_\_\_ while watching you and listening
    - \_\_\_ while listening only
  
  3. Did your relative ever indicate that he or she did not understand one of your spoken messages today (Yes or No)?
 

\_\_\_\_\_
  
  4. What did you do when your relative did not understand your message (check all that apply)?
    - \_\_\_ talked more slowly.
    - \_\_\_ repeated my message word for word.
    - \_\_\_ said my message with different words.
    - \_\_\_ spoke one important word/identified the topic of conversation.
    - \_\_\_ I said something that I knew my relative could understand in order to establish a context; I then spoke the message again.
    - \_\_\_ elaborated my message by giving a little more information.
    - \_\_\_ simplified my message by using fewer words or more commonplace words.
    - \_\_\_ if I was asking a question, I phrased it so only two or three responses were possible.
    - \_\_\_ decided my message was not important enough to keep trying.
    - \_\_\_ wrote or spelled the message.
    - \_\_\_ used more gestures or sign language.
    - \_\_\_ other (describe) \_\_\_\_\_
- 

*Continued on next page*

**Table 2** *continued*

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5. Consider the conversations that you had with your relative today. Check all of the statements below that apply.
- I felt anxious when I tried to talk with my relative today.
  - I was able to make my relative understand me.
  - I felt satisfied with the success of our communication interaction.
  - My relative did not try to understand my speech.
  - I avoided talking about unimportant topics.
  - I thought about organizing my message before I began to speak.
  - I thought about speaking clearly and slowly.
  - I established eye contact with my relative before talking.
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*Note.* A frequent communication partner completes this log for seven consecutive days, before and then after treatment. On each day, the partner returns the corresponding log to the audiologist by mail.

*Note.* From "Aural Rehabilitation and Patient Management" (p. 139) by N. Tye-Murray. In *Audiologic Foundations of Cochlear Implants* ed. by R.S. Tyler, 1992, San Diego: Singular Publishing Group. Copyright 1992 by Singular Publishing Group, Inc. Adapted by permission.

pay attention to their own communication behaviors.

Self-monitoring can be a reactive procedure and learning may occur through direct experience with a daily log (e.g., Johnson & Wilhite, 1971; McFall, 1970; Sobell & Sobell, 1973). Audiologists should consider whether the act of completing daily logs influences a frequent communication partner's use of communication strategies, or their other communication behaviors. They should also determine whether completing pre-training diaries influences the extent to which partners benefit from training. Reactivity is an important issue when one wishes to assess the efficacy of conversation training. A conversation training program may be beneficial not only because of the actual training procedures themselves, but also, because partners have completed assessment procedures before training begins.

#### *Structured Communication Interactions*

Few objective procedures are available for quantifying how a client and communication partner converse during typical exchanges. Erber (1988) described the use of simulated conversations (e.g., TOPICON). There is a need to assess the validity of the TOPICON and similar procedures. For example, it is not known if the spontaneity of real-world conversations can be captured in the laboratory or clinical setting.

#### *Elicited Narratives*

In clinical psychology, researchers sometimes present photographic sequences to subjects, and ask them to provide a narrative to match the stimuli (e.g., Larrance & Twentyman, 1983). The narratives are recorded and then coded ac-

ording to the variables of interest. Audiologists might determine whether this procedure can be used to assess communication behaviors. For instance, an audiologist might present a series of photographs to a frequent communication partner. The partner can then be asked to provide a detailed narrative. A hypothetical photographic sequence presents four scenes. In the first scene, a man wearing a hearing aid is shown reading a newspaper. In the second, a woman enters the room and speaks. In the third scene, the man continues to read the newspaper, and the woman appears angry. The fourth scene shows the man alone reading the newspaper.

A narrative for this sequence could be coded according to whether a frequent communication partner describes the man as not paying attention to the woman, or the woman as not attracting the attention of the man before speaking. Other communication difficulties could also be probed, such as a talker speaking in the presence of running water or speaking in profile. Some photographic series could present ambiguous communication interactions. This would make it possible for an audiologist to probe both the client's and the communication partner's interpretations of the sequences. Others could present interactions wherein the hearing person is clearly using inappropriate speaking behaviors or the communication environment is clearly not optimal.

#### *Hierarchical Speech Samples*

One procedure that might be used for assessing a communication partner's use of clear speech might be to employ a hierarchy of speech materials, beginning with isolated words, prepared sentence lists, written paragraphs, and finally, spontaneous speech. It may be that before conversation training, the communication partner uses clear speech when speaking isolated words and prepared sentence lists, but may not use clear speech when reading paragraphs or during spontaneous conversations. After training, clear speech might be evident with all levels of speech materials.

In conjunction with evaluating levels of speech materials, methods must be developed for assessing speech clarity. Methods might include judgments from normal hearing listeners or word recognition scores from hearing-impaired listeners who orthographically transcribe the samples. Acoustic analyses may prove useful in quantifying clear speech. However, Schum (1989) suggests that the relationship between acoustic measures and perceptually defined clear speech is complex. The relationship might entail some as yet unidentified combination of duration, frequency, and intensity cues.

#### *Written Examinations*

Pencil and paper examinations can assess frequent communication partners' knowledge of the content included in a conversation training program. For example, communication partners might be asked to list environmental conditions that contribute to the difficulty of the speechreading task. One problem with written examinations is they only indicate the knowledge of conversa-

tion tactics. Results do not indicate how well frequent communication partners implement these tactics in typical conversational interactions (Field & Haggard, 1989).

