

Speech Science and Speech Correction are the most recent developments in the speech field, even though Demosthenes rolled his pebbles long ago. The development of Speech Correction in the West has been witnessed by and much of it influenced by a recent president of the Western Speech Association, Mrs. Mabel Farrington Gifford. Mrs. Gifford was asked to begin the reports on Speech Correction. It is hoped many other workers in the field will add significant information on the developments that have been and are taking place.

Speech Correction Comes of Age in California

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Provision of special education for speech handicapped children has been a part of public education in the United States during the last thirty years. It is reported that special education for school children with speech defects was first started in Potsdam, Germany, in 1886. The movement spread from there through Europe and thence to the United States. Before this time any corrective training of this type was offered through private instruction only. In 1908 the first public school class in speech correction was organized in New York City. The movement has continued to grow and develop until speech correction is now provided in many states.

California was the first western state to be mindful of the need of special provision for exceptional children. In larger centers, programs especially for handicapped children have been in effect for many years.

In August of 1915 at the request of Dr. William Palmer Lucas a speech correction clinic was established in the Pediatric Department of the University of California Hospital at the Affiliated Colleges in San Francisco with Mrs. Mabel

F. Gifford in charge. Defective speech cases were available at once. In September the Education Committee of the Pomona Pacific Exposition requested that demonstrations of speech correction techniques be made at the Fair Grounds in the Palace of Education. When the clinic children found that free admission to the Fair Grounds was offered, there were no absences from class in the days following.

This speech clinic in the Pediatric Department of the University was carried on until 1947. For approximately the last ten years of the clinic Mrs. Katharine Inglis Sutter was in charge.

In 1916 the San Francisco Board of Education appointed Mrs. Mabel F. Gifford as supervisor and organizer of the speech correction program in the public schools. The next year Oakland followed a similar plan. These cities were divided into five sections each. A central school in each section was chosen as the center for that area. One teacher from each school came with primary and elementary children having speech defects and disorders, to their appointed center where they received instruction one day a week and observed the teaching of cor-

rective classes in functional speech defects and disorders. These teachers were given prepared lesson sheets which could be used in their own schools to assist the children to carry out the instruction given at the center. Five mornings a week this program was carried on in San Francisco; it was repeated in Oakland during the afternoons. On Saturday mornings during the first year, physicians, surgeons, and psychiatrists gave background lectures to these appointed teachers at the Medical School of the University of California in San Francisco.

In the early twenties, summer sessions were established for the training of speech correction teachers under the College of Physicians and Surgeons in San Francisco.

About 1918 Los Angeles began instruction under Miss Alice C. Chapin.

(Editor's note: A report from Miss Chapin will be printed in a later issue.)

The establishment of a state program in speech correction in 1926 was hastened by the financial aid given by Mr. S. Waldo Coleman to be administered by Mr. Will C. Wood, State Superintendent of Public Instruction, for a two-year period. Mr. Coleman's interest in helping school children was due to his own problems and help received in the control of stammering. Mrs. Gifford was appointed Chief of the newly established Bureau of Correction of Speech Defects in the State Department of Education.

During the years 1928-1934 Miss Edna Cotrel and Miss Elizabeth Halsted served as Field Assistants in the northern part of the state. When Miss Cotrel and Miss Halsted resigned in 1934 to return

to the San Francisco School Department, these positions were abolished. In 1928 Mrs. Elsie Parker was appointed Field Assistant in the southern part of the state. When she resigned in 1936 Mr. Conrad F. Wedberg was appointed in her place. The title of the position has been changed to Field Representative. Recently Mrs. Agnes M. Frye, formerly of Santa Monica, has been added to the staff under this title.

State legislation was enacted in 1927 to supplement the existing efforts of various districts on behalf of the education of the physically handicapped, including those with defective speech. The chief provision of this act was to reimburse local districts for excess cost in the education of physically handicapped children.

The California Commission for Special Education was authorized by the State Board of Education in October, 1936, to promote the cause of special education and to see that the provisions of the act were put into effect as intended. The membership of the Commission consisted of (1) the Superintendent of Public Instruction, ex-officio member and executive officer; (2) chiefs of the following bureaus: Bureau for the Education of the Blind, Bureau for the Education of the Deaf, Bureau of Mental Hygiene, Bureau of Correction of Speech Defects, Bureau of Vocational Rehabilitation. Before the organization of the Commission for Special Education, the chiefs of the several bureaus functioned efficiently in their respective fields, but for the most part they worked independently and many of the functions affecting special education as a whole received scant attention.

Under the reorganization of the

State Department of Education in 1947, a Bureau of Special Education was established and the title of Chief of the various bureaus was changed to Consultant. The speech correction program now functions under the Bureau of Special Education. Mr. Francis W. Doyle, formerly of Oakland, is Chief of the Bureau.

It was not long after the establishment of the Bureau of Speech Correction in 1926 that many cities and towns became interested in establishing classes to help children with defective speech. Until recent years very few trained speech correction teachers were available for public school service and very little speech correction training was offered in colleges and universities. There has been a steady growth in the interest and cooperation of California teacher training institutions in providing more opportunities for intensive speech training in the state, particularly in summer sessions and under extensive divisions, so that experienced classroom teachers may qualify for the state credential in speech correction.

