

1969

## A Survey of Speech Therapy Programs in the Public Schools in the State of Washington

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A SURVEY OF SPEECH THERAPY PROGRAMS IN THE  
PUBLIC SCHOOLS IN THE  
STATE OF WASHINGTON



A Thesis  
Presented to  
The Graduate Faculty  
Central Washington State College



In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science  
Speech Pathology



by  
Audrey Goodman  
July 1969

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## CHAPTER I

### INTRODUCTION

Paralleling the general growth of America has been the advancement of efforts to help the disabled among us. Charles Van Riper (1954, p.1), has stated that "one of the most vivid characteristics of the American is his extreme concern for the unfortunate". He spoke of the hundreds of fund drives such as the Seeing Eye Foundation, the March of Dimes, and the National Society for Crippled Children and Adults, as part of the widespread attempt to aid these less fortunate people to take their places in society.

Because the acquisition of language and the ability to communicate, using the language, are of the utmost importance to a well-adjusted and happy life in any society, it is inevitable that America would become acutely aware of its speech defective individuals. The greatest endeavor in speech therapy has been made in the public school systems of the nation (ASHA, 1968, p.12).

### STATEMENT OF THE PROBLEM

It was the purpose of this study (1) to determine the current status of the speech therapy programs in the public schools of the eastern half of the state of Washington; (2) to evaluate changes that have occurred since their initiation and (3) to estimate future goals insofar as possible.

## IMPORTANCE OF THE STUDY

Before the twentieth century there were few services for individuals with speech and hearing disorders . . . In America the initial impetus came from the fields of speech, education and psychology. Professional identity emerged in the 1920's; special speech and hearing services were initiated in certain public school systems, university programs were developed for the preparation of clinicians and researchers in this field, and an organization was founded in 1925, which has now become the American Speech and Hearing Association (ASHA, 1968, pp. 12-13).

Since the first public school remedial speech therapy program was instituted, there has been a continuing pattern of study, describing the progress of speech and hearing therapy programs. The studies have included evaluations of all segments of speech and hearing systems and organizations, from the services given the smallest outlying county schools to the clinical procedures in the largest centers, as well as the training requirements for speech personnel in our colleges and universities. Many of the studies and their conclusions are published in the Journal of Speech and Hearing Disorders, by the American Speech and Hearing Association. A recent evaluation of the curriculum offered in colleges and universities of the central states of this nation was completed by Marceline Erickson (1963). Erickson's study showed that only 30% of the 339 colleges investigated had any course in the area of speech and hearing pathology.

An extensive survey of speech therapy programs in the public schools was made in 1961. In recognition of the need for the study the United States Office of Education awarded a contract to Purdue University Speech and Hearing Clinic to conduct the National Survey of Public School Speech and Hearing Services, and American Speech and Hearing Association members became strong supporters of and participants in this investigation. There was a general reflection of advancement found in every area of the speech therapy program, but in

contrast to the bright picture, impressive needs were also seen. A shortage of 18,000 personnel was shown and 7,000 people were found to be working in the area of speech and hearing at that time (JSHD, 1961).

Wilbur J. Cohen, U.S. Department of Health, Education and Welfare, reported in 1964 a need for 17,200 correctionists to work with 1.7 million speech impaired children (Cohen, 1964). Michael Marge (1965) of the same department stated that there were 15,000 members of the American Speech Association and that there was a need for 5,000 specialists to be trained.



