A STUDY OF A GROUP EDUCATIONAL PROGRAM ON SPEECH CORRECTION FOR PARENTS OF CHILDREN WITH ARTICULATORY PROBLEMS

By

Ruth Mary Voorhees

AN ABSTRACT

Submitted to the School of Graduate Studies of Michigan State College of Agriculture and Applied Science in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

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Approved Max Nelson

THESIS

Ruth Mary Voorhees

ABSTRACT

A Study of a Group Educational Program on Speech Correction for Parents of Children with Articulatory Problems

The Problem

It was the purpose of this study (1) to organize a group educational program on speech correction for parents of children with articulatory problems; (2) to study this method of organizing and administering an educational program on speech correction for parents; and (3) to determine, by subjective evaluations, the effectiveness of this program as one means of aiding parents in understanding and in assisting in the therapy of the child with an articulatory problem.

Procedure

After the initial interviews an educational program on speech correction was begun with nineteen parents who had children with articulatory problems enrolled in the Saturday Clinic at Michigan State College for the Winter Term of 1954. Three groups of parents met each Saturday morning for eight consecutive weeks. Five lessons for each group were spent in lectures and discussion on the nature and therapy for articulatory problems and the final three meetings for each group were observations of clinical lessons. Each lesson and the discussions of observation sessions were transcribed by a tape recorder and analyzed by the program director. The program was evaluated on the basis of the interest and

and value it held for the parents. The participating parents assisted in the evaluation by a final interview and completing an evaluation questionnaire.

Conclusions

As a result of this study the following conclusions may be made:

1. The parents were interested in understanding their children's speech problems and in learning ways in which they could assist in the children's speech therapy.

2. A program of this type can help participating parents to understand the nature and causes of their children's speech problems and to learn techniques which the clinic uses in correcting the children's speech.

3. The group structure in this program was desirable and valuable for parents in that it offered a situation for an interchange of ideas and common problems.

4. In addition to group meetings, individual conferences are necessary to most satisfactorily meet the specific needs and problems encountered by parents.

5. In order to give adequate advice on speech work to be done at home, the program director must maintain a close contact with the speech clinicians to determine the therapy which the child is receiving in the clinic and the child's speech progress.

6. The program director must be aware of the abilities of the parents and the attitudinal relationships between the parents and the children before advising specialized activities to be carried out in the home.

7. The program director must be able to vary the planned lesson material to fit the interests and needs of the group members.

8. The majority of the parents in this study reported that they were better able to carry on speech work at home after attending the group meetings. However, there is insufficient evidence to determine the effectiveness of their work and to draw valid conclusions as to the merits of teaching parents by this method to do speech work at home.

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CHAPTER I

THE PROBLEM, BACKGROUND MATERIAL AND DEFINITIONS OF TERMS USED

Workers in the field of speech correction have found that the cooperation and understanding of parents play an integral part in organizing an effective program of therapy for the child with a speech handicap. As early as 1938 Bender had voiced this feeling by the following statement:

> Because the student spends a great part of the twenty-four hours under his parents' influence, especially in early childhood, parents have a profound responsibility in the supervision of the speech correction program. If parents assume this responsibility and evince an active cooperation the young student's chance of success in the speech correction program will be enhanced immeasurably. Hence, parents are often called upon to supplement the teacher's work under his advice and guidance.[1]

The "advice and guidance" mentioned by Bender has developed into various types of parent educational programs sponsored by college and public school speech clinics. Irwin[2] shows this recent growth by noting several of the city and state speech and hearing programs for parent

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[1] James F. Bender, Victor Kleinfeld, Principles and Practices of Speech Correction (New York: Pitman Publishing Corporation, 1938), p. 183.

[2] Ruth Becky Irwin, Speech and Hearing Therapy (New York: Prentice-Hall, Inc., 1953), pp. 190-191.

education. VanRiper[3] and Chapin[4] are among those who report the existence of parent programs in their college speech clinics.

The literature establishes the existence of and the necessity for programs of parent education in speech correction. However, differences of opinion can be noted as to the type of programs advisable. In addition, this literature also gives indications that little has been done to describe and study the organization and administration of these programs and the reactions of participating parents to them.

The Problem

It was the purpose of this study (1) to organize a group educational program on speech correction for parents of children with articulatory problems; (2) to study this method of organizing and administering an educational program on speech correction for parents; and (3) to determine, by subjective evaluations, the effectiveness of this program as one means of aiding parents in understanding and in assisting in the therapy of the child with an articulatory problem.

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[3] C. VanRiper, A Case Book in Speech Therapy (New York: Prentice-Hall, Inc., 1953), p. 71.

[4] Amy Bishop Chapin, "Parent Education for Pre-School Speech Defective Children," Journal of Exceptional Children, 15:75-80, January, 1949.

Background Material

The need for parent education in speech correction. Kenneth Scott Wood[5] who has investigated the area of parental influence on the speech of children has voiced the opinion of many speech clinicians in indicating the necessity of dealing with parents as part of any speech correction program. Wood further states his belief that:

> Classes should be held for both mothers and fathers to explain how parents are involved in the cause of speech defects in their children and how they must necessarily be deeply involved in treatment.[6]

Backus[7], Chapin[8], and VanRiper[9] are among other authorities in the area of speech correction who have similarly indicated the need for educating parents as a part of the therapeutic program for the child. Irwin specifies a need for formal parent education in public school speech and hearing programs. She states that:

> The need for formal parent-education meetings has been expressed by many workers in the public-school speech and hearing field.[10]

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[5] Kenneth Scott Wood, "The Parents' Role in the Clinical Program," Journal of Speech and Hearing Disorders, 13:209, September, 1948.

[6] Wood, Ibid., p. 209.

[7] Ollie Backus, Speech in Education (New York: Longmans, Green and Co., 1945), p. 197.

[8] Chapin, op. cit., p. 76.

[9] VanRiper, op. cit., p. 113.

[10] Irwin, op. cit., p. 190.

The type of educational programs advised. While most authorities who have expressed ideas on this topic seem to agree upon the need for educating parents as a part of the speech correction program, a difference of opinion can be noted on the type and the purpose of the education.

A general agreement can be found among VanRiper[11], Chapin[12], Irwin[13], Anderson[14], Bender[15], and Wood[16] on the need to instruct parents on the nature and causes of the child's speech problem. These authorities also agree upon the need to instruct parents on the part they must play in the child's program of speech therapy. It is in the latter area that two schools of thought can be noted.

Wood is foremost among those who feel that parents can be most helpful in the speech program by not trying speech correction procedures

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11 VanRiper, loc. cit.

12 Chapin, loc. cit.

13 Irwin, op. cit., p. 186.

14 Virgil Anderson, Improving the Child's Speech (New York: Oxford University Press, 1953), p. ix.

15 Bender, loc. cit.

16 Wood, op. cit., pp. 209-210.

at home. Wood states his feelings in this way:

> It is recommended that the parent be dissuaded from trying speech correction procedures with the child in the home, and that instead the mother and father be encouraged to play the role of a better parent in constructing a happier home where the child will want to listen to what is said and will have a chance to respond to parents he loves.[17]

The program advised by Wood includes information on the etiology and nature of speech defects, but the emphasis is placed on alleviating family problems and in promoting a satisfactory speech environment.

The other writers mentioned in this area seem to agree that it is necessary and advisable in certain cases to instruct parents on methods and techniques of speech correction which can be used in the home. VanRiper, in describing a course for mothers of children with speech problems, states that:

> We have found that these mothers' meetings are invaluable. They help the parents to understand what we are doing. They help us to utilize the home situation in our treatment. They enable the parents to do an intelligent job in carrying on the therapy at home and to learn how to assist the child in solving his emotional problems.[18]

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[17] Kenneth Scott Wood, "Parental Maladjustment and Functional Articulatory Defects in Children," Journal of Speech and Hearing Disorders, 11:273, December, 1946.

[18] VanRiper, loc. cit.

The following statement by Chapin shows her feelings on the necessity of teaching parents to be speech therapists at home:

> Since the parent of the pre-school child with faulty articulation must also act as a therapist at home, the bulk of time in this program may well be spent in showing parents how a combination of auditory, visual and kinesthetic approaches may be used in articulation cases.[19]

Statements made by Anderson[20], Irwin[21], and Bender[22] indicate a similar opinion on the necessity of teaching parents how to do speech correction at home. Backus[23] limits this opinion to apply only in cases of reinforcing the sounds already learned in the speech clinic.

Organization of programs of parent education. In the actual organization of these programs of parent education in the area of speech correction VanRiper[24], Irwin[25], and Chapin[26] seem to be in agreement that both group meetings and individual conferences are desirable. Chapin, in describing

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19 Chapin, op. cit., p. 78.

20 Anderson, loc. cit.

21 Irwin, op. cit., p. 194.

22 Bender, loc. cit.

23 Backus, op. cit., p. 111.

24 VanRiper, op. cit., pp. 71, 113.

25 Irwin, op. cit., pp. 188-190.

26 Chapin, op. cit., pp. 176-177.

the program for parents at the speech clinic at Western Reserve University states:

> Through group discussion it becomes apparent that these problems are not as unusual as parents once thought ..... The handling of individual problems can be discussed later in the individual conferences which follow the general discussion program.[27]

Irwin[28] and Chapin[29] both indicate the necessity for supplementing discussion and demonstration lessons with clinical observation sessions. Primary information on the existence and organization of programs of parent education in speech correction. In reviewing the literature a definite limitation was found in the number of studies showing the organization of parent educational programs and the type of information given in the individual and group meetings. In order to obtain more background material for this study, a questionnaire was sent to fifteen college speech clinics including those in the Western Conference schools and five other colleges in various parts of the United States.

Data were requested on the existence and organization of the programs and on the information given in the meetings with parents. Replies were received from thirteen speech clinics, and the information from these will be discussed briefly in the succeeding paragraphs. A list of

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[27] Ibid., pp. 176-177.

[28] Irwin, op. cit., p. 191.

[29] Chapin, op. cit., p. 78.

sources contacted and a review of the information given by each answering person can be found on pages 104-111 in the Appendix of this study.

Existence and organization of programs. Out of the thirteen replies received all indicated that their speech clinics conducted parent programs on both an individual and on a group basis. One reply indicated that the program was not always constant, and another stated that these existed only in the summer. Among the reasons given for including both individual and group meetings were "group meetings were efficient and helpful to the parents," and individual conferences were often necessary and desirable for discussing specific problems.

Scheduling of parent meetings. Out of thirteen replies, four indicated that the parent program was usually conducted while the child was receiving speech therapy. Seven people mentioned that at times the scheduling was done in this manner. One reply indicated that the parents never met while the child was working and another writer mentioned that both the parents and the children were contacted simultaneously during the entire day.

Three people mentioned in addition that other meetings were scheduled when the occasion arose. Two replies mentioned that individual conferences were arranged at the convenience of the parents and clinicians. One reply indicated that group meetings were scheduled so that parents could observe clinical lessons.

Information given in the educational program. Thirteen people replied to the questionnaire and each person indicated that information was

given on the therapy the child experiences in the speech clinic. Twelve indicated that information was given on speech activities which could be done in the home. One person stated that in his clinic information was given on "what" could be done in the home rather than giving specific speech activities. This person commented further that speech correction done in the home is often harmful. Eleven people indicated that information was given on the nature and causes of speech defects. One person mentioned that this information was "usually" given, and another writer stated that this information did not always apply to working with parents of deaf children.

The author of this study requested that any additional information given to parents be listed on the questionnaire. This additional material was supplied by ten individuals. Observation lessons and sources for additional help and treatment were each mentioned three times while books and other printed material were mentioned as being given by four respondents. Among the other types of information given were: guidance for psychological and behavior problems; films; notebooks and worksheets; and specific assignments for home activities.

Importance of the questionnaire in the study. The material obtained from the questionnaire served as additional background information for the organization of the parent educational program in this study. Since the program to be studied was organized on a group basis with additional individual conferences, it was desirable to determine whether other programs of this type were in operation in other speech clinics. As has

been indicated, it was found that all of those replying to the questionnaire had organized programs of this type in their speech clinics.

The questionnaire was of additional value in indicating the type of information given in parent meetings and conferences. In this program under study, the author had intended to include information on the nature and causes of articulatory problems and methods for home speech therapy. The answers to the questionnaire indicated that this information was given in at least eleven programs. The additional suggestions of distributing printed material and scheduling observations of clinical lessons were also incorporated in this project.

Importance of the Study

A recent study by Hays and Hays concluded that, "Vast areas are yet to be explored in relating counseling of parents to specific disorders."[30] The author hopes that this study may serve as a contribution in this area since it gives detailed information on organizing this one program as well as on the reactions of the participating parents to individual lessons and to the program as a whole. As more and more programs are studied in detail, it should become possible to determine factors and methods for improving parent education in speech correction.

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[30] Ellis R. Hays, Rosemary R. Hays, "A Selected and Annotated List of Materials Available for Use in the Counseling and Education of Parents of Children With Speech and Hearing Disorders," (unpublished Master's thesis, The University of Denver, 1951), p. 64.

Definitions of Terms Used

Study. The term "study" was used to indicate a careful investigation of the organization and administration of a program of education on speech correction for parents of children with articulatory disorders. For this investigation the term also includes a subjective evaluation of the program based on the reactions and judgments of the participating parents and the program director.

Group. The term "group" indicated that the main emphasis of the program was on the meetings in which several parents were present. There were three groups of parents consisting of four to seven members meeting each week.

Educational program on speech correction. In this study the term "educational program on speech correction" was used to describe a system of relating to parents information on the nature, causes and therapy for articulatory problems. The program included eight group meetings and two individual conferences for each parent.

Parents. In this study the term "parents" indicates either parent or both parents of a child with an articulatory problem enrolled in the Saturday Speech Clinic at Michigan State College for the Winter Term of 1954.

Articulatory problems. VanRiper describes disorders of articulation as, ". . . disorders characterized by substitution, omission, addition, and distortion of speech sounds."[31] In this study the term "articulatory problems" will be synonomous with Van Riper's description.

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[31] C. VanRiper, Speech Correction Principles and Methods (New York: Prentice-Hall, Inc., 1947), p. 20.

CHAPTER II

ORGANIZATION OF THE PROGRAM UNDER STUDY

The program under study was the first group educational program for parents in the Speech Clinic at Michigan State College. Previously parents had conferred with the director of the clinic when the child was first brought for speech work, and usually several informal conferences were held during the time the child was enrolled in the clinic. Each week the speech clinicians had given those parents who were available an informal resume of the work done during the lesson and occasionally the clinicians offered suggestions for home speech work.

This group program for parents was organized and administered by the author of this study under the guidance of the speech clinic staff.

Selection of Subjects

The subjects for this study were the parents of children with articulatory problems who were enrolled in the Saturday Speech Clinic at Michigan State College for the Winter Term of 1954.

The purpose of these limitations in selection of subjects was twofold. First, the Children's Clinic was in operation on Saturday morning and thus, the largest group of parents were available during that time. Although several parents brought children for speech therapy at other times during the week, there were never enough parents at any one time to form even a small group. Because of the lack of transportation for many parents, it was impractical to have group meetings at any time other than

during the child's period of speech therapy. Second, the author felt that parents could gain the greatest amount of assistance if they were arranged in groups so that the parents in each group were representing children with the same type of speech problem. With this arrangement parents would have common problems on which they could concentrate without being distracted by discussion of speech deviations in which they had no personal interest.

Of the twenty-seven children enrolled in the Saturday Clinic at the beginning of the term in which the parent program was organized there were twenty-one children with articulatory problems, one child with delayed speech, one hard-of-hearing child with no speech, one child with a repaired cleft palate and two stutterers. Therefore, it was possible to organize groups on a specific disorder only in the case of parents representing children with articulatory problems who were enrolled in the Saturday Clinic.

The Speech Clinic operated concurrently with the college term system. The parent meetings were scheduled to begin during the second week of the college Winter Term in January 1954. The selection of subjects began during the last two weeks of the preceding term. Parents who had children with articulatory problems already enrolled in the Saturday Clinic and those who were enrolling children for the Winter Term were contacted for interviews. During the last week of clinic during the Fall Term contacts were made with parents either in person or by mail or telephone.

The Interview

Purpose of the interview. The purposes of the interview were to: (1) explain the program to the parents; (2) determine whether the parents wished to attend the group meetings; (3) obtain questionnaire information on the family, the attitude of the parents toward the child's speech and what speech work was being done in the home; (4) find out which time would be most convenient for the parents to come to the group meetings; and (5) determine special subjects which the parents would like to discuss during the group meetings.

Scheduling for the interviews. Out of a total of eighteen interviews fourteen were held during the last week of the term preceding the one in which the parent meetings were to begin. One interview was held a week previous to the group meetings. Two parents were contacted by telephone because they lived a considerable distance from the college. The program was explained briefly and a questionnaire was sent to these two mothers for them to complete. A third mother had no telephone, and a letter explaining the program and a questionnaire were sent to her. These latter three parents were seen during the first day of speech clinic a week previous to the group meetings. Such questions as they had pertaining to the program were answered during that time.

Attendance for interviews. Eighteen families were contacted for parent interviews. Each one of these families were represented by at least one parent. One father came alone for an interview, fifteen mothers came alone and in two instances both parents came for the interview.

On the first day of the parent meetings two mothers enrolled children for the first time. Both of these children had articulatory problems. The proposed program for parents was explained briefly to the mothers and each of them attended the first group meeting and took a questionnaire home for completion. A regular interview was not held for these mothers.

Material discussed in the interview. The eighteen interviews were conducted informally in the Speech Clinic by the author of this study. The interviewer explained to the parents that the clinic was organizing group meetings for parents to discuss their children's speech problems and ways in which parents could assist in the children's speech therapy. The parents were told that since this was the first program of this type to be organized in this speech clinic we were anxious to keep close account of the meetings for evaluation purposes. Even though a tape recorder would be used, only the program director would listen to the recordings and no names would be used in a written evaluation of the program.

Both parents in each family were invited to attend the group meetings and to indicate an hour which would be preferable to them and any special topics which they would like to discuss. It was clearly stated that the program was purely voluntary and that a decision not to join the parent groups had no bearing on the child's admittance into the clinic.

The interviewer noted the parents' response concerning attendance for the group meetings and topics which they would like to discuss. The parents were encouraged to ask such questions as they might have had

concerning the program and the questionnaire which was given to them to complete in the clinic. A copy of the check sheet used during the interview is included on page 112 in the Appendix.

Information obtained from the interview. Each of the eighteen families represented indicated that at least one of the parents would like to attend the group meetings. Seventeen families felt that at least one parent would be able to attend. One mother explained that the father was working and that she had to stay with the other children. One father explained that only he could attend, twelve mothers said they could attend alone, and four families felt that both parents might be able to attend together.

Both of the mothers who brought children on the first day of the group meetings indicated a desire to attend the program. One felt that only she could come to the meetings and the other felt that her husband might be able to attend "occasionally." Each parent interviewed indicated a specific time which would be most convenient to attend the group meetings.

During the interviews nine parents mentioned that they would like to discuss how they could best help their children in speech. The remaining ten parents did not indicate a topic which would have been of special interest to them.

As a result of the interviews the program was organized with twenty-four parents representing nineteen different families.

The Initial Questionnaire

Purpose of the questionnaire. The purpose of the initial questionnaire was to obtain information on: (1) the size of the family; (2) the parents' knowledge of the nature and causes of the child's speech problem; (3) the speech work being done at home; (4) the occupations of the parents; and (5) the education of the parents.

The information on education, the previous knowledge of the child's speech problem and the speech work being done at home was helpful in determining the type and extent of information which should be given in group meetings. The information on the family members and the occupations of the parents was important in determining the amount of time which could be given to the child and the possible problems which might occur in doing speech work at home. It was also necessary to have this type of information before any specific suggestions could be made in group meetings.

Completion of the questionnaire. In fourteen cases the questionnaire was completed in the speech clinic on the day of the interview. When both parents attended the interview the questionnaire was completed jointly. In three cases the questionnaire was sent to the home and returned the day of the interview. The two mothers who enrolled their children on the day of the first group meeting completed their questionnaires at home and returned them to the clinic on the day of the second group meeting.

In two instances the interviewer read the questions to the parents and recorded their answers. One mother explained that she had forgotten her glasses and in the other cases both parents commented that they "couldn't write well enough to do it."

The following paragraphs include a summary of the questionnaire material to aid in understanding the subjects of the study. A more complete compilation of background material on each of the parents is included on pages 125-148 in the Appendix. A copy of the initial questionnaire given to the parents is included on page 112 in the Appendix.

Educational background of the subjects. The following Table shows the educational backgrounds of the twenty-four parents who indicated that they would attend the group meetings.

TABLE I

EDUCATIONAL BACKGROUND OF THE SUBJECTS

Educational Backgrounds	Mothers	Fathers
College Graduates	6	4
Attended College	2	
High School Graduates	4	1
Some High School Training	5	
Grade School Training	1	1

It can be seen that exactly half of the parents who planned to attend the group meetings had college training. Three of the fathers who were college graduates and one who was a high school graduate did not attend the group meetings.

No attempt has been made to evaluate the program on the basis of the educational level of the parents. Rather, this information was used to help the author adapt and select material for parents with varied backgrounds of formal education.

Occupational information. The occupational information indicated that only two mothers who planned to attend the program were working outside the home. One was employed as a high school teacher and the other was working in an alteration shop. In each of the families the father was working.

Of the six fathers who were possible members of the program, two were teachers, two were factory workers, one was an accountant, and one was a factory purchasing director. In the family where the father planned to attend the program alone the mother was also working as a teacher.

Family information. There were from one to seven children in each of the nineteen families in this study. In each instance the whole family was living at home. The following Table indicates the number of children in the families included in this study.

TABLE II

NUMBER OF CHILDREN IN THE FAMILIES UNDER STUDY

Number of Children in the Family	Number of Families
1	2
2	4
3	6
4	5
5	1
6	0
7	1

Out of the nineteen families in this study thirteen had more than three children. In two cases the child in the clinic was an only child, in eight cases he was the youngest child, in four cases he was a middle child, and in two cases he was the oldest child. In the families where more than one child attended the clinic, one family had twins who were the youngest, another had enrolled the youngest child and a middle child, and the third family had enrolled a middle child and the oldest child. From the size of the families it can be seen that the amount of time which could be given to one child might easily present a problem in working at home in speech.

The ages of the parents included in the organization of the program ranged from twenty-six to sixty. Two parents were between the ages of twenty and thirty, eleven parents between the ages of thirty and forty, nine parents between forty and fifty, and one parent was sixty years old.

