

Module: **Communication and Emergent Literacy:
Early Intervention Issues**

**Session 1: Overview of Communication and
Literacy**

**Handout A: Communication and Emergent Literacy Vignettes,
Session 1**

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Amber

When 30-month-old Amber and her mother return from their trip to the grocery store, Amber's grandfather has arrived for a visit. Amber is feeling a little full from tasting so many good samples that were available at the store. While her mother puts away the food, Amber brings her grandfather one of her braille-print books about different types of food. She sits on her grandfather's lap with a braille-print book resting on her legs. Her grandfather reads the rhyming print in a sing-song voice as he skims his fingers over the braille dots. Amber periodically places her hands on her grandfather's as they move across the page and chimes in frequently with the repetitive line when her grandfather pauses at the end of each page. Amber also enjoys interacting with her grandfather as he asks, "Is that your favorite food?" As always, Amber responds "No" to everything except chocolate ice cream—her true favorite.

Dominick

Dominick's parents were excited because they were finally able to bring him home from the hospital. He was born at 28 weeks gestational age and stayed in the neonatal intensive care unit for over a month before he was strong enough to come home. While he was in the hospital, he underwent numerous surgeries, though the surgeries to reattach his retinas were only partly successful. His parents felt that he always had needles and tubes sticking out of him even when he wasn't undergoing surgery. He was still so tiny and fragile, his parents were almost afraid he would break.

When Dominick awoke for the first time in his crib at home, he began to cry. When his mother quietly scooped him into her arms, his cries escalated to screams. In the hospital, Dominick had learned that being touched was usually followed by a needle stick or some other painful experience. Dominick's mother was frightened by the screams and was afraid she was hurting him. When he failed to calm down quickly, she returned him to his crib where he slowly subsided to whimpering. Dominick's mother

collapsed into the rocking chair beside him and sobbed at her inability to comfort her own son.

During the next few weeks, Dominick continued to cry when his mother picked him up. She always tried to be quiet so she would not startle him with loud noises, but he still screamed. She spent less and less time holding him and mainly held him to administer his medicines. Frequently she even held his bottle over him as he lay in the crib, because he became so agitated when she held him. Dominick spent most of his time lying passively on his back in his crib.

At this time, a TVI who worked with infants and toddlers began visiting the home. Dominick's parents expressed their frustration over Dominick crying when held and asked for help. Over several sessions, the early interventionist showed the parents how to talk to Dominick before picking him up so he would know what to expect. She explained reasons why many children who are born blind may appear to be resistant to being touched. She also connected his parents with parents of preschoolers who were blind so they could talk to other parents with similar experiences. Slowly, Dominick's parents learned how to let Dominick know when they were approaching, and Dominick learned to enjoy being held by his parents.

Estelle

Estelle and her little sister, Jada, were playing in the living room at home. Estelle, who is 30 months old and who has decreased visual acuity and only a 5-degree visual field, was holding a baby doll on her lap. Jada, 18 months old, was banging on a pot with a spoon. The doorbell rang and their mother let in an old friend she had not seen in years.

Estelle and Jada stopped playing when the newcomer arrived. Estelle listened intently, and Jada stared first at the visitor, then at her mother. Jada saw that her mother was happy and relaxed around the stranger, so she felt safe enough to walk closer. Estelle waited a little longer, then asked, "Mama?" Her mother said, "It's OK. Come here, Estelle. This is my friend Maria." Estelle joined her sister and met Maria.

Malcolm

Johnny was lying under the kitchen sink with a wrench and a flashlight tightening up the pipes that had started leaking. His 30-month-old son, Malcolm, was sitting beside him touching all the tools in the toolbox. Johnny slid out from under the sink and wiped his brow. "Malcolm, can you go get Daddy a diet cola from the refrigerator?" he said to his son.

Johnny watched as Malcolm stood and trailed the cabinets a few feet to the refrigerator. Johnny was still amazed that his son, who was totally blind, was so fearless moving around their home. Malcolm opened the refrigerator and found a soda can on the bottom shelf. Smiling, he brought it back to his father.

"Thank you, Malcolm," Johnny said. "This will do just fine. It's not diet, but that's OK."

"You want diet," Malcolm said and started back toward the refrigerator.

"OK," said Johnny. "Let's see if we can find one together."

They sat down in front of the refrigerator, and Malcolm and Johnny carefully felt each can.

“Feel the top of each one,” Johnny said, guiding Malcolm’s hand to the top of a can. “I wonder if any of them are different. Here’s a regular drink. Here’s a diet drink.” After several minutes of exploration, Malcolm held up a can and said, “Diet.”

Johnny looked at the diet drink can and saw his son’s finger feeling the tab on the top. “You are right,” Johnny said. “The tab feels different on the diet drinks. It is more square than round.”

Colleen

Colleen was diagnosed with optic nerve hypoplasia at age 4 months and appears to have light perception. Her mother, who was already a certified special education teacher and reading specialist, decided to take classes on visual impairment and blindness so that she could support her daughter when she learned to read braille. Because Colleen had only light perception, Colleen’s mother understood that she would not automatically acquire concepts about the world incidentally through vision as most infants and toddlers do.

