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## Therapy



Smiling and successful: TALK students benefit from a structured, individual approach

**A school in the US is achieving 'remarkable' results with the Association Method – even enabling children whose parents were told they could never communicate to speak in sentences, read and write. Melinda Kotler explains how the phonics-based, multi-sensory, multi-level curriculum works at the TALK Institute and School in Pennsylvania**

Founded in 2002, the TALK Institute and School is the result of a group of parents' vision, and their collective experiences as they worked their way through a variety of modalities and educational settings to help their child. They realised that something entirely novel was needed.

Our heartfelt thanks will always go to Anne Sullivan, retired director of Magnolia Speech School in Jackson, Mississippi, and Nancy Davis, its head of Language Disorders. They were our mentors from the beginning and have been instrumental in helping us to create the programme we knew would change the lives of many children. Their work is reflected in the work we do each day.

Our founders saw clearly that their children's needs would best be met by a programme that would meld intensive speech/language and occupational therapy with a sensory integration focus into a full-time, full-day, highly individualized academic education. And, at its core, would be an extraordinary systematic language learning curriculum called the Association Method.

### Strengths and needs

The Association Method is a phonics-based, multi-sensory and multi-level curriculum designed to teach oral and written communication to people with severe communication disorders. Its goals are fluency and automaticity of speech.

Developed by the late Mildred McGinnis at the Central Institute for the Deaf in St Louis more than 50 years ago and described in her book, *Aphasic Children*, published in 1963, the curriculum identifies and builds on the strengths and needs of each child.

Instruction progresses from the teaching of individual sounds to syllables, words of gradually increasing length, basic sentences and questions, more advanced sentence structures and the corresponding questions. Ultimately, when sufficient language skills have been achieved, a transition is made to traditional textbook formats for instruction.

The teaching procedures are >>

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Autism|eye Issue 10 2013 17



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Melinda Kotler is a founder and executive director of the TALK Institute and School in Pennsylvania, US ([www.talkinc.org](http://www.talkinc.org)). She and her husband helped to set up the school after they realized they didn't have a way to help their son Paul, who has autism, within their community or even in their state

designed to reduce or alleviate the language-disordered child's difficulties in decoding, organizing, associating, storing and retrieving information pertinent to the production of clear, articulate speech. The Association Method has a long history of bringing speech, reading and writing to children with speech disorders. It has been used successfully to teach children with autism and severe apraxia to speak. It is also effective with all degrees of receptive and expressive language disorders, dyslexia, hearing impairment, attention deficit disorders, stroke, head trauma and the regular education of elementary students and adult non-readers.

### Essential processes

Mildred McGinnis called the curriculum the Association Method because in order for language to be learned and become automatic, the essential processes of learning – attention, retention, and recall – have to be integrated, or 'associate', with each other.

The principles of the Association Method are:

#### 1 Receptive work follows expressive.

The Association Method is based on the Motor Theory of Speech Perception, which tells us that the vocal response provides motor and acoustic neurological feedback, which, in turn, leads to understanding.

#### 2 Teach one small element at a time.

At each stage, the element being taught is discrete to eliminate confusion for the child. The child starts by reading, writing, saying and listening for one sound (phoneme) at a time. When the student starts sentence work, the new sentence "I see" will be used only with previously learned nouns, so the child understands that it is the new sentence form that is being taught.

**3 Encourage success.** The fear of failure diminishes and self-confidence improves when the child is given sufficient time and practice to master the material being taught.

**4 Build on previously mastered material.** Mastered sounds are used to teach new nouns. Nouns



Keep it simple: sound cards are used for teaching individual phonemes

the student has previously learned are then used to teach the different articles (an, the, some). Subsequently, the learned nouns and articles are used in new sentence forms and so on.

#### 5 Written form accompanies all that is taught.

Students instructed in the Association Method must read and write what they are being taught at every stage, beginning with a single phoneme. Seeing it, identifying it and writing it are essential. Both the visual representation of what is being taught, and the motor movement of writing it, aid in the retention and recall of information and therefore support learning.

Many people ask if the writing piece is necessary. It is a critical component. The kinesthetic feedback the children get from writing is part of the multisensory information that leads to retention

**“In order for language to be learned and become automatic, the essential processes of learning – attention, retention, and recall – have to be integrated, or 'associate', with each other”**

of the language learned. For some children, becoming proficient at handwriting is a difficult process, but the time must be put into teaching this skill to be successful.

#### 6 Modification of temporal rate.

The teacher and student are required to slow their speech production when material is presented. The child will say the nouns (words) sound by sound and unblended until the student has learned 50 words. These will then be blended, or co-articulated. When longer speech material is presented, the teacher slows her speech rate so the child pairs each word he hears with what is written. This slowed acoustic presentation allows for processing time as well.

