

Cliffs Speech and Hearing Series

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# Speech and Hearing Problems in the Classroom

**Phyllis P. Phillips**



# **SPEECH AND HEARING PROBLEMS IN THE CLASSROOM**

*by*

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# **Speech and Hearing Problems in the Classroom**

“This book is particularly concerned with the kinds of speech disorders found among school children and what the classroom teacher can do about them both with and without the assistance of a school speech clinician.”

“Parents and teachers may also be involved in a program of reinforcement or reward for the child’s use of the language structure being taught. Often programs of parent counseling are a part of the therapy procedure.”

“This positive attitude, so vital in the child’s life, can be acquired by the child only through his parents’ attitude and willingness to help, and through the teacher’s ability to acquire and maintain an attitude of friendliness in the classroom.”

# CLIFFS SPEECH AND HEARING SERIES

**PHYLLIS P. PHILLIPS, *Editor***

**Speech and Hearing Clinic**

**Auburn University**

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## **PART 1**

### **AN OVERVIEW**





## Chapter 1

# Introduction

*"Speech is civilization itself . . .  
it is silence which isolates."*

Thomas Mann

Can there be any real doubt that an aspect of human behavior so common, so vital, so often poorly used as speech should be an integral part of the curriculum offered by our schools? With the current emphasis on communication, speech is indeed the very lifeblood of modern existence.

### The Responsibility of Schools for Speech Training

Much has been written about the purpose of American education, and the theme that emerges from the writings of most professional educators is that it is to help each child to develop to the maximum of his potential. It then would follow that the schools not only have an opportunity to provide for the special needs of each child but also have a responsibility to do so. The responsibility is not only for the "whole education" of the child, it is also for the education of the "whole child." These concepts of American education are consistent with the basic tenets of democracy that stress the worth and dignity of each individual. Despite a growing conviction that the school must assume a responsibility for the welfare of the child extending considerably beyond simply the development of literacy, some schools still do not make any special provisions for the large number of school-age children with inadequate speech. Speech-handicapped children continue to find it difficult to join the mainstream of activities of the human race because they cannot speak its language.

The tenets of Gestalt psychology and the findings of experimental research all point to the conclusion that the child develops as a whole, and that it is impossible to isolate completely any individual factors involved in his growth and development.

It is being unrealistic to assume that a handicap such as a hearing loss or a speech defect can be ignored on the grounds that it is not of immediate concern to the teacher whose business supposedly is the education of the child. In reality, such a

handicap should be of vital concern to the teacher and to the school, because it may well explain why the child is retarded in his studies, is socially immature, or is definitely a behavior problem (1).

Reflecting this basic philosophy, a characteristic of the modern school is the recognition of individual differences and the resultant importance placed on adjusting teaching methods and curricula to meet such differences. Often, however, such individualization is slanted only toward individual abilities, and it must be remembered that children exhibit individual disabilities as well. If a child is to develop to his fullest potential, specific disabilities must be taken into consideration and efforts made to discover and alleviate them.

In this rapidly shrinking world, brought about by improved communication and travel, speech may no longer be taken for granted. Nothing is more basic to education than speech, for without it many normal activities in a highly communicative society are difficult to achieve. School personnel and parents are becoming increasingly aware of the need for all children to develop the ability to communicate their ideas effectively with acceptable speech, voice, and language. This awareness has led to an increased interest in helping children with minor and/or major problems of oral communication. In turn, this growing interest has increased the number of people seeking remediation services. Even so, few normal speakers, other than those in close contact with a speech-handicapped person, realize the impact that a speech handicap has on a person.

Although in Europe the medical profession has taken major responsibility for speech correction, in this country the responsibility has been given to the public schools. There are perhaps three reasons for this. First, the basic philosophy of the American school system certainly indicates that schools provide remediation for the speech-handicapped school population. Second, the school systems are in a position to employ trained speech clinicians. Finally, they have the children during the years when speech correction can be very effective.

