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## SPED 510 Podcasts Episode 06: Dr. Grace Ambrose Zaken

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Dr. Amy Parker: Hi, Grace. Are you there?

Dr. Grace Ambrose-Zaken: I am. I'm here.

Amy: Great. Well, welcome, everyone. I want to welcome Dr. Grace Ambrose-Zaken to our special class podcast and Dr. Grace has done some amazing work with toddlers, with young children, with cane technologies that she's going to talk to us about today. She is a coordinator of a program at Hunter College and we just want to thank her for all that she's done for our field but also for spending a little bit of time with us today to talk about her background and her passions and to help you all as students in orientation and mobility.

Grace, I just want to let you know that people that will be listening to this, there are people in our class from Alaska, and from Hawaii, some from California, a couple from Colorado and of course from Oregon and Washington State. But thank you again for making-

Grace: Wonderful.

Amy: -a little bit of time to be with us and to share about your work.

Grace: Oh, you're welcome. It's my pleasure to be here.

Amy: Great. Well, Grace, why don't you go ahead and introduce yourself. Tell us a little bit about the program at Hunter, but then if you could, tell us how you got interested in this field and what got you started on this journey in orientation and mobility?

Grace: Okay. Yes, Hunter College is in New York City and located on East 68th and Lexington Avenue and we have had a program. It's one of the oldest TBI programs in the country and Hunter has had BRT and O and M for at least 30 years. So we've been around the block and I've been at Hunter for 20 years and I am happy to say I've grown the program in terms of the number of courses and shaped it in a way that I think is pretty successful in preparing O and M specialists and BRTs and I do not work with the TBIs. That's a whole separate department.

I found my way to Blind and Visual Impairment through an interesting path. I was happy to, my mother was a teacher. My father was a college professor and looking for a job I was introduced to special ed and once I started working with kids with visual impairment I went back and obtained my masters in TBI and O and M at the University of Texas at Austin. I really enjoyed the field and I really wanted to know what it was I was supposed to be doing. I felt I was doing a disservice by not having, you know, I was sort of piece mealting it together and I said I just need to go. I went to study under Anne Corn, Jane Erin was there at the time. Natalie Barraga was still a professor meritorious and would come on campus quite a bit and then Brad Walker was the O and M specialist on duty.

And he was terrific. They all were. It was a great program. Once I finished, then the reason I went into O and M was because they had money. So I schmoozed my way in to get that tuition support and then I had to pay the rest was in, of course you had to take loans. So it wasn't a full ride but it certainly helped a lot and I'm so glad I did because you know I love O and M.

Amy: Yeah. Well, any of you that are listening, if you google Grace's name and that's A-M-B-R-O-S-E hyphen Z-A-K-E-N, you can see that Grace is all over social media and YouTube. Grace you've done so much in terms of advocacy. That's where I've heard your name and really admire your work and your leadership to try to preserve the field, try to grow the field and try to protect it.

And you know, anything you want to share about your love for advocacy would be welcome on this conversation. You know?

Grace: Well, it's interesting to me anyway that the first state to try for licensure was Texas. And unbeknownst to me it was at the time when I was there and then the second one was Tennessee, which is actually where I moved following Texas to get my doctorate. And then the third state to try is New York and so I've been a big part of that effort in the New York area for the last 20 years. It's been tough going. I was one of the key people to get Nancy Miller involved and once we had her we really made a great deal of progress but unfortunately it's politics and we've gotten our bill all the way to the governor's desk but politics had its way and he didn't sign it.

So you know, that takes a lot of the wind out of your sails but it does speak to the efforts of the team and everyone working hard to get it there. So we just don't know if we'll get that far again.

Amy: Absolutely. Well, fill the students in on some of this. I was aware of some of this advocacy.

Grace: Sure.

Amy: You have achieved a lot. What is this doing for the field? Kind of sum it up in what you've been engaged in for New York State.

Grace: Well, I guess you have to put it into context. As far as I can tell and I've done the looking into this, the O and M is not well defined as a field and it's credential is not well understood or even required or accepted always. So for example, in New York State, the Department of Ed does not actually specifically hire O and M specialists to teach in the Department of Ed. They only hire teachers of the visually impaired. And so if you happen to be dually certified then you can get a case load in O and M, okay.

