

Introduction

Conversation has historically been referenced in informal terms, such as small talk, chitchat, gift of gab, and shoot the breeze, or more poetically by Alexander Pope, as “the feast of reason, the flow of the soul”. To professionals and researchers in the field of communication, conversation is often synonymous with the word “pragmatics.” In the context of this product, *Functional Conversation Games*, I wish to emphasize the combined purposeful and interactive nature of expression, and therefore, offer the term “functional social language.”

Conversation integrates vocabulary and grammar (semantics, morphology, and syntax), with critical thinking and reasoning, social awareness, listener perspective, and nonverbal acts that comprise the field of pragmatics. The importance of pragmatics to speech-language pathology began to emerge in the late 1970s, following the landmark works of a new wave of language development theorists, such as Dore (1975), Halliday (1975), Bates (1976), and deVilliers and deVilliers (1978). Subsequently, Miller (1978), Menyuk (1979), Prutting (1979), Rutter (1979), and Wing & Gould (1979), among others, began to correlate specific deficits in pragmatic language with individuals diagnosed with autism.

As the incidence of autism significantly skyrocketed, and the definition of autism expanded to a spectrum of disorders, particularly impacting those with high functioning autism and Asperger’s disorder, therapists were required to address these needs in therapy. The focus on conversation abilities subsequently spread to other disorders and implications for treatment, including adult-onset aphasia (stroke and head trauma), dementia, as well as other children with learning, behavioral, psychoemotional, and delayed speech deficits.

Functional Conversation Games contains therapeutic activities based on four considerations:

- 1) Speech therapists, educators, counselors, and psychologists, among others, serve individuals who demonstrate impairments in the use of functional social language or conversation.
- 2) Systematic intervention involving individual and/or group therapies targeting conversation skills is within the scope of practice of these professionals.
- 3) The specific skills necessary for conversation can be improved using direct and facilitative therapy techniques.
- 4) Finally, teaching these skills can consequently result in positive, measurable outcomes influencing appropriate social interactions and gratification, self-expression from basic needs to information, self-esteem, and quality of life.

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A review of more recent theories and studies reveals a growing foundation of published evidence and conclusions that illustrate the critical value and validity of teaching conversation abilities to those persons served by speech-language pathologists and related professionals. Benson (2009) summarized the research and postulated that pragmatics is the greatest area of difficulty

for students with Autism Spectrum Disorder, while Kowalski (2002) concluded these individuals require structured training for initiating, turn-taking, and expanding conversation in order to increase fundamental conversation.

Moore (2000) forwarded the notion that the ultimate goal of the therapist is to teach the child to use functional language. Ocampo and Sell (2009) discussed implementation of social skills groups for students with autistic-like behaviors in public schools, urging a multidisciplinary approach. He suggested these children require direct instruction of social skills to develop communicative interactions and social-emotional functioning. Mirenda & Donnellan (1986) studied the impact of adult interaction style on conversational behavior in students with severe communication problems (autism and mental retardation), discovering that a facilitative approach was superior to direct questioning, as subjects initiated more main topics, comments, and questions as a result.

Breit-Smith and Murray (2009) discussed teaching conversation skills to children with high functioning autism/Asperger's syndrome—they proposed a social skills training group, employing conversation games involving making statements and asking questions using topic cards, requiring turn-taking to ask follow-up questions or to comment, and scripting to teach responses to conversational questions and to ask return questions to maintain the conversational topic. They concluded that “conversation is particularly important to the human experience” and that while many with High Functioning Autism or Asperger's Syndrome struggle with conversation skills, the abilities are amenable to intervention. Furthermore, skillful social skills is a prognosticator of successful outcome with these individuals over time.

Other studies have shown benefits for the development of social abilities with carryover to develop additional aspects of cognition and language. Ruston and Schwanenflugel (2010) linked conversation intervention with growth in expressive vocabulary development of prekindergarten children by having a trained adult provide even small amounts of complex conversation that are linguistically and cognitively challenging. Similarly, Girolametto, Weitzman, and Greenberg (2003) revealed that targeting caregivers in day care centers to promote initiation in adult and peer interactions, resulted in more talking with peers than a control group, demonstrating the usefulness of training conversation in early childhood settings. And, Banotai (2004), supported the role of speech-language pathologists in aiding communication deficits in children identified with social and emotional awareness limitations. Teaching these youngsters to show interest in and maintain the topics of others also led to more effective peer interaction, and make the case for encouraging professionals to include these skills in the Individualized Education Plan (IEP).

