

Foreword

Oral or spoken language is one of the most complex tasks ever mastered by humans, yet we take for granted that most children will begin to talk somewhere around a year of age. The brain has an anatomy for oral language with centers that integrate with others to make this high level communication task possible. Humans are the only species with spoken language for communication.

Written language (reading, writing and spelling) is an even more complex neurological set of skills, which requires specific and precise visual and auditory processing at a significant processing speed. The brain does not have specific areas for these tasks but borrows from the oral language areas as well as the visual and auditory processing areas. Again, most parents and educators do not appreciate the complexity of brain processing which is required to do these tasks; rather, most just expect that a child will begin to read in kindergarten and first grade.

Many children who have average or above average intellectual ability have oral language disorders, reading, spelling and written expression disorders or a combination of these challenges. Their brains are not abnormal but do function differently. Struggling to master oral and/or written language is a frustrating and discouraging experience. Communication is a strong need for all human beings. Not being able to communicate effectively can lead to difficulty in social interactions.

The DuBard Association Method® was created to help these children improve their oral and written language skills and be able to function in a classroom learning situation. This type of instruction helps the student move from feeling that the tasks are impossible to the feeling that through hard work, success can be attained. Not only does the approach help the child attain skills previously impossible for him, but success also restores self-confidence and improves self-esteem.

I first knew of methods for helping children with hearing and/or language impairments when I met Dr. Etoile DuBard in 1960. She was leaving her position as a speech-language pathologist (SLP) in the public schools of Natchez, Mississippi, as I was coming to fill the position. She made it very clear to me that I must take good care of "her children." We kept in touch as she studied at the Central Institute for the Deaf in St. Louis with Mildred McGinnis. When she returned several years later to The University of Southern Mississippi, she began the work of setting up what is now known as the DuBard School for Language Disorders.

She found the time to train me, and another SLP, Alice Feltus, in the McGinnis Method and together we helped create the first class for children with hearing and/or language impairment in a public school in Mississippi. From that training and experience, I took her work to many schools in many locations in the U.S. and overseas. In 1990, I became Executive Director of the Shelton School and Evaluation Center in Dallas, Texas. As soon as I settled in, I contacted Etoile to help Shelton in establishing the approach, by this time expanded into the DuBard Association Method®. Always generous with their time and talent, Dr. DuBard and Dr. Maureen Martin trained selected staff at Shelton to be able to bring the approach to children in the Dallas community.

The work of Dr. Etoile DuBard and Dr. Maureen Martin, expanding on the work of Mildred McGinnis, represents over 50 years of work and the brilliance of outstanding language therapists. Their work has helped countless children to more productive lives. It is an honor to recognize the work of these dedicated individuals who have meant so much in the lives of so many and especially to mine.

*Joyce S. Pickering, CCC-SLP, CALT, QI, Hum.D.
Executive Director Emeritus
Shelton School & Evaluation Center
Dallas, Texas
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Foreword

to

Teaching Language-Deficient Children

by N. Etoile DuBard and Maureen K. Martin

Some methodologies in speech-language pathology are destined to remain effective in every generation of professionals. Others are used almost universally, then become dormant and may or may not be rediscovered and reintroduced. A methodology that has the special destiny of being used effectively in every generation always has a few individuals who maintain the integrity of the method during periods in which others, for various reasons, discard it in favor of something else. Etoile DuBard has been such a person with regard to the Association Method for teaching children who have aphasia and other severe language disorders. During times when the Association Method was considered out-of-date by some professionals, she quietly said, "It works," and continued to use it, to apply new information to the structure of the method, to evaluate the results, and to teach the methodology to students and colleagues.

Like Mildred McGinnis, Etoile DuBard found her place and stayed there through good times and not so good times. Nearly thirty years in the same university provided the opportunity for her to form lasting relationships with children with language disorders and their families and to follow the children into young adulthood. She taught university students who graduated, established their own careers, and began extending the information they had learned from Professor DuBard. Thus, Maureen Martin, herself a student of Etoile DuBard, became co-author of this book and makes a contribution for a new generation of professionals.

A neurologist once said that research sometimes takes fifty years to explain why some clinical procedures work. Single-subject research design has finally been accepted as a viable research technique and has made case studies more creditable. This only serves to emphasize the fact that the effectiveness of teaching is measured by the changes that occur with individuals. By providing this book, DuBard and Martin have shared experiences based on multisensory association methodology, interactions with numerous children and their families, and teaching university students. Their insights regarding the process of changing methodology, curriculum, and teaching procedures, based on the learner's response to each of these will assist both experienced and beginning professionals who seek to be effective facilitators of change in the lives of those with whom they interact.