Information from parents on the nature of the child's speech problem. The nature of the child's speech problem was indicated by all of the parents answering the questionnaire. Fourteen mentioned either a difficulty with sounds or used the word "articulation." One parent felt it was "mispronunciation," one that it was speech "shut off by adenoids," one that it was "trying to hurry," and a fourth that it was inability to "say words plain." This information indicated that fourteen parents had some realization of the specific nature of the child's speech problem.

Information from parents on the causes of the child's speech problem. The following Table shows the variety of possible causes for the child's speech problem according to the listings made by the parents and the number of times these causes were listed in the nineteen questionnaires.

TABLE III

PARENTS' LISTINGS OF CAUSES FOR SPEECH PROBLEMS

Causes for Speech Problems	Number of Times Listed
Illnesses	2
Injuries	1
Learning words too fast	1
Slowness in talking	1
Slow development of coordination	1
Imitation	3
Adenoids	1
Talking through nose	1
Talking too fast to sound words	1
No need for better speech	2

Seven parents did not know any possible causes for their children's speech difficulty and, from the vagueness of the majority of answers, it was evident that material on the etiology of articulatory disorders should be included in the group meetings.

Home speech work. Fourteen families were doing speech work at home previous to the group meetings. The other five families mentioned that they were correcting the child occasionally in conversation and one of them mentioned that she "didn't know what to do."

The work of eight families consisted mainly of having the child repeat words in conversation and drills. One child was making a scrap book, two were doing oral reading and learning poems, one was counting, one was repeating the alphabet and another was listening for sounds and doing tongue exercises. Nine of the nineteen parents mentioned that they were having problems in doing speech work at home in trying to get the child's interest and cooperation.

This information indicated a need for material on methods of working with children in speech and for specific activities which could be carried out at home.

The information from the questionnaire indicated the necessity for organizing an educational program to assist parents with a wide variety of educational backgrounds and personal needs. The only certain common factor for all of these parents seemed to be the fact that each of them had at least one child with an articulatory problem enrolled in the speech clinic.

Scheduling of Group Meetings

The Saturday Clinic is in operation for three consecutive hours. Each child receives one hour of speech therapy. It was necessary to divide the parents into three groups according to the time their children were scheduled for clinical work. The groups met for a period of fifty minutes with the first group meeting at 9 A.M., the second at 10 A.M. and the third at 11 A.M. The meetings extended for eight consecutive weeks with five group lessons and three observations of clinical lessons for each group.

At the last meeting each parent in attendance was given a questionnaire to evaluate the program as a whole. Questionnaires with letters of explanation were sent to those parents who did not attend the final group meeting but had attended at least four of the previous meetings. In order to review the questionnaire and discuss individual problems, conferences were scheduled during the week following the last group meeting. The final conferences and the evaluation questionnaire will be discussed in Chapter Four of this study.

An effort was made to arrange the clinical schedule so that children within a designated age group were receiving therapy at the same time. In that way the parents of children of similar ages would have been grouped together. Parents of pre-school children would have been in the first group. Parents of six to nine-year-olds would have been in the second group, and parents of children aged ten and above would have met in the third group. This arrangement would have made it easier to give information on home activities that would interest a specific age group.

It was impossible to completely follow this arrangement after considering the number of clinicians available during any one hour, the times which were convenient for the parents to bring the children, and that three families had more than one child of different age groups enrolled in the clinic.

In actual organization the 9 A.M. group included five mothers and one father representing six different families. The age range of the children represented was from four to five years. The 10 A.M. group

included seven mothers and three fathers from seven different families. The ages of the children represented ranged from seven to nine years. The 11 A.M. group included six mothers and two fathers representing six different families. The age range of the children represented was from four to ten years.

As the program progressed it was necessary to change this schedule. One mother from the first group found it necessary to bring the child at 10 A.M. and she transferred into the second group. One father in the first group found it impossible to meet regularly, and arrangements were made for him to attend when it was possible and to come to the clinic at another time to discuss the material presented in the regular group meetings.

The size of each group was smaller than anticipated because only one of the fathers who had indicated that he might attend with his wife ever came to a group meeting.

Physical Setting for Group Meetings

The first five meetings were held in a classroom in the building where the children were doing speech work. Desk chairs were arranged in a semi-circle with the group leader sitting in front of the parents. With this arrangement, demonstrations were seen clearly by all of the group and a feeling of informality could be maintained. The blackboard in the front of the room was used frequently for demonstration and illustration.

The last three meetings were observations of clinical lessons and were held in another room designed for that purpose. A one-way window separated the room in which the child was working from the one in which the parents were observing.

Because the acoustical arrangement during observation was not completely satisfactory, it was necessary to open the doors to both rooms in order to hear the child's conversation. Even then it was sometimes impossible to hear either the child or the clinician unless they were talking in a normal conversational level. This arrangement limited much of the discussion among the parents which might have taken place during the observation.

Method of Recording Material in Group Meetings

For the purpose of efficient recording of the parents' responses in individual lessons, a tape recorder was used in each group meeting. The parents were always aware of the recording equipment, but there were no indications that it in any way inhibited the discussion. During the three observation lessons only the final discussion was recorded.

An effort was made to keep the recording equipment in working order, but in several instances mechanical difficulties made it possible to record only portions of lessons. Therefore, it was necessary in some instances to rely on recall for the general content of comments and questions. In these instances particularly, notes were made as early after the meetings as possible.

The program director listened to the recordings of the lessons after the last group meeting of each week. Questions and comments were transcribed on an outline form which can be found on page 122 of the Appendix. Notations were made as to: (1) the number of questions and comments made by each parent; and (2) the type of comments and questions,

including spontaneous remarks and indications of comprehension of material. The parents' exact words were noted when they would give a clearer picture of the responses. The information obtained from these recordings will be discussed in the next chapter of this study.

CHAPTER III

THE GROUP MEETINGS

The purpose of this chapter is threefold: (1) to give the proposed outlines for the material given in the group meetings and the points for discussion in the observation lessons; (2) to give a brief review of the actual content of each lesson for each group of parents; and (3) to point out the similarities and differences in the content of each lesson as it was presented to the three different groups of parents.

Three group meetings for parents were held each Saturday morning for eight consecutive weeks. The first group of parents met at 9 A.M. each Saturday, the second group met at 10 A.M. and the third group at 11 A.M. The first group was organized to include the following parents: Mrs. A, Mrs. B, Mrs. C, Mrs. D, Mr. E, and Mrs. K. The second group was organized to include: Mr. and Mrs. F, Mr. and Mrs. G, Mrs. H, Mrs. J, Mrs. O, Mr. and Mrs. R, and Mrs. S. The third group was organized to include: Mrs. L, Mrs. M, Mrs. N, Mr. and Mrs. P, Mrs. Q, and Mr. and Mrs. T.

During the first five of these meetings for each group, material was discussed on the nature and causes of articulatory problems, methods for auditory training activities, and the production of speech sounds. The material from each of the five lesson outlines was presented three times, once for each group of parents.

An effort was made in the group meetings to present material which could be applied by each parent in understanding and working with his

individual child. This made it necessary to check the individual clinical files of each child represented in this study to determine background material concerning his speech problem and what speech therapy was being used in the clinical sessions. By this means and by consulting individual speech clinicians as specific problems arose, it was possible to give more specific suggestions to parents during the group meetings.

During the last three weeks each group of parents observed three clinical lessons. A week previous to each observation period three clinicians were notified to prepare demonstration lessons to last between twenty and thirty minutes. Each clinician was assigned to give a demonstration lesson during the first portion of the hour in which they were regularly working with the child. Three other clinicians were notified each Saturday to act as alternates in case of the absence of the regularly scheduled child or clinician.

Each clinician doing a demonstration lesson gave a tentative lesson outline to the program director previous to the observation session. This material was used to suggest to the parents specific items which should be noted during the lesson.

The first five meetings for each group of parents were recorded by means of a tape recorder in order to note the actual content of each lesson and the verbal responses of the parents. During the last three meetings only the discussion following the clinical observation was recorded.

The verbal responses of the parents were divided into three categories, spontaneous comments, questions, and answers to direct questions

asked by the group leader. The number and content of these responses had a twofold importance in this study. (1) The verbal responses inevitably determined, in part, the actual content of each group meeting. As parents indicated specific interests and needs, the planned material was varied accordingly. (2) The number and content of these responses were important in the evaluation of the program in that they were one objective means for determining the interest and knowledge of the participating parents.

The remainder of this chapter includes the proposed outline for each lesson, a brief discussion of each group meeting, and the responses of parents in each group meeting. Supplementary material distributed in lessons one, two, three, four and seven is included on pages 115-121 in the Appendix of this study.

Lesson One

Nature and Diagnosis of Articulatory Problems

Purpose. The purpose of this lesson was to help parents understand the nature of their children's speech problems.

Outline. The following is the proposed lesson outline for the first group meeting:

I. Outline for the group meetings
   A. Organization of the group meetings
      1. Two meetings on the nature and causes of articulatory problems
      2. Seven meetings on methods and activities for home speech correction

B. Objectives of the group meetings
   1. Understanding of the child's speech problem
   2. Understanding of the possible causes for articulatory problems
   3. Knowledge of methods for home speech correction

C. Importance of the group meetings
   1. The need for carry-over from clinical speech work
   2. The need for understanding problems before correcting them
   3. The need for knowing what speech work can be done at home

II. Introductions
   A. The program director
   B. The parents

III. The nature of a speech problem
   A. Description of individual speech differences
      1. Rate
      2. Quality
      3. Pitch
      4. Fluency
      5. Pronunciation
   B. Determine parents' feelings as to the nature of their children's speech problems
   C. Characteristics of a speech problem
      1. Inability to be easily understood by others
      2. Fear of speech situations

IV. Types of speech problems
   A. Illustrations of speech problems caused by physical factors
      1. Cleft palate
      2. Brain injuries
         a. Cerebral palsy
         b. Mental retardation
      3. Hearing loss
   B. Description of speech problems caused by non-physical factors
      1. Stuttering
      2. Certain cases of delayed speech
   C. Mention possibilities of both physical and non-physical factors in articulatory disorders

V. Nature of articulatory problems
   A. Definition of articulation
      1. Literal meaning of articulation
      2. Speech meaning of articulation

B. Description of speech sounds in words
   1. Differences between letter names and speech sounds
   2. Illustrations of separate sounds in several words
C. Description of articulatory errors
   1. Substitutions
   2. Omissions
   3. Additions
   4. Distortions
D. Illustration of articulatory errors
   1. Individual words
   2. Sentences

VI. Diagnosis of articulatory problems
   A. Description of word and sentence tests
   B. Picture tests
      1. Demonstration and explanation of a picture test
      2. Illustration of articulatory errors in several pictures

VII. Summary and assignment
   A. Summary of types of articulatory problems
   B. Assignment for parents
      1. Listen for articulatory errors in the child's speech
         a. Conversation
         b. Oral reading
         c. Pictures
      2. Determine the type of articulatory problem
      3. Determine specific sound errors
   C. Distribute summaries of the lesson material for home review

Group One. Five parents attended the first meeting. The lesson material was covered as planned in the outline.

The main discussion was centered around the leader's direct question concerning the reasons why the parents felt that their children had speech problems. The content of these comments were as follows: Mrs. A thought her child talked too fast and "didn't make some sounds"; Mrs. B mentioned that her daughter did not talk at all, but now she was simply "hard to understand"; Mrs. C thought that her son "had defective consonant sounds" and that her daughter was "not using speech"; Mrs. D thought "everything's wrong with him"; and Mrs. K said her child didn't "connect words in sentences

and make some sounds." The group indicated that the main reason for worrying about their children was that they were hard to understand. Parents A, B, and C, commented that other children often interpret their children's speech. None of the mothers were sure of the specific sounds which were difficult for their children.

During the discussion on other speech disorders, Parents A, B, and D mentioned people they knew who stuttered or had cleft palates. Mrs. C told the group of an earlier diagnosis of her son's speech and that she was told to "pay no attention" because he might start stuttering. Mrs. B stated that her child stuttered and wondered if all children do this when they start talking. This question prompted a brief discussion on the nature and causes of stuttering and the possibilities of a false diagnosis of non-fluency as stuttering.

The group as a whole showed interest in the material discussed. There were no observable indications of disinterest or lack of understanding. One parent indicated a desire to carry out the assignment when she asked her child to help her find a set of cards with pictures. She explained that she wanted to help him by finding out what sounds were hard for him to make.

Group Two. Six parents attended this first group meeting. The material was covered as planned in the lesson outline with one exception. More lengthy discussions of stuttering and retardations accompanying speech problems were substituted for the demonstration of the diagnostic picture test.

The main portion of the discussion centered around the one question asked of each parent as to why he believed his child had a speech problem. Mr. and Mrs. G reported that their child "did not talk right," and Mrs. J indicated that her child "didn't make sounds right." Mrs. F mentioned that her daughter was "slow in developing" and that they had thought her mentally retarded. Mrs. F thought that her son was copying his older sister's speech. Mrs. H stated that her son had "articulation trouble." Mrs. S stated that her daughter's trouble was that "she cares more about her school work than about her speech." None of the parents were able to give any specific examples of their children's speech problems, or mention any specific sound difficulties.

Mr. G stated that his son had been "held back" in school because the teacher could not understand him. The other group members indicated that their children were also slow in school. These comments initiated a discussion on the scholastic retardation which often accompanies speech problems.

During the discussion on various types of speech disorders, Mr. G commented that his son stuttered and that he felt he was simply talking too fast. He wondered why the child did that. The problem of non-fluency versus stuttering was then discussed more fully.

During the discussion on individual differences in speech Mr. G illustrated various dialects he had heard in the army and pointed out that though this speech sounded different it was not a speech handicap.

With the exception of Mr. G the group was reticent unless called upon directly. Interest in the material was shown mainly by facial expressions and nods in agreement with various points in the discussion.

Group Three. Six mothers attended this first meeting. The lesson material was covered as planned in the outline except that the time for discussion did not permit a demonstration of the diagnostic picture test.

The greatest portion of the discussion evolved around the leader's question concerning the parents' reasons for believing that their children had speech problems. Each of the mothers mentioned specific sound difficulties for their children. The discussion moved naturally into different types of articulatory problems. Again, each parent illustrated several words which his child said incorrectly. These comments indicated that each of the mothers had some realization of the specific nature of her child's speech difficulty.

During the section of the lesson in which words were broken down into their component sounds, Mrs. L asked if "u" as in "use" was a common problem. Her son had not been able to master this sound. Mrs. M asked if the "i" in city was a separate sound or whether vowels simply "went with" consonants.

Mrs. P commented on her twins' lack of interest in improving their speech. Parents M and N had similar problems, and a discussion began on how to interest these older children. The group agreed with the comments of Parents M and L that correcting the child in conversation did nothing more than make him angry. Mrs. P thought that one must wait until the children are ready and interested before trying to help them.

The discussion moved freely during the lesson and one comment seemed to provoke thought and response from another parent. The free

discussion indicated an interest in the material. Mrs. M stayed after the meeting to ask advice on the problem of her younger child imitating the speech of a playmate.

Comparison of lesson among the three groups. As has been indicated, the greatest spontaneous participation was shown by the parents in Group Three and the least amount was shown by the parents in Group Two.

The parents in Groups One and Two showed special interest in the problem of stuttering. They discussed that topic longer than did the parents in Group Three. Group Three seemed especially interested in the material on the individual sound content in words and in the problem of motivating children to improve their speech.

The parents in Group Three showed the greatest amount of knowledge on the nature of their children's speech problems. The members of the other two groups indicated a definite lack of knowledge on this subject.

The material planned in the outline was covered in all of the groups except that the demonstration of the diagnostic picture test was omitted in Groups Two and Three.

Lesson Two

Causes of Articulatory Problems

Purpose. The purpose of this lesson was to give the parents an understanding of the possible causes of articulatory problems.

Outline. The following is the proposed outline for lesson two.

I. Review of the Previous Lesson
   A. Reports on assignment
   B. Comparison of parents' findings to reports from clinical diagnostic tests

II. Development of speech
   A. Preparation for speech
      1. Sucking
      2. Swallowing
      3. Crying
   B. Communication through crying
      1. Indications of pain
      2. Indications of hunger
      3. Attention seeking
   C. Experimental use of speech sounds
      1. Cooing
      2. Babbling
   D. Use of words in speech
      1. Begins somewhere near the eighteenth month
      2. Encouragement and reward for imitation are necessary

III. Possible Causes for articulatory problems
   A. Explanation of possible physical causes
      1. Birth injuries
         a. Brain damage
            (1) Mental retardation
            (2) Problems of muscle coordination
         b. Damage to the hearing mechanism
      2. Dental problems
      3. Injuries or illness during speech development
         a. Damage to the speech mechanism
         b. Damage to the brain
         c. Lack of physical energy for speech production
         d. Illness or injury causing over-protection for the child
   B. Explanation of frequent non-physical causes
      1. Lack of incentive to use speech
         a. Over-protection
         b. Lack of attention
      2. Lack of auditory discrimination
      3. Poor speech models to imitate
   C. Two classes of causal factors for articulatory problems
      1. Classes of causal factors
         a. Factors which allow the speech problem to originate
         b. Factors which allow the speech problem to continue
      2. Illustrations of these causal factors

IV. Recommendation for parents
  A. Look for possible factors which allow the articulatory problem to continue
    1. Poor speech models
    2. Over-protection
    3. Lack of attention
    4. Physical factors
  B. Alleviation of these factors
    1. Medical help for physical causes
    2. Setting good speech examples
      a. Moderate rate
      b. Good articulation
    3. Emphasing praise for effort and improvement rather than correction for mistakes
    4. Creation of opportunities for uninterrupted speech
  C. Distribution of summary of the lesson for home review

Group One. Five parents were present at this second meeting. Mr. E was able to stay for only the first half of the meeting. The material was covered as planned in the lesson outline except that the report of the clinical diagnostic test for each child was omitted. This material could not be obtained for each child at the time of the second meeting.

Parents A, B, C, and D gave reports on the previous assignment and mentioned specific sound difficulties present in their children's speech. Each of these comments showed a comprehension of material from the previous lesson. Mr. E was also able to give information on the nature of his child's speech problem although he had not attended the first group meeting. The consensus of opinion on the assignment was that this had been a difficult job because the children's speech showed an inconsistency in sound errors from word to word.

Most of the spontaneous comments were made during the presentation of the lesson material. During the discussion of how illness and accidents might be a cause of articulatory problems, Parents A, B, and D stated

that this might have been a cause for their children's problems. Mrs. B stated that her child had stopped talking after a head injury in an auto accident. Parents B and D reported illnesses during the children's first year which seemed to have retarded their speech development. Mrs. C thought that illness or injury might easily retard development of both the large and small muscles and that it was necessary to gain control over the large muscles before using the small speech muscles.

Parents A, C, and D reported that imitation of poor speech might be a cause for their children's speech difficulties. Mrs. D had found herself using "baby talk" with her six-year-old son and she added that "it's no wonder that C---- doesn't try to talk better." Mrs. A concluded that her child might talk fast because she herself did.

Over-protection of the child seemed to be a contributing factor to the child's speech difficulty in the cases of Parents A, B, and D. All of them agreed that the family was interpreting the children's speech. Mrs. B had noticed that her daughter spoke more clearly when staying with other people because "she has to make them understand." Mrs. D felt that she simply was doing too much for C---- rather than letting him do things for himself. Mrs. C told the group of an unsuccessful experience which she had had in trying to make the children ask for what they wanted. Mrs. B advised simply ignoring the child's wants until she was willing to ask for it.

A great interest was shown in discussing the necessity for giving children opportunities to use speech and listening willingly. Mrs. B

pointed out, "It wasn't that we wouldn't listen. I think we listened too hard. We didn't know how important it was to help her learn to talk." Mrs. A told the group of the experience she was having when her son put his hand up to talk at the table. She had just realized that he probably felt he wasn't getting a chance to talk and perhaps that was why he spoke more clearly and slowly when he was alone with only one member of the family.

The group showed an active interest in the material and needed no special encouragement to respond. Mrs. A mentioned after the meeting that she enjoyed these meetings and that they were very helpful and interesting.

Group Two. Seven parents were present during this second meeting. The material was covered as planned except that the information from the clinical diagnostic tests was not available for each child and omitted from this lesson.

Parents F, G, H, and J reported on the specific sound errors present in their children's speech. Each parent mentioned that these errors were not consistent. All of the reports showed a comprehension of material from the previous lesson. Mrs. O gave several sounds which her child made incorrectly even though she was absent during the first group meeting. Mrs. S mentioned the word "excellent" which she had noticed her child "mispronouncing." Mrs. S also mispronounced the word leaving out the "s." She seemed unaware of this and it was not brought to her attention during the group meeting.

A discussion developed around the possible physical causes for articulatory problems. Mrs. F discussed her child's dental problem. Mrs. O asked if a high palatal arch might cause a speech problem. Mrs. G spoke of the fact that she had been tongue-tied and had had a speech problem. However the doctor could find nothing wrong with her child's tongue. Mrs. J wondered if the fact that a child did not cry or babble during an illness could lead to a speech problem. This latter comment led to a more complete discussion of the importance of the major stages of speech development.

Mrs. G thought that over-protection might be a contributing cause to her son's speech problem. The family often gave him things without his asking for them because they so seldom understood his speech. The suggestion was made by the leader that the parents might have the child point to what he wants and repeat the word with him each time. Mrs. J commented on the danger of letting the child point, for this had become a habit with her child.

Mrs. F decided imitation played an important factor in the development of speech defects in both of her children. She also noted that she saw her own mistakes show up on her children. This included speech errors as well as several habits and mannerisms.

Group Three. Four parents attended this second meeting. The material was given as planned in the outline except that the reports on the clinical diagnostic tests could not be obtained for this meeting.

In discussing the previous assignment every mother made specific reference to the sound errors in her child's speech. Each report indicated

a comprehension of previous material. Mrs. N asked what "double consonants" were. Her child's teacher had said that this was his difficulty. Mrs. P answered her by explaining that they were blends such as "bl" in "black."

During the discussion on possible physical causes for articulatory problems, Mrs. P told the group of the illness of her twins following birth, their "tongue-tiedness," and their hearing loss.

Mrs. Q volunteered information on how her adopted son had imitated the speech in his former home. She noticed that at present he talked too fast and wondered if he could now be imitating her own rapid speech. Mrs. N stated that her older daughter was imitating the younger child's speech. Mrs. L wondered if that might be done for attention. These latter comments brought forth a more detailed discussion of the emotional causes for speech problems.