### *Definitions*

In any profession there is often terminology that is unique to that profession, and familiarity with that terminology is basic to understanding much of the professional writing. Since the present book is written for professional educators rather than for professional speech pathologists, an effort has been made to avoid overly technical terminology as well as controversial terminology. The author has attempted to choose the simpler, more commonly accepted terms whenever a choice existed. Nevertheless, the definition of certain terms will aid the reader.

### *The Profession*

Since this is a relatively young profession, having grown out of a variety of other disciplines and professions, even those within the profession have had difficulty in agreeing on identification terminology. Although the term *speech pathology* has been accepted as generic for the profession, the term *speech and hearing* has historically been accepted as connoting interest in normal as well as disordered processes of communication, and more recently the terms *communicative disorders* and *disorders of oral communication* have gained wide acceptance (2).

### *The Professional*

Within the profession, there are those who are primarily concerned with research, those whose primary interest is in teaching, and those whose work is primarily concerned with speech remediation—the practitioner. Often coming from varying backgrounds and working in different settings, the professionals also have various identification terminology. The term *speech therapist* is no longer accepted, although in the public schools we find *speech correctionists*, *speech improvement teachers*, *speech clinicians*, and, more recently, *speech specialists* (2). Usually in the clinic or hospital setting, the practitioner is a *speech clinician* or a *speech pathologist*. These terms seem to have more of a medical connotation. In the teaching or research setting we more frequently find the *speech pathologist*, whose title has been applied to the profession.

### *Defective Speech*

Speech has frequently been described as defective when (a) it interferes with communication, (b) it draws unfavorable attention to itself, or (c) it causes its possessor to be maladjusted (3). Perkins says that speech is defective when “it is ungrammatical, unintelligible, culturally or personally unsatisfactory, or abusive of the speech mechanism” (2). Obviously, the term *speech* is not used in a restricted sense. In order to use the term *defective speech* meaningfully, it is necessary to understand the context in which the term *speech* is used.

### *Speech*

Although the term *speaking* is used to identify observable processes of oral language, *speech* is not so restricted. “*Speech* is often used in this technically restricted sense as well as in a broad sense to include covert thinking processes of language and overt phonetic processes of speaking” (2). We may, therefore, use *speech* to refer to the articulated word, or we may use it to refer to the total expression. This may include language, the voice used in speaking, and the rhythm and inflection used. Usually the intent is obvious from the context and little confusion arises in the normal daily use of these

terms. The numerous *speech and hearing clinics* throughout this nation serve as evidence of this; they have little difficulty in communicating that they serve individuals with communication disorders other than only defective articulation of words or sounds.

### ***Speech Remediation Services in the Schools***

Since 1910, when the Chicago public school system first provided a program of special remedial services for speech-handicapped children (4), both local and state support for such programs have increased substantially. By 1950, thirty state departments of education (5) had established certification requirements for public school clinicians and an estimated four thousand individuals were then employed in such positions (6). In 1974, the number of public school speech clinicians had almost doubled (7).

The addition of speech clinicians to school staffs is an outgrowth of the interest in children's individual needs and of the increased emphasis on improved oral communication. Nevertheless, despite the encouraging advances made in the education of the speech handicapped in the nation as a whole, there are still areas where no specialized speech correction services are available through the school system.

Regardless, however, of the presence or absence of a speech clinician in a school system, the *key* person in the speech development of the school-age child is the classroom teacher. This does not imply that the classroom teacher would provide speech therapy, but rather that he is charged with the responsibility of meeting the speech needs of all children in the classroom. The teacher, cognizant of the significant role that speech plays in a person's ability to become a fully functioning member of this *conversant* society, must be concerned with speech. Aware, also, of the significant role that he, the classroom teacher, has in the development of clear, pleasing, and efficient speech, the teacher must be prepared to do a great deal of constructive speech teaching himself. This should be in connection with the normal curricular and extracurricular activities in which speech plays a part.

Many young children have the kind of speech and voice characteristics that may be improved through instruction in the classroom; therefore, many schools have begun speech-improvement programs in which the regular teacher has the major responsibility for speech improvement (8). *Speech improvement* refers to the instruction that is provided in the regular classroom for the purpose of improving the oral communication skills of all children; whereas *speech therapy* or *speech correction* refers to the specialized remediation for individual children that takes place outside the curriculum of the regular classroom. The classroom teacher usually has responsibility for speech improvement and the speech clinician provides the speech correction.