In developing written examinations, issues of construct validity, content validity, and face validity must be considered (Walden, 1984). For reference purposes, normative data should be obtained from large groups of frequent communication partners of hearing-impaired persons and of normal hearing persons. The first group could be subdivided according to the duration and/or degree of hearing loss. Analyses could determine whether literacy and level of education should be controlled for, since these variables might influence how well respondents perform.

### TRAINING PROCEDURES

We will first consider general issues for research about training procedures, and then consider issues for specific components.

#### *General Issues*

A pressing research issue is how audiologists might motivate frequent communication partners to participate in conversation training. Some communication partners may be unwilling to acknowledge the client's hearing loss or may be unwilling to acknowledge the existence of communication difficulties. Some may refuse to commit time, effort, or tuition. There is a need to understand why some clients and their communication partners agree to participate in a treatment program while some other conversational dyads do not. Issues related to behavior and compliance are discussed in more detail in Chapter 18.

A second issue concerns the best means to interface conversation training with other components of audiological rehabilitation. For example, it may be most beneficial to provide communication strategies training to the client and conversation training to the frequent communication partner simultaneously (e.g., Getty & Héту, 1991). Alternatively, conversation training for the frequent communication partner may occur while the client receives other audiological rehabilitation services, such as a hearing aid fitting or speechreading training. However, although this latter practice may be economical, it may not be as beneficial as providing training in a group setting. "Role-playing with individuals other than one's spouse, for example, can alleviate some of the defensiveness encountered in one-on-one or couples' counseling sessions" (S. Trychin, personal communication, September, 1992).

Another research issue is to determine whether and how conversation training should be altered according to certain characteristics of the frequent communication partner and client, such as gender, age, life stage, and culture.

Finally, S. Trychin (personal communication, 1992) notes conversational behaviors are habitual and overlearned and thus difficult to change. He suggests that frequent communication partners need practice and persistent feedback to

alter their behaviors. Modifying behaviors is especially problematic because most of the people frequent communication partners interact with do not have a hearing loss. Since conversational strategies (such as speaking clearly or facing the talker) are oftentimes unnecessary, the frequent communication partner may forget to alter his or her communication behaviors when talking with the client. Future research can document the difficulties involved in altering entrenched behaviors and can focus on possible solutions.

#### *Components of Training*

In this section, we consider research issues for three components of conversation training: optimizing communication, message-tailoring skills, and verbal repair strategies.

*Empathy and optimizing communication.* Following the lead of family counselors, audiologists can determine whether schedules for conversational interactions are useful for optimizing communication. If so, they can then determine how schedules should be tailored to meet individual needs. Sociolinguistic research concerning conversational styles and gender differences can provide guidance. For instance, many men view home as a place where they can relax and be "off-stage," a place where talk is optional (Tannen, 1990). As such, a schedule might be developed wherein a male client and his frequent communication partner do not attempt conversation for the first 30 minutes following his return home from the work place. For women, home is a place where family members can talk freely, without fear of embarrassment or judgment, and a place where they can maintain intimacy through sharing daily events and passing thoughts. The schedule for a female client and her communication partner might stipulate that conversational interactions occur immediately after work or before dinner preparation begins. Her frequent communication partner would agree to use appropriate speaking and message tailoring strategies during this time, and the communication environment would be optimized.

*Message tailoring.* Message tailoring has only recently received the attention of audiological researchers and clinicians (e.g., Erber, 1993). Presumably, a frequent communication partner can learn to tailor messages so that they will be better recognized by the client.

Clinical researchers can determine how messages might be tailored to optimize communication. Then, they can establish the prevalence of poor message planning amongst frequent communication partners. Further, they could consider how more appropriate message tailoring behaviors might be developed through conversation training.

*Verbal repair strategies.* Research issues for teaching frequent communication partners to use repair strategies are similar to those for message tailoring. Audiologists can determine how prevalent repair strategy use is among frequent communication partners and how more appropriate repair strategy usage might be developed through conversation training. Attempts can be made to shape a frequent communication partner's use of repair strategies to accommodate the client.

For instance, if a client benefits most when misunderstood messages are rephrased, his/her frequent communication partner might be encouraged to use the rephrase repair strategy.

One step in evaluating repair strategies is to obtain ethnographic descriptions of usage. In compiling an ethnographic description, the audiologist observes the conversational dyad in conversation, either live or on videotape, and describes what takes place naturally. The observer takes into account such factors as the topic of conversation, the setting, the depth of discussion, how long the frequent communication partner has been speaking before a breakdown becomes apparent, and how communication breakdowns are signalled. For instance, did the client appear confused, or did the frequent communication partner make a check on comprehension? These factors will influence which repair strategies are used, and how effective they are in resolving the breakdown.

### FINAL COMMENTS

In this chapter we have reviewed the components of conversation training and identified some directions for future research. Although the focus has been primarily on partners of adults, conversation training is also appropriate for frequent communication partners of children who have hearing impairments. For example, a parent will benefit from obtaining a better understanding of the speechreading task, from learning message tailoring and repair strategy techniques, and from learning to speak with appropriate speaking behaviors and in an optimal communication environment (Tye-Murray, 1992b; Tye-Murray & Kelsay, 1993). Conversation training for frequent communication partners of children may also include additional components, including instruction in sign language and means to integrate spoken language into the child's communication mode. Parents might also learn about effective conversational strategies. For instance, a parent might be encouraged to engage the child's interest and not dominate the conversation with too many questions (Wood, Wood, Griffiths, & Howarth, 1986).

Interest in conversation training will likely increase. As Levant (1986) notes, "A general concern with having an impact beyond the individual client and on the social systems within which he/she is embedded [has] led to the application of skills-training to the family" (p. 52).

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