The main portion of the discussion centered around the importance of taking time to listen to children when they talk. Mrs. N asked for help on the problem of her daughter's continual interruption of the younger child. Parents L, P and Q had faced similar difficulties and offered suggestions. Mrs. N further indicated that her son became aggressive when he was not allowed to talk freely and ran away from the family. Mrs. L mentioned the necessity for having a time and place where you could be alone with each child without the other members of the family present. Mrs. Q discussed her system of asking each child to report to her on different things each day. In this way she was providing opportunities for speech and was giving each child a chance to have something important which only he could tell.

The group members were anxious to participate in the discussion. Interest was shown in the emotional aspects of speech problems.

Comparison of lesson among the three groups. The lesson plan was followed in each of the three groups except for the omission of the material on the clinical diagnostic tests. Groups One and Three showed the greatest amount of interest in the emotional causes for articulatory problems. In Group Two no special section of the material seem to be of more interest than the others.

Group One showed the greatest verbal response to the material, and Group Two showed the least. The comments made on the previous assignment indicated in all cases except Mrs. S that the material in the past lesson had been understood and the assignment had been carried out. Parents in each of the groups commented on the difficulty of trying to determine the type of articulatory problem and the exact sound difficulties.

Lesson Three

The Nature and Importance of Auditory Discrimination

Purpose. The purpose of this unit was to give parents an understanding of the nature of auditory discrimination and techniques for its development.

Outline. The following is the proposed outline of material for lesson three:

I. Review of previous lesson
   A. Comments or questions from parents on previous material
   B. Observations made as to possible causal factors for the speech problems of individual children

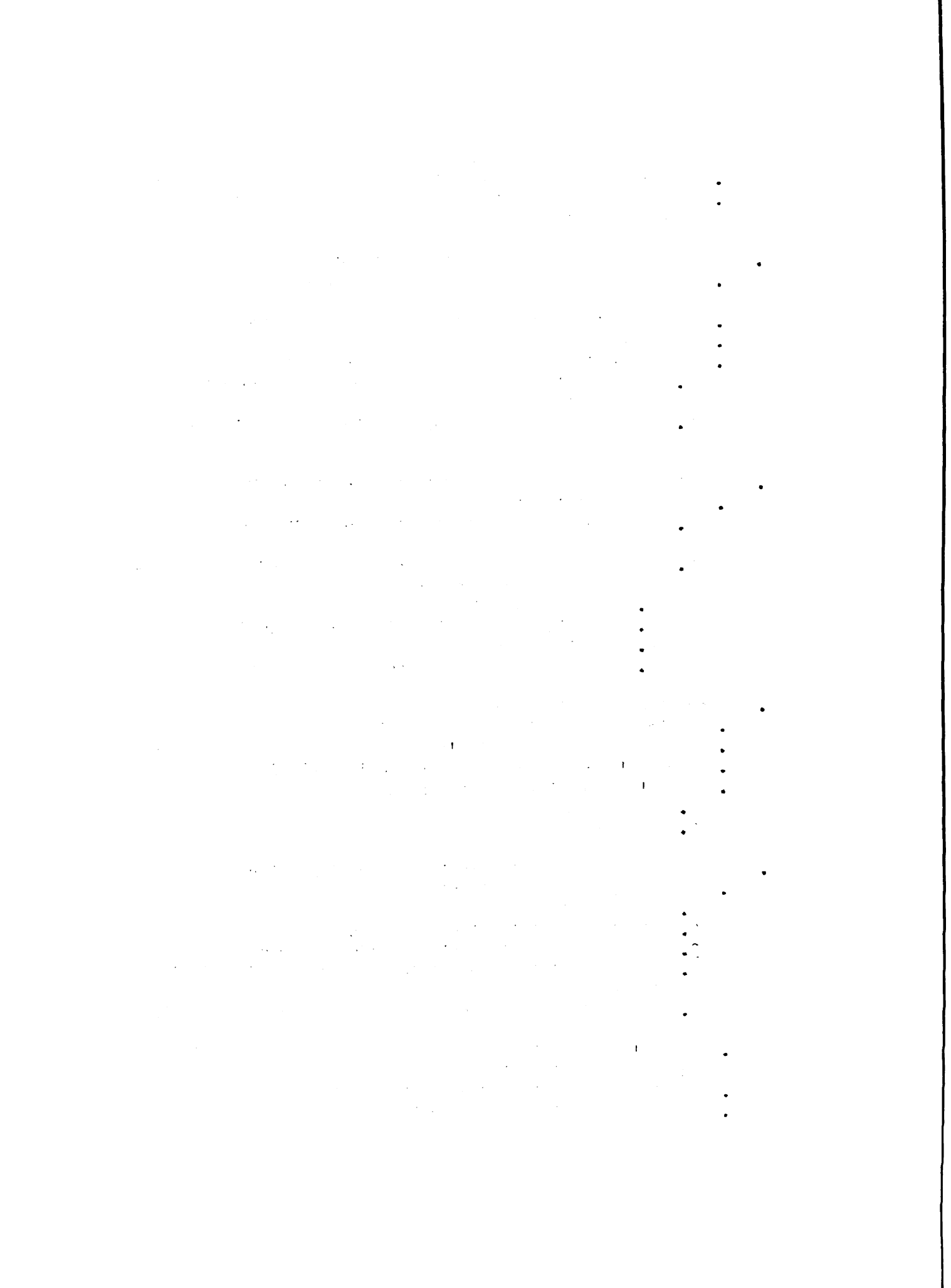
C. Reports on the clinical diagnostic tests of the children
D. Information on special sounds on which the children are receiving clinical help

II. Nature and importance of auditory discrimination
  A. The necessity for an awareness of speech sounds before using them
  B. Illustrations of separate sounds in several words
  C. Illustration of similarities between sounds
  D. Demonstration of the position of sounds in words
    1. Illustration of the arrangement of pictures in the diagnostic test
    2. Naming the common sound and its position in the pictures

III. Techniques for developing and testing auditory discrimination
  A. Gross Discrimination
    1. The necessity to distinguish gross differences before finer ones
    2. Demonstration of techniques for developing and testing gross discrimination
      a. Tapping on different materials
      b. Clapping and tapping at different rhythms
      c. Ringing bells
      d. Playing different notes on musical instruments

IV. Finer discrimination for speech sounds
  A. Choice of specific sounds for listening
  B. Designation of the child's response when sound is heard
  C. Parents' production of the sound in isolation
  D. Child's recognition of the sound
    1. In isolation
    2. In words

V. Activities for developing auditory discrimination
  A. General suggested activities
    1. Sorting pictures and objects
    2. Finding specific hidden objects
    3. Guessing games involving sounds in words
    4. Games requiring recognition of sounds before taking turns
    5. Performing some physical activity when the sound is heard
  B. Parent's indications of the type of activity especially enjoyed by their children
  C. Specific suggestions for specific children
  D. General suggestions for working



1. Short activities
2. Activities centered around the child's interest
3. Satisfactory time to work
4. Participation of the whole family in some activities
5. Emphasis on listening rather than production of the sound

VI. Summary and Assignment
   A. Summary of the importance of auditory discrimination
   B. Assignment for parents
      1. Testing the child's ability for gross and fine discrimination
      2. Try suggested activities for auditory discrimination
   C. Distribution of summary of the lesson for home review

Group One. Five parents attended this third meeting. Mrs. E was taking her husband's place. The material was given as planned in the outline except that the demonstration of the diagnostic test was omitted. This test had been demonstrated for this group in the first meeting, and the lack of discussion time did not permit a review of the test.

Mirrors were used to demonstrate the similarity between the placements for several sounds. The group participated freely during this portion of the lesson. Parents K and E commented on the various ways in which the sound could be made. The group showed surprise at their difficulty in distinguishing sounds when they could not watch the leader's face.

During the reports on diagnostic tests for the clinical records, Parents B and C were surprised that their children were not working on individual sounds. A discussion followed stressing the necessity to establish rapport and gain free speech before sound drills are initiated. During this discussion Parents A, B and D reported their children's resentment toward correction. These comments led directly into a discussion

of children's interests. Activities which might be fun and interesting for the child were suggested as substitutes for continual correction during conversation.

The major portion of the discussion followed the demonstration of techniques for developing and testing gross discrimination. Each parent mentioned at least one activity which her child particularly enjoyed. These included reading, looking at pictures, drawing and games involving physical activity such as running, jumping, boxing and sports. Suggestions were made by both the leader and the parents as to how these activities could be used as a nucleus for auditory training.

The main interest of the group was in the demonstration of the differences between speech sounds and in the activities for gross auditory discrimination. There were no questions or comments on the material given in previous lessons. Mrs. E remained after the meeting to say that she had enjoyed coming and wished that she might attend more often.

Group Two. Seven parents attended this third meeting. The material was covered as planned in the outline.

With the exception of Mrs. R, each parent participated in the mirror work but seemed rather hesitant to make audible sounds. Each parent showed surprise at his inability to distinguish sounds easily when the face of the speaker was not visible. All of the group except Mrs. R participated in counting the number of sounds in words.

Most of the time for discussion was spent in determining individual children's interests. Reading, drawing, coloring, television and games involving physical activity were mentioned. The leader made suggestions on methods of incorporating these activities with auditory training.

Mrs. G had found it difficult to keep her child's interest while working with him alone. Activities in which the other children could participate were suggested. Mrs. F mentioned that auditory activities might be useful for her younger child since he was able to make sounds in isolation but did not use them correctly in words.

Most of the period was spent in lecture and demonstration by the leader. The time allowed for discussion was limited. However, when opportunities for responses arose, this group needed constant encouragement and leading questions were asked frequently. The greatest amount of interest was shown in the demonstration of gross auditory discrimination activities and in the reports from the clinical diagnostic tests. Each of the parents made note of the specific sounds with which the child was receiving clinical help.

Group three. Four mothers attended this third meeting. The material was given as planned in the outline.

During the reports on clinical diagnostic tests, Mrs. N was surprised that "r" was not mentioned for her son. She felt that perhaps this was not noticed because he made it "almost right." She had noticed that his difficulty seemed to be in saying the name of the letter rather than in making the sound. She had been teaching him to do this before she realized that there was a difference between sounds and letter names. Mrs. P suggested that most children would be very conscious of their speech during a diagnostic test, and that many of the words that they said incorrectly in conversation would not show during the test.

All of the parents participated freely in the mirror work and were surprised at their difficulty in distinguishing sounds even after they realized how they were made.

Each of the parents supplied information on specific activities which their children especially enjoyed. Television was the activity most frequently mentioned. The whole group participated in suggesting ways in which television could be incorporated in auditory discrimination activities. Guessing games, detecting different voices and listening for specific sounds were suggested during the discussion.

Mrs. M initiated a discussion on her problem of gaining the child's cooperation in home speech work. She wondered if she should force the child to work. Mrs. P answered her by saying that if she would only be patient and wait for the opportunity the child would be ready to work. In addition Mrs. P mentioned that she must use activities which the child enjoyed.

Special interest was shown in the gross discrimination activities and in the discrimination of speech sounds. Even though the major portion of the lesson was spent in lecture and demonstration by the leader, the responses when made were spontaneous and showed interest in and a comprehension of the material.

Comparison of lesson among the three groups. The greatest amount of interest in each of the groups was shown in the demonstration of activities for gross discrimination. The parents in each of the three groups were surprised that children with normal hearing had difficulty in distinguishing

differences between gross sounds and speech sounds. They were further amazed at their own inability to distinguish these differences readily.

While the parents in each of the groups were interested in the results the clinical diagnostic tests and the report on the sounds on which the child was receiving help, only the members of Group Three made note of these sounds.

The greatest number of verbal contributions were made in Group one and the least number in Group Three. The responses in Group Two were most frequently initiated by questions from the leader.

The material was given in each of the groups as planned in the outline except that the demonstration of the diagnostic picture test was omitted in Group One.

Lesson Four

Activities for Auditory Discrimination

Purpose. The purpose of this lesson was to give parents further suggestions for carrying on activities for auditory discrimination. If time permitted, voice recordings of the parents were to have been made so that they could have an added understanding of their own speech.

Outline. The following is the proposed outline of material for Lesson Four:

I. Review of the previous lesson
   A. Reports on Auditory discrimination activities tried at home
      1. Discussion of the activities used
      2. Discussion of the problems encountered
      3. Suggestions for specific parents
         a. Techniques for carrying on activities
         b. Suggestions on material which might be used

B. Review of the general techniques in working with the child in auditory discrimination
   1. Find a satisfactory time to work
   2. Making sure the child understands the activity
   3. Finding activities which interest the child
   4. Emphasis on listening for the sound rather than the child's production of the sound

II. Discussion of more difficult auditory discrimination
   A. Finding the placement of the sound in words
      1. Illustrations by the use of several sounds in words
      2. Suggested activities
         a. Using boxes to represent the beginning, middle and ends of words and place pictures in the approximate box
         b. Using a train to represent the various positions of the sound in words
   B. Discrimination between the correct and incorrect sound in words
      1. Illustrations by the use of several sounds in words
      2. Explain the use of the activities suggested for general auditory discrimination for this finer discrimination

III. Voice recordings
   A. Explain recording procedure
   B. Give material to be read
   C. Recording the reading of volunteers
   D. Listening to recordings
   E. Discussion of the recordings

Group One. Four mothers attended this fourth meeting. The material was covered as planned in the outline except that the voice recordings were omitted.

During the reports on the previous assignment Mrs. B reported that she had worked with her child in counting candy and listening for sounds during the counting. Mrs. K had worked by finding pictures in magazines with special sounds and both she and the child had enjoyed the activity. Mrs. A had not worked because of the child's illness and Mrs. C was not present at the last meeting.

Since only Mrs. K had had success with the activity and two in the group had not tried activities, the remainder of the time was spent in discussing "listening" activities that could be done at home. The voice recordings were omitted and the sections on suggestions for home activities were expanded to give more specific suggestions to each parent.

Among the suggestions made by the leader was the use of sock puppets in speech training and auditory discrimination. A lengthy discussion arose on how these puppets were made and used. Each of the parents mentioned some specific activity which they wanted to try and asked for suggestions on its use.

Mrs. K wondered if it would be advisable to correct her child when she was talking. She said that the child wanted the family to do this often since "she wanted to talk so that everyone could understand her." The discussion moved on to emphasize the advisability of having a special time to work on speech rather than using constant correction during conversation. Parents A and B felt that they could not set a special time for this work and that they must work "when the occasion arises." The leader encouraged this type of work but cautioned them to be alert for suitable occasions and to be aware of what they can do when the occasion arises.

The group needed more direct questions before responding than during the previous meetings. The main interest of the group was in the leader's suggestions on specific activities which could be used at home in auditory training.

Group two. Five parents were present during this meeting. The lesson was conducted as planned in the outline except that the voice recordings were omitted.

Each of the parents had tried auditory discrimination activities except Mrs. S who had not attended the previous meetings. Mrs. G had had the family play guessing games involving certain sounds and had found it helpful to have the other children work with the child. She reported, "He's trying more now" and mentioned the advice of the Director of the Clinic that patience was necessary in working with the child. Mrs. H had used checkers as a game to try listening for words. She found that the child picked it up quickly. Mrs. O had used gross discrimination and indicated that it worked "pretty well." Mrs. J told the group of her success in trying both gross and fine discrimination activities. She spoke freely of how discouraged she had been when the child did not talk and how embarrassing it was when the neighbors considered him "dumb."

The main portion of the discussion centered around simple discrimination activities which could be done at home. The group, with the exception of Mrs. H and Mrs. S participated in suggesting activities such as marble games, store and guessing games. The group's interest centered around methods for utilizing the child's interest in doing speech work.

Group three. Five parents were present during this meeting. The lesson outline was not followed for this group.

Parents M, N and P reported on auditory training activities which they had tried at home. Mrs. L had tried none and Mrs. Q had not attended the last meeting. Mrs. L had tried both gross and fine discrimination

activities and had found that the child had little success with them. Mrs. P wondered whether the child's failure could be caused by his lack of understanding of what he was to do. She had tried both types of activities. She had used "Twenty Questions" for finer discrimination and had found the twins enjoyed it and didn't want to stop.

Both Mrs. M and Mrs. P were having problems in trying to work with one child without the criticism of some member of the family. Mrs. P commented that the speech defective child should not compete with normal speaking people. The discussion following this statement pointed out that the child would first be listening in these activities and might easily excel above the other members of the family because of his training on sounds.

Mrs. N reported her fear that her child was beginning to stutter. A long discussion began on the topic of stuttering. The group members participated freely in questioning the mother on the nature of the child's speech. The leader advised Mrs. N to refrain from correcting the child and to stop speech games unless the child was willing to play them.

Mrs. N initiated another discussion by asking whether a child who "lacked responsibilities" might simply be clinging to baby habits and have no incentive to improve. She reported that because her son refused to do things for himself the family usually waited on him. Each of the other parents had had similar problems and offered suggestions to her. Mrs. L indicated the importance of praise for being a "big boy." Mrs. Q

told the group of solving a similar problem by taking away privileges of watching television. Mrs. P and Mrs. M reported similar experiences and various disciplinary methods by which they solved them.

The major interest of the group appeared to be in how to work with children rather than in what speech activities could be done. The parent's easiness to discuss their problems made it necessary to lay aside the planned material and to make spontaneous suggestions to specific parents as the occasion arose. Mrs. L remained after the meeting to ask what a "lateral lisp" was and how it fitted into the categories for articulatory defects. The clinician had mentioned that her son had this problem.

Comparison of lesson among the three groups. The material given in Groups One and Two was essentially the same and centered mainly around suggestions for specific activities which could be used in auditory training at home. In contrast, Group Three desired information on how to work with children and centered their interest around problems in child development and in stuttering.

In Groups One and Two the material followed the planned lesson outline, except that the voice recordings were omitted. In Group Three the discussion of specific problems in child management made it impossible to follow the prepared lesson outline.

The response of Group Three was larger than in the other two groups, and was more spontaneous. Group One made the smallest response, however, Group Two needed more direct questions to bring about contributions than did the other two groups. The reports given on assignments in Groups Two

and Three indicated the possibility of a greater comprehension of material from the previous lesson than did the comments from Group One.

Lesson Five

Production of Speech Sounds

Purpose. The purpose of this unit was to give parents an understanding of how speech sounds are made.

Outline. The following outline indicates the proposed material to be covered in Lesson Five:

I. Discussion of auditory training activities
   A. Reports on activities tried at home
   B. Discussion of the activities
      1. Type of activity
      2. Child's response
   C. Specific suggestions which would apply to speech work at home for individual parents

II. Production of speech sounds
   A. Illustration of vowels, consonants and dipthongs
   B. Voicing for speech sounds
      1. Can be determined by feeling the larynx while producing the sound in isolation
      2. All vowels and dipthongs are voiced
      3. Illustrate consonant pairs made in the same way except for voicing
   C. Explain the importance of parents understanding how sounds are made before helping the child
   D. Placement of the articulators for consonants
      1. Production of the sound or sound pair
      2. Illustrate the sound in several words
      3. Illustrate the voicing of the sound
      4. Describe placement of the articulators
      5. Group production of the sound
         a. Mirror work
         b. Feeling the larynx for voicing
   E. Illustrate movement of the articulators from sound to sound in several words

III. Recommendations for home work on sound production
   A. Choice of one sound

B. Use of mirrors
C. Parent's production of the sound
   1. The child listens and watches
   2. Child feels the parent's larynx to see whether it is "noisy or quiet"
D. Production of the sound with the child
E. Sound made by the child alone
F. Sound used in syllables
G. Use of sound in words
   1. Use listening games first
   2. Use the same type of game where children can produce the sound rather than simply listen for it
H. General recommendations
   1. Use sound placement work with children past first grade
   2. Keep work periods short
   3. Be sure you know how the sound is made before working with the child
   4. Give the child plenty of praise for effort and improvement

Group One. Four parents attended this meeting. Mr. E came in when he brought his child for clinical work and said that he would not be able to attend the meetings regularly because of a work schedule. Mrs. K transferred to the second group.

Each of the parents reported on auditory discrimination activities which had been tried at home. Each contribution indicated an understanding of material given in the previous lesson. Mrs. A had tried a sound listening game with cards and had had success with it. Mrs. A had used syllables and words in listening for "f" and had little success because she had tried to get the child to produce the sound in words. Mrs. C had used sock puppets and had had some success in gaining the attention of both children for listening for sounds as the puppet spoke and in imitating sounds with their puppets. Mrs. D had entered into gross discrimination activities with her child. She reported that these activities were most successful.

The group showed an interest in the production of various consonants and participated freely in producing each one. Mrs. C was concerned as to what should be done if the children refuse to cooperate in making sounds or saying words. She stated that often her children would rather go without something than ask for it. Mrs. D commented that some children were "just stubborn enough to starve to death rather than ask for food," but she commented that they could be deprived of things they didn't need if they refused to ask for it.

A discussion began as to whether a child should be forced to speak correctly. The leader advised against this and suggested play activities centered around speech sounds. Mirror work was suggested if the child enjoyed imitation activities, but as in any activity it should not be forced on the child. Young children may not be able to profit from detailed instruction on how to make sounds.

As in the last lesson, this group was mainly interested in specific activities which could be used at home. This portion of the lesson outline was expanded to include more of these suggestions.

Group two. Six parents were present during this meeting. Mrs. K had transferred to this group. The lesson was covered as planned in the outline.

The material covered in the last lesson was reviewed after the suggestion of Mrs. F who had not attended the last meeting. Parents K and O reported on activities which they had tried at home. Mrs. K discussed her success at using picture dominoes and looking for sounds and repeating sentences about them. Mrs. O had used valentines to find certain sounds and to give a time for speech.

The group was interested in the production of sounds and the material was given as planned in the outline. Parents K and F made several comments during this portion of the material. Mrs. J noted a difference between the placement for "r" and "er" and reported that her child could not differentiate these sounds.

Mrs. K and Mrs. G were concerned over their children's defensiveness toward correction. Their comments led into a discussion of the advisability of having one time for speech work during the day and eliminate correction during conversation throughout the rest of the day.

The group had less chance to participate verbally during this lesson, but an interest in the material was shown during their participation on the production of each sound as it was discussed. The reports given on assignments showed comprehension of material from the last lesson. Mrs. K stayed to mention her own feelings of reward in helping the child.

Group three. There were three parents present during this meeting. The material in the proposed outline was not given.

Each of the reports on auditory discrimination activities tried at home indicated a comprehension of the material from the previous lesson. Mrs. P had had the children look for various sounds contained in the names of articles used in cooking and in eating. Mrs. Q had used various guessing games for "listening" and the children had enjoyed them so much that they began playing them in school. Mrs. N had tried several gross discrimination activities and mentioned that she realized "how hard it is" when she tried to do them herself. She was worried over the child's repetitions of the syllable "ah" between words and had decided that this was stuttering.