Sometimes the speech clinician will engage in some speech improvement with the entire class. In many schools, this is done with the school speech clinician having periodic (perhaps weekly) speech-improvement lessons that may be somewhat in the form of demonstration lessons. The classroom teacher, then, follows up with the remainder of the speech-improvement instruction. Speech-improvement programs, however, are not limited to those schools having the services of a speech clinician, and many classroom teachers initiate and carry out such programs as a part of the daily class schedule.

Realizing the inevitability of teachers' encountering some children with defective speech, it becomes apparent that school personnel must be concerned with how best to meet the needs of the speech handicapped. Phillips (9), in an extensive survey of classroom teachers' attitudes and understandings of speech-handicapped school children, found that the single most significant variable affecting these was if the teacher had had a basic course in speech correction. It therefore appears imperative that teachers become knowledgeable about both the common and the uncommon kinds of speech problems found in the regular school population. The purpose of this book is to provide teachers with understandings that will better enable them to understand and help the speech-handicapped children whom they may encounter. This help will be in the form of recognizing speech problems, making referrals, supporting the work of the speech clinician, and assisting the individual child in appropriate ways. The latter may be any number of concerns, such as helping the child to adjust to his problem, counseling with parents concerning remediation, providing a helpful classroom atmosphere, providing classroom activities aimed directly at aiding the child in correcting his problem, or in providing leadership in securing remediation.

### ***The Classroom Teacher as a Speech Teacher***

The classroom teacher is a speech teacher whether he is trained to be or not; indeed, whether he wants to be or not. Both as a speaker and as a listener, he creates an atmosphere either conducive to, or unfavorable to, the development of each child's speech.

Above all from a speech correction point of view, she [the teacher] creates each day a situation in which the child with a speech difficulty tends to be either demoralized or helped not only to improve his speech but also to live gracefully with his problem so long as it persists and to grow as a person through the experience he has with it. . . . The educational leaders, teachers, and speech correctionists of this nation exercise, individually and all together, an influence of fateful importance in the lives of our speech handicapped children . . . (6).

Certainly the large numbers of children enrolled in most elementary school classrooms prohibit the classroom teacher from being able to provide

individualized speech correction, even if he should possess the technical skill. Therefore, most of the classroom teacher's efforts must be in the form of speech improvement intended to raise the speech standards of the group as a whole, while giving some assistance to the speech-defective child.

... the classroom teacher enjoys a position of strategic importance with respect to the speech education of her pupils and thereby acquires a responsibility for their speech welfare—a responsibility that cannot be wholly or successfully delegated, even to the special speech teacher (1).

The objective, then, of a speech program in a school is to give *all* children those speech skills that will enable them to meet adequately their EDUCATIONAL, ECONOMIC, and SOCIAL OBLIGATIONS. The function of the classroom teacher is to give continuous training for developing the best speech of which all children are capable. Within the classroom at least four areas are the concern of the teacher: (a) the prevention of speech disorders, (b) general speech improvement for all children, (c) the refinement of speech skills, and (d) the correction of speech defects. Although the teacher will be directly concerned with (a) and (b) above, he will be involved at least indirectly with (c) and (d).

The teacher is important in creating a comfortable atmosphere in the classroom—one into which the speech-defective child can fit without fearing ridicule or rebuke from his classmates (10). It is the intent of the author that this book will serve to help both prospective and practicing teachers to understand better the process of speech—how it develops; what may explain the different rates of development; what may be done to accelerate this development; the various pathologies of speech; and principles of remediation—so that the teacher may be better qualified to cope with the speech needs of all children. This book is particularly concerned with the kinds of speech disorders found among school children and what the classroom teacher can do about them both with and without the assistance of a school speech clinician. The classroom teacher should have some basic understanding of the etiology of the problems as well as of rehabilitative procedures used by the speech clinician. The latter is not intended to equip the classroom teacher with therapy skills, but rather to aid in his understanding of the general principles of therapeutic management so that he may be more supportive of the speech clinician's work and may assist the speech-handicapped child within the limitations of the classroom setting. Furthermore, speech clinicians frequently rely on teacher referral for the identification of children with defective speech. This book should better equip teachers to make such identification. Finally, the concern for effective speech and voice may provide the impetus for some classroom teachers to improve their own oral communication.