#### 7 All spoken items are associated with a visual symbol.

In the initial stages of the Association Method, phonemes (sounds) are paired with their written graphemes (written symbol for the sound). The symbol cue is used through the syllable stage. Then, the nouns are cued from pictures. Upper levels take away the symbol and picture cues and use rote memory to strengthen auditory memory.

#### 8 Complete recall is expected without teacher prompting.

When each new sound is introduced, its visual representation is placed into a notebook referred to as the child's sound book, completely individualized for each child. Once a child has a sound in their sound book, the teacher will not add a



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| Serving Size 1 Softgel Capsule                          | 60 Softgel Capsules                       |
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| Calories (unsaturated fatty acids)                      | 2   |
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| Luteolin >95% pure                                      | 100 mg                                    |
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| <sup>1</sup> Olive Kernel Oil                           | <sup>2</sup> Daily Value not established. |

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|---|---|
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| Calories (unsaturated fatty acids)                      | 2   |
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stories. The horizontal programme includes additional question-and-answer work with such concepts as: how many; which colour; regular/irregular plurals; is/are; have/has; can/cannot; and verbs, adjectives and other language forms used when communicating. Students move through higher level stages of the programme into more complex language until they have achieved automaticity in oral and written language.

Each child begins, whether verbal or not, at the phoneme level. Correct articulation of individual phonemes is taught and the Northampton phonetic alphabet, developed by Caroline Yale at the Clarke School in Northampton, Massachusetts is used. It is this alphabet that provides the graphemes, or visual representations, of the phonemes. Once a child can accurately produce a phoneme, it is written six times on a page using different colours. Colour differentiation is used throughout the Association Method, at lower levels to distinguish phonemes from one another and at higher levels to indicate grammatical elements. All writing is in cursive.

Putting it together: a 'cross drill' is used for teaching nouns using mastered phonemes

new sound until the child is able to identify the current sound with no prompting. The child is also expected to have recall with no prompting for those sounds already in the child's sound book in other generalization activities.

programme' of instruction. These levels build on each other to ensure mastery of skills and the success of each child.

**9 Structure, repetition and sameness are established in the child's environment.** Anxiety is reduced and the child is more able to focus, learn and attend when he/she knows what is expected. Parents carry over all work done at school and are asked to create a quiet, organized environment for the student to do homework, which is an essential part of the therapy. **10 With all new material, children are expected to say, read, lip-read, listen and write.** In order to build sequential memory and automatic recall, the child is required to orally produce the new material, read it, find it using lip-reading and audition and write it. The multisensory approach is crucial for building strong retention and recall skills.

Broadly, the vertical programme includes: single phonemes; drop drills; cross drills/nouns; articles; repetitive sentences and corresponding questions; animal stories; inanimate object stories; personal description stories; prepositions; round-up stories; present progressive verbs; past tense verbs; experience stories; future tense verbs and imagination

**“ At each stage, the child is successful and does not move to the next stage until the material is fully mastered and integrated with previously learned material”**

**'Feel' the sound**  
The fluidity of cursive provides motor memory/learning and allows the student to 'feel' the sound. Also, unlike printing, cursive clearly delineates the beginning and ending of words by the broken link between letters. (It is remarkable to note that 95 per cent of children transfer their newly acquired reading skills to print without a problem). The child will read the sounds, without prompting, trace or write the sound, learn to identify it from lip-reading and auditory stimulus only, and be able to turn around and say it from memory.

Once eight to ten phonemes are in the sound book, two sounds will be combined into a 'drop drill'. The sounds are read sequentially and not blended, and the child says the two sounds from memory.

Next, the child moves to the noun stage. Now, the child learns to associate words with pictures and develop automatic oral and written recall for the sequences of >>

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## Therapy

sounds using a picture stimulus or from dictation. This requires greater memory skills. Nouns are taught through a 'cross drill', which is a presentation of various patterns of consonants and vowels (CV, VC, CVC, CCVC and VCC patterns) using mastered phonemes. The student also learns the secondary spellings for phonemes at this stage.

### Fully mastered

Always, at each stage, the child is successful and does not move to the next stage until the material is fully mastered and integrated with previously learned material. Once the child has acquired 50 nouns, he or she learns to accurately blend the sounds for each noun. Articles are taught, and the child then moves into the second unit of the Association Method.

The Association Method systematically teaches each piece of language at first in a very structured way; but gradually, as the children become confident in the language they have learned, they are guided to use it throughout their day in a more spontaneous fashion.

At TALK, language is taught with increasing complexity until the children are learning language normally. It is at this point that they are transferred from using teacher-created materials to standard textbooks.