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Benkert (2004) reviewed therapy trends and social communication deficits common to Asperger's syndrome, stressing the importance of underlying processing of information that disrupts the ability to “keep up” with the conversation, including maintaining topics, following the content of conversation, and problem solving aspects due to impulsivity. Teaching strategies to these children and their families through games, was found to increase rate of social development and decrease frustration.

Iskowitz (1997) outlined aspects of what he called “socially awkward communication” in children with pervasive developmental disorder (PDD), and attributed the problem to lack of social awareness of both verbal and nonverbal cues that compose social messages—outcomes of his group therapy programs revealed that directly practicing strategies for asking questions, making comments, and following scripts, improved conversational skills.

Enriching quality of life by improving social interactions for children and adults with developmental disabilities, with particular emphasis on creating inclusion by targeting conversational skills such as appropriate topic initiation and maintenance, has proven successful in both school and work settings, according to a review by Zarrella (1995). Improved social acceptance was further discussed by Shoemaker (1996), by assisting students with various disabilities including Down's syndrome and mental retardation, by helping to develop turn-taking, attention-seeking, and questioning aspects of pragmatic skills.

Creating a circle of support or a team approach has been highlighted by other writings. Perry (2007) described collaboration between educators and parents as having great merit and cited the ASHA perspective that speech-language pathologists should be instrumental in the intervention of pragmatic and social skills of children with language disorders. Mosheim (2004) confirmed the positive impact of the therapist toward growth in what is likely the most challenging area of social interaction for individuals with autism and autism spectrum disorders, as part of a transition team from school to the community as individuals approach adulthood.

Cordova (1994) extended the discussion of treating pragmatics in the general teenage population—that appears unmotivated at times with regard to appropriate conversation—and advocates for natural group situations to maximize opportunities for success with basic skills such as what to say, how to express it, and when it is socially appropriate to do so.

Kaplan, Gerson, and Rasmussen (2000) documented pragmatic acquisition for interactive communication, turn-taking, requests, topic maintenance, asking questions, and commenting, in targeting strategies used by teachers and therapists with children using nonoral communication (pictures and technology). And, Bell-Chopra et al. (2009) incorporated the use of conversation script fading and topic or phrase index cards to effectively generalize age-appropriate social and communication interactions to home, school, and community for students with autism.

“... research ... supports the use of therapy activities that focus on systematically teaching conversation skills.”

The research has also addressed conversational strategies in treating adults. Hopper (2009) and Petryk and Hopper (2009) demonstrated support for group therapy for individuals with dementia and stroke, featuring emphasis on conversational skills, differentiation of preferred topics, and preferred question styles for eliciting the best response. An ASHA publication addressing the benefits and the role of the speech-language pathologist with respect to

stroke treatment, also encourages focus on conversational skills to help improve initiation, turn-taking, clarification of ideas, and repairing conversational breakdown. And finally, conversational practice and repetition inherent in *AphasiaScripts* utilized by Cherney, Halper, Holland, et al. (2008), as summarized by Mosheim (2008), further strengthens the efficacy of therapy activities with adult aphasic patients in the redevelopment of functional conversation.

In summary, an abundance of evidence from literature and research in the preceding review, supports the use of therapy activities that focus on systematically teaching conversational skills by speech-language pathologists and trained professionals from similar fields. The strategies have resulted in improved conversational abilities that, in turn, result in social interaction benefits for caseloads from children to adults and across etiologies, including autism spectrum and pervasive development disorders, social-emotional disturbances, developmental disability, learning disorders, processing impairments, aphasia, and dementia. It is hoped that *Functional Conversation Games* will provide you with a valuable resource of fun and purposeful activities when addressing conversation abilities in the therapeutic setting.

Overview

Functional Conversation Games addresses pragmatic and expressive language, as well as creative and critical thinking abilities with an emphasis on conversational turn-taking. The target population of these games is middle and high school students to adults who present the following deficits, syndromes, or characteristics:

- expressive language and/or pragmatic (social) deficits
- high-functioning autism spectrum, including Asperger's
- emotional impairments requiring improved social skills
- mild developmentally-delayed with conversation deficits
- mental illness or behavior problems, such as schizophrenia, conduct disorder, and attention deficit disorders (ADD)
- neurological impairment, including acquired or developmental aphasia
- auditory processing disorders
- neurological disorders due to stroke, early dementia, traumatic brain injury, brain tumors and surgery, or impact of chemical dependency

Although the games are appropriate for students 9 years of age and older, they can be easily adapted for therapy with adults. See page 33 of the Appendix for additional conversation topics that are particularly suited to adult participants.