## CHAPTER II

### REVIEW OF THE LITERATURE

#### Need for an Expanding Program

"At one time many people believed that continuing progress in the medical sciences would lead eventually to the prevention or cure of all the disorders we classify as physical disabilities," Lee Myerson wrote, and he mentioned the great strides that have been made in preventing some disabilities and reducing the severity of others. "The other side of the picture," he stated, "is not as hopeful. It is becoming increasingly evident that modern medicine is saving lives at the cost of permanent physical disabilities."(Myerson, 1963, pp. 1-2)

Examples of physical impairments usually requiring speech and language training are the prenatal effects of RH blood incompatibility, Rubella (German measles), and virus infections. Many of these effects are now under intensive research. The congenital malformations of cleft lip and cleft palate are being studied under the Dental Institute's research on inadequate nutrition with Vitamin B deficiency as a potential etiological factor. Through investigation, noise is being reported as contributing to hearing loss; other sources of damage have been reported from use of toxic drugs.(Masland, 1964). These, and other causative factors contribute to the number of individuals who need the services of speech clinicians, and because of our expanding population, case numbers continue to increase; since more clinicians are being trained each year and finding places in the field of speech

and hearing, more people are being identified as subjects for therapy. The ratio of speech defectives to total population has been shown to be about five per cent (ASHA, 1959).

### Lag in Increase of Trained Personnel

The expansion of professional development moved forward rapidly during World War II when many servicemen suffered speech or language impairment or hearing problems, resulting from head wounds or exposure to blasts. The program expansion continued in the postwar years and according to a report by the American Speech and Hearing Association there were ten times as many trained people in speech and hearing in 1960 as there were at the close of the war. However, individuals with speech and hearing problems in the United States were estimated at more than 8 million in 1960. Meeting their needs adequately would require four times as many clinicians as were then available. Needs for expansion between 1960 and 1970 were projected as ten times the number of clinicians then trained (ASHA, 1968,b).

### Identification of Individuals with Speech Defects

In order to identify those who need speech therapy, it is necessary to establish a proper definition for defective speech. Van Riper (1954, p.19) defines speech as defective "when it deviates so far from the speech of other people that it calls attention to itself, interferes with communication or causes its possessor to be maladjusted".

Eisenson (1963) stated that a child has defective speech when he speaks in such a way that one is distracted from what he is saying to the manner in which he is saying it.

Since speech deviation which bothers speaker or listener needs

to be corrected, it becomes necessary to determine who is responsible for the therapy.

### The Role of the Public School in Speech Therapy

Hospitals, schools speech and hearing evaluation centers sponsored by colleges and universities, and privately owned centers all play a part in the treating of speech and hearing disorders. The professional organizations have made great contributions in establishing standards and promoting professional growth (Marge, 1965). Public schools have assumed the major responsibility for giving necessary training to children with speech and language problems. Van Riper (1954) wrote of the school's responsibility.

. . . Our public school system is about the only organization large enough to do the job. It can employ trained teachers and it has the child during those years when speech correction can be most effective. It has the contact with the colleges and universities whose research and teacher training facilities are so vital to adequate therapy. The basic philosophy of our public schools is education according to the student's need (p.11).

He visualized hopefully for the future.

We teach our children to read and write. Some day we shall be teaching our children to talk as well. The elementary school teacher will be trained in the daily program, and speech improvement classes will be a part of elementary speech correction. Special speech-correction departments in the teachers colleges and universities will organize programs of parent education and teacher training and provide clinics where adults may receive treatment (Van Riper, 1954, p.12).

The concept of early diagnosis, an important reason for the public schools' responsibility in identifying and treating speech disorders, has been emphasized by the National Education Association, Department of Elementary School Principals. They have stated that the earlier a speech defect is diagnosed, the easier correction can be accomplished. Also, the earlier the correction is made the less affected will be the child's personality (NEA, 1946-47).

Some theorists in Psycholinguistics contend that the ability to learn language is inherent and that this ability follows a developmental pattern that parallels the child's maturation. (Chomsky, 1968). The ability for language acquisition is at a high level during the early years of life, and it is important that good speech habits are developed and that articulation defects are corrected as the maturity level for a particular sound is reached. Most children by age three have produced the vowels and diphthongs correctly. Some consonants are not perfected by most girls until the age of seven and by most boys until the age of eight (Templin, 1953). Magary (1964) and Carrell (1968) agree that if a child has learned to produce the sounds of English by his eighth year, language progress is deemed normal.