TALK's goal is to have 'graduating' students with age-appropriate speech and language skills based on standardized speech-and-language testing and move into their regular education at a typical grade level or just one



year below. Thereafter, students will move from grade to grade towards a diploma without significant intervention – in other words, without the need for a special education classroom.

Reading is frequently an area of difficulty for children with speech-and-language disorders. In the Association Method, students learn to read, write, process and speak simultaneously. The Association Method uses many of the features recommended by the US Department of Education's National Reading Panel, including phonological and phonemic awareness, phonics, fluency, vocabulary, text comprehension (strategies such as direct pairing of question language to sentence language at every level once sentence and stories are introduced, as well as use of a Fitzgerald Key, which is a chart used to help children organize language syntactically).

Why does it work for children with ASD? Well, many children with autism have auditory processing and/or motor planning difficulties; the drill and predictability of the Association Method help with this. Saying each sound individually, sequencing sounds into words, sequencing words into sentences, and then saying them from memory develops auditory processing. The multisensory approach of reading,

writing, saying and always including an auditory step to each piece of work helps with auditory processing. Working on the processes for learning – attention, retention and recall – are key in helping all students, not just those on the autism spectrum, develop the ability to use language meaningfully. There are also predictable, clear expectations and a structured routine that allows those with anxiety to be successful and engaged.

### The TALK model

The Association Method alone is not adequate to achieve our goals for most of the students in the unique population we serve. It is the TALK model (integrated therapeutics with the Association Method and academics) that provides a complete armature on which to build student success.

In addition to language deficits, many students come to us with sensory processing and relational difficulties. Without intensive work to address these issues, students can neither fully benefit from the intensive Association Method and speech-and-language programming, nor otherwise be truly successful outside the classroom.

TALK's therapeutic model synthesizes complementary modalities into a complete, individualized and fully integrated >>

**Intensive: speech therapy is carried out individually and in the classroom**

**“The multisensory approach of reading, writing, saying and always including an auditory step to each piece of work helps with auditory processing”**



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“Children whose parents were told they could never learn to communicate are now speaking in sentences, reading and writing”

areas as well, so blending takes place in other subjects throughout the day.

Other language activities are undertaken throughout the week to expand vocabulary and work on specific expressive and receptive language goals. These include activities built into regular instruction in academic subjects including maths, an additional reading curriculum, social studies and science, again with the focus on language and literacy.

**Sensory input**

A foundation of TALK's success is addressing the difficulties many of the students have with sensory processing. Life can be overwhelming and confusing for these young people. With this in mind, therapists use modulated sensory experiences such as touch, pressure, movement, sight and sound as the basis for students to open up to sensory input and respond without becoming defensive, seeking additional sensory input or needing to withdraw.

Sensory integration, the process the brain goes through to organize and interpret multi-sensory input, enables a child to be attentive, to focus and to learn. Touch, pressure and movement also give the children an awareness of their bodies, a 'body map', that improves their ability to use their

bodies more efficiently. Intensive and daily intervention to normalize sensory processing puts students more at ease in their bodies and improves their ability to participate in academics and in relationships.

**Social situations**

Finally, children with deficits in sensory processing and communication often have difficulties interacting within social situations. TALK takes a relationship-based approach to social and emotional development based on the principles of DIR (Developmental, Individual difference, Relationship-based model), developed by child psychiatrist Stanley Greenspan, MD and Serena Wieder, PhD. The DIR model describes specific and individual developmental milestones as a focus of treatment, and this approach is used in all contexts throughout the day.

In summary, TALK Institute and School's programme consists of implementing the Association Method principles as well as articulation therapy with a motor-based approach; occupational therapy using a sensory integration approach; and social and emotional development incorporated throughout the entire school day. Staff receive cross-disciplinary training, and there is carryover of speech-and-language teaching throughout the full academic curriculum.

We have been using our model for more than a decade with truly remarkable results. Children whose parents were told they could never learn to communicate are now speaking in sentences, reading and writing. In some cases, we have been able to return students to regular public educational programmes without the ongoing need for special education services.

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Help the body, help the mind: sensory integration therapy assists the children in being attentive, focusing and learning

approach to special education. The students at TALK receive intensive speech-and-language therapy to amplify the effectiveness of the Association Method. They also benefit from occupational therapy with a sensory integration focus. These educational and therapeutic methods are used in the context of a relationship-based approach to social and emotional development.

The speech pathologists work intensively in 1:1 sessions with each student and also work side by side with the teachers in the classroom to mentor them in speech correction, cueing, pacing and all aspects that must be carried over into different environments in order for the student to generalize the skills learned in therapy.

The Association Method is generalized in activities centred on the calendar and journal, where the students are required to recall without prompting the sounds they have in their sound books and are prompted for the sounds they don't have. While all words are said without blending in the Association Method instruction time, in calendar and journal, the students say them separately and then blend them.

This is the case in other subject

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