A discussion of stuttering began and the danger of false diagnosis was stressed. Mrs. P discussed a television program in which she had seen contestants watch for the number of times panel members hesitated in speech. It was brought out clearly on the program that this hesitation was not stuttering.

Mrs. N began the discussion which lasted for the remainder of the period. She was worried over her child's disobedience. The other group members mentioned similar problems and how they were solving them. Mrs. Q mentioned that she felt it was often the parents who were at fault because they so often did not take time to really enjoy their children. She went on to say that "children need to try things before they learn." Mrs. P expressed a fear that she would harm the children psychologically if she pointed out too many faults.

The entire period was spent on the problems of managing and understanding children. None of the planned lesson material was used because the parents exhibited a definite need to discuss material in other areas. The discussion appeared stimulating for each of the parents.

Comparison of lesson among the three groups. Groups One and Two indicated an interest in specific activities which could be done at home. In these two groups the material was given as indicated in the outline except that the individual suggestions for home work were more numerous than had been planned. In Group One the mirror work was not done.

In Group Three the planned material was omitted entirely and the discussion followed the parents' special interest in how to cope with the problems of child development.

More comments were made in Group One than in the other two groups. This was not an adequate measure of the actual parent participation in discussions because the comments made in Group Three were much longer and required no direct questions from the leader. In each of the groups the reports made by individual parents on activities tried at home indicated a comprehension of material from the previous lesson on auditory training.

Make-up lesson for Parent E. Since Mr. E missed the group meetings because of work, he requested a make-up meeting to review the material he had missed. The material on auditory training was reviewed with him. Mr. E mentioned that his wife had discussed this with him and was working at home with the child on "listening activities." Mr. E was interested in the production of speech sounds and the material in Lesson Five was covered with him as planned for the group meetings.

Mr. E was interested in the complexity of making sounds form words and the various tongue movements involved. He felt that "if children had to learn this they would never learn to talk." Mr. E wanted to try some of the mirror activities at home but he mentioned that his main problem in doing speech work seemed to be in "finding time for it."

Lessons Six, Seven and Eight

Observations of Clinical Lessons

Purpose. The purpose of these lessons was to help parents understand the therapy the children were receiving in the clinic and to give examples of methods which could be used in doing speech work with children.

Outline. The following is the proposed outline for the clinical observation lessons:

I. Information given preceding the observation
   A. Name the child and the clinician to be observed
   B. Discussion of the planned lesson from the clinician's outline
   C. Discussion of special factors under observation
      1. General goal of the lesson
         a. Verbal response
         b. Production of special sounds
         c. Use of the learned sound in words
         d. Auditory discrimination for the sound
         e. Use of the learned sound in conversation
      2. Material used in the lesson
      3. Special sounds emphasized
      4. Child's response to the material
      5. Techniques used by the clinician
      6. Similarities between the problem of the child observed and your own child

II. Observation of the clinical lesson

III. Discussion of lesson
   1. Discussion of factors under observation
   2. Additional questions or comments

Group One. All five of the parents enrolled in this group attended lesson six. The clinical lesson for Child E was observed. The lesson centered around listening for and producing "f." A box of common objects containing the "f" sound were used for finding the sound in words. The child bounced a golf ball whenever he heard the clinician say a word with "f" in it. Syllables were used to help the child produce the sound and a game was played with the objects to carry over the production of the sound into actual words.

Mrs. B noted the advisability of including the activity of bouncing the ball to give the child a chance to move around. She mentioned that he had "caught on" to the activities rapidly. Mrs. C liked the progression

of using the sounds first in syllables and then in words. Each of the parents noted the use of auditory training activities. Mr. E commented that it was "so much easier to see how to help a child when you see how these things are done rather than simply hear about them." Both Mr. E and Mrs. B noted how many activities were needed to hold the child's attention.

A discussion developed on the similarities between the speech problems of individual children and the child observed. Mrs. A noted the difficulty of Child E in using the sound at the beginning of words and in blends. Her child had this difficulty and he was not able to determine where the sound was placed in words as easily as Child E. Mrs. D noted that her child would not "stick to any one thing" as long as Child E.

Parents A and D reported successful activities which they had used at home. Mrs. A mentioned that her husband had been working on special words while he played with the child. Mrs. D had had success in using the sock puppet for her child toimitate sounds. Mrs. B was worried about her child's refusal to say words when asked. It was suggested that she try to use activities in which the child could speak freely but was never directly asked to say the words.

In this group the discussion moved swiftly from the observations made on the lesson into problems with individual children.

Group Two. Five parents attended this sixth lesson. The clinical lesson for Child J was observed. The lesson centered around both the discrimination and production of "l." A story was used to listen for "l" words, mirror work was done in repeating syllables, and a game with

letters was played as a carry-over activity. The child had a book which he utilized in finding words and repeating them. Before the observation the child discovered that there were people who could see through the mirror in his room. The clinician allowed him to come into the observation room and then he began the lesson immediately catching the child's interest to the extent that the observers were forgotten.

The group responded freely during the fifteen-minute discussion. Mrs. K and F noted their surprise that all of the pictures used during the letter game were of objects which you could find around the house but which they had never thought of using. Mrs. F was surprised that the child was willing to be corrected during reading because her child rebelled against this.

Mrs. O mentioned that she was surprised that the clinician could keep the child's attention since he knew that he was being observed. Mrs. K commented on the similarity between her child's speech problem and that of Child J. Mrs. J was obviously pleased with her child's demonstration of his ability and mentioned that now she understood why children love to come to speech class because "they have so much fun learning."

The group as a whole seemed to have gained a better understanding of how to use "listening" activities and each of the parents commented on how many activities it took to keep the child's interest. Mrs. F asked if the leader would prepare a list of sounds and how they were made because she was anxious to see that she knew how to make all of them and and knew which sounds were pairs.

Group Three. Four parents were present at this sixth meeting. The observation was of the half-hour lesson for child N. The activities included the use of pictures in discrimination for "f", mirror work for the production of the sound and a guessing game including the child's naming of the pictures containing "f."

Before the observation Mrs. N asked the group to watch for the child's stuttering because he had done more of it during the past week. After the lesson she commented that she did not hear him stutter and she felt this was because he did not have a chance to use free conversation. She related an incident in which she had talked to a severe stutterer and did not know how to react. The other members of the group had had similar experiences and they discussed this problem at some length.

Mrs. N mentioned that the child had been inattentive during the lesson because she had noticed his restlessness and wiggling. Mrs. D thought that the lesson did not have enough physical activity to interest such a young child and the other members of the group agreed. Mrs. L thought that the child had good speech and Mrs. N mentioned that she had noted improvement in her child's production of "l."

Mrs. M mentioned that she saw in her child the same restlessness that had been noted in Child N. Mrs. N felt that working at home was useless until the child was ready, and she mentioned several successful working times when the child had initiated them.

The group commented freely after the observation. Again as in previous meetings Mrs. M initiated the discussion on her problems concerning her individual child. The other group members participated in offering

suggestions to her. The observation seemed to be of interest to the whole group, and as the parents left they were still discussing the lesson.

Comparison of lesson six among the three groups. The observations were obviously interesting to the members of each group. The parents in Group One showed more interest in comparing their own children with the child observed than did the parents in the other two groups. The parents in Group One were also more interested in discussing activities which they had tried at home than were the parents in the other two groups. Group One also noted more specific activities and clinical techniques during the discussion of the observation than did the other two groups.

The members of Group One gave more responses during the discussion than did the other groups. However, the discussion session was longer than in the other two groups because of the length of the clinical lesson observed.

The discussion in Group Three soon moved into the problems of one of its members and centered around stuttering. This subject was not mentioned in either of the other two groups. The discussions moved freely in each group, and the members needed few direct questions to initiate comments.

Group One. Five parents attended this seventh lesson. The clinical lesson for Mrs. C's younger child was observed. Even though her problem was diagnosed as delayed speech, this child was chosen for observation because the activities used in her therapy were good examples of how to develop free speech. The development of free speech seemed to have been a major

problem for the parents in this group. Several of the parents had experienced failures in trying to do formal speech activities with their children. The activities in the observation lesson were similar to those advised for their children.

During the lesson the flannel board was used as a house. The child and the clinician placed pictures of objects in the house on the board. Pictures of members of a family and the foods that they ate were used. The child participated freely in imitating the clinician as she named the various pictures and objects. There was discussion during the observation and all of the mothers, especially Mrs. C, showed surprise and pleasure at the child's accomplishments.

The thirty-minute discussion following the observation. Mrs. C noticed that the child responded much more readily in the clinic than at home. She noted the clinician's patience in working and remarked that she did not correct the child when she said words incorrectly. The other parents commented on how well the clinician had kept the child's attention and how patient she had been with the child.

As in the previous observation session the discussion soon moved to the work being done at home with individual children. Mrs. A noted success in working on special words and that the child was now willing to have the family correct him occasionally. Mrs. D and Mrs. B were discouraged from working with their children. Both Child D and Child B grew tired of activities quickly and did not respond well during them. Consequently, more activities were suggested, such as talking on the telephone,

reaching into a bag of surprises and singing. Each of the parents felt that these might be of help. Parent C suggested naming things while driving in the car and Mrs. B had also found that her child would respond readily in that situation.

The group responded freely during the discussion. The responses mainly concerned individual problems in doing speech work at home and were initiated by watching the responses of the child under observation. At the end of the period material on the production of consonant sounds was distributed.

Group Two. Six parents were present during this seventh meeting. The clinical lesson for Child G was observed. The lesson was delt with listening for and producing "sh." The activities included a fishing game in which each fish had a picture on its back. The child sorted the pictures with the "sh" in them and stated where the sound came in words. Although the child was not interested in naming words, he had little difficulty and was able to make the "sh" correctly in several words. The clinician utilized the child's reading book to find words with the "sh" sound.

A twenty-minute discussion followed the observation. Parents G and O noted the clinician's patience during the lesson and Mrs. K noted the child's lack of interest in working. Mr. G commented that the child did seem to like the fishing activity but resented having to say words correctly. Mr. G remarked, "he's even worse at home." Mrs. G noted that the child seemed to have trouble knowing where to put his tongue and a discussion began on the use of tongue exercises to learn better tongue control.

The group remained reticent and although the leader did not ask questions of specific parents, it was difficult to gain the cooperation of the group in giving comments on the lesson. When finally they were asked whether they felt that the observations were worth while, each parent stated that these sessions were interesting and helpful. After the lesson Mrs. F mentioned that the material that was distributed on the production of specific sounds was what she had wanted. She thought it would be very helpful in classifying objects and pictures.

Group Three. Three parents were present during this seventh meeting. The clinical lesson for Child M was observed. The lesson was on the use of "r" and "l" in words. A game was used in which the child could match a word and a picture correctly and a light would flash on. These words were named as were a set of card pictures containing "r" and "l" words. The child received various amounts of play money for words said correctly.

The twenty-minute discussion followed the observation. Mrs. M was surprised at how well the child was progressing and how well he worked with the clinician. Mrs. N noted that the use of the electric game and the play money were good incentives and the child had been very cooperative. Mrs. M was particularly pleased at her child's willingness to talk and she mentioned that his work in the clinic had begun to carry-over into school activities.

Mrs. P mentioned that her boys were progressing in this same way and she told the group of a past incident in which a parent had embarrassed her sons by asking them why they did not "talk plainer." The other child

with them had been furious at this statement. Mrs. P wondered why children usually seemed to be wiser and more understanding than adults.

Mrs. N was anxious to tell the group that her son's speech had been more fluent during the past week. She had come to the conclusion that his articulatory difficulty had been all her fault, because she had not spent enough time with him when he was younger. The other mothers felt that this lack of attention had been a major factor in the cause of their children's speech problems. Mrs. N questioned whether "a nervous mother can make a child stutter." A discussion of this question continued through the remainder of the period with various contributions from each of the parents on the mistakes that they had realized they had been making with their children. Mrs. P made several references to a current article which she had read concerning stuttering. The leader cautioned the parents that although it was important for them to see why their child's problem might have occurred, these things were past and they must not blame themselves for something which they had done unintentionally. Rather, they should focus on the present and see that these factors do not occur again or continue.

The group needed no stimulation for discussion. Rather, they had to be told several times that it was time to stop the meeting. Mrs. P stayed afterward to comment on the material on consonant sounds which had been distributed. She remarked that this must have taken a long time to compile and that it was worth while to make parents realize how complex speech really is.

Comparison of lesson seven among the three groups. The parents in Group One made more responses during the discussion of the lesson than did the members of the other two groups. The members of Group Two remained reticent and made only a few spontaneous comments on the observation.

The comments of Group One were focused on how the speech work in the observed lesson related to activities at home with their children. In Group Three the parents became interested in the ways in which they felt that they were responsible for their children's speech problems. The parents in Group Three were more willing to share problems with other members of the group than were the parents in the other groups. In Groups One and Three the discussion of the observation lesson seemed to be mainly a starting point for discussing individual feelings and problems.

Additional outline for lesson eight. In addition to the observation and discussion of the clinical lesson, meeting eight included an evaluational summary of the program. This was done during the discussion following the clinical observation. The following additional outline was used for lesson eight:

I. Summary of the program by a brief review of each lesson
   - A. Lesson One - Nature of Articulatory Problems
   - B. Lesson Two - Causes of Articulatory Problems
     1. Physical causes
     2. Non-physical causes
     3. Originating and continuating causes
   - C. Lessons Three and Four - Auditory Training
   - D. Lesson Five - Production of Speech Sounds
   - E. Lessons Six, Seven and Eight - Observation of Clinical Lessons

II. Important concepts from the program
   - A. Praise is better than constant correction
   - B. Center speech activities around a child's interests
   - C. Give children opportunities for speech without interruption

D. A specific time for speech is better than continual correction during conversation
E. Set good speech examples
F. Speech work can be done by
   1. Finding out the child's specific problem
   2. Choosing a special sound to work on
   3. Having the child listen for the sound
   4. If needed showing him how to make the sound
   5. Helping him use the sound in functional words

III. Evaluation of the program
   A. Distribute questionnaires to be completed at home
   B. Explain conference schedules for the next clinical period

Group One. Two parents attended this last meeting. The clinical lesson for Child A was observed. During the lesson the "s" sound was emphasized. Activities included gross discrimination in listening to bells, listening for the "s" in words and in a poem, and doing the action which the poem indicated. The sound was made in isolation and in conversation between the child and a toy snake.

A twenty-minute discussion followed the observation. Mrs. A was rather worried about her child's restlessness during the lesson. Mrs. B mentioned that he was simply being a "real boy." Mrs. A was surprised at both his willingness and success in trying new words and at his ability in telling where the sound was placed in words. She stated that the family was having success in correcting him in conversation. The leader cautioned her not to carry this correction to an extreme. Mrs. A reported that whenever the family saw him reaching a point of resentment the correction was stopped immediately. She said, "I feel so much better about M----'s speech. I was very worried, but now I realize it is just a matter of time to help him work it out."

Mrs. B reported her success in working with her child when "B---- isn't aware of what we are doing." Mrs. B commented that her child always wanted to talk when she "couldn't take time to listen." Now she realized how important it was to "make time."

The program as a whole was reviewed briefly. The final questionnaires were distributed and the interviews for the next meeting were planned and explained.

Group Two. Five parents attended this final meeting. The clinical lesson for Child O was observed. The lesson had been regularly scheduled for Child K who was absent because of illness. The clinician for Child O was also absent and a substitute clinician conducted the lesson. This clinician was the same one observed by this group in lesson six and he used the same outline which he had previously used in working with Child G. The lesson was on the production of "l."

The parents were interested in seeing the same lesson used with another child and each of them thought that the lesson was successful because of the ways in which the clinician presented the material to the child. Mrs. H stated that she believed boys usually responded better with male clinicians. Mrs. F and Mrs. G both agreed that their children worked better with their fathers than with them.

As a part of the program review Mrs. F mentioned the problem of Mrs. S's speech and asked if her child's problem could be caused by imitation of her mother's speech. This was the first time that any member of the group had commented on another member's speech. The group was surprised to learn that Mrs. S was very hard of hearing. The time for discussion was limited because of the review of previous meetings.

Group Three. All five of the parents attended this last meeting. A group clinical lesson was observed including the P twins, Child Q and another child whose parents were not included in the group meetings. No sound drills were employed, but rather the lesson was aimed at practical application of techniques learned in the clinic. The children had a list of words to make up stories and a great deal of conversational correction was employed.

Before the observation the clinician of the additional child in the group talked to the parents about this boy's problems. The child was a severe stutterer and this was his first group experience. During the observation the parents talked freely to the leader and the visiting clinician.

Mrs. Q and Mrs. P commented that the children seemed to take no notice of each other's speech problems. Mrs. P felt that that might be a suggestion for parents to note. Mrs. N and Mrs. M both mentioned the advantages of a group situation to hold interest and stimulate conversation.

Mrs. N commented on how different the stutterer's speech was from what her child had been doing. All of the parents except Mrs. L talked freely during the observation and pointed out items of special interest to them. Mrs. L appeared disgusted by the comments of the other parents. Her only contributions delt with how well her boy was doing and what a fine clinician he had. She commented also on the stutterer's shyness.

Since the lesson began nearly fifteen minutes late, there was no chance to review the program as a whole. However, the questionnaire was distributed and arrangements were made for interviews during the next week.

Since there was no formal discussion, the tape recorder could not be used and the exact number of comments were not recorded. However, the leader was able to record enough of the conversation to note that each parent made at least one response.

Comparison of lesson eight among the three groups. A summary of the program was discussed as planned in Groups One and Two. Due to a delay in beginning the observation lesson this material was omitted in Group Three.

No definite comparison of the number of responses can be made among the three groups because Group Three had no formal discussion. It can be noted however, that there was less discussion in Group Two than in either of the other two groups. In Group Three there was more discussion during the observation than in the other groups.

The parents in Groups One and Two responded mainly with comments concerning work with their own children. The parents in Group Three commented for the most part on the children's reactions and activities during the observed lesson.

This chapter has presented the proposed and actual content of each of the eight meetings for each group of parents, as well as the responses of individual parents to the material presented. The responses of the parents will be used in the next chapter as one basis for the evaluation of the group program for parent education.

CHAPTER IV

EVALUATION OF THE PROGRAM FOR PARENTS

The educational program for parents studied in this project has been evaluated according to the following items: (1) indications of interest in the program on the part of the parents; (2) indications of the value of the program for the participating parents; and (3) suggestions made by the parents for improving the organization and content of the program.

Information used for the evaluation of the program was obtained from the following sources: (1) attendance records; (2) records concerning the number and content of questions and comments made by parents during the group meetings; (3) answers given by the parents on the evaluation questionnaire; (4) additional questions or comments made by parents during the final individual conferences.

The author believed that the program for parents could best be evaluated by both the program director and the participants. In this study the participating parents were given a chance to evaluate the program by both written and oral comments in completing the questionnaire at the end of the program and by individual conferences with the program director. A copy of the evaluation questionnaire is included on pages 123-124 in the Appendix. The individual comments made on the questionnaire and in the final conferences are noted in the background material for each parent found on pages 125-148 in the Appendix.

The author of this study believed that no parent could effectively evaluate the program unless he had attended at least half of the group meetings. According to this criterion fifteen mothers and one father were qualified to assist in the evaluation of the program. Of these, twelve attended the last group meeting and questionnaires were given to them to complete at home. Mr. and Mrs. G, included in the above twelve people, were given one questionnaire to complete jointly. The program director explained to these twelve parents that the next meeting was set aside for individual conferences. During that time any personal problems pertaining to working with their children in speech and the answers to the questionnaire material would be discussed.

The four remaining mothers who were absent during the last meeting but had attended more than half of the group meetings were sent questionnaires and a letter including information on the time, place, and purpose for the individual conferences. In addition, a questionnaire and a letter of explanation were sent to Family E in which the father had attended two group meetings and one make-up session for two other meetings. His wife had attended one meeting. Together they had attended a total of three regular meetings and one make-up session covering two additional meetings. Therefore, this family was invited to participate in the evaluation of the program by completing the questionnaire jointly and by coming for a final conference. All sixteen of the questionnaires which were distributed were completed and returned to the speech clinic.

The individual conferences were scheduled on the Saturday one week after the day of the last group meeting. Parents were met individually

for a period from ten to twenty minutes during the time their child was doing speech work. Thirteen mothers and one father were seen during a period of three hours. One mother came for a conference during the following week. In family G in which both parents were attending the group meetings neither parent came for a conference and the questionnaire was mailed to the speech clinic.

During the interview each parent was invited to ask whatever questions he might have concerning information given in the group meetings and its application to his or her individual child's speech problem. Any special problem which was being encountered concerning the child's speech was discussed and the questionnaire information was reviewed. If there were any additional comments or questions concerning the questionnaire material, these were answered during that time and the parent was requested to add any further comments he might have on the questionnaire blank.

Indications of Interest in the Program

The author believed that interest in the program for parents could be shown most objectively by the following factors: (1) attendance of the parents at the group meetings and the individual conferences; (2) by the comments made during group meetings; and (3) by the answers the parents gave to specific questions on the evaluation questionnaire.

Attendance records. Since participation in the group meetings and individual conferences was entirely on a voluntary basis, the attendance of the parents was used as one means of determining interest in the program for parents.

The results of the initial interviews with twenty-two parents representing twenty different families showed that each of these parents was interested in attending the group meetings. Twenty of these people thought that they could attend the program, and in five instances there was a possibility that both parents could attend the program. The attendance records for these twenty-five parents for the eight group meetings show the following actual attendance:

TABLE IV

ATTENDANCE RECORDS

Number of Group Meetings Attended	Mothers	Fathers
8	4	0
7	4	0
6	6	1
5	1	0
4	1	0
3	1	0
2	0	1
1	3*	0
0	0	4

* One mother who had not indicated that she could attend the meetings came to one group meeting.

Fifteen out of the twenty-five parents who indicated that they might attend the group meetings were absent only twice or less during the eight group meetings. Out of the remaining ten parents, one mother was absent three times, one mother was absent four times, one mother was absent five times, one father was absent six times, two mothers were

absent seven times and four fathers attended none of the group meetings. One father who had attended only two group meetings came for a make-up session and his wife came for one meeting although she had not previously planned to attend the program.

It should be stated that the group meetings were held during the time in which the child was receiving speech therapy and that in most instances it was necessary for the parents to bring the child to the clinic. Even though the parents were not required to remain in the clinic while the child was working, the very fact that it was necessary for someone to bring the child indicated that attendance in the group meetings could not be the sole basis for determining an interest in the program. In no instance did a parent attend the group meetings if his child was not also attending his own clinical lesson. In three instances the parents were absent but they had arranged for their children to attend the clinic.