Amy: Wow.

Grace: So that's frustrating on the part of the O and M specialists because you know it's crazy to not be hired and yet have a case load. Right. So then if they do assessments in Early

Intervention, even it's all in the IDEA, it's in Part B and Part C and everywhere we're listed, even in New York, if you do a new case and you want to do an O and M and a TVI they might try to get you for double billing because you're dealing for two TVI assessments. And so then they have to put the O and M in other and then if you do a drop down in the box and look for a professional to provide services, first of all, you don't even necessarily know the name of the services because it's other and second of all there is no other mentioned. There is no O and M specialist listed in that drop down as someone you can hire as a parent for Early Intervention or what have you.

So it's a big dead end here in New York State to access to O and M. It's very difficult for these reasons for the school age population. The adult population suffers the same problems as every state, which is lack of enough professionals in both, in all disciplines but it's uniquely important that we find a way to license O and M specialists in New York so that we can be on that website, that we can be listed among the other health care human service providers and that the parents can find us and they can use us and hire us. It's quite crazy that they can't.

There was a time before the 2000--before the turn of the century where they did hire O and M specialists and they listed them on the contracts. That was a change, a recent, now 20 years or so change, that has everything to do with having no license in New York for O and M.

Amy: Wow. And they don't recognize the national credential?

Grace: Right. And why would they? It's not recognized really anywhere other than it's been ... What can I say? It's something that all agencies do voluntarily. And the Commission for the Blind cannot require any specific certification as far as the credential that would go to prove that these people are, you know, have the credential to teach. So it's a mess and some states are better, but not many.

Some states do have licenses in O and M. Some states treat the O and M as a teacher and you have to go and get a teaching license and add O and M and so on and so forth. So there's no one way of accessing these services and that's problematic and so New York tried to put us in the licensing scheme and not everyone agrees with licensure because of the costs associated but-

Amy: Right.

Grace: It's a way that would be on par with physical therapists, occupational therapists, all the other therapists are licensed typically and are covered through variations on insurance but that's not even the point here. The point here is access. The money and the IDEA to pay for these services.

Amy: Sure.

Grace: But where are they? Who provides them? The parent is in the dark unless they have a, they live in the right location in New York.

Amy: Right. And I think in Texas they do accept the national credential. That's the way they went with O and M through some of the advocacy and actions there. Is that right?

Grace: To my knowledge, Texas has not only the COMS but also the non-COMS listed as a credential for O and M. So they do have that and they also have the older sort of out of existence. So they've listed a number of them. How, yes, so that's one of the states that has that, has defined O and M a little further. I'm not sure of the definition but I know that they defined the certification if I remember correctly that you can have to be hired.

Amy: Well, I think that everyone-

Grace: I did an article, it's an international O and M journal and I did an article about the variations in the states.

Amy: Great. We will get that link provided with this podcast as well so people can look at that and I think that it's so clear, Grace, when talking to you or you know seeing what you've written how passionate you are about this and how much awareness you have raised about this issue, which is wonderful.

Grace: Yeah. Thank you.

Amy: So why don't we back up a little bit and talk some more about your work with toddlers, with families, because obviously when you're working with toddlers, with young children, you're working with the whole family system and with preschool agencies and teachers as well. Can you talk a little bit about what pushed you in that direction and what motivates you?

Grace: Well, the truth of every O and M I think, every old salt is we just love O and M and we would teach O and M to anyone who would let us. So that's me through and through. And what happened is, you know, looking around and I interviewed 100 employed adults who were blind and visually impaired, born from 1918 to 1980 and-

Amy: Wow.

Grace: The qualitative interviews were very informative. I set 100 as my target number and I reached it and I think it took me almost two years to do it but I did that early on in the late 90s between '98 and 2000 I guess and it really helped me to look at and answer the question that O and M is such a value that people have access to it and it gave me a real insight into what people do outside of O and M. That is to say, how did they get around before O and M and what was their O and M experience like and then what changed and what was life like following O and M or if they never got it or whatever.