Recognition of the school's responsibility for speech therapy in the state of Washington is reflected in a statement by Louis Bruno, State Superintendent of Schools (1961, p. 17):

The public school speech correction program provides remedial instruction for children with disorders of speech to the end that they may develop adequate communication and thus achieve their maximum educational, social and vocational potential.

A child would be eligible for the speech correction program if his speech: 1) is deficient in amount; 2) deviates conspicuously from that of a normal child; 3) interferes with communication; and 4) constitutes a source of significant stress for the child.

### The Speech Clinician and the Classroom Teacher in the Public School Program

The new role of the speech clinician now emphasizes work with the more severely communicatively handicapped child, including those with language impairments. In order to accomplish this, speech and hearing programs must be integrated within the total educational framework. This is achieved by the speech clinician and the classroom teacher working in a joint effort at understanding and aiding the speech and language development of all pupils.

The correction of minor communication disorders of children can then be readily managed by the indirect assistance of the clinician. The clinician, while assisting in the total education process, brings his specialized training to individual or group

sessions with the more severely handicapped (U.S. Dept. of Health, etc., 1968).

Van Riper (1954, p. 528) described the personal characteristics of a successful clinician:

Successful teachers of speech correction possess the majority of the following traits to a high degree; a sense of humor, patience, curiosity, social poise, ingenuity in inventing and adapting techniques, professional enthusiasm, a sensitive and discriminating hearing, interest in the personalities of others, industriousness, objective attitude toward their own insecurities, calmness, ability to recognize subterfuge and mental mechanisms, and self-respect. Few people, of course, are born so virtuous as the above lists of traits might imply, but speech correction puts such a premium upon such characteristics that those who do not possess them try to acquire them as soon as possible.

Carrell (1968, p. 85) said that,

. . . the successful practice of speech correction, although dependent on a thorough mastery of factual information, is an art which can be learned only through experience, an art that demands a high level of skill, insight, resourcefulness, and creative imagination.

Thorough and perceptive diagnosis is indispensable to successful therapy. It has three objectives: (1) to describe the disorder as seen in each individual; (2) to identify and analyze the causes or conditions which are antecedent to it, or which cause it to persist; and (3) to synthesize all available information into a coherent picture of the total problem. Diagnosis must be thought of as a continuing process, not as a step to be completed before training and then forgotten. At best the information gathered before training can lead only to a tentative diagnosis, which is a base for initial treatment planning (Carrell, 1968).

When a speech clinician in the schools has made a tentative diagnosis of the individual children, a selection must be made of those to be included in the speech program. Webster (1966, p. 353) wrote that ". . . adequacy in conversation is the ultimate test of speech

functioning. In fact, speech testing should begin with enough conversation to provide an adequate and representative sample." Webster explained further that some children can produce phonemes in single words but do not use them correctly in conversation. A child who has withdrawn from speaking situations should be included in speech class although he may have a minor deviation and might be put on the waiting list if this fact were not known. Age is also a determining factor in choosing those for immediate therapy, e.g., a child who has reached fourth grade and still retained a speech deviation should not be without therapy.

After a tentative diagnosis the clinician groups the children according to age, available time, and type of defect. Eisenson (1963, p. 193) classified these defects,

- . . . based on categories of speech-defective individuals rather than on speech defects.
1. Defects of articulation, including omissions, distortions, or substitutions of speech sounds.
  2. Defects of voice, including those of quality, loudness, pitch, variety, or adequate duration.
  3. Stuttering (stammering) and cluttering.
  4. Delayed language development.
  5. Cleft-palate speech.
  6. Cerebral palsy speech.
  7. Impairment of previously developed language function (aphasias).
  8. Speech defects associated with defective hearing.