It is important also to note that the parents' absence from the group meetings was not a definite indication of a lack of interest in the program. Twenty-eight absences out of a total of forty-one during the program were voluntarily reported to the program director by eleven different parents. Six mothers mentioned that their total of twelve absences were due to illness in the family. One mother reported that she was absent once because of illness and another time because of guests. One mother and her child were both absent twice on account of icy roads. Another mother attended only the first meeting because after that it was necessary for her to attend the clinical lessons with

her child. One father was absent six times because of work and one mother missed one meeting because she could find no one to stay with the other children.

The records show that sixteen out of the twenty-one participating parents voluntarily attended five or more of the eight group meetings. Of their total of twenty-one absences, fifteen were accounted for by conditions such as work, illness and transportation. These sixteen parents and Mr. and Mrs. E were invited to come to the speech clinic for individual conferences at the end of the program. Fifteen out of these eighteen parents came for the final conference. Since these parents were absent only for reasons beyond their control and willingly reported their reasons, it can be inferred that voluntary attendance can be one basis for indicating an interest in the program for more than half of the participating parents.

Verbal responses during the group meetings. Voluntary questions or comments made by parents during the group meetings could be one indication of interest in the program for parents. In the previous chapter it has been indicated that the program director often asked direct questions of individual parents or the group as a whole. The answers to questions directed to specific parents will not be counted as indications of interest in the program because these responses were not totally on a voluntary basis.

A lack of verbal response cannot be a positive basis for determining a lack of interest in the group meetings or in the program

as a whole. The author realizes that it is possible for a person to be interested in a subject without indicating that interest verbally. However, voluntary verbal responses can be an indication of interest because, for some, considerable effort is needed to express thoughts or questions verbally.

Table V indicates the number of voluntary verbal responses made by parents in each of the three groups during the eight group meetings.

Table V indicates that the parents in Group Three made the largest number of voluntary responses during the eight group meetings even though there was no final discussion period during the last meeting for that group. The parents in Group Two showed a smaller total of verbal responses for the eight meetings than did the members of the other two groups. The Table also shows that in each meeting there were spontaneous verbal responses and that no definite pattern was set within any group toward more or less comments as the meetings progressed from number one to number eight.

In order to regard the number of voluntary verbal responses made during meetings as an indication of interest in the program, it would be necessary to determine whether a group with a smaller attendance consistently had a smaller number of responses than did a larger group. Table VI shows weekly attendance for each group and the number of voluntary responses made during each group meeting.

TABLE V

NUMBER OF VOLUNTARY VERBAL RESPONSES IN EACH GROUP MEETING

Group Number	Meeting Numbers								
	1st	2nd	3rd	4th	5th	6th	7th	8th	Total
One	13	28	20	19	21	17	22	10	150
Two	7	21	14	17	14	16	15	5	109
Three	13	33	20	42	20	16	19		163

TABLE VI

GROUP ATTENDANCE AND VOLUNTARY RESPONSES

Meeting Number	Group	Number of Voluntary Responses	Number of Parents Attending
One	1st	13	5
	2nd	7	6
	3rd	13	6
Two	1st	28	5
	2nd	21	7
	3rd	33	4
Three	1st	20	5
	2nd	14	7
	3rd	20	4
Four	1st	19	4
	2nd	17	5
	3rd	42	5
Five	1st	21	5
	2nd	14	5
	3rd	20	3
Six	1st	17	4
	2nd	16	5
	3rd	16	4
Seven	1st	22	4
	2nd	15	5
	3rd	19	3
Eight	1st	10	2
	2nd	5	5
	3rd		5

The Table above indicates that there was no constant relationship between the number of comments made and the number of parents attending the group meetings, either within the structure of one group's progress

through the eight meetings or among the three groups. Smaller attendance did not consistently lower the number of spontaneous responses, nor was the converse true. Thus, the number of spontaneous responses was not consistently affected by attendance and therefore could be one indication of interest shown by the participating parents in the group meetings.

Since it is possible for one person to dominate a discussion and thus contribute almost the total number of responses for his group, it is necessary to break down the preceding Table into the total number of voluntary responses made by individual parents and the attendance for each parent during the group meetings. In this way it is possible to determine not only the individual indications of interest, but also to determine whether the total number of spontaneous responses can be indicative of interest for the group as a whole.

Table VII shows that there is a definite relationship within each group between the total number of voluntary responses made by each parent and the number of meetings each parent attended. There was a narrow range in the number of responses made by parents within each group who attended the same number of meetings. For the two parents in Group One who had perfect attendance, a difference of only six responses can be seen, and between the two parents in Group Three with perfect attendance there was a difference of only four. Of the parents who had attended seven meetings the difference between the highest and lowest number of responses was eight. This difference among parents attending six meetings was three in Group One, four in Group Two and eight in Group Three. The responses of Mrs. K were not counted in this summary because she transferred to another group at the mid-point of the program.

TABLE VII

INDIVIDUAL ATTENDANCE AND VOLUNTARY RESPONSES

Parents	Total Number of Voluntary Responses	Number of Meetings Attended
First Group		
Mrs. A	40	8
Mrs. B	46	8
Mrs. C	24	6
Mrs. D	21	6
Mrs. E	4	1
Mr. E	5	2
Mrs. K*	10	3
Second Group		
Mrs. F	20	7
Mrs. G	18	7
Mr. G	11	6
Mrs. H	7	6
Mrs. J	27	7
Mrs. O	13	7
Mrs. R	0	1
Mrs. S	1	3
Mrs. K*	12	3
Third Group		
Mrs. L	19	6
Mrs. M	24	6
Mrs. N	53	8
Mrs. P	49	8
Mrs. Q	16	6
Mrs. T	1	1

* Mrs. K transferred from the First Group to the Second Group after the fourth meeting. While in the First Group she made ten comments and attended three meetings and while in the Second Group she made twelve comments and attended three meetings.

On the basis of the total number of voluntary responses for each parent as compared to the number of meetings each attended, there are no positive indications that any one parent definitely dominated his or her group discussions. This information suggests that it is possible to determine group interest in the program for parents, using as one basis the number of voluntary verbal responses made during the eight meetings for each group. The voluntary responses show that the parents in Group Three indicated the greatest verbal interest and the parents in Group Two indicated the least verbal interest. In each group meeting there were voluntary oral responses indicating an interest in the meetings.

Comments from the evaluation questionnaire and final conference. During the final individual conferences with fifteen different parents, seven mothers and one father specifically mentioned their interest in the program as a whole. One of these mothers indicated that the observations of clinical lessons were "the most interesting part." One parent stated that she had discussed the material with her husband who was also interested in it. Only one mother gave any indication of a lack of interest in the program when she said that she would have "gotten more from these meetings a year ago."

One item on the evaluation questionnaire can be used as an indication of an interest in the program for parents. Question (8) asked, "If there were more of these meetings would you like to attend?" This question assumes that a parent who was not interested in the program would not wish to attend further meetings and would state this on the questionnaire. However, it must be noted that a negative answer is no definite indication

that there is a lack of interest in the program. Rather, it may simply indicate that the parent believes that more meetings would be repetitious.

Eleven parents answering this question stated they would like to attend more meetings. Three parents would like to attend "some" more meetings. Two parents felt they would not like to attend more meetings and one of these mothers qualified this statement by adding, "not if repetitious." One father mentioned that neither he nor his wife would be able to come regularly in the future.

In comparing the attendance records with the answers to question (8), it can be noted that all of the four mothers who had perfect attendance would like to attend more meetings. Of the four mothers who had missed only one meeting there were three who would like to attend more and the other mother qualified her statement by saying she would like to come if "they weren't repetitious." Of the seven parents who had missed two meetings one definitely stated that she would not like to attend further meetings. This information then correlated with the attendance records in indicating an interest in the program for parents.

Of the eight parents who had made less than twenty voluntary responses, seven indicated that they would like to attend future meetings. All of the ten parents who had made more than twenty voluntary responses indicated that they would be interested in attending more meetings.

A correlation appears between the attendance records and the comments made on the evaluation questionnaire to indicate that these two factors suggest the parents' interest in the program. Since the range of total voluntary responses of the sixteen parents who wanted to attend more

meetings was from four to fifty-three, there seems to be little correlation between the number of voluntary responses and the comments made by parents indicating an interest in the program.

In summary, the information from the attendance records and the final conference and questionnaire indicate that more than half of the parents were interested in the program whether or not they made a large number of voluntary responses during the group meetings. The responses are additional indications of interest for each parent.

Indications of the Value of the Program

The comments made by the parents during the group meetings and the information from the evaluation questionnaire and the final conferences are used as a basis for indicating the value of the program for the participating parents. No objective measure was made of the previous knowledge of the parents before attending the group meetings, nor was any attempt made to check on the parents' utilization of knowledge which may have been gained in working with their children at home. /The only information used to evaluate the value of the program for the parents were the indications made orally and on the questionnaire completed by the parents themselves.

Comments made by parents during group meetings. Out of more than five hundred oral responses made during the group meetings, forty-eight were definite indications of an increase in the parents' knowledge concerning their children's speech problems and the work which they were doing with these children at home. The majority of these comments concern

observations which they made at home relative to speech problems and speech activities. Many of these activities had been suggested in the group meetings. The following are typical comments indicating an increase in the parents knowledge and were made by Mrs. A, Mrs. N and Mrs. K respectively:

> We invented a card game and picked out different sounds to listen for in the cards. Now he can do it easily and we'll have to invent something else. I was surprised that he can say nearly every sound but in words he puts extra letters in, like in 'six' he says 'stix.' We tried taking words apart and he can do that.
>
> We tried listening for big sounds using whistles, rattling paper, and tapping on glass. I was surprised that he couldn't do it easily and had to peek to tell what it was. Then I tried it and I never realized how hard it was.
>
> We started on sounding out words and found that V---- could do this but couldn't put the words together in sentences. I gave her words to listen to with the "s," "m" and "w" sounds and we cut pictures with these sounds in them. We both enjoyed working a lot.

These comments are typical of the type which has been counted in the forty-eight oral indications of knowledge gained from the program for parents. Each parent participating in the evaluation of the program made at least one comment of this type.

Comments from the final conferences and the evaluation questionnaire. During the conferences with fifteen parents at the close of the program, six parents mentioned during the discussion that they had learned a great deal from the program. Most of these comments were a repetition of the answers to the questions on the evaluation questionnaire. No parent

during the interview gave any indication of a lack of comprehension of the material given in the group meetings.

The evaluation questionnaire was answered by eighteen parents. In the two instances where both parents completed the questionnaire jointly, their answers were counted as one. The answers to nine of the questions were indications of the value of the program for the participating parents and the knowledge they felt they had gained from it.

Specific indications of the value of the program. Question (1) asked the parents to rate the program according to its value for them. The terms, "of some help, very helpful, of very little help," were supplied for them to check. Fourteen parents rated the program "very helpful" and two rated it "of some help." Eleven parents commented on this question. Eight of them said that they had gained a better understanding of the child's speech problem and a better knowledge of ways to help the child. One parent stated that the program kept her interested when she knew "what was being done in the clinic." Of the two parents who found the program of "some help," one wrote that she did not need this material because her child was working well with his clinician, and the other parents mentioned that "the observations were the greatest single value." All of the parents then, had found the program of some value.

Question (12) asked the parents if the program had given them any new information. Eleven parents gave specific indications of new information gained from the program. The idea of auditory discrimination techniques was mentioned by two parents. Two people included "how to make sounds." Home activities to interest the child were listed by four

people. An understanding of the child's speech problem was listed by one person and another mother mentioned, "a better understanding of the difficulties of correct speech for those to whom it doesn't come naturally." Two parents thought that the discussions had been most valuable because they pointed out that others were having similar problems. One parent noted, "I have felt the need of help in developing techniques of being able to carry-over lessons received in the clinic. These have been supplied in these classes." All of the sixteen parents who answered the questionnaire wrote that they had gained new information from the program.

The value of requiring parent meetings. Question (10) asked the parents' opinions concerning the value of requiring group meetings of all parents who have children enrolled in the speech clinic. It was assumed that if the parents had not found the meetings of some value they would not wish to require them of all parents. Twelve parents stated that meetings should be required of all parents who have children in the clinic. One mother thought that parents should not be required to come. Two parents did not give a direct answer to the question. One of them said that "certain circumstances would exclude some parents," and the other simply wrote that parents "are better able to work with their children after these meetings." In adding other comments, five parents stated that the meetings should be required because they were helpful in gaining a better understanding of the child's problem and how to work with him. One mother made a specific suggestion that one term should be required

of all parents. More than half of the parents indicated that all parents of children in the speech clinic should be required to attend group meetings and thus suggested that they believed the program was of some value.

Home speech correction. One of the aims of the program was to help parent learn methods for carrying on home speech correction. To be of the utmost value, according to the aims set, the program should have made home speech correction work easier and of greater value to the child.

Question (3) asked the parents if home speech correction work was easier for them than it had been before attending the group meetings. Eleven parents stated that working with the child was "much easier" and one parent thought that it was "about the same." One mother wrote that it was "easier", perhaps because the boys had changed their attitude about working since "mother was taking speech too." Two of the mothers who found the work "much easier" stated that they had a "better knowledge of what to do." The mother who had found the work "about the same" said that the clinician was doing such a good job that the child did not need home speech work. More than half of the parents had found that working with their child was "much easier" than before attending the group meetings.

Question (4) asked if the parents were having any special problems in doing speech work at home. Nine parents answered that they were, six answered that they were having no problems and one parent gave no answer. Of the nine parents who were finding problems, two based these difficulties on finding opportunities to work with the child without distractions. Four parents found it difficult to get the child to cooperate. One parent

could not find suitable equipment to work with the child. One mother could not work with her child as often as she wanted to because of the child's repeated illnesses.

Then, more than half of the parents who evaluated the program were having problems in working with their children after attending the group meetings. Four of these nine parents had mentioned difficulties in working with their children at the time in which they completed the first questionnaire. On the final questionnaire four additional parents mentioned that they were having problems. On the basis of the information obtained from the study, the author cannot verify the reasons for either the continuation or the increase of these problems in working with children.

Question (5) was concerned with the regularity of working with the child. Nine parents were working more regularly than before attending the program and seven were working about the same amount of time. One of these latter seven parents stated that she worked "whenever the opportunity arose" and another mentioned that previously she had only corrected the child in conversation but now she knew "what he needed help in." More than half of the parents were working more regularly with their children than before attending the program.

Question (6) asked what activities were being carried on in the home speech correction work. One parent did not answer this question and another said that she was doing nothing other than correcting the child occasionally. In the listings given mirror work, tongue placement for sounds, drawing pictures of things with special sounds and finding pictures

for a scrapbook were each mentioned once. Finding sounds while counting, word drills and using sock puppets for imitation were each mentioned twice. Finding sounds and repeating words correctly in reading were listed three times. Games involving sounds were listed seven times. In comparing this information with the answers to this question on the initial questionnaire, mirror work, tongue placement, drawing pictures with special sounds and the use of sock puppets and sound games were new activities being used.

Question (7) asked the parents' opinion about the value for the child of doing speech work at home. Five parents stated that home speech work was "very helpful." Eight stated that it was of "some help" and three thought that it was of "little help" because the children did not cooperate well. More than half of the parents thought that working with the child at home was of some value to the child.

In summary, from the information indicating the value of the program the following can be seen: (1) each parent participating in the evaluation of the program made at least one comment during the group meetings which indicated an increase of knowledge; (2) more than half of the parents had found that speech work was easier and were working more regularly with their children; (3) more than half of the parents were having problems in working with their children; (4) every parent found the program of some value and they each believed that they had gained new information.

Suggestions for Improving the Program

The third basis for evaluating the educational program for parents was in noting the areas in which the parents themselves and the program director saw need for improvement. The information for this section of the evaluation is based mainly on the answers to the evaluation questionnaire because they were very similar to those answers given in the final conference.

Question (2) concerned the number of meetings in the program. Thirteen parents stated that there had been the "right" number of meetings and one parent qualified this statement by adding "for a while." Two mothers indicated that they would like more meetings and one parent reported that his irregular attendance did not allow him to answer this question.

Question (11) asked if the program should be continued throughout the time the child was enrolled in the speech clinic. Seven parents replied affirmatively. One mother thought that they should be continued until the parent understands his child's speech problem. Four parents felt that there should be periodic meetings and one mother thought that one term was enough. One mother was "not sure" and another replied "not necessarily."

Question (9) asked if the parents would have gained more if the meetings had been conducted on an individual rather than on a group basis. Fourteen parents answered "no", one parent answered "probably not", and one mother answered "yes." In offering additional comments six parents

stated that the exchange of ideas in the group made the group meetings most beneficial. One mother explained that the group "made you feel more at ease." Two parents thought that both the group and individual conferences would be beneficial.

Question (13) asked for suggestions for improving the program. Eight parents had no suggestions and four stated that the program needed no improvement. Four parents listed suggestions for improving the program. One of these four mothers suggested that voice recordings would have been helpful because parents often become "careless in their own speech." Another mother suggested that assignments from the clinicians would have been helpful. A third mother would have liked individual meetings with the child's clinician, a special meeting for fathers and more observation sessions. A fourth parent suggested that more time should have been spent on an individual basis so that parents could have learned more about their own children.

Although the answers to questions (2) and (11) seemed contridictory in several instances, it would appear that the majority of parents did see need for more meetings than were given and that they did believe that the meetings should be on a group basis. More than half of the parents gave no suggestions for improving the program and four of them stated specifically that it was satisfactory. The suggestions for improvement included more individual conferences, a closer contact with the child's clinician, recordings of the parents' voices, and more periodic meetings including one for fathers.

In summary, the evaluation of the group education program for parents indicated that, on the basis of the oral and written comments and the attendance of the parents, the program was of interest to the participants. On the basis of the oral and written comments the program was valuable to the parents and new information was gained from it. More than half of the parents were satisfied with the program and would like to attend more meetings.

After conducting the program, it appears to the author that the group program was beneficial in helping the participating parents understand their children's speech problems and learn some techniques for working with them at home. However, in the author's opinion the program was too short to give enough information on problems of working with specific children. On the basis of the comments made on the questionnaire about problems being encountered at home, it also appears that in some cases the program did not contribute sufficient information to enable the parents to conduct satisfactory home speech work.

The group situation seemed to be particularly successful in allowing an interchange of ideas and in stimulating thought and interest on the part of the parents concerning their children's speech problems. Through the group situation encouragement was given to the participants as they noted that their problems were not unique.

On the basis of the parents' reactions to the observation sessions it appears that this part of the program was particularly helpful in giving a better understanding of the work that the child was doing in the clinic.

However, it is likely that the understanding of the parents would have increased if this portion of the program had been expanded.

CHAPTER V

SUMMARY AND CONCLUSIONS

A group educational program on speech correction was conducted in the speech clinic at Michigan State College for twenty parents who had children with articulatory problems enrolled in the speech clinic. There were three groups of parents meeting each Saturday morning for eight consecutive weeks. Instruction was given in each group on the nature and causes of articulatory problems and suggestions were given on procedures and activities which could be used in doing speech work at home.

As a result of this study, the following conclusions seem to be warranted:

1. The parents were interested in understanding their children's speech problems and in learning ways in which they could assist in the children's speech therapy.

2. A program of this type can help participating parents to understand the nature and causes of their children's speech problems and to learn techniques which the clinic uses in correcting the children's speech.

3. The group structure in an educational program in speech correction was desirable and valuable for parents in that it offers a situation for an interchange of ideas and common problems.

4. In addition to group meetings, individual conferences are necessary to most satisfactorily meet the specific needs and problems encountered by parents.

5. In order to give adequate advice on speech work to be done at home, the program director should maintain a close contact with the speech clinicians to determine the therapy which the child is receiving in the clinic and the child's speech progress.

6. The program director must be aware of the abilities of the parents and the attitudinal relationships between the parents and the children before advising specialized activities to be carried out in the home.

7. The program director must be able to vary the planned lesson material to fit the interests and needs of the group members.

8. Although there is insufficient evidence to verify this conclusion, it is the opinion of this author that without the consideration of the four preceding items a program of this type might prove unsuccessful or even harmful in instructing parents to do speech correction at home.

9. The majority of the parents in this study reported that they were better able to carry on speech work at home after attending the group meetings. However, there is insufficient evidence to determine the effectiveness of their work and to draw valid conclusions as to the merits of teaching parents by this method to do speech correction at home.

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THE APPENDIX

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Persons From Whom Information Was Requested
Regarding Programs of Parent Education

Dr. Ollie Backus, Director of the Speech Clinic, University of Alabama, University, Alabama

Dr. Harlan Bloomer, Director of the Speech and Hearing Clinic, University of Michigan, Ann Arbor, Michigan

Dr. Louis M. Dicarlo, Director of the Speech and Hearing Center, Syracuse University, Syracuse, New York

Dr. Dorothy Eckelmann, Assistant Director of the Speech Clinic, Illinois State Normal University, Normal, Illinois

Dr. Warren H. Gardner, Professor of Hearing and Speech Therapy, Western Reserve University, Cleveland, Ohio

Dr. Earnest H. Hendrikson, Director of the Speech and Hearing Clinic, University of Minnesota, Minneapolis, Minnesota

*Dr. J. Irwin, Director of the Speech and Hearing Clinic, University of Wisconsin, Madison, Wisconsin

Dr. Ruth Becky Irwin, Speech and Hearing Clinic, Ohio State University, Columbus, Ohio

Dr. Wendell Johnson, Director of the Speech Clinic, State University of Iowa, Iowa City, Iowa

Dr. Ivan P. Jordan, Director of the Speech and Hearing Clinic, Indiana University, Bloomington, Indiana

Harriet Montague, John Tracy Clinic, University of Southern California, Los Angeles, California

Dr. Severina Nelson, Director of the Speech and Hearing Clinic, University of Illinois, Champaign, Illinois

Dr. M. D. Steer, Director of the Speech and Hearing Clinic, Purdue University, West Lafayette, Indiana

Dr. Harold Westlake, Director of the Speech and Hearing Clinic, Northwestern University, Evanston, Illinois

*Dr. Kenneth Scott Wood, Director of the Speech and Hearing Clinic, University of Oregon, Eugene, Oregon

* Persons from whom information was not received.

For the purpose of conserving space and presenting the study in a compact form, the questionnaires have been condensed to include only the questions which were asked. On the original forms there was appropriate space left after each question for more detailed answers.

QUESTIONNAIRE FORM ON PROGRAMS OF PARENT EDUCATION

Name _____ Institution _____ Date _____

1. Do you have a parent education program in your speech clinic? _____

2. Is your parent program conducted on an individual or on a group basis? _____
   Is there any special reason for organizing your program in this way?