Individuals with language and memory impairments and social disorders commonly exhibit weaknesses in pragmatic skills, such as conversational turn-taking. They often need to be directly taught or retrained to implement appropriate conversational strategies, including the following:

- introducing topics of mutual interest and expanded variety of content
- requesting items or actions wanted or needed
- answering questions in conversation
- elaborating on a topic while maintaining the same topic
- informing about himself or others
- listening to and recalling the conversation of others
- formulating questions to request more information or to clarify
- commenting on others' statements
- recalling and clearly expressing experiences and preferences
- waiting for others to finish before entering a conversation
- demonstrating specific word retrieval and appropriate vocabulary
- sharing, as well as seeking, opinions, attitudes, approval, description, and ideas of others
- expressing feelings
- making suggestions or offering advice
- acknowledging others and considering their perspectives or familiarity with content
- expressing humor and creativity
- using socially polite forms
- repairing conversational breakdowns or misunderstandings
- offering support or empathy
- agreeing, but also disagreeing, without offending
- commanding others
- affirming or denying information or thoughts
- predicting events or outcome
- making plans
- knowing when it is appropriate to close a topic or shift to a new topic

Game Components

Functional Conversation Games are all played using a combination of these components:

- reproducible materials contained in this booklet
- one deck of Conversation Topics cards
- one deck of Places & Events cards
- one deck of Communication Intents cards

The Conversation Topics cards contain 200 real and make-believe or pretend topics to facilitate topic introduction. Each card contains four Conversation Topics in these themes:

- Friends & Feelings
- Everyday Happenings
- Special Occasions
- Fun & Make-Believe

The Places & Events card deck contains 50 cards featuring Everyday places, Everyday Events, and Fun & Make-Believe Places & Events. Using these cards, students learn to express functional topics, questions, and comments that are specific and appropriate to the context of different places and situations, real or imagined.

The Communication Intents card deck contains 50 different ways to assist with topic introduction and turn-taking communication acts. They include prompts to assist participants in expressing useful, common conversational reactions to sustain conversation. These prompts provide cues for asking specific question types, expressing a personal opinion, or commenting on an aspect of a topic. Complete descriptions and examples of all of the Communication Intents begin on page 34 of the Appendix.

Functional Conversation Games are designed to replicate the kinds of natural interactions involved in conversation in ways that can be incorporated into therapy sessions. The activities range from establishing simple interactions to complex expression of ideas, and aim to develop functional reactions to the conversation input of others. The materials are based on my experiences during therapy sessions over the past 20 years. Students and adult clients are more likely to participate in sessions when they have the impression they are “talking” rather than “working” in therapy.

Invariably, the therapy activities and materials presented here have been the first choice of most participants in my caseload. Endorsement of the training of conversational turn-taking by parents has been very positive, including parents of high functioning but socially-challenged teens and young adults who appeared to have reached a conversational plateau until participating in this form of therapy. In other words, the activities resemble real-life situations common in daily interactions, and therefore, generalization of skills to other settings and situations may be more likely to occur. Additionally, adult patients following stroke, progressive neurological disorders, or traumatic brain injury, may resent rote and/or tedious activities that focus more on word retrieval and memory not relevant to their life experiences. However, they have demonstrated more expressive and relaxed communication with less frustration when engaged in the conversational and social strategies used in this product.

In summary, *Functional Conversation Games* help create a natural conversational flow; participants are allowed choices and freedom in selecting topics, possible responses, order of turns, and even the time duration for each topic. The games are intended to limit the constraints of self-expression, while offering guidance to build successful and meaningful conversations.

A few games are described in detail in this manual, but the cards are designed for you to use in any way that complements your therapy needs. I’ve tried to provide a wide variety of contexts and possibilities for both initiating and extending conversations in one-on-one and group settings. Have fun making up your own card games and activities, or work with your students to come up with novel ways of incorporating the materials into therapy time.

Larry