So all they had to be was visually impaired and employed and that's who I spoke to and it was a terrific education and it's proved without a doubt the profound and positive impact that O and M had and the fact was that there were many people growing up in the early part of the 20th century who knew the cane existed but knew they couldn't have it until later. In the '60s and '70s it was really there is a cane but you'll get it when

you graduate high school or you'll get it when you're 16. You'll get it later. You'll learn later and that kind of thing was really remembered as being stuck in the apartment, not being allowed to go anywhere, having real problems or getting out and going and then falling into the train tracks, falling, you know, falling off, getting into trouble and knowing that if you had bruises that meant you were an effective traveler.

These are the things not only did the internalize but they'd heard from everyone and so that intrigued me. In O and M when I went to my grad school no one ever talked about what happened to people outside of O and M. no one explored the idea that people were going to walk without canes. And maybe I was naïve and I could just assume that that was going on but it was a real eye opener to go wow, I guess you still have to go places even if you don't have a cane and what's that like and it was very treacherous and it was, you could see where it makes ... Then I was given a gift by Ilene Sifferman who if you Google her you'll find her name everywhere. She's been in the field forever. She's great advocate and I've known her, I go to the conferences. Always have and I've known her through her work in division as well, O and M Division at AER.

So she said I have this library of journals and you've done this work on history. Would you like me to send you all my journals. I said yes. Send me. I built all book shelves and things you know. It was wonderful. It was a complete set of the New Outlook for the Blind and I'd already been reading the Outlook for the Blind. And of course JVIB. So I've read the entirety of that catalog and then also Education of Visually Handicapped and the AAWB put out an annual journal and you know also the precursors to the AER reports and all of those and review of the education of visually handicapped. So every one had a journal and I got them all and I read them.

I read a century's worth of what was going on and of course we know that the heyday of these journals was trying to resolve what do we do about the two epidemics, the ROP and the Rubella and-

Amy: Right.

Grace: And the numbers of students, so many students that it overwhelmed this current system of providing services and everyone was searching for answers. What was going on was many kids who the doctor's advice was let them show you a sign. When they're ready they'll show you they're ready and that led to a lot of institutionalization because the kids were never signaling loudly enough that they wanted to learn. So they didn't learn and then they got shipped off to institutions.

And they, along with a lot of the intellectually disabled kids and so on, right? We're just going to massively house them. But what they started seeing in our journals was you could go in with a specialized teacher and you could teach the blind kid and they would learn something and then you could rescue them out and put them in school and we have a number of variations on that theme in our journals, which is quite remarkable.

Amy: It is remarkable.

Grace: Just about every kid was called intellectually or cognitively impaired or mentally, like they were all multiply disabled but probably only because there was no early intervention or no significant early intervention. It was just like the term was bandied about too loosely. When you read the description you go well, hey, that kid has a lot going on. You know.

Amy: That's right.

Grace: We don't consider that. Whatever. So it was such an interesting dialogue to be reading it from all these different points of view and cover to cover, you know. I just read the whole thing. So I was reading about the social skills and what were they trying to do to fix that and what were they trying to do to get the concepts and what were they trying to do to help with language and what was leading things for motor and so all of these various kind of differences, how it came about that the low vision was finally discovered and we were going to work on helping kids there and it's just a wonderful treasure.

But that's what also got me as an O and M specialist, looking at all of these things in one grouping, the thread throughout was the lack of safe mobility and the fact that it was rarely ever considered as a problem and yet all of the things that were recommended to facilitate could be directly brought back to not having safe mobility.

So for example, how do you increase concepts? Real experiences. We see that in [Cutsworth 00:19:34], in [Lowenfeld 00:19:34], all through the centuries. Give them real, meaningful experiences so they can develop their concepts and learn to read. It's like okay. What's the best way to learn, have real experiences? Well, safe mobility should start that journey. You should start your real experience with a safe way to get through the world and that was never thought of. And it just kept hitting me. The younger and younger the cane would get into the hands, you'd have these articles by O and M specialists saying look. We took these kids. They were 13. We took these kids. They were seven. We took these kids and now they can get around their class. They can get over here. They're reading better. They're learning better. They're walking better. They're doing everything better.