It is important that the speech clinician and the classroom teacher work together with the speech impaired child. Allen (1966, p. 158) stated:

The most valuable assistance to be given by the classroom teacher is the development of appropriate speech standards for her class. We recognize that a favorable oral communication climate created by the teacher can do a great deal to stimulate a child's desire to improve speaking skills.

The classroom is where a child must practice his speech even though he meets with a speech teacher for a given time each week,

therefore every classroom teacher needs to be to some extent a speech teacher (Edwards, 1964). The importance of the training of classroom teachers as speech teachers is strengthened by Bryngelson's statement (1959, p. xiv):

It has been our experience that . . . many children can be given the help they need in the classroom by their regular teacher if she understands the essential steps in speech correction and has the tools for helping children go through the basic retraining. Games and stories conducted by the classroom teacher can greatly help the retraining process.

When the classroom teacher works with the minor communication disorders, thus freeing the clinician for major problems (U.S. Dept. of Health, etc., 1968) she will, as Hahn stated (1958),

. . . work directly on articulation. The sounds which are most commonly defective and develop late in speech are s and z, f and v, l, r and both voiced and voiceless th. The place and method of production of these sounds can be shown to all primary children. For instance the children can learn songs, repeat words in games, and say poems together. The whole group can pause for a moment to see and hear how the teachers tongue jumps up and touches her gum ridge when she says 'like', not 'wike' or 'yike', and how she uses her lips when she says 'rum' and not 'wum'.

Brand (1966, p. 30-31) said that "75% of the speech case load consists of articulation problems."

It is stated in a report of the American Speech and Hearing Association (ASHA, 1959 b) that of the 5% of children between five and 21 years of age who have speech defects, three times as many show articulation defects as other speech problems.

The relationship between reading and speech is a valid reason for training the classroom teacher in speech correction and language development techniques. Eisenson (1963, pp. 200-201) discussed the relationship between reading and speech:

Although research findings are not unanimous, most of the evidence indicates that difficulties in speech and in reading are somehow related. . . . the possibility that speech defects

may be the cause of reading disability can be explained along the following lines. Defects of articulation may cause errors of pronunciation and so cause errors in the interpretation of the written word. It is also possible, especially in insecure children, that the child's awareness and concern over his defective speech may reduce his ability to concentrate on and so to comprehend what he is reading. A third factor is that faulty speech, especially faulty articulation and stuttering, may disturb the rate and rhythm of reading, interfere with proper phrasing, and therefore with the comprehension of the written symbol. A fourth possibility is that a child, aware of his speech deficiency, may become negatively inclined to all forms of oral expression. The attitude may be generalized to silent reading, and so may indirectly influence an area of achievement which the child might otherwise enjoy and in which normal proficiency might otherwise be expected.

A classroom teacher needs to understand the importance of auditory discrimination training in the teaching of speech and reading. A study by Dorothy and Charles Christine (1964, p. 98) concluded that "data obtained in this study support Eames' conclusion that poor auditory discrimination is one causal factor of reading retardation and functional articulation problems among primary grade children."

Peins (1956, p. 133) suggested: "another step in a teachers preparation might be a course in phonetics as a further aid in improving her own articulation and pronunciation and as a means of developing a keen sense of speech sound discrimination."

In arranging speech class time it is necessary to have clinician-classroom cooperation, and both members of this team need to include the child's parents in conferences regarding his needs and progress. Van Riper (1954) indicated that much home cooperation is needed if treatment is to be efficient. This can be gained in several ways. Conferences with parents can clarify the lengthy program usually necessary. Special techniques can be explained and goals outlined. Most intelligent parents welcome home assignments, which should be short and simple, but obviously others cannot or will not carry them out. In the latter instance the problem must be solved at school, using resources



available.

Irwin, (1954, p. 171) stated that "from all indications by the reports from the state and university supervisors of speech and hearing therapy, parent education is considered an important phase of the rehabilitation program which should be extended considerably".