When Colleen was about 30 months old, her mother decided to teach her about pumpkins. In early October, they visited a pumpkin patch and explored the sizes, shapes, and weights of different pumpkins. They traced the pumpkin vines back to their roots and tactilely explored the leaves on the vines. Finally, they chose pumpkins for jack-o-lanterns and pumpkin pies, purchased the pumpkins, and took them home. A few days later, Colleen and her mother carved their jack-o-lantern. Although tactilely sensitive and hesitant to touch the slimy interior of the pumpkin at first, Colleen finally did so and helped her mother pick out the seeds that were inside the pumpkin. Colleen felt the features of the jack-o-lantern and proudly helped her mother display it on their front porch. They toasted the pumpkin seeds together and enjoyed them as a snack.

Colleen’s mother saved the flesh of the pumpkin and told Colleen that they would cook it and make a pumpkin pie. Before cooking the pumpkin, her mother let Colleen feel it and taste it. Colleen did the same after the pumpkin was cooked, so that she could compare raw and cooked pumpkin. The next day, Colleen’s mother took a can of pumpkin from the pantry and explained that pumpkin can be purchased in the grocery store in a can to save time. Colleen helped her mother open the can and tasted the difference in the canned pumpkin and the pumpkin they cooked the day before. Then Colleen and her mother made two pumpkin pies using their pumpkin and the canned pumpkin. They sampled each pie before putting them in the freezer to have for Thanksgiving dinner a few weeks later. This experience taught Colleen that jack-o-lanterns are made from pumpkins of various shapes, sizes, and weights; that pumpkins grow in fields; and that they have various consistencies and uses. When she encounters cans of pumpkins in the grocery store, she’ll know that the substance in the can started out as a pumpkin on a vine.

To help Colleen understand that books are related to real life and spoken language, her mother sat down with her at a braillewriter and brailled a story about their trip to the pumpkin patch and their pumpkin adventure. Colleen’s mother added a small

felt pumpkin on the top right front corner of the book along with the brailled title so that Colleen would know where the top front of the book was to orient it for reading. As Colleen's mother read the book to her and moved her hands in the left-to-right and top-to-bottom manner that readers of braille use, Colleen would sometimes place her hands over her mother's hands to follow along. At other times, she would rub the braille dots. Pretty soon she was "reading" the book to her mother using the hand techniques that her mother had carefully modeled for her.

Nicholas

Frederick arrived at the Sampsons' apartment for his weekly visit. The Sampsons' youngest child, Nicholas, 24 months old, was born with a severe visual impairment. Frederick has been their primary home visitor for almost a year. This week, Frederick brought some information about learning braille and purchasing braille books. Until recently the Sampsons had been very resistant to exposing Nicholas to braille, but they were now ready to begin learning about this potential reading medium for their son. Frederick planned on modeling how to incorporate braille into Nicholas's everyday life.

Over the next several weeks, Frederick showed the family how to provide opportunities for Nicholas to experience braille. He encouraged them to store braille books in places that Nicholas could access by himself. He helped them find space for the braillewriter among Nicholas's older brother's crayons and coloring books. He helped them create braille labels for items such as the apartment number on the door, and tactile object labels for other items such as Nicholas's favorite cereal box. Throughout these visits Frederick demonstrated to Nicholas's parents that braille can be fun and that, at his age, Nicholas can develop many concepts about braille that will help him later in life if they simply provide him with opportunities to play with braille during everyday experiences.

Piera

Piera, a toddler with cognitive and visual impairments, has heard her mother talking about the pantry in the kitchen. At first, Piera did not understand what "pantry" meant. She began to recognize that every time she heard that word, she also heard a door open and smelled food, but these experiences did not allow her to figure out that the pantry is the kitchen closet where food is stored.

The early interventionist explained that children with cognitive delays require more time to develop concepts and sometimes require direct structured experiences to help them learn. When children have cognitive delays, they can use their vision to provide additional information about their environments to help them understand their surroundings.

Piera's mother began to provide experiences linking the word "pantry" with trips to find treats in the pantry, opportunities to put groceries away in the pantry, and opportunities to explore the pantry both with guidance and independently. Piera is beginning to understand what a pantry is.

Tina

Tina, 18 months old, was diagnosed with blindness, developmental delay, and moderate cerebral palsy as an infant. Tina and her mother live with a cousin and her family in a single-wide mobile home. They frequently use a space heater in the living room and turn on the oven in the kitchen to heat the home. It is important for Tina to understand that these places are hot and not to touch things that she is told are hot. Tina's cousin is 12 months old and will point to the space heater or the open oven and say, "Hot." Because Tina's cousin has learned that they are hot and knows that she is not to touch things when told "no" or "hot," she does not approach them.

Until recently, Tina mainly cruised along the furniture, and she was never close to the heater or open oven unless her mother was holding her near it to warm her up. She recently began to explore more on her own. Now she frequently comes close to the heater before anyone is able to stop her. She cannot see her mother point to the heater as she says, "Hot." Her mother tries telling her. "No, it's hot," but Tina continues to cruise close to the heater. She does not understand the word "hot" or the danger that it conveys. Tina's visual impairment and cognitive delays have prevented her from learning the danger implied by the words "no" and "hot."