Well, all we did was teach them how to get around and not always with a cane either. There was quite a long time where everyone was teaching them to use their hearing to get around and they weren't allowed to use this cane. I've been around since the '40s, the '30s with the lion's cane. Right. So we just weren't having it. We weren't having the cane. It took forever to get it into the literature but when we'd see these kind of side by side social skills no cane, cane skills, getting better, you know, I was putting it all together I thought in a way that really showed that we ... They had marched the can down finally by the end of the century to now we have 99A with Part C, early intervention-

Amy: Right.

Grace: O and M is in there and it took the entire century to really consider O and M as necessary as it is. But there are no answers, right? How do we provide safe mobility to

toddlers and that we kind of don't have any options in our literature other than if you go on YouTube and see parents putting canes in the hands of these little ones.

Amy: Right.

Grace: They're adorable. I mean come on. That's cute.

Amy: So the AMDs and the little shopping carts and the other things that develop--

Grace: Well, you don't see that as much on the YouTube. You do have that in the literature, push toys they're called and AMDs certainly they all, they all get us down to about three I think and any of those hand held devices and then what about before that? And that is where the rubber meets the road because everyone in developmental literature will tell you the significance of the first years of development on everything and it's like if we are failing there that would explain why we have people being born blind who then suddenly, who have never, who just start walking but then stop again. Who start these things but don't continue because I feel like I've seen that plenty. I've seen plenty of kids, we do from the other end, zero to one to one and a half to two. We get kids rolling, sitting, standing, right? We get them up. We get them going and it takes a lot of effort and I would say I commend all the work that's been done there because it's really made a huge difference in the age at which little blind kids start walking.

What happens between then, say 12 months, a year old until three or four or five? That literature base, safe mobility is absent. There is nothing there. You cannot find anyone there recommending anything other than clear the floors, right? Make sure there is nothing in the floor. Try to keep everything clear. Do your best to teach them how to trail and do upper and lower hanging protection. But we're talking about a two year old. We're talking about these little ones who can't remember, you know. What are they going to remember? To put their hand up? They don't remember. They're little. They're all so little and that's the thing and you go into a house and see a little one and you remember oh, they're so little. They can't remember and you know you can distract them with, you know, they start crying and you go hey, look over here. They stop. They just don't remember why they were crying.

It's happening instantly. Oh, you want me to go over here now? That's fine. Right? So you know, we're talking little and that is my mission now is how to provide a wearable cane-

Amy: Okay.

Grace: And that way they will have what I would like to have next step warning, that they will get the warning about things in the path that their vision can't provide and with that tactile warning they will develop and grow I think on par with what they are capable and what the environment allows.

Amy: Right. To be able to-



Grace: They'll have the missing piece.

Amy: Mm-hmm (affirmative), to take those next steps and explore what's right in front of them more safely, less gingerly, less haltingly and more confidently.

Grace: Well, if you compare, it's apples and oranges. Right now, a blind child takes ... who is this age and walking, every time he takes a step it's 50/50, is it that high of an odd that he's going to be safe? He has no way of knowing is it safe or not safe. Is it going to be flat ground. Is it going to be a cliff? All of our literature has talked about familiarity of environment and everyone thinks the home is the right place for this to all happen, that they're safe in their home and they should not have to worry about safe mobility because they're safe at home.

Well, I beg to differ. I think that homes can be very unsafe to the toddler who cannot see because there is so much to trip over and every time you're in a home with a toddler and you say oops, I'm sorry. You count that. That's a lot of times in early intervention. We say it a lot. Oh, we didn't think you were going to go over that thing and fall. We're sorry. Oh, you hit your head against the wall. We're sorry. Oh, yes, that step is there or it's a little further. It's a little, little further. Or scooch up. You're almost at the step.

They have no way of determining location of the drop, location of the toy, visually. But they could do it tactilely. I have every confidence they will learn to interpret the tactile information because it will be so meaningful to them. So given the opportunity to have consistent tactile information about the path ahead, they will internalize that tactile feedback and learn to anticipate and stop and turn and change direction. What's missing now is consistency. They are, when your vision does not provide it you have no consistent warning. You have no way of avoiding it in the future. Even in your own house you could forget the stairs. It's five steps. It's four steps. It's a little further away because I'm going slow. Boom. You still forgot and you're down the stairs. You ran into something. So you can't be expected to remember where everything is.