### The State's Influence on the Speech Therapy Program

In view of the increasing demand for speech and hearing services in the schools, the greater amount of funds available, and the need for maximum utilization of professional personnel, comprehensive State planning is necessary. The State supervisor of speech and hearing is the person who coordinates this planning.

State plans should be formulated in cooperation with local school personnel, other agencies, and with university training programs. Only as these groups work together as a team can a State realize its potential for providing comprehensive and high quality service in speech and hearing.

The role of the state supervisor in speech and hearing programs: maintain communication with clinicians in the field so that the philosophy of the State program can be effectively implemented.

Plan for and coordinate in-service programs for school clinicians.

Work closely with university training programs to plan effective recruitment, orientation, and practicum in the schools.

Coordinate speech and hearing services in the schools with those provided by other agencies.

Stimulate and coordinate research within the schools. (U.S. Dept. of Health, etc., 1968, p. 1).

The regulation of certification for teachers is one of the responsibilities of the state. Irwin (1959) reported that in 1955 fifteen states had certification requirements for speech therapists approaching the basic certification in the American Speech and Hearing Association. Currently the state of Washington does not require special certification for speech clinicians; a regular teacher certification is the only requirement.

Louis Bruno, State Superintendent of Public Instruction for the State of Washington issued a statement in 1968 regarding changes in standard for teacher certification.

The real reason for state certification is to ensure that the professional personnel who serve the common schools are competent. In the State of Washington the responsibility for setting standards for certification and administering those standards is vested in the State Board of Education and the State Superintendent of Public Instruction by action of the State Legislature.

. . . It is crucial . . . that state standards for certification encourage and promote the highest quality of preparation. This is the reason for the present effort to improve Washington standards . . . Our study of the current scene and appraisal of trends shows that Washington could marshal its resources and knowledge more efficiently than it does, to prepare well-qualified professional personnel to serve in our schools.

One of the implementations to be used in improving Washington standards will be issuance of the Educational Staff Associate Certificate in 1969. Boydie Rich, State Supervisor of Certification (1969, p.1) wrote that

. . . although State Boards regulations authorized issuance of the certificate after July 1, 1969 it will be necessary that programs of preparation be developed by the institutions and approved by the State Board of Education. Whether this will occur in time to affect certification of speech therapists for the school year 1969-70, we of course do not know.

### Colleges and Universities as Related to the Speech Program

Since the burden of preparing teachers for their roles in the schools is placed directly upon the college and university training programs, their importance cannot be underestimated in the continuation and improvement of the speech therapy program.

Van Riper (1954, p. 527-8) wrote of the necessary academic preparation of the speech therapist:

The academic preparation needed by the professional speech-correction teacher is wide and varied. Of the sciences, biology, physiology, anatomy, the physics of sound, biochemistry, general, educational and abnormal psychology, mental testing, and sociology are the most useful. Foreign languages are valuable, since many foreign speaking children are referred to the speech-correction teacher. Public-speaking courses provide training for the many talks which the special teachers are called upon to make. Courses in elementary education and the teaching of reading contribute greatly to the solution of the problem of teacher co-operation . . .

Physical education provides a background for the necessary special orthopedic knowledge required in treating the spastic child and in improving general health. . . . the speech-correction teacher should have thorough training in phonetics, basic voice and speech science, and finally, in courses in speech correction which cover a thorough survey of the field, diagnosis, examination techniques, and remedial methods, and which provide a great deal of supervised practice in all of these divisions.

College and university research and clinical centers for speech and hearing have made tremendous impact on the progress of the speech therapy program. Van Riper (1954) mentioned college and university research and training facilities as being extremely important to adequate therapy programs.

Wood (1950) urged that colleges and universities need to make more courses in speech and hearing available to teachers. He suggested they might well go beyond the regular curriculum offerings to special classes or workshops in summer terms.