Whole-language philosophy refers to a set of beliefs about language learning in which children are encouraged to develop their ability to listen, speak, read, and write in natural environments. So beliefs have come full circle to a primary goal of the Association Method which is "to help children communicate better and more meaningfully in whatever environments make up their worlds." The cycle of scientific inquiry continues. May each generation of professionals continue to build on the heritage of previous generations to the benefit of children who do not learn language naturally.

Doris P. Bradley
Professor Emerita of Speech and Hearing Sciences
University of Southern Mississippi, Hattiesburg
1994

Original Preface

to

Teaching Aphasics and Other Language Deficient Children

by N. Etoile DuBard

I have read this book with very deep interest. Its publication is timely since so many educators today are searching—shall I say groping?—for effective teaching methods for children with severe language disorders. The characteristics of these disorders have been more fully described within recent years; fairly satisfactory diagnostic procedures are currently available and much of the confusion over the preferred terminology is gradually disappearing. The classroom teacher, however, is still faced with the problem of teaching speech and language to a growing number of children who in the learning situation differ so widely from other types of children with communication disorders.

This book describes the educational approach of a dedicated and experienced teacher of the deaf and a speech pathologist, Etoile DuBard, who selected McGinnis's Association Method of teaching aphasic children—which has been the subject of a certain amount of controversy over the years—and adapted it to suit the needs of a group of children who had been diagnosed as language disordered.

The merit of Dr. DuBard's work lies in the fact that she saw in the Association Method a remedy for the disorders in language development which stem from central nervous system dysfunction. She realized that the use of the approach suggested by McGinnis would bring about a reduction of the disorder in temporal sequencing which is characteristic of these children and which is now recognized as a highly significant dimension of oral language. The emphasis on the use of the visual modality appealed to Dr. DuBard as she worked with deaf children who are characteristically visually oriented. Then followed an analysis of the McGinnis method in relation to the motor theory. Further convinced of its effectiveness as an educational approach, Dr. DuBard used this method for many years in a self-contained classroom, and by its use succeeded in enabling her pupils to communicate. After treatment, many of them were able to benefit from education in ordinary schools. Others with established hearing losses were admitted to schools for hearing-impaired children where they made satisfactory progress.

Dr. DuBard writes with conviction, selecting issues which are pertinent for the teacher and which may have heretofore been misunderstood by students of the McGinnis method. My sincere hope is that many teachers will use this book and apply the techniques described herein to meet the needs not only of those children with an established language disorder, but also of those deaf children with average and above average intellectual functioning but who are nonachievers in school—even in schools which are fully committed to a high standard of oralism. Many of these children, as Dr. DuBard has rightly pointed out, have learning disabilities similar to those found among children with central nervous system dysfunction. With the present emphasis on early diagnosis of deafness in children, it should be possible to identify such children at an earlier age and apply diagnostic teaching which will emphasize an elemental approach and thus reduce problems associated with disorders in the perception of temporal order, dyspraxia, and dysrhythmia.

Those of us who have already been using the McGinnis method will welcome this book since it offers necessary clarification of the procedures and suggests more flexibility in the approach to the individual child.

Sister Mary Nicholas Griffey, O. P.
University College Dublin, Ireland
1974

About the Author

Maureen K. Martin received her B.S. and M.S. degrees in Speech and Hearing Sciences at The University of Southern Mississippi where she was a student of Etoile DuBard. She earned her Ph.D. at the National University of Ireland. Martin is a nationally certified speech-language pathologist and educator of students who are deaf and hard of hearing. She also holds certification in reading, learning disabilities, elementary education, and school administration. She served on the staff of the School for Children with Language Disorders (now known as the DuBard School for Language Disorders) from 1975 until 1989, when she was named director of the program. She is an adjunct faculty member of the University and has conducted numerous courses, workshops, and in-service professional training sessions in the Southeast, Southwest, in Canada, and in the Republic of Ireland. Under her leadership, the professional development program for the DuBard Association Method[®] has achieved accreditation from the International Multisensory Structured Language Education Council (IMSLEC) at all levels: Teaching, Instructor of Teaching, Therapy, and Instructor of Therapy. She is a member of the Board of IMSLEC and active in numerous professional organizations. Martin was the founder of the International Association Method Task Force.

Introduction

In rereading the introduction to *Teaching Aphasics and Other Language Deficient Children* (DuBard 1983) and *Teaching Language-Deficient Children* (2000), one is struck by the truth of the statement, "The more things change, the more they stay the same." Volumes such as this one often seem to have been outgrowths of authors' receipt of requests to compile various kinds of lists, outlines, and suggestions for lesson plans which they themselves had found useful and effective during their own years of teaching children. We received requests, too, but they were not the primary motivation for this volume, or the ones which preceded it, which clarifies the DuBard Association Method® for teaching children with severe language disorders and others with similar difficulties in language learning. However urgent the requests may have sounded, the principal motivation was much more personal.