The University of California at Berkeley and the San Francisco State College first began classes in teacher training under Mrs. Gifford for public school service. These programs have continued without interruption and have expanded in scope. In 1947 the San Francisco State College was given special legislative appropriation for the establishment of a Department of Special Education. Under the direction of Dr. Leo Cain courses are now offered which are designed to fulfill the requirements of the following California credentials: blind, partially sighted child, deaf, lip reading to the hard of hearing

child, lip reading to the hard of hearing adult, correction of speech defects, mentally retarded, cerebral palsied. Clinical facilities in speech defects and hearing, reading, and psychological diagnosis are available as well as related courses in mental hygiene, child development, clinical study of the child, abnormal psychology, and tests and measurements.

Surveys indicate that approximately 10 per cent of the children enrolled in the average California school district are handicapped in their learning processes and adjustment to the group by some type of major or minor speech defect. The child who comes to school with inadequate speech usually becomes a social problem by withdrawing from group activities or by compensating with troublesome behavior. The objective of an adequate program of speech correction is: (1) the development of a finer and freer personality through the removal of hampering inhibitions with regard to self-expression; (2) the acquiring of ability to speak easily and fluently; and (3) the development of the speech mechanism so that speech production reaches an acceptable standard.

Early discovery and treatment are the fundamental requirements in an effective speech correction program. Speech difficulties tend to disappear in the upper grades and high school districts where children have had the services of a trained speech correction teacher in the lower grades. Therefore we have placed emphasis on early training. About 87 per cent of the speech correction instruction in California is given in the elementary grades.

Data from reports of 159 speech correction teachers in 32 counties

for the school year 1947-48 show a total enrollment of 54,913 in speech correction classes in California public schools. Speech defects and disorders for the purpose of this report are classified in two main groups: nervous speech dis-

and providing therapy for the student to help him correct his handicap. Various methods are used to locate the speech handicapped students in our schools. In some districts, such as Santa Barbara, Palo Alto, and Fresno, a speech examina-

The following table indicates the number of cases of boys and girls for each type of speech difficulty:

TYPE OF SPEECH DEFECT	BOYS	GIRLS	TOTAL
Nervous speech disorders (stuttering, stammering, nervous hesitation, cluttering).....	6,333	1,833	8,166
Functional articulatory defects (sound substitution, infantile speech, delayed speech, oral inactivity)	24,689	17,483	42,172
Organic articulatory defects (defects in speech organs)	2,618	1,957	4,575
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	33,640	21,273	54,913

orders and articulatory defects, which may be functional or organic. About three times as many boys as girls suffered articulatory defects. The most common type of speech defect among both boys and girls is functional articulatory defect.

Two types of teacher organization are used in the public schools for special classes: the rotating or visiting speech teacher and the part-time speech teacher.

The rotating or visiting speech teacher is assigned to several schools to take care of the speech instruction. The part-time or resident speech teacher remains in one school doing speech work and regular classroom work. In 1947-48 there were in the public schools 118 full-time and 41 part-time teachers. Of this number, 144 had fully qualified for the special credential in the correction of speech defects, the remaining 15 working on an emergency basis.

The two main aspects of the work of the speech correctionist are: diagnosing the speech defects

tion is provided for every in-coming child; in others, such as San Francisco, Los Angeles, and San Diego, the classroom teachers, counselors, school nurses, and all others who are in contact with students are instructed to report any speech defect they observe. The work with parents of speech-handicapped children has expanded during the past year. An increasing number of centers made provision for the mothers to observe speech lessons, as in Long Beach and Stockton, to take notes and gain insight into the speech problems of their own children. Both individual conferences and group instruction meetings have been held for parents. This type of work is a vital function in a successful program of speech correction.

The problem of what constitutes the best background and training for speech correctionist is receiving much attention. At the present time 12 semester hours of training in speech correction, in addition to the holding of the basic teaching

credential, are necessary. The training covers the techniques of normal speech, including a thorough study of the sounds of American speech and how they are produced; speech correction, diagnostic and remedial procedures for speech defects and disorders; mental hygiene, specifically applied to handicapped children; and directed teaching speech correction, including individual and group work with children of school age levels. More

training might be required when the available supply of teachers makes it practical to increase requirements, but at the present time there is a great shortage of teachers in this field.

Many authorities in the field have contributed to the California program. Statements from these people, as well as statements from other western institutions, will be included in later issues.

✓ This fall the Personnel Department of Oregon State College inaugurated a speech test for new students. The test was prepared and supervised by a committee of the Department of Speech, consisting of Dr. Earl W. Wells (chairman), Director of the Speech Clinic; Professor C. B. Mitchell, Head of the Speech Department; and Mr. Carl W. Fuller, Chief Clinician for campus cases. All members of the speech staff took part in the administration of the test. This year the test was not mandatory, but over 50 per cent of the freshmen volunteered to take it. The test aimed to bring to light all students needing clinical attention and to aid students in selecting the speech courses best adapted to their needs.

✓ Perhaps some procedures I'm trying with two classes for stutterers at the elementary level may be of interest. The technique details of therapy will not be new news to clinicians, but the plan to use integration of services in this area not ordinarily connected with speech correction may suggest further possibilities to others. This arrangement aims to present as "guest" leaders for a session or so, those whose specialties I understand to be training needs for the stutterers; physical education supervisor—a man whose training and personality can perhaps best "sell" the groups of boys on the daily practice techniques in coordination exercises, rhythms, and relaxation habits; the University clinician particularly adept in giving them new insights in personality retraining needs with a "grown-up" appeal; psychiatrist or psychiatric social worker to expand mental hygiene ideas; and others who can deal with speech facets in vocations, civic life, radio, etc. Young children do not respond so well to assignments of being sent out to face talking situations, yet they need that adaptability training. Perhaps bringing community representatives to them is part of the answer. I guide and tie the presentations together, but they get new personalities and faces.

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