Every other kid who falls down stands up, looks at what caused them to fall down and learns something. Except for our children can't learn to avoid anything they cannot sensory wise anticipate.

Amy: Yeah, especially-

Grace: So we're asking them to anticipate obstacles with ... the fact is they can't see. That's all I'm saying. It's not that they're dumb. It's not that they're unaware. It's not that they don't want. I mean if you look at our literature, it likes to blame children for not being motivated or preferring to sit down. It likes to blame parents for over helping. But I'd like to blame the fact that they can't see.

Amy: Yeah.

Grace: That's it.

Amy: And if they can't hear as well or have limited hearing, how much more is this tactile sense important for them, you know to have that next step warning, to have a sense of their environment and moving safely.

Grace: Teach to the strengths. The strengths are tactile. Give them lots of it.

Amy: Right.

Grace: Everyone who hears about the cane that's not an O and M specialist goes oh, are you going to put some music on it? Like no. They don't need it. They just want to feel what's ahead of them like they will one day with a cane.

Amy: Right.

Grace: You know that's enough. It's amazing that that's enough but it is.

Amy: So Grace, as you look a little bit at, this is just my own curiosity too in talking to you. Your passion is so obvious and so motivating. Some of Lily Nelson's work in Active Learning, all of those developmental theories that say of course the child needs to be able to touch, to explore, to associate, to move around and have some control over their own space. Do you see that kind of supporting this work with the toddler team?

Grace: Absolutely. Because the hands free or hands optional is you know what's happening here. They're going to wear this. They don't have to keep track of it. The design is intended to stay two steps ahead, plenty of warning about what's coming. It's also going to kind of stop them and hang them up on things. So they have to focus their attention like oh, something is up here. What should I do? Should I turn? Should I get closer? What should I do. Then get closer and touch stuff and the design is also intended to make that easy. Sitting, standing, getting closer to tables, playing. It's really to integrate into current practice seamlessly. Therefore, it's only to add what's missing really, the missing ingredient. Everything else, what we're doing, to bring the world in, to bring, you know, to teach to their senses, wonderful stuff. Just adding this missing ingredient, which is giving them a way to know what's happening in their environment as far as their next step.

Amy: Right.

Grace: To give them some confidence and some consistency. We all, all of us, we have that and when we don't we recognize it.

Amy: Right.

Grace: When you're out camping and there is no flashlight and you're trying to get down a trail to the outhouse, I mean it's impossible. You're like what am I thinking and you pick your way. It's terrible. It's the worst feeling in the world. And yet you suffer through. You find a way to do it and everyone is like well, I guess you don't need a flashlight because you

were able to do it without it. It's like well, you know what? If I had an option between flashlight and no flashlight, let me tell you, I'd take the flashlight.

So the fact that I can do something doesn't make it right and I think that's the other part of this is that there has been a great deal of emphasis on the fact that these kids have done it. Some have miraculously done amazing things but yeah, I think it's a tremendous amount of stress. It causes, you know, the trauma of it is akin to any other kind of childhood trauma and there are repercussions that we don't even know what exactly because we're not even asking the questions. We're simply taking it as an absolute fact that this has to be their childhood, that they have to grow up under these conditions and I'm just saying no. I don't agree. I don't think kids, little ones, should have to grow up never knowing if they're going to slam into a wall or not. It's just unconscionable that it's, you know, not thought of as more detrimental.

I don't see it in our literature. I don't see anywhere about safe mobility in our most recent textbook. I don't see anything out there that's questioning this is putting safe mobility as sort of an outside thing.

Amy: Right. Right.

Grace: You only have to worry about it when you go outside. I don't understand that. Especially for a child who is unable to speak to you and unable to tell you-

Amy: Right. Right.

Dr. Grace: -I don't like what's going on. Could you help me.

Amy: Right. And the indices of happiness, people's their emotional state, paying attention to that, it's so, you know, that trust versus mistrust.