The personal motivation for the earlier volumes was related initially to the task of instructing university students about the theories, principles, purposes and techniques of implementing the Association Method, later the DuBard Association Method®, teaching procedures. A need existed for a volume which contained basic information simply and concisely stated so that the students could read and question without arbitrarily concluding, "I don't believe in that method," as countless professionals have done for decades. The inexperienced teacher's need for suggestions and guidelines regarding language curricula became obvious. Inquiries from parents, mostly mothers, seeking help in teaching children who had been diagnosed with language disorders but who lived in geographic areas where no constructive help was available could not be ignored. Thus, the idea for this text took shape.

Throughout years of teaching, it became apparent that numerous teachers were experiencing considerable frustration in their best efforts to help children who were deaf or hard of hearing and who continued to fail to achieve success in language learning and in speech development. While teachers' frustrations were evident in various ways, they seemed mild compared with the frustrations and despair voiced by the children's parents. The children expressed their frustrations through various deviant behavior patterns.

Out of concern for the plight of teachers and even greater concern and compassion for the children who were the real victims, an additional motivation developed. It was hoped that a volume regarding the nature of the difficulties children with language disorders experience, and guidelines for teaching them, would enable those persons with high interest and initiative to provide differentiated teaching for these children.

This book is for teachers and clinicians who can free themselves of rigid approaches to teaching, who are innovative, and who have a genuine commitment to do more to help children learn. The book also was designed to help teachers, clinicians, and parents who believe that all children have the right to learn. Finally, it is for those who feel they have not only the job but also the privilege of teaching children with difficulties in learning, no matter what measure of differentiated teaching techniques the task may require.

The features and especially the organization of the incremental levels as McGinnis designed and taught them are described. Our own purposes, roles, modifications, and expansions are also included. More is written in chapter 5 about the transition from Association Method to DuBard Association Method®.

The Association Method procedures and modifications have been used, refined and expanded with children enrolled in the School for Preschool Deaf and Aphasic Children established in September 1962, renamed School for Children with Language Disorders in 1968 and DuBard School for Language Disorders in 1996, on the campus of The University of Southern Mississippi. The school was founded as a result of the interest and cooperative efforts of the Forrest County-Hattiesburg United Givers Fund and the University. In 1965, it became a laboratory school for the newly established Department of Speech and Hearing Sciences.

In the beginning years, the pupils enrolled were identified as having language disorders with or without established hearing losses. Many of the early students were children affected by rubella. Prior to the mid-1970s when formal tests for language and speech assessments began to be more readily available, diagnoses were based on medical histories, audiological assessments, psychological evaluations, and parent interview/case history information, and in some cases, a period of diagnostic teaching. Some children who initially and at an early age had rejected hearing aids accepted them after they attained a measure

of competence in the comprehension and use of language and speech. Some who had used hearing aids from an early age did not begin to progress in language learning until the Association Method procedures were employed as the major instructional approach.

After they completed the laboratory school's educational program, the children were placed in general elementary classroom programs, in private programs with low pupil-to-teacher ratio, or in other special classroom programs appropriate to their particular needs. To date, follow-up information regarding their education indicates their satisfactory progress. Some finished high school successfully and others completed two- or four-year college or university programs. Employments vary and reflect a pattern comparable to those individuals without known disabilities.

When using multisensory teaching techniques, it is extremely tempting to take shortcuts and move ahead quickly. When we have yielded to such temptations, invariably we have regretted it. It became necessary to provide greater redundancy so as to establish the necessary **automaticity** in skills before progressing to subsequent levels of instruction. Children's "competence" is often misleading. When tempted to shortcut, delete, or reduce reinforcement and maintenance work in a child's program, one recommendation is primary: *don't do it*. Variations can be made but the foundation must be solid first.

In this volume, guidelines on curriculum and specific explanations of reinforcement activities are included. Although educators often are inclined to "toss out" the ideas and let teachers develop their own applications, teachers often ask us what to do next and how to do it. *How effective the use of the DuBard Association Method® will be is dependent on how effectively the teacher/clinician carries out its principles*. With careful ongoing monitoring of children's progress and appropriate planning and implementation, the phonetic, multisensory teaching techniques can help children learn more effectively and, thus, can make a positive difference in their lives.

This volume presents the Association Method in its original form as Mildred McGinnis developed and applied the principles to a relatively narrow-scoped population—children who were deaf who did not learn effectively if at all, even though they seemed to be only deaf. In light of the current recognition of the importance of *phonetic, multisensory, structured language instruction* for typical children who have reading deficiencies with an overlay of language disorders, additional information and suggested materials for that population are included also.