3. Please check the following types of information which you give to parents in your program:
   1. Information on the therapy the child receives in the clinic _____
   2. Information on speech activities which can be done in the home _____
   3. Information on the nature of speech defects _____
   4. Information on the causes of speech defects _____
   5. Please list any other types of information which is given in your program:

4. Is the parent program scheduled for the same hour in which the child is receiving clinical help? _____ If not, please indicate when the program is usually scheduled:

5. May I have permission to use this information in my thesis on parent education? _____

6. Please add any additional comments you may have on the organization of your parent education program. Any printed data which you might have in this area would be greatly appreciated.

Letter Accompanying the Questionnaire Requesting Information On Programs of Parent Education

December 16, 1953

_____

_____

_____

_____

Dear _____:

I am a graduate assistant in speech correction at Michigan State College and a part of my graduate program will include organizing and conducting a program of speech education for parents who have children enrolled in our speech clinic. Since there is little published information covering this area, I am interested in knowing about any parent program which may be organized in your clinic. Would you be kind enough to help me by completing the enclosed form and returning it to me at your earliest convenience?

Thank you for your consideration of this matter.

Sincerely yours,

Ruth Voorhees

Individual Answers to the Questionnaire on
Programs of Parent Education

Dr. Ollie Backus, University of Alabama: Dr. Backus indicated that her clinic has a parent education program and conducts it on both an individual and group basis because they think it "is most productive." Information is given on the following areas: information on the therapy the child receives in the clinic, what can be done at home, and on the nature and causes of speech defects. She states: "Most important is therapeutic experience (feeling level) of parents regarding attitudes they have toward the child, discipline, etc." The program is usually scheduled for the first hour of each day. The clinic is arranged in a six week block. The parents come with the child and attend four one hour group meetings for six weeks. In addition, the parents observe clinical lessons. Dr. Backus indicates, "The least important thing parents can do at home is work on speech - often harmful also I think."

Prudence Brown, University of Michigan, for Harlan Bloomer: Miss Brown indicated that her clinic had a program of parent education conducted on both an individual and group basis. The following information was given in the program: therapy which the child receives in the clinic, speech activities which can be done in the home, nature and causes of speech defects. A counseling for parents was offered by a psychiatric social worker. The program is usually conducted during the period in which the child is working, but individual conferences are sometimes scheduled at the parents' convenience. Miss Brown adds the following information:

> Procedure varies somewhat according to the program in which the child is enrolled. In six and eight week intensive programs more individual work is done since group meetings are often difficult to organize. In the two weeks program for pre-school children, a child is not accepted unless one parent can be present for a group meeting each day. It is supplemented by individual counseling as it seems to be indicated.

Dr. Louis DiCarlo, Syracuse University: Dr. Dicarlo indicated that his clinic had a program of parent education organized on both an individual and a group basis. He mentioned, "Our objectives include facilitating and expediting transfer as early as possible. Where the parents can actively participate we provide the opportunity. Where the level of skills is beyond the parents we attempt to promote insight into the children's problems so that behavior is suggested that will arrest more serious consequences." The following information is included in the program: information on the therapy the child receives in the clinic, information on speech activities which can be done in the home, nature and causes of speech defects. The program for parents is conducted

during the time the child is in the clinic "if possible." In addition, group meetings are held "in the evenings and at other times." Dr. DiCarlo adds: "We also try where advisable to give parents an insight into their own behavior with respect to their children. In addition we suggest a number of sources they may look up to help them handle their own and children's problems. We make ourselves available to them whenever they feel a need and provide therapy when the necessity is indicated."

Frederic Darley, State University of Iowa, for Wendell Johnson: Mr. Darley indicated that his clinic had organized a program of parent education on both an individual and group basis. He mentioned, "Experience has shown that a blend of individual conferences and group discussion (feasible with us only in our Summer Clinic) works best." The following information is given in the program: information on therapy the child receives in the clinic, information on speech activities which can be done in the home, information on the nature and causes of speech defects and local recourses parents should draw upon in getting help for their children. Mr. Darley indicated that the program was not conducted while the child was in the clinic added:

> Our parent program is fairly modest. The cases (other than local children with whose parents we confer frequently) are from all corners of the state - mostly rural dwellers. We have not found it feasible to have parents here for extended periods. We consult with them at length at the close of a semester's therapy. In the summer there is a highly organized parent conference and we often ask parents to read further on the subject concerned.

Mr. Darley inclosed information on the summer conference for parents and the reading list given to them.

Dorothy Eckelmann, Illinois State Normal University: Dr. Eckelmann mentioned that her clinic has a parent program which is "not consistent and highly informal." It is organized on both an individual and group basis since," it is more expedient to use individual conferences because of our scheduling. However, in the summer when we have fair-sized groups particularly of pre-school children and stutters, the group situation seems most desirable." The following information is given in this program: the therapy which the child receives in the clinic, speech activities which can be done at home, the nature and causes of speech problems, and further sources of speech, medical and psychological therapy. In addition notebooks and worksheets are distributed and checked with the parents. Printed and mimeographed material is also available. The time for the program varies and sometimes it is conducted during the child's therapy and at other times it precedes or follows the child's lesson.

Parents are sometimes requested to "sit in" on the child's lesson. Miss Eckelmann states further:

> With many parents, particularly those of children regularly enrolled in our Special Education Building we ask for conferences as the need arises or we arrange for conferences at the time the classroom teacher holds conferences with parents. With these we also make frequent telephone conferences.
>
> This area of parents education is one we always hope to do more about. As our program has grown it had become increasingly difficult to arrange for the frequent, brief conferences which I feel are the most valuable after the initial conferences.

Warren Gardner, Western Reserve University: Dr. Gardner indicated that his clinic had organized a program for parents on both an individual and a group basis. He mentioned the reason for this organization was, "for practical reasons since some parents need individual orientation and explanations. The group is very helpful to establish objectivity." As part of the program, information is given on the following areas: therapy which the child receives in the clinic; activities which can be done in the home; the nature and causes of speech defects. In addition parents may observe clinical lessons and booklets are distributed to them. The program is "usually" conducted while the child receives therapy but other meetings are also required. Dr. Gardner gave reference to Amy Chapin's article which had information on parent education.

Dr. E. H. Hendrikson, University of Minnesota: Dr. Hendrikson indicated that his clinic had a program of parent education organized on both an individual and group basis. The program contained information on the following areas: therapy which the child receives in the clinic, speech activities which can be done at home, and the nature and causes of speech defects. He indicated that "at times" the program was conducted while the child was receiving therapy.

Dr. Ruth Becky Irwin, Ohio State University: Dr. Irwin indicated that her clinic had a program of parent education organized on both an individual and a group basis. The reason for this organization was, "convenience - whenever possible regular group sessions are held." Regular group meetings are held twice weekly for mothers of children enrolled in the clinic as part of the clinical practice classes. During the program information was given on the following topics: therapy the child receives in the clinic; activities in speech which can be done at home, nature and causes of speech defects, behavior disorders in relation

to speech, hearing testing, and films. Dr. Irwin indicates, "some topics grow out of the needs and interests of parents and vary from term to term." The program is conducted while the child receives speech work. Dr. Irwin gave reference to material from her book, Speech and Hearing Therapy, and mentioned that her clinical practice classes rotate in instructing parents. Each student has at least two weeks with parent meetings. Some therapists have the parents observe therapy and practice under observation.

Dr. Ivan P. Jordan, Indiana University: Dr. Jordan mentioned that his clinic had a parent program organized on both an individual and a group basis. He stated the following:

> We conduct a year-round resident clinic for speech and/or hearing handicapped children. The final week of the Spring and Summer terms is devoted to parent education. One or both parents live on the campus during this week and attend scheduled group meetings in which etiology, problems, and general principles of therapy are discussed and illustrated. Following these, the parents attend individual conferences which cover problems and therapy specific to their children.

Information in the program includes the above mentioned items and also Dr. Jordan stated, "as nearly as possible we try to give the parent one specific speech activity to carry on at home. The parent and child are then followed by means of periodic out-patient interviews in which home therapy is evaluated and altered as the child's progress indicates." Dr. Jordan indicated that the group conferences were scheduled during the child's period of therapy. Sample copies of printed materials given to parents were enclosed with the questionnaire. Dr. Jordan mentioned, "This is a good area."

Harriet Montague, John Tracy Clinic: Harriet Montague indicated that their "whole program was based on parent education on both an individual and group basis. She felt, "All parents need the experience of group work and group discussion. They also need individual encouragement and help." The information usually given is on the therapy the child receives in the hearing clinic and on activities which can be done at home. She states, "The mother must spend two days a week in the clinic observing, assisting on the playground, attending lectures and participating in group programs. The lectures deal with the communication problems of the deaf child and with the psychological problems of the child and the parents." Miss Montague outlined the program for parents including weekly classes and conferences and the Summer School program and mentioned the correspondence course covering one year of work which is sent to more than 5,000 families throughout the world.

Dr. Severina Nelson, University of Illinois: Dr. Nelson indicated that their program of parent education was conducted on both an individual and on a group basis since it was "necessary at times to see parents individually." Included in the program was information on the following items: therapy which the child receives in the clinic, speech activities which can be done at home, nature and causes of speech defects, and books on certain areas. The program was "usually" held during the child's therapy however group meetings were held at "different times." Dr. Nelson indicated that a reading room was available for use by parents.

Dr. M. D. Steer, Purdue University: Dr. Steer indicated that a program for parents was existent in their summer and out-patient clinics only and was conducted on both an individual and group basis. Included in the program was information on the following items: therapy the child receives in the clinic, speech activities which can be done in the home, and the nature and causes of speech defects. The program was "sometimes" in operation during the time the child received speech work depending upon "the availability of the parents and the senior clinicians."

Dr. Harold Westlake, Northwestern University: Dr. Westlake indicated that the parent program in his clinic was organized on both an individual and on a group basis since "group work is more efficient and has advantages and some parents are not ready for groups and require individual help first." In his program, information was given on the following items: therapy which the child receives in the clinic, speech activities which can be done in the home, and the nature and causes of speech problems. The program is "usually" scheduled for the time in which the child is receiving speech therapy. Dr. Westlake indicated further:

> Our parent groups are for articulatory, incipient stutterers, young stutterers and adolescent stutterers, cleft palate and cerebral palsy cases. We have separate groups for these types to take care of unique problems.

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CHECK-SHEET FOR INITIAL INTERVIEW

Name _____ Date _____

I. Information on Meetings:

A. Do you wish to attend the parent meetings? _____

B. Do you feel you could attend regularly? _____ If not, are there any special reasons why you could not attend regularly?

C. Do you think your husband or wife could also attend? _____ If not, why would he or she be unable to come?

D. Is there a special hour between 9 and 12 A.M. on Saturday which would be most convenient for you to come with your child? _____

E. Are there any special things you would like to discuss in these parent meetings? _____ If so, please list them:

II. Special comments:

INITIAL QUESTIONNAIRE FOR THE PARENT PROGRAM

Name _____ Address _____ Tel. _____

I. Your Child's Speech Problem

A. What, in your opinion, is your child's speech problem?

B. What do you think caused this speech problem?

C. Do you think your child's speech would be better if he would only try harder? _____ Please explain:

D. Are you ever embarrassed because of your child's speech? _____ If so, in what kinds of situations?

E. Does your child ever seem embarrassed or bothered because of his speech? _____ If so, in what kinds of situations and how does he show this?

II. Speech Correction at Home

A. At present, are you doing speech work with your child at home? _____ If not, are there any special reasons why you are not doing speech work with him?

B. Has the speech clinician given you suggestions on speech activities which you can do at home with your child? _____

What kinds of things has she suggested?

Have you been able to carry out all these suggestions? _____

In addition to these suggested activities, have you done any others? _____ If so, please list some of them:

C. Who usually works with the child at home? mother _____, father _____, both _____, brother or sister _____. Please indicate if there is a special reason why this person usually works with the child:

D. Do you generally work with your child in speech each day? _____ Generally, how long do you work each time? _____ Do you have a special hour for this speech work? _____ If so, when? _____

E. Are you having any special problems in doing speech work with your child? _____ If so, please list some of them:

F. Do any members of the family tease the child about his speech until it bothers him? _____ If so, who does this and how does the child usually react?

G. Do you try to correct your child whenever he has particular difficulty in speaking? _____ Do you correct him: Most of the time _____, Part of the time _____, Occasionally _____

Are there special times when you always correct him? _____ If so, when?

Are there special occasions when you never correct him? _____ If so, what are these circumstances?

III. General Information

A. List the members of the family and their ages:

Name	Age	Living at Home?

B. Education of Parents: (indicate which is most appropriate)

1. father: grade school ___, high school ___, college ___, degree ___
2. mother: grade school ___, high school ___, college ___, degree ___

C. Occupations of parents:

1. father _____ working hours _____
2. mother _____ working hours _____

D. Is the general health of the family: poor ___, good ___, average ___
List any members of the family that are in poor health:

Name	Health Problem

E. Does any other member of the family have a speech problem? _____
If so, please list:

Name	Speech Problem	Has it Been Corrected	When	Where

Speech Correction Work at Home

Unit One - Recognizing Your Child's Speech Problem

There are some 4 million school children - about 5% of the total school population - in the United States who have speech problems. About 75% of them have problems of articulation where the sounds in words are not made correctly. Your child is one of these 3,000,000 children who need help in their speech so that it is easier to understand their words.

The words we say are made up of sounds. For example, in saying "soap" we have 4 letters but only 3 sounds - "s," "o," and "p." There are four ways in which we can make these or any sound incorrectly so that a word such as "soap" will be hard to understand.

1. We can substitute a wrong sound for the right one. If we said "tope" we would have made the "t" sound instead of an "s."

2. We can leave out a sound. "Soap" might be just "ope" and we have left out the "s."

3. We might distort a sound. If we put our tongue in the wrong place or let out too much air, the "s" might whistle or sound "slushy."

4. We can put too many sounds in words. Instead of saying "soap" we might say "serope" and we would have added an "er" which didn't belong.

One of the first and most important ways you can help your child's speech is to find out just what he does with sounds that makes his words hard to understand. Here are some ways you can do this by being a good listener:

1. For older children, try playing some question games. Perhaps you can be thinking of some familiar object or person and let the whole family try guessing who or what it is. Listen for any sound errors.

2. With younger children you can look at pictures and objects together and talk about them, listening for sounds which he may substitute, leave out, add or distort.

3. Another way is to observe him when he is talking to you in different situations such as asking for something, telling you something, or answering a question to see if he makes the same errors in every situation.

4. Note if he can make a sound in one word and yet misses the same sound in another word. For example, many times a child might say "won" for "run" and yet say the "r" sound correctly in "rabbit" or "carrot."

For this first week be a good listener and don't try to correct your child when he makes mistakes in speech. Wait until you're sure just what has to be corrected. Speech work takes time, listening and a great deal of patience. But, you'll see - it can be lots of fun and interesting too!

Unit Two - Causes of Articulatory Problems

During the past week you have been listening closely to your children, trying to find out what sounds they are substituting, omitting, adding, or distorting in words. This has been a difficult job, but often it becomes even more difficult to determine why these articulatory problems occur.

The process of learning to talk begins from the first cries of the tiny baby and progresses through his first few years as he learns to make his cries, cooings and babblings mean something to others around him. He learns the very difficult process of talking by practicing sounds, listening to others and finally by imitating the speech that he hears and watching how others respond to it. There are many factors which may occur in a child's life which may upset this complex process and may be causes of articulatory problems.

In thinking of the causes for articulatory problems, we can divide them into physical and non-physical causes. Some of the physical causes may be:

1. Birth injuries may result in mental retardation, loss of control of muscles used in speech or a hearing loss.

2. Illnesses or injuries during the time of speech development which can damage the speech organs or leave the child too weak to try to learn speech.

3. Jumbled or irregular teeth may make it more difficult for a child to make sounds correctly.

4. The child may be slow in developing good muscular coordination which is necessary for adequate speech development.

More frequently there may be non-physical causes for articulatory problems such as these:

1. Because the family may over-anticipate a child's wants and needs, or interpret what he says to others, the child may have no need to use better speech.

2. Even with normal hearing he may not be able to distinguish differences between sounds in words.

3. He may not receive enough attention when he talks so that he feels that good speech is worthwhile.

4. He may be imitating poor speech in his family.

Here are some of the ways in which every parent can help to eliminate some of the factors which may be allowing articulatory problems to continue:

1. Set good speech examples by talking slowly and clearly enough so that you can be easily understood.

2. Show your child you're interested in what he has to say by taking time to listen to him and by giving him opportunities to talk without interruptions.

3. Emphasize praise for effort and improvement rather than constant correction for mistakes.

Unit Three - Hearing Differences Between Sounds

Before a child learns to say sounds in words he must know that they are there and hear them in the words that other people say. This requires listening for these sounds as they are made alone and in words. Here are some ways that you can help make this listening time a "fun time."

1. Try working with the child on listening to non-speech sounds before beginning on speech sounds. Such activities as tapping on different objects (glasses, metal, wood), making different noises, blowing whistles, ringing bells are good ways to see if the child can guess what you are doing and can hear a difference between these gross sounds.

2. Pick a special sound for the child to listen for. Perhaps you will find it best to work on a different sound every few days. Make the sound for him rather than calling it by its letter name. For example, call it "ssss" rather than the "s" sound.

3. Collect a few objects, pictures and words which contain the sound. Remember not to confuse the spelling and the speech sounds. For example, "city" and "sun" start with the same speech sound.

4. Find some activity your child especially enjoys and center the listening around that.

   a. Games can be used where the child must recognize whether the sound is present in the words you say or the pictures you name in order to take his turn.

   b. Guessing games can be played by all of the family where you must guess the object or person that has the certain sound.

   c. Have the child perform some activity when he hears the sound in words or pictures.

   d. You can have a number of pictures or objects and let the child sort those that contain that sound.

   e. Younger children like to have the sounds named. For example, "ch,ch," is the train sound, and "z,z," is the busy bee sound.

   f. Older children can count the number of words you say or hear on T.V. or objects in different rooms with that sound.

5. Remember, these are listening times so don't ask hom to say the words nor correct him if he doesn't make the sound correctly. The process of learning to make sounds takes time and should not be hurried. Listening is the first step in learning to make sounds in words.

If you help your child learn to be a good and careful listener he will be much more apt to find it easier to be a good speaker.

Speech Correction Work at Home

Unit Four - Making Speech Sounds

Any sound we make in speech is either a "quiet" sound or a "noisy" sound. When the sound is "quiet" you can't feel any buzzing in your throat and when the sound is "noisy" you can feel how it buzzes. Here are consonant sounds which are most likely to be hard for children to make.

I. Lip Sounds

Quiet		Noisy
"p" pie, apple, top	Both are made by keeping the lips closed, letting air build up behind them until the lips pop open	"b" baby, tub
	"m" is a nasal sound that you can feel in your throat and in your nose. Keep your lips together and hum	"m" mother, camel, ham
"h" home, doll house	"h" is a panting sound made by keeping the lips open	
"wh" white, in which	Both are made by rounding the lips and blowing out	"w" window, sandwich

II. Tongue-Teeth Sounds

"th" thank you, tooth-brush, bath	Both are made by putting the tongue tip on the upper front teeth and blowing out	"th" this, feather, smooth

"s" sun, ice cream, socks	Both are made by putting the sides of the tongue on the inside of the top back teeth and let the tongue tip tip down slightly behind the top front teeth. The air is blown down this tipped part.	"z" zipper, sissors, shoes
"sh" shoe, washing, fish	Both are made nearly the same as "s,z" except the middle of the tongue is humped slightly and the tongue tip is a bit lower. The lips are rounded slightly.	"zh" treasure
	"r" and "er" are both noisy sounds. "r" is made with the middle of the tongue humped, the sides of the tongue touching the inside of the top teeth, and the tip slanted down. The tongue tip is a little further back than in "s,z". The "er" is made in much the same way as "r" except the tip is usually a little flatter and is usually pulled back a bit further.	"r" "er" run, carrot, father
	III. Teeth-Lip Sounds	
"f" father, elephant, knife	Both are made by putting the top upper teeth on the bottom lip and blowing.	"v" valentine, invite, stove
	IV. Tongue - Gum Ridge Sounds	
"t" tent, butter	Both are made by putting the tip of the tongue on the gum ridge in back of the top front teeth, letting air build up behind them and letting the tongue drop.	"d" dog, indian, and

"ch"
church, watching

"ch" and "dzh" are combinations of two sounds and are made by putting the tongue in position for the first sound and sliding it into position for the second sound. "ch" is a combination of "t" and "sh". "dzh" is a combination of "d" and "zh."

"dzh"
jump, manager, hinge

"n" is a nasal sound which you can feel in your nose. It is made by putting the tongue tip on the gum ridge and holding it there while the sound is made.

"n"
nose, banana, man

"l" has the tongue tip on the gum ridge in back of the upper teeth and it is made nearly the same as "n" except that the middle of the tongue is rounded down slightly and in "n" it is on the sides of the upper teeth.

"l"
lamp, balloon, ball

V. Back-Tongue Sounds

"k"
cup, ice cream
block

Both are made by putting the back against the soft palate in the back of the mouth, letting air build up behind the tongue, and let the tongue drop. "t and d" and "k and g" are often confused. You can think of it like a rocking chair when you rock up for "t and d" and back for "k and g".

"g"
gum, wagon, pig

"ng" is made with the tongue in the same place as "g" but instead of letting the tongue drop you can hold it there. This is a nasal sound that you can feel in your nose.

"ng"
ink, ring

"y" is made nearly the same as "g" except the middle of the tongue is humped toward the roof of the mouth. As in "g" the back of the tongue is at the back of the mouth on the soft palate.

"y"
yellow, onion

FORM FOR RECORDING PARENT RESPONSES

Meeting Number _____ Group Number _____

	Parent ( )	Parent ( )	Parent ( )	Parent ( )
Spontaneous Comments				
Questions				
Answers to Direct Questions				
Response Indicating Knowledge Gained				

Indicate by checks in the appropriate column the number and type of responses made by parents.

Content of Lesson and Comments:

For the purpose of conserving space and presenting the study in a compact form, the questionnaires have been condensed to include only the questions which were asked. On the original forms there was appropriate space left after each question for more detailed answers.

EVALUATION QUESTIONNAIRE OF THE GROUP DISCUSSION PROGRAM FOR PARENTS OF CHILDREN WITH ARTICULATORY PROBLEMS

This information will be used to help us determine how effective this program has been. No names will be used in the written evaluation of this program.