Grace: Yes.

Amy: It's real important to have confidence developing in our children. And I do want the students to be thinking about too, if you were serving a child with this grant that people have received to take some of this coursework, we're integrating more of the emphasis on multiple disabilities, on students with combined hearing loss as well as vision loss. That's huge, because if you can imagine students, someone working with an intervener or with a paraprofessional or with a parent who is wanting to sign to a child or communicate with a communicative symbol or some other way while the child is exploring, to learn about the environment, to explore these different places in their world, that communication piece also the toddler cane would support that.

So Grace, talk a little bit in the time that we have left, with how does this work with parents? Tell me about your work with parents and how and families in general. How are they responding to this?

Grace: I'll have to tell you more or less where we're at. Because what's ... what we're doing is I was successful in obtaining a grant, a small business innovation research phase one IES Department of Ed-

Amy: Great.

Grace: -Grant and it's been going on since May 1 and it ends October 31st and it's called the Toddler App and Cane System, an innovative program for teaching O and M to toddlers with visual impairment. In addition to working out the prototype specifications I'm working also on an app and I'm playing around with the title, along the lines of Partnership App for teaching O and M to toddlers because it's something that you work together with the parent and the family member or if there is an aide or something like that but there is usually, when you work with that small population, you're usually with some other adult.

Amy: Right.

Grace: You don't fly solo. And so this ... and it's kind of like baby GPS but not really. The idea is that you, the primary focus is to teach the child with the, wearing the toddler cane what he or she will need to do to get around obstacles, get closer, go upstairs, go downstairs. So all the cane features but within it is the developmental task that you'll find say in the Oregon or even in just regular developmental guidelines of zero to three.

And so I've put those in order of age, chronologically, what should be expected and I know, and I have the levels are novice, junior and varsity. So that it's not really about age. It's just sort of where are you in learning how to use this thing and even though it's kind of, there are a lot of prompts to remind you how to use the cane, it's also as basic as like you can start out by it always says, it's where ... you always plug in where you are and there is something in that space that says you're there. So you know you're in your bedroom on your bed. And let's go to you know the chair in the bedroom and give mommy a raspberry, whatever.

And so it's always got that structure and it gets further away and more involved and more interesting but it's going to introduce them to the motivators of let's go to the bookshelf and get the book and sit down. But you're going to ... they're going to walk over there and in the meantime learn how to, they're going to get partially obstructed. They're going to learn how to get unobstructed. They're going to get fully obstructed. They're going to learn how to get around that. So they'll do their mobility skill. The app will be, it's easy to hit the button so the kid can get the prompt or the parent can prompt or you can, and there is also testing where you can count how many times someone is prompting.

And it kind of brings everyone in and it keeps it very simple and basic so that it's very easy to transfer the mom or the dad or how you would use this a lot of different environments, how you'd just go about speaking, how you confirm where you are, because you know in early testing, for example, the fact that every room has a name is something that we need to make sure our students know because for example one of

the things was go to Grace's office, a place where one of the subjects had been a lot. Well, they didn't know it as that, right? They're little. So they sort of looked around and it was a real success because then they learned it and they will never forget it but it's these things and then how do you know you're somewhere?

And when you're severely visually impaired, you really should go and touch and interact and really say I'm here because this thing is here and I'm playing with it or whatever.

Amy: That's right.

Grace: And it makes it very real and very O and M but in a developmentally appropriate way and I think it's just going to be, I hope it's going to be fun engaging app that also provides the data on how many times we have to prompt or how long it takes for them to get from here to there and the success rates of other one through five how successful were they in terms of meeting the objective, whatever. So just to give that kind of preview with the cane and the app.

Amy: That is so encouraging that you got the grant, that you put such investment into it, for communication, for language development as you're saying, you know, for cognitive development, cognitive confidence building. It's great. That is huge. And it's a beautiful integration of technology into you know daily real world living environments for people. That's incredible.

Grace: It's also aspirational in that the app is going to have lots of places. You could do a circus or at the fairgrounds or you know when you go camping. So it's really trying, you know, certainly in the home but we got to go lots of places with these kids and you know so think about that they're going to be out there walking around and using their cane and just like every other little kid they've got to be watched but you know it's very much trying to just expand the understanding of the capacity of our kids to participate in all of the family activities.