Peins (1956) showed in a study that less than 10 per cent of elementary teachers had had a course related to speech disorders.

Bruno (1969) in his present effort to improve Washington standards wrote concerning more thorough preparation of teachers: "We should expect more individualized, systematic, and performance-related basic preparation of teachers, administrators, and assisting specialists by colleges and universities" (p. ii). He said also that we should expect internship experience of a year or more to be provided, and "we should expect colleges and schools to collaborate in provided preparation all through the professional person's career" (p. ii).

#### Professional Organizations in Speech and Hearing Therapy

Concerning professional organizations, Bruno continued: "We should expect associations of professional school people to participate in preparation programs at all stages and to assume responsibility for

high quality performance" (Bruno, 1969, p. ii).

Marge (1965) described briefly the American Speech and Hearing Association and its purposes.

Since its founding in 1925, the American Speech and Hearing Association, the national professional and scientific society representing all speech and hearing specialists, has been a forceful influence for improved services for those suffering from speech, language, and hearing impairments. The Association has advanced programs in the schools by certifying professional members and training programs, publishing periodicals on speech and hearing research and clinical material and providing in-service training programs for its 15,000 members. The Association also advises Federal, State, and local governmental agencies on services to the handicapped in its field (p. 3).

In 1961 a national survey of speech and hearing programs was reported on by the Research Committee of the American Speech and Hearing Association. The final statement of the summary pointed to future goals, as well as success of the study.

The prodigal cooperative effort of hundreds of clinicians, supervisors, classroom teachers, and training institution personnel has resulted in the report of the National Survey of Public School Speech and Hearing Services. People deeply involved in school programs willingly and without any attitudes of defensiveness have taken a long look at what they are doing and have expressed their opinions about it. Thus growth is nurtured. As more such constructive steps are taken, the goal can be approximated ever more closely; effective professional help for every speech-and-hearing-impaired child in the United States.

#### Need for Publicity of Speech Therapy

Hanley (1961, p. 130) summarized the findings of the National Survey and pointed out the need for publicity of speech programs and recruitment of much needed personnel.

Work Group VII was most impressed with activity that is not going on in recruitment for a seriously understaffed profession. From questionnaire findings and data collected in personal interviews it is clear that no one takes the responsibility for recruitment and so the task is not accomplished. Almost all the standard recruiting devices are effective, it seems. Particularly striking are the results of an experimental precollege workshop at one university. Individual contacts by professional clinicians and

clinicians-in-training are effective also. But not enough of these contacts are made. The reasons why are not perfectly clear but the caseloads of the professionals and the work loads of the students are like causes.

. . . with just a little relief from excessive caseload the clinician can afford the time to meet with interested high school students and even take them on as cadet clinicians under certain appropriate conditions.

## CHAPTER III

### PROCEDURES

In an attempt to examine the present status of speech therapy programs in the public schools of Washington, to evaluate changes that have occurred since the programs were first instituted and to determine some of the needs and future goals, questionnaires were sent to County and District Superintendents of schools in the State of Washington. This inquiry was limited to the counties and districts in the eastern half of the state, including Okanogan, Chelan, Kittitas, Yakima, Klickitat, Douglas, Grant Benton, Ferry, Lincoln, Adams, Franklin, Walla Walla, Pend Oreille, Stevens, Spokane, Whitman, Garfield, Columbia and Asotin. Adams and Grant counties are under the administration of Intermediate District II, and the counties of Kittitas, Yakima, and part of Klickitat are administered by Intermediate District V. Inquiries for these counties were directed to the Superintendents of the Intermediate Districts.

Both the quality and the quantity of our public speech therapy is dependent upon the personnel trained by the colleges and universities. A questionnaire was sent to all the institutions of higher education in the State of Washington, requesting information about requirements for preparation of elementary teachers, insofar as training in speech improvement of children is concerned, to determine the type of training elementary teachers are being given in the identification and correction of articulation disorders that they may encounter in