Space has been left after each question for you to explain your answers more fully.

Name _____

1. Please rate this program for parents according to its value for you:
   a. Very helpful _____
   b. Of some help _____
   c. Of very little help _____

2. In your opinion there have been:
   a. The right number of meetings _____
   b. Too many meetings _____
   c. Too few meetings _____

3. Do you find that doing speech work with your child is:
   a. Much easier than before attending the program _____
   b. A little easier than before the program _____
   c. About the same as before the program _____
   d. Harder than before attending the program _____

4. Are you having any problems in doing speech work with your child? _____

5. At present you are working with your child in speech:
   a. More regularly than before attending the program _____
   b. About the same amount of time as before attending the program _____
   c. Less regularly than before the program _____

6. What kinds of speech activities are you doing with your child?

7. In your opinion, doing speech work at home has been:
   a. Very helpful to the child _____
   b. Of some help to the child _____
   c. Of little help to the child _____

8. If there were more of these meetings would you like to attend? _____

9. Do you feel you would have gained more if the meetings had been conducted on an individual rather than a group basis? _____

10. Do you think that all parents who bring children to the clinic should be required to come to meetings of this type? _____

11. In your opinion, should these meetings be continued as long as the child is in the speech clinic? _____

12. Has this parent program given you any new information which has been of help to you in working with your child? _____

13. Please give us any suggestions you may have as to how this program could be improved. (use the back of this page if necessary.)

Background Information on Subjects

For a better understanding of this study, it was necessary to compile a brief background sketch of the parents who indicated that they would attend the program. The information given has been based on the material gained from the initial and final questionnaires and interviews. No attempt has been made to give a complete case history on the subjects.

Each parent has been referred to by designated letters. In cases where both parents have been mentioned the titles "Mrs.," or "Mr." precede the family letter.

Family A

Educational and occupational information. Mrs. A graduated from business school and her husband graduated from college. Mr. A was working as a road design engineer for the State Highway Department and Mrs. A was not working outside the home. Mrs. A listed her husband's working hours as, "approximately forty hours a week," and mentioned he would be unable to attend Saturday meetings.

Family information. Mrs. A was forty-one years old and Mr. A was forty-five. They have two sons aged five and eight and a daughter aged seventeen. Both boys had articulatory problems, however only the five-year-old was enrolled in the college clinic at the time of the parent meetings. Both boys attended public school speech classes. Child A had been enrolled in the college speech clinic for three terms and diagnostic tests noted severe articulatory problems with inconsistent omissions and substitutions.

Information from the parents on the child's speech problem. Mrs. A stated that the child's speech problem was in "articulation" and it was probably caused by imitating his older brother's speech. She felt that the child's speech would be better if he tried harder. The child "feels bad when the family fails to understand something he is explaining." Mrs. A remarked at her own embarrassment when "even I am unable to understand him."

Home speech work. Previous to the parent meetings, Mrs. A had been working with the child by "repeating his prayers slowly and deliberately and in trying to get him to say every syllable." She mentioned that the family "constantly try to help him but not to the point of antagonizing him." Someone in the family generally works with the child each day "as the occasion arises during conversation." None of the family tease the child about his speech. Conversational correction was done "part of the time particularly on new names and words, but never when he was emotionally upset or over-tired."

Mrs. A mentioned that the clinicians had informed her of the sounds that the child was working on and has suggested activities for her to do at home. She has been unable to carry out these suggestions because of a "lack of cooperation from M---- after he leaves the clinic." She felt that child has made decided improvement but that he still resented "having to say words over."

Mrs. A mentioned that as part of the program "information regarding your methods of working with the children would be very beneficial; particularly methods for forming various problem sounds."

Parent evaluation of the program. Mrs. A attended all of the group meetings. She rated the program as "very helpful" and stated that she had gained new ideas from the group meetings. She said, "I gained a great deal of understanding of speech problems and the value of patience, plus ways of helping M---- that I never would have thought of by myself." She went on to say that although the child did not "respond at present to some of the methods of helping him that were suggested" she would have use for these ideas in the future.

Mrs. A felt that doing speech work with her son was "a little easier" than before attending the group meetings. She was spending about the same amount of time in working with him and was setting aside no regular time because this had not proven effective. She did speech work with the child "when the occasion arose" and used his interest in learning to count as a basis for finding and drilling on specific sounds. Mrs. A felt that her main problem was "to incorporate the sounds he is able to make correctly in his conversation." While she could see signs of improvement she hesitated to "take much of the credit for it."

Mrs. A mentioned that there had been "too few" meetings but that more might have become "too technical for parents who aren't attempting to make a career of speech correction." Mrs. A preferred to have meetings on a group rather than on an individual basis. "Individual meetings might cause one to over-emphasize their particular problems and there is something to be gained from a group exchange of ideas." She decided that all parents who have a child enrolled in the speech clinic should be required to attend these meetings "a minimum of one term" and that "one term each succeeding year should be continued for all parents to keep them alert on the methods used in helping children."

During the final conference the director of the program commented that Mrs. A had left the question concerning suggestions for the program. Mrs. A stated, "I have nothing to offer in this respect. The meetings were friendly, interesting and informative." Mrs. A mentioned that she had particularly enjoyed the observation lessons and wished that she might have more of them.

Family B

Educational and occupational information. Mrs. B had some college work and Mr. B is a high school graduate. Mr. B works five days a week from 8 A.M. to 5 P.M. as a draftsman. Mrs. B is not employed outside the home. Mr. B would be unable to attend the Saturday meetings.

Family information. Mr. B was thirty and his wife was thirty-three. They have two daughters aged five and three. The five-year-old had attended the college clinic for three terms previous to the parent meetings. The original diagnostic tests showed retarded speech development and refusal to use speech. Later tests showed that the child was using speech and the problem had become one of an articulatory nature with inconsistent substitutions and omissions.

Information from parents on the child's speech problem. Mrs. B stated that the child's speech problem was that "it is difficult for her to form sounds correctly." In the area of causal factors she was "willing to go along with the conclusion of the Psychology Clinic that it was due to damage to the brain tissue either before or during birth plus an auto accident in which she received a cut on the forehead." Mrs. B indicated that she felt the child could do better in speech but she was "clinging to her own way of pronouncing words rather than trying to say them correctly." Mrs. B felt that neither she nor the child were embarrassed by the child's speech. No one in the family was teasing the child about her speech and everyone was "pleased with her progress in the last few months."

Home speech work. Previous to the parent meetings Mrs. B had done no speech work which had not been suggested by the clinicians. Previous clinicians had suggested that they "concentrate on the 'm' sound but it was suggested a few months ago that we were trying too hard to make her say certain words. Then we stopped working."

Mrs. B mentioned that when speech work was done at home the younger sister usually "corrects" the child and that "it works better than if my husband or I try." Correction is done occasionally but never in front of other children. The main problem noted by Mrs. B was that the child was "inconsistent in using the same sound in different words." Mrs. B wanted to discuss this problem in the parent meetings.

Parent evaluation of the program. Mrs. B attended all of the group meetings and rated the program as being "very helpful to the extent that I know how to help her on 'spur of the moment' occasions." She felt that the "listening part of the information" was most beneficial to her. In the conference she explained that she was referring to auditory discrimination activities.

Mrs. B felt that there were the right number of meetings but that if there were more meetings she would like to attend. She was working with the child more regularly and was finding it much easier. Her main problem was that "I can't get her to cooperate with me." The activities that she was doing with the child were mainly reading and counting. Mrs. B felt that the work was of "some" help to the child.

Mrs. B felt that group meetings were more helpful than individual ones would have been. She believed that they should be continued as long as the child remained in the clinic. Her reason for this belief and her idea that parents should be required to attend these meetings is clarified in her statement, "each of us who attended found out how we were wrong in what we were doing - anyway I did." Mrs. B mentioned in the interview that she had learned that she must give the child opportunities for using speech and "not to push her." Mrs. B especially enjoyed the observation meetings and mentioned that she had gained many new ideas from them. She had no suggestions for improving the program.

Family C

Educational and occupational information. Mr. C was not living at home during the term preceding the parent meetings, because the research for his doctoral dissertation kept him in another part of the state. Mrs. C, a college graduate, was teaching high school physical education until her husband finished his degree.

Family information. Mrs. C was thirty-three and her husband thirty-five. They have two daughters aged two and four and a son aged nine. The four-year-old and the boy had been enrolled in the speech clinic for one term. The son had had some previous speech work in another clinic but had stopped when it became apparent that he had "tendencies for stuttering." The diagnostic test at this clinic showed him as having substitutions on "r" and "l." The girl was diagnosed as having delayed speech and she had made no attempt to use words. Mrs. C was included in the program because of the son's articulatory problem.

Information from the parents on the child's speech problem. Mrs. C's main concern was with her daughter who "does not talk at all - no motivation." She mentioned that the son's problem was in "articulation 2 mostly consonants." She felt that he "talks faster than he can sound his words properly." Mrs. C mentioned that they had never "pushed the boy and that "at least he doesn't stutter." Mrs. C did not believe that either of the children were bothered by their speech problem.

It was explained to Mrs. C that the parent groups were discussing problems and methods of correction for children with articulatory disorders.

Since that was the case, most of the material would not apply to working with the younger child. Even though she noted that she was not worried about the boy's speech, she wanted to attend the meetings. Her main concern was still with the girl. As the younger child progressed in clinical work she gained a great deal of speech and she reached a point where sound and word imitation was being mastered. With this progress it was possible to suggest activities for correcting sound which could be used for motivation purposes in stimulating speech.

Home speech work. Mrs. C said that there had been no suggestions from the clinicians as to home speech work. However, she usually tried to work with the children every day. The activities mentioned were in "trying to pronounce words slowly and distinctly." She corrected the boy "part of the time" but never when "we are in a crowd." In mentioning what she would like to discuss she wrote, "motivation for the younger child."

Parent evaluation of the program. Mrs. C attended six of the group meetings. She was absent twice due to sickness in the family. In the questionnaire she mentioned that the program was of "some help" and that the "greatest single value" came in observing the clinical lessons.

Mrs. C was working more regularly with the children and was finding it a "little easier." She listed only "imitating games" for the younger child as being a part of her speech activities. She felt that speech work was of "some help to the children" but there were "too many distractions and too little time."

Mrs. C felt that there had been enough meetings and that there would be cases where some parents need not be required to attend meetings of this type. In her own case she mentioned that a "certain number of meetings a year would be nice." She indicated a preference for group meetings because "the discussions were helpful from the standpoint of finding so many similar problems." She gave no suggestions for improving the program.

During the final conference Mrs. C commented on the younger child's progress and how hard it was not to expect too much of her. She was concerned that the children did not work well at home. Mrs. C mentioned that the boy's problems in school adjustment and that his speech had held him back in reading because the children had made fun of him. She wondered whether she should take him out of the clinic and find someone to tutor him in reading. A discussion with the boy's clinician during the interview helped her make the decision against this. The clinician advised that the child needed a rest from speech and school this summer and more companionship with his family.

Family D

Educational and occupational information. Mrs. D had completed the tenth grade in high school and her husband had finished the eleventh. Mr. D was working week days from 6 A.M. to 2:30 P.M. in a factory and managing his samll farm. Mrs. D was not employed outside the home. Mr. D's work did not permit him to attend group meetings.

Family information. Mr. D was twenty-nine years old and Mrs. D twenty-six. Their only child, a son, was six years old and had been enrolled in the speech clinic for four terms. Diagnostic tests showed extreme nasality with no consistent functioning of the velum and inconsistent substitutions and omissions. The mother noted that neither she nor the child were embarrassed by the speech problem and that no one teases him about it.

Family D did not have a telephone and the questionnaire was sent to the home with a letter explaining the parents' meetings. The author of this study met with Mrs. D a week previous to the group meetings. She had no questions concerning the questionnaire and indicated that she would like to attend the group meetings. She was anxious to learn "what I could do at home to help him."

Information from the parents on the child's speech problem. In explaining the speech problem Mrs. D noted that "as far as we know it is just his talking and he is not able to say the words plain. He's been checked by the doctor and he can't find anything wrong with him. I believe he talks through his nose."

Home speech work. At the time of the parent meetings Mrs. D had been doing "some" speech work every day for about fifteen minutes. She had used pictures and had corrected him "part of the time on general talking around home." She was having trouble "keeping his attention."

Parent evaluation of the program. Mrs. D attended six group meetings. She was absent twice because of transportation difficulties. On the final questionnaire she indicated that the meetings had been "very helpful." She indicated that the material on "learning how to sound out words and how to place the tongue in sounds" was most helpful.

Mrs. D was working more regularly with the child and felt the work was much easier. She mentioned that the speech work at home had been "very helpful" to the child but she was still having trouble in keeping his attention. She went on to say, "Now that we make a game of it he is doing better."

Mrs. D felt that all parents should be required to come to meetings of this type as long as the child was in the clinic. She said, "before

the meetings I really didn't know how to work with C----." Mrs. D offered no suggestions for improving the program and stated "I feel that you are doing a good job." During the final interview she mentioned that she liked the group lessons because, "in a group you feel more at ease."

Family E

Educational and occupational information. Mr. E was a high school teacher and was doing par-time work toward a Master's degree. His wife, a college graduate, was teaching regularly in an elementary school. Mr. E's work brought him to the college each Saturday so he was the one who brought the child to the clinic. Mrs. E did not plan on attending the group meetings.

Family information. Mr. E was forty-two and his wife thirty-seven. They have two daughters aged twelve and nine and a son aged six. The son had been enrolled in the clinic for one term previous to the parent meetings. Diagnostic tests indicated an articulatory problem involving inconsistent omissions and substitutions. Mr. E mentioned during the interview that neither he nor the child were embarrassed by the child's speech and that no one in the family teased him about it.

Information from the parents on the child's speech problem. Mr. E noted the child's speech problem as "dropping the sounds he has difficulty with." He said that he did not know what caused it but he was sure the child's speech would be better if he would try harder.

Home speech work. At the time of the interview with Mr. E the family was unable to carry out the clinician's suggestions of "trying to correct the dropping of the sounds miss-pronounced." The family had been asking, "What did you say?" when the child said a word wrong. Then they asked him to pronounce the word correctly. Either the father or the mother tried to work with the child every day "when the time was available." They were having trouble because "he avoids the words and substitutes words." They corrected him "part of the time" but never in front of strangers. Mr. E wanted to discuss, "how we can best help J----."

Parent evaluation of the program. Mr. E was able to attend one group meeting and one observation session. Mrs. E came alone to another group meeting. Mr. E came to two additional make-up meetings which were spent in discussing the material he was missing in the group meetings. Because of the interest he had shown and his efforts to discuss the lesson material, he was included as a special subject in the study.

Both parents participated in completing the questionnaire. They mentioned that the program had been very helpful and that it was difficult for them to evaluate the program completely because they had attended so few meetings.

The family was trying to "play games involving different sounds" and were trying to work more regularly. They felt that the child was getting more benefit from clinic work than at home because he "tries harder."

Mr. and Mrs. E felt that the meetings should be on a group basis and continued as long as the child remains in the clinic. As they put it, "the parent is certainly better able to work with the child if he has attended some of the meetings. It gives them a better understanding of the problem."

During the final interview Mr. E indicated his enjoyment of the observation lesson. He felt that he learned one important thing "that it takes a lot of patience and you can't go into a lesson 'cold.'"

Family F

Educational and occupational information. Mr. F was a college instructor with a Doctor's degree. Mrs. F is a college graduate and was not employed outside the home. Mrs. F mentioned that her husband might "possibly" attend the meetings except that he was usually working on Saturday.

Family information. Mrs. F did not indicate her own age nor her husband's. However, the clinic records show that Mrs. F was forty-three and Mr. F forty-one. They have three sons aged thirteen, eleven and five and a daughter aged seven. The seven-year-old had been enrolled in the clinic for five terms and the five-year-old was enrolled at the beginning of the term in which the parent groups began. Both children had articulatory problems with omissions and substitutions. The seven-year-old was being treated by an orthodontist for additional dental problems. The eleven-year-old had been dismissed from the clinic five years ago and the mother stated that his articulatory problem had been corrected.

Information from the parents on the child's speech problem. Mrs. F stated that the children's problems in speech were "mispronounciation of various sounds." She felt that the older child's speech problem was caused by "slow development and poor coordination." The younger child was "probably imitating his sister." Mrs. F mentioned that both children could do better in speech if they tried. She had noticed that the boy was trying but that the girl "forgets when she is recounting something." Mrs. F was sure that both children were embarrassed by their speech and

that she was sometimes embarrassed when the girl's friends can't understand her. The older children sometimes tease them but it did not seem to bother them.

Home speech work. Mrs. F had been trying to carry out the clinician's suggestions in making a scrapbook. However, she was having difficulty in finding appropriate pictures. She indicated that all of the family work with the children and "make corrections during regular conversation." She was doing nothing that had not been suggested by the clinic. The children are usually corrected in conversation "part of the time" but never when they are "disturbed or unhappy or tired." Mrs. F wanted especially to discuss "techniques for helping children's speech."

Parent evaluation of the program. Mrs. F attended seven group meetings and was absent once because of illness. Her husband did not attend any meetings. In the questionnaire Mrs. F stated that the meetings were "very helpful," and that there had been the right number of them. She felt that all parents should attend meetings of this type for one term.

Mrs. F thought that speech work was much easier than before attending the meetings. She was working more regularly using mirror work, watching for sounds in reading and in using a sock puppet. She felt that she was doing these activities at a time when the children were too tired, but even then they seemed to help them in carrying-over clinical work.

Mrs. F mentioned that she would "probably not" have gained more if the meetings had been on an individual basis. She went on to say, "I have felt the need of help in developing techniques and of being able to carry over lessons received in the clinic. These have been supplied in these classes." Her only suggestion for improving the program was to have the clinician send home a note each week with an assignment or suggestions for home speech work.

During the final conference Mrs. F discussed the problem of her younger son's resentment of correction and coming to the clinic. This problem was referred to the director of the clinic and it was decided that the child should be taken out of clinical work for one term. Mrs. F was pleased with her daughter's acceptance of her speech problem and she felt that her sense of humor would help her over-come it.

Family G

Educational and occupational information. Mr. G was a machine operator with week day working hours from 8 A.M. to 4 P.M. Both parents had had a grade school education with Mrs. G having completed ninth grade. Mrs. G was not employed outside the home. Mrs. G thought that her husband could "possibly" come to the group meetings.

Family information. Mr. G was sixty years old and Mrs. G was forty-five. They have two daughters aged eleven and ten and a son aged eight. Mrs. G had a twenty-year-old son from a previous marriage who was in the army. The eight-year-old had been enrolled in the clinic for one term previous to the parent meetings. He had been diagnosed as an articulatory case with severe substitutions and omissions. Mrs. G indicated that neither she nor the child were embarrassed by the child's speech and that none of the family tease the child about it.

Information from the parents on the child's speech problem. Mrs. G said that the child's problem was that "he don't say his words right." The only statement she made as to a causal factor was, "he always talked this way." Mrs. G was sure that "he can say things right if he wants to, but he's just got away with it."

Home speech work. An older sister was working with the child "off and on" every day "correcting him on his words." Mrs. G said that "he does more for her." The clinicians had given Mrs. G no suggestions for home speech work. She was facing a problem in helping the child because "he gets stubborn in repeating words and says, 'I said it once.'" The family try to correct him "most of the time" especially on his sisters' names and on "special words."

Mrs. G could think of nothing special she would like to discuss in the group meetings. The author read the questions to her on the initial questionnaire and recorded verbatum answers. Mrs. G mentioned that she had forgotten her glasses and "couldn't see to read without them."

Parent evaluation of the program. Mrs. G attended seven meetings and Mr. G attended six. The absences of both parents were because of illness in the family. Neither parent came to the clinic for a final conference and the questionnaire was received at the clinic by mail.

Mr. and Mrs. G mentioned that the program had been "very helpful." They indicated that it was much easier to work with the child and that they were spending about the same amount of time in doing speech work at home. The activities listed were correction and sounds and they felt that these were of "some help" to the child.

Mr. and Mrs. G stated that they felt there had been the right number of meetings and that no more were necessary. They felt that group meetings were more helpful than individual ones would have been. If there were more meetings they would like to attend "some of them" but they felt that they should not be required of all parents. No suggestions were given for improving the program.

Family H

Educational and occupational information. The program was explained to Mrs. H by telephone and a questionnaire was sent to her home. It was impossible for her to come for an interview due to working hours on week days in an alteration shop. The program was explained more fully when she brought the child for clinic on the first day of Winter Term.

Mrs. H indicated that she wanted to attend the meetings but that her husband could not come since he was working eight hours a day as a service manager. Both parents were high school graduates.

Family information. The ages of the father and mother respectively were thirty-eight and thirty-three. The paternal grandmother aged sixty-three lived with the family. The parents have one daughter aged thirteen and a son eleven. The son had been enrolled in the clinic for one term previous to the parent meetings. His articulatory problem was one of omissions and substitutions.

Information from parents on the child's speech problem. Mrs. H said that her son had an "articulation problem." Three doctors thought he was "slow in talking and in time he would out-grow this." She felt his speech would be better if he tried harder. Mrs. H mentioned that she was never embarrassed by the speech problem but that the child "will not respond in school because of it." She says no one at home teases him about his speech and that his father "had the same difficulty with speech as a child but has outgrown it except for a few words."

Home speech work. At the time of the interview Mrs. H and her husband were working with the child as the clinician had suggested. They were doing tongue exercises and "pronouncing words." They worked with him for about one-half hour each day and corrected him "occasionally." Mrs. H mentioned nothing special which she would like to discuss in the meetings except "speech."

Parent evaluation of the program. Mrs. H attended six meetings. No mention was made of the causes for the two absences. In the questionnaire she indicated that the program had been "very helpful in understanding the kind of help J---- needs and ways of helping him."

Mrs. H felt that there were the right number of meetings but that they should be continued as long as the child was enrolled in the clinic. In addition she mentioned that she thought they should be required of all parents.

Mrs. H was working more regularly with the child since the group meetings and she was finding the work "much easier." She mentioned, "Now I know what I can do to help." She found that "saying words over until

they are correct and reading is most helpful" and that the child "is interested in helping himself." She felt that home work was "very helpful" to the child "in reviewing what has been done before."

Mrs. H mentioned that group meetings were more helpful than individual ones for "discussing problems of the other children has helped in finding different ways of working with mine." She listed no ways for improving the program.

During the final interview Mrs. H discussed the home situation and the difficulty the child was having in adjusting to his grandmother. Mrs. H was worried about his school work because he had been behind. She was pleased with his speech progress. Her one comment on the parent program was, "I think it's been grand."