Amy: Right. And would you speak a little bit more so for kids who may never have been to the circus or some of the kids that'll be served by the students in this cohort live in really geographically remote areas. How would the app be beneficial to them?

Grace: Well, the cool part of it is it's a database of possible words for rooms and objects in rooms and we have included even including farms and there's lots of lists and we're ... So the idea is that it will self fill in as you say it and then it'll speak out these places because that's, it's kind of like a maps program that can talk to you what it is you put in. So it'll have those pre programmed and then if there is something you need to add or an object or something that's not already in there it allows that.

So that in these small types of activities, I find it's like the orientation. It's the motivator. It's the destination. It's the activity for fun that we got to do because we got there and so there is just this nice easy thing that all plugs in and so the idea is that you're at the farm and you're like you know what? There is a grocery thing here that we could do.

Let's take them to the grocery and do it over there. Like it might lead to generating more field trips.

Amy: Right.

Grace: In addition to what can already be accomplished wherever you are. So it will work wherever you are, hopefully with especially western civilization I should say.

Amy: Right.

Grace: But this idea that you could go oh, well, next time we're going to the wherever, I see an option to plug in those words and go to the airport. We can go play it in the airport whatever and just to keep coming up with ways. Right now what I'm fighting against is there seems to be a narrative how many places can we find where we don't use the cane? Any cane? Right. So that list is quite long and too long. I think there shouldn't even be a list. Don't bring it into the classroom. Don't bring it to your home. Don't use it at your office. Walk around ... I used to see blind guys at Vanderbilt walking down the hallways and they'd smack into things all the time and they didn't use the cane because it was a familiar environment. It's like that's how they grew up learning of all the places where you didn't have to use your cane.

Well, I'd like us to stop that list. I'd like us to grow the list of all the places where we should always use the cane which is everywhere. Like there is always going to be something that you don't know is in your way and yes you have that choice when you can grow up and speak for yourself but not when you're little. You don't have the choice to avoid it because you can't see it and you don't have the choice to decide to bring or not. It's the parent's decision whether or not they let them have that warning and so we're just going to try to make that in front as much ... in the forefront.

Like hey, consider that this is another great opportunity for them to have that warning and-

Amy: It's such exciting research, Grace. I mean such innovation and from all of your passion, from everything that you've drawn out from your experiences, from the literature, from the 100 people that you interviewed deeply to talk about the history of our field and what they lived, what they experienced, this is really, really exciting stuff.

Grace: Thank you, Amy. Well, it was just a pleasure to tell you about it and I hope everyone enjoys and if they want to know more feel free to email me at [grace@safetoddles.com](mailto:grace@safetoddles.com). That's S-A-F-E-T-O-D-D-L-E-S.

Amy: I know you'll be getting some emails.

Grace: I'm happy to tell them more about the project and hopefully we'll be posting our marketing survey and video very soon with the updated look and feel of everything. So that's what we're working on as well.

Amy: Well, Grace, as we close, is there anything that you'd like to share with the students just hopes that you have for the field of orientation and mobility? You've shared so much of your passion with us. Is there any advice you'd give them as potential researchers? Certainly as practitioners as they go out and learn more?

Grace: Absolutely we need you. And we're glad you're here and one of the wonderful things that I learned in reading that century was how many people were contributing teachers who, you know, weren't shy about just offering up what was working for them and what they wanted to share and I just hope that they know how important that is. It was important for me to read it but it's always going to be important for everyone to contribute and share because we're all going to learn from each other that way and that's where the good ideas come from.

So we're just ... I'm just always thrilled to meet the new students and encourage them and let them know that they're sorely needed and very welcome.

Amy: Beautiful. There is a lot of good work to do. Well, thank you. Thank you, Dr. Grace. Thank you so much for this time and we'll be in touch.

Grace: Absolutely. Thanks, Amy. Dr. Parker.

Amy: Have a great evening, Grace.

Grace: You too.

Amy: Bye-bye.

Grace: Bye.