## Prevalence and Classification

As previously stated, within the school-age population are found children with all degrees of verbal proficiency, from the exceptionally articulate to those whose impairment of oral communication skills is tremendously handicapping. The prevalence at either extreme is small; the majority of children have speech that is adequate. A significant percent, however, have speech that could be described as defective. Among the disorders of oral communication are defective articulation, language, rhythm, voice, and hearing.

### Prevalence

Although a number of studies have been conducted in the United States to determine the number of speech-handicapped children, there is considerable variation in the reported results. Studies indicate that from 5 to 25 percent of the school-age population have significant speech disorders. One of the most conservative estimates is that reported by the American Speech and Hearing Association Committee for the 1950 White House Conference, (11), which reports that 5 percent of the population between the ages of five and twenty-one have significant speech disorders. Because of the extensiveness of the survey, this report has continued for a number of years to serve as a point of reference for subsequent studies, most of which tend to place the figure somewhat higher than 5 percent. Based on the majority of recent studies, *it is probably safe to judge that between 8 and 10 percent of the children now enrolled in school exhibit some kind of oral communication disorder.* Although disorders of speech are not respectful of age, sex, or position, the young tend to be especially susceptible (2). Prevalence studies involving adults are less numerous and less reliable than those involving children. Table 1.1 shows the breakdown shown in the Mid-Century White House Conference Report (11).

Such charts should not be taken literally as an accurate prediction of the distribution of speech disorders. There are many opportunities for misinterpretation of such charts and a number of possible explanations for contradictions among reports such as: (a) some surveys are based on reports of classroom teachers or others with little or no training in identifying speech problems, (b) some surveys involve too few children to yield valid conclusions, (c) the basis for judgment varies—a surveyor unfamiliar with a regional dialect may identify dialectal characteristics as articulation problems, and (d) samples vary greatly according to the population being surveyed (12).

Whatever figures are accepted concerning the prevalence of speech disorders, they are impressive enough to cause us to realize that we are



TABLE 1.1  
INCIDENCE OF SPEECH DISORDERS ACCORDING TO THE  
MID-CENTURY WHITE HOUSE CONFERENCE REPORT (11)

Disorder	Percent of Population
Functional articulation	3.0
Stuttering	0.7
Retarded speech development (language)	0.3
Voice	0.2
Cerebral palsy speech	0.2
Cleft palate speech	0.1
Hearing impairment with speech defect	0.5
TOTAL	5.0

concerned with a significant percent of our population. It has been suggested that, taking the lowest estimate of 5 percent, the number can be visualized in this way. If all of the school-age children in the United States with speech handicaps were brought together in one place they would fill a city the size of Los Angeles. Their number equals or exceeds the populations of twenty-seven states (13).

The frequency of occurrence is, however, not the true measure of the seriousness of the problem. Although their relative numbers are small, cases of stuttering and speech problems associated with cleft palate, cerebral palsy, and hearing disabilities present great difficulties in treatment. Generally, articulation cases respond most easily and quickly to therapy, but there are exceptions to this. Our culture tends to judge articulation and voice defects as being less handicapping than other speech disorders, but in the final analysis the speech-defective individual himself is the only one who can make this evaluation. A tiny lisp may become invested with so much emotional impact that it may dominate an entire lifetime.

### *Classification*

Speech disorders may be classified in several ways, but perhaps the most common grouping is on the basis of symptom; for instance, symptoms observable in articulation, language, rhythm, and voice. This present discussion also includes speech problems associated with cleft palate, cerebral palsy, and a brief discussion of aphasia. Also included are communication problems associated with hearing impairment. Each problem is identified here but dealt with in more detail in Part II of this book.