Family J

Educational and occupational information. Mr. J had completed the tenth grade in high school and was working on a "swing-shift" schedule in a factory. Mrs. J had finished the tenth grade and was working on a correspondence course to complete her high school education. Mrs. J was doing feature writing for a local newspaper but was not working outside the home. Mrs. J mentioned that she wanted to join the parent groups but that her husband would not come because he was not "interested in social life."

Family information. Mr. J was forty-five and Mrs. J was thirty-three. Mr. J had two sons aged twenty and nineteen from a previous marriage. Mr. and Mrs. J have three daughters aged eleven, ten and six and two sons aged eight and four. The eight-year-old had been enrolled in the speech clinic for one term as a severe articulatory case with inconsistent omissions and substitutions. The twenty-year-old son was a paraplegic left arm amputee from an auto accident and had been confined to a wheel-chair for the last two years.

Information from the parents on the child's speech problem. Mrs. J mentioned that the child's problem was that "he either doesn't hear certain sounds, or has a lazy tongue. He omits several words in a sentence and has difficulty in pronouncing symbols." She felt it had been caused by "illness at the age of two years." Mrs. J thought that the child might do better in speech if he tried harder and that he has been improving steadily. She mentioned that she was embarrassed "when people about him act as if they think he is abnormal." She feels he is embarrassed "when he tries to reply to a question and cannot make himself understood."

Home speech work. Mrs. J was using the clinician's suggestions in "having him say words with the 's' sounds and telling where the sound appears in a word." In addition she had been teaching him to "read and recite poems with expression." The mother and older brother usually work with the child for about an hour a day after school. Mrs. J indicated that she corrects the child "most of the time" when they are alone. She went on to say, "I know corrections in the presence of outsiders embarrasses me. Therefore, I will not correct a child unless we are alone."

Mrs. J wanted to discuss "how to be most helpful in correcting my child's problem." During the first interview she mentioned her problems of trying to give equal attention to the children especially with the special care required by the crippled son. She was very concerned about the child's speech and was anxious to learn more about helping him.

Parent evaluation of the program. Mrs. J attended seven group meetings and was absent once because of illness in the family. She indicated that the meetings had been "very helpful" and that there had been the right number. She would like to attend more meetings "if there was more to learn." She felt that all parents should attend until they "understand their child's particular problem."

Mrs. J was working more regularly with the child since the program began and was finding the work "much easier" and "very helpful to the child." The activities done included listening more carefully to his speech and "pronouncing each letter of a word he is unable to say, "drawing pictures which contain difficult words, finding and learning poems with sounds that require the most help and using the "quiet-noisy system" for making sounds.

Mrs. J indicated that she felt that she would not have gained more from individual meetings. She mentioned, "Before attending these meetings I had no knowledge of how to help C----. I was not aware of which sounds he omitted or substituted. It was like 'the blind leading the blind.'" Mrs. J suggested that recordings of the parents might have been made because she felt that many speech problems stemmed from poor speech in the parents.

During the final conference Mrs. J again mentioned that she wished that the parents could have heard their own voices. She was very self-conscious that she did not speak well and that she was very hesitant to speak in front of others who had "more education ." She also felt that she was possibly doing too many things to be a good mother, but that every outside activity included the children. She mentioned her incompatibility with her husband because of his social withdrawal. Mrs. J seemed very relieved when the author assured her that she had excellent speech and pointed out several of her outstandingly good characteristics.

Family K

Educational and occupational information. Mr. K was a high school graduate and was working eight hours a day in the military division for the State of Michigan. Mrs. K was also a high school graduate and was not working outside the home. Both parents came for the interview and Mr. K stated that he would be unable to attend the group meetings.

Family information. Mrs. K was twenty-eight years old and her husband thirty-three. They have one son aged eight and two daughters aged six and four. The four-year-old was newly enrolled in the speech clinic as an articulatory case with inconsistent omissions and substitutions. The son was attending public school speech classes.

Information from the parents on the child's speech problem. Mrs. K mentioned that the child "doesn't know how to use her tongue to make the sounds." She thought this was caused by the fact that "everyone knew what she wanted before she asked for it and she doesn't have to talk." Mrs. K thought that the child could do better if she tried harder. Mrs. K reported that she was not embarrassed by the child's speech but that it did bother the child when strangers could not understand her. No one in the family teases her about her speech.

Home speech work. Both parents were working each day correcting the child "most of the time when she uses 'me' instead of 'I.'" Their main problem in working with her was that she became "disgusted when she can't make sounds and letters right." Mrs. K wanted to discuss "anything that would help me work with V----."

During the first interview both parents were interested in the clinic organization and wanted additional information on stuttering.

Parent evaluation of the program. Mrs. K attended six meetings and was absent twice because of illness in the family. On the final questionnaire she noted that the program had been very helpful and that there had been the right number of meetings. She felt that all parents should be required to attend because "it is the only way to know what is being done for your child and how to cooperate." If there were more meetings Mr. K wanted to attend.

Mrs. K was working with her child more regularly and was finding it much easier. The speech work consisted of games, scrapbooks, stocking puppets and "correcting her in conversation because she doesn't seem to resent it and likes the help." Mrs. K felt that the home speech work was "very helpful" to the child.

Mrs. K wrote, "without the program I wouldn't have understood just how hard it could be for children. Things have been brought to my attention that I didn't know existed, such as the use of the tongue and teeth and the sounds of letters." On suggestions for improving the program she stated, "I don't see where it needs improvement."

During the final interview Mrs. K re-stated many of the comments in the questionnaire and mentioned again the improvement the child was making in using sentences rather than isolated words.

Family L

Educational and occupational information. Both parents were high school graduates and Mrs. L did not work outside the home. Mr. L's work at the city post office did not permit him to attend Saturday meetings.

Family information. Mr. L was thirty-nine and Mrs. L thirty-seven. They have two daughters aged thirteen and nine and two sons aged ten and five. The ten-year-old had been in the clinic for two terms as an articulatory case with substitutions and omissions. The last diagnostic test indicated that the only remaining problem was a slight lateral lisp.

Information from parents on the child's speech problem. Mrs. L stated that her son's problem was a "lisp" and she had no idea of the cause. She had done the "same thing as a five and six-year old." Neither she nor the child were embarrassed by the speech problem and the child is trying to correct himself because of his friendship with his clinician. No one in the family teases him about speech.

Home speech work. All of the family "helped some" in practicing word lists given by the clinician. However, the child preferred to work alone. The parents corrected him "occasionally when he says words wrong," but "that is seldom now." The child was never corrected in front of anyone outside the immediate family.

Mrs. L mentioned that the child was progressing so well that she did not need to work with him at home. She was still willing to attend the meetings.

Parent evaluation of the program. Mrs. L attended six meetings and gave no reason for the two absences. She indicated that the meetings were "of some help" and that they would be of more value to parents whose children had greater problems. She did not feel it necessary to attend more meetings but that they should be resumed "from time to time to keep parents informed and to contact new parents."

There had been no change in the amount of time spent in speech work at home nor the ease in which the work was carried on. She felt that the child was receiving little help from home work because his problem was so slight.

Mrs. L felt that part of the meetings should be on an individual basis to discuss the child's particular problem. The one new idea she had received was that "children often do not hear the particular sound of certain letters and that you should use the sound of the letter rather than the letter name.

In the questionnaire Mrs. L commented at length at the excess noise in the observation lessons because of the parents' conversation. She thought that these other parents "cared only about their own child." She also had the feeling that the clinician of one particular child had a "poor attitude."

During the final conference she modified her statements somewhat and said that she had a "pet peeve" for noise and that she was angry when she filled out the questionnaire. She still felt that many of the meetings were a "waste of her time" and that the other people were too noisy for a group situation.

She was especially concerned that one clinician did not seem sympathetic and interested in his patient. However she had observed the two getting ready to work and mentioned "they seemed to like each other and he seemed different with the child than he did with us that day."

Family M

Educational and occupational information. Both parents are college graduates. Mr. M is an accountant working from 8 A.M. to 5 P.M. with frequent bits of over-time. Mrs. M was not working outside the home. Mr. M was not able to attend the group meetings because of work.

Family information. Mrs. M was thirty-six years old and Mrs. M thirty-seven. They have two daughters aged ten and five and two sons aged nine and three. The nine-year-old had been enrolled in the college clinic for six previous terms. The first diagnosis was of delayed speech development, but by the term for the parent program his improvement had been such that his problem was in substitution of "w" for "r" and "l."

Information from parents on the child's speech problem. Mrs. M said the boy had "trouble with different sounds, 'r' in particular." She did not know the cause. She felt he was trying as hard as he could to over-come it but "mispronouncing sounds had become such a habit that he just seems to have difficulty over-coming it." She was not embarrassed by the speech problem but the child "won't talk freely in the presence of others." No one teases him about his speech.

Home speech work. Mrs. M was doing very little in speech work at home because "he doesn't cooperate with me very well and after I correct him a few times he gets very disgusted and balks at saying the words over." She had discussed this with the clinicians who told her not to try to push him. The mother usually worked with the child because his father "doesn't have much time." Mrs. M corrected the child "part of the time" but never in front of anyone other than the family. Mrs. M could think of nothing special she wanted to discuss in the meetings.

Parent evaluation of the program. Mrs. M attended six group meetings and missed two because of illness in the family. She rated the program as "very helpful in giving me ideas such as playing games involving speech sounds and in knowing how to make sounds."

She was spending about the same amount of time in working with the child and was finding it a "little easier" by trying to work on the "r" and "l" sounds in games. She did not feel that this word had been particularly helpful to the child for "he seems to do more for the clinician."

Mrs. M thought that there had been the right number of meetings but that if there were more she would like to attend. She thought that the group organization was best because, "I feel as though we have all derived benefit by talking over our problems in a group. It's nice to get other parents' views on their problems and how they cope with them." She mentioned, "I can't think of any way the program should be improved. Everything that has been done is fine."

Family N

Educational and occupational information. Due to the distance which the family lived from the college, Mrs. N was contacted by telephone and a questionnaire was sent to the home. Mrs. N came for an interview the first day of clinic for Winter Term. Mr. N was unable to attend the program because of his night work in a factory. Mrs. N was not working outside the home. Mrs. N had had two years of high school and Mr. N had completed gradeschool.

Family information. The ages of the father and mother were forty-eight and thirty-seven respectively. They have one daughter aged eight and three sons aged thirteen, nine and seven. The seven-year-old had been enrolled in the speech clinic for one term as an articulatory case with inconsistent omissions and substitutions.

Information from parents on the child's speech problem. Mrs. N reported that the child "didn't pronounce some letters correctly." He had probably imitated his sister who "didn't say her words right at first." She felt the child had shown improvement since he had speech work at the clinic and at school. Mrs. N was not embarrassed by the speech problem but she had noticed that the child became "impatient" when others didn't understand him. No one in the family teased the child about his speech.

Home speech work. Mrs. N mentioned that she had not done much work with the child because she was not "sure what to do and didn't want to do the wrong thing." After he had been working only a short time "he started to stutter" and she felt it was better if she "didn't press him too far." Mrs. N usually worked with the child two or three times a week for about ten minutes. She corrected him "part of the time" but she did not want him to feel "different from the other children." Mrs. N wanted to "learn more ways to help P----."

Parent evaluation of the program. Mrs. N attended all of the group meetings. On the final questionnaire she rated the program as being "very helpful" and she would like to attend more meetings. She indicated, "the meetings have given me a clearer understanding of speech problems and it keeps a person more interested when you know what is being done." Mrs. N felt that the meetings should be continued while the child is enrolled in the clinic and that all parents should be required to attend.

Mrs. N was working more regularly with the child and found the work "much easier." The activities included "games involving speech and saying words correctly." The main problem was in keeping the child's attention. This work seemed to be of "some help" but the child seemed to gain more in the clinic and at school.

Mrs. N showed a preference for the group meetings rather than individual conferences. She stated "I have gained information by different problems I have been able to talk over with the group and suggestions that have been made have been very helpful." She gave no suggestions for improving the program.

Family O

Educational and occupational information. Mr. O had completed the tenth grade and was working in a factory from 6:30 A.M. to 2:30 P.M. His work did not permit him to join the parent meetings. Mrs. O was a high school graduate and not employed outside the home.

Family information. Mr. O was thirty-five and his wife was thirty-four. They have three daughters aged eleven, ten and one, and two sons aged eight and three. The eight-year-old had been enrolled in the clinic for one term with an articulation problem of omissions and substitutions.

Information from parents on the child's speech problem. Mrs. O mentioned the child's problem was in "the sounds of words and not speaking plain." She felt he had "learned words too fast." Mrs. O thought the child could speak better if he tried harder and neither she nor the child were embarrassed by the speech problem.

Home speech work. The clinician had given Mrs. O no suggestions for work at home. Both parents and an elder sister were helping him with his "reading." She felt his main problem is that he "doesn't like to take the time to work on speech." Mrs. O corrected the child "part of the time especially when he is talking too fast." She never corrected him in front of strangers nor "out in public." Mrs. O mentioned no special topics which she wanted to discuss in the meetings.

Parent evaluation of the program. Mrs. O attended seven of the group meetings and missed one because of transportation difficulties. She rated the program as "very helpful" and mentioned that the meetings had given her new information.

Mrs. O was spending about the same amount of time in working with her child and was finding the work "much easier." She was working to help him "pronounce words plainer," and she felt this had been "very helpful" to the child. Mrs. O remarked, "the program helped in knowing what G----'s problem is and what to do about it."

Mrs. O felt that there had been the right number of meetings but they should be continued as long as the child is in the clinic. All parents should be required to attend. Mrs. O indicated a preference for group rather than individual meetings.

During the final conference Mrs. O noted that she had learned "how to get G---- interested in his speech" and she had found that he can speak well "when he thinks about it." She mentioned that she could see how long it will take for good speech to become a habit.

Family P

Educational and occupational information. Mr. P was a college graduate and director of a purchasing division in a factory. His working hours were from 8 A.M. to 5 P.M. on week days. Mrs. P was also a college graduate and was not working outside the home. Mrs. P reported that her husband could also attend the meetings.

Family information. The ages of the father and mother were forty-two and forty-one respectively. They have one daughter aged twelve and ten-year-old twin sons. The twins had been enrolled in this clinic for one term with inconsistent problems of omissions and substitutions and nasality.

Information from parents on the child's speech problem. Mrs. P mentioned that one twin had "poor articulation" and the other "high pitch." The possible causes listed were, "tongeu-tied until the age of three accompanied by broncial troubles, sinus and deafness." Mrs. P mentioned that these problems had been corrected and that both boys could have better speech if they worked harder and had the incentive.

Home speech work. Mrs. P indicated that she was often embarrassed "for them" when other make remarks about their speech." She felt "they are only unhappy in a new environment where the children comment on their speech." They had moved several times and had had these adjustment problems.

Mrs. P reported that with clinical work the boys were not interested in working at home. "They haven't seemed to develop any complexes because of speech and we felt that more important than too much stress at home, feeling that as they grew older they would want help." The boys were reaching that point and she wanted to have help on how to work with them.

When the boys were younger the parents had worked with them, but recently they had begun to "clam up" and she corrected them only "occasionally" in conversation.

Parent evaluation of the program. Mrs. P attended all of the group meetings but her husband came to none. In the final questionnaire she rated the program as "very helpful" and said that "part of the help lies in being simply aware of their problems and difficulties." She had gained new information on "activities at home and a better understanding of correct speech for those to whom it doesn't come naturally."

Mrs. P was working more regularly with the boys and she mentioned, "now I know what to do when I do work." She felt that this work was easier.

She felt that this might stem from the change in the boys' attitude and that "I too am taking speech." The activities consisted of pronounciation and games. She was working on "one sound at a time" with one twin and she was having difficulty in finding time to be alone with either boy.

Mrs. P stated that meetings should be resumed at intervals because there were many changes in attitudes and problems. She felt that all parents should be required to attend meetings. Mrs. P thought that the groups should be small "so that there can be an inter-change of ideas and problems without confusion."

Mrs. P listed several suggestions for improving the program. She felt that the fathers should be especially invited to attend one meeting. The accustic arrangement of the observation room should be improved. Twenty minutes of each meeting should be devoted to observations and there should be frequent discussions with the children's clinicians.

During the final conference Mrs. P explained that her husband did not come because the other fathers were not there. She had discussed the meetings with him afterward and he was always interested in the information. She was anxious to discuss how well one of the twins had done in a play and how much the boys' attitudes had improved in wanting to work on their speech.

Family Q

Educational and occupational information. Mrs. Q was not working outside the home. Her husband was a mechanic who worked on Saturday. He was unable to attend the meetings. Both parents were high school graduates.

Mrs. Q enrolled her son on the first day of the parent meetings and a formal interview was not held.

Family information. The ages of the father and mother were fifty-five and forty-three respectively. They have two adopted children, a girl aged seven and a boy aged ten. The boy was enrolled in the clinic as a mild articulatory case with a few sound substitutions. The girl was in a public school speech class.

Information from the parent on the child's speech problem. Mrs. Q mentioned that the child "tries to hurry most of the time when he is speaking." She was not sure of the cause but she mentioned that "he couldn't talk at all" at the time they got him when he was four years old. Neither she nor the child were embarrassed by the speech problem and no one in the family teases him about it.

Home speech work. Mrs. Q was carrying out the suggestions of the school teacher in "listening for sounds, relaxing his throat and hands and exercising his tongue." Mrs. Q usually worked with him every day because she "had more time and patience." She usually corrects him "part of the time." She mentioned nothing special which she wanted to discuss in the group meetings.

Parent evaluation of the program. Mrs. Q attended five group meetings. Her three absences were due to illness in the family. Mrs. Q rated the program as "very helpful" and she had gained new information from the meetings.

Mrs. Q thought there had been the right number of meetings, but if there were more she would attend. She thought that if there had been more meetings the parents would not have attended. Mrs. Q mentioned that she felt all parents should be required to attend meetings of this type.

Mrs. Q was spending about the same amount of time in working with her child and was finding the work "much easier." She was "watching for sounds" and now she knew "how to work with him." They work about ten minutes each day so that he doesn't get tired. They usually do word games with "r" and "l." She felt that this work was of "some" help to the child and "he seems to try harder."

Mrs. Q thought that the group basis was best for the meetings for "with a group it helps because we get the opinions of others." Mrs. Q had no suggestions for improving the program.

Family R

Educational and occupational information. Both parents came for an interview and indicated that they wished to attend the meetings. Mr. R was a high school graduate and was working in a factory on a swing-shift schedule. Mrs. R was not employed outside the home. She had had a grade school education.

Family information. The ages of the father and mother were forty-four and thirty-three respectively. They have one daughter aged nine who was being enrolled in the clinic. Her speech was retarded with many omissions and substitutions. The psychological tests showed mental retardation and she had not been admitted to the public school for that reason.

Information from parents on the child's speech problem. The parents felt that the child's speech had been "shut off for a long time before

her adenoids were out." They mentioned that both the parents and the child were embarrassed by the speech problem, especially "in front of others who don't understand her." They were both trying to do speech work with her for about one-half hour every day and they were using pictures and counting. They correct her "most of the time" when there were "no others around."

Both parents had articulatory problems although they did not seem aware of it. Most of the father's difficulty was in the fact that he lacked front teeth.

The interviewer read the questions and recorded the answers on the initial interview because the parents "couldn't understand them."

Mrs. R came to one meeting and her husband came to none. They were not asked to assist in the evaluation of the program.

Family S

Educational and occupational information. Mr. S, a high school graduate, was working between fifty and sixty hours a week as a factory foreman. Mrs. S had several years of college and was not employed outside the home. Mr. S was not able to attend the meetings because of Saturday work.

Family information. Mrs. S was forty-five and his wife forty. Mrs. S had two sons aged thirteen and eleven and a daughter aged seven. The three children were from a previous marriage. The girl had been enrolled in the clinic for one term and had been diagnosed as an articulatory case with inconsistent omissions and substitutions. Mrs. S was very hard-of-hearing. Her speech was slurred with many omissions. In the interview it was necessary to repeat and rephrase questions often although she felt that her hearing was no handicap because she was a good lip-reader.

Information from parents on the child's speech problem. Mrs. S indicated that her child had "mispronounciation in his speech." She felt that this might have been caused by "her tongue, but she was checked twice by physicians." Mrs. S felt that the child could use better speech if she tried, and neither she nor the child were embarrassed by the speech problem. No one teases her about it.

Home speech work. Mrs. S had been helping the child "when she mis-pronounces certain words." The clinicians had suggested "keeping her up on saying the letter"s." All the family try to help the child and Mrs. S works with her "when I think of it." The child is correct "most of the time." Mrs. S had set aside no special time for speech and mentioned, "I know I should." Mrs. S said that an older brother had had similar speech but he "out-grew it."

Mrs. S attended three group meetings and then neither she nor the child returned to the clinic. The same attendance had occurred during the previous term. She was not invited to assist in evaluating the program. During the group meetings it was obvious that she was not comprehending the material nor watching the speakers lips. She mentioned that she had a hearing aid but used it only to answer the telephone.

Family T

Educational and occupational information. Mrs. T enrolled her child for the first time on the day of the first parent meeting. No formal interview was held.

Both parents were college graduates. Mr. T was an accountant and the mother was not working outside the home. Mrs. T mentioned that her husband could come "occasionally."

Family information. The ages of the father and mother respectively are thirty-three and thirty. They have two sons aged five and two and a daughter aged four. The daughter had an articulatory problem with many omissions and substitutions.

Information from the parents on the child's speech problem. Mrs. T mentioned the speech problem as "inability to pronounce "r, s and l." The parents had no idea of the cause and felt she had been trying as hard as possible. The mother was not embarrassed by the speech problem but the child was. The child's brother teases her about her speech and Mrs. T wanted to discuss what to do when this teasing occurred.

Home speech work. Mrs. T was doing speech work every day "going over the alphabet" and correcting the child in conversation "part of the time."

Mrs. T attended only the first meeting and her husband came to none. After the first clinical lesson the child would not stay alone so her mother accompanied her to each lesson. Mrs. T did not participate in evaluating the program.

Family U

Mrs. U came for an interview and mentioned that although she would like to attend the meetings she had to stay with the other children. Her husband was a college student and worked on Saturday. Mr. U was thirty and his wife twenty-eight. They have two daughters aged eight and six and a son aged two. The eight-year-old was newly enrolled in the clinic with substitutions of "w" for "r and l." Mrs. U did not attend the group meetings.

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Mar 19 '55

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Jun 21 '55

Aug '21 --

Apr 26 '56

May 28 '56

Jul 17 '56

Aug 13 '57

Nov 19 '57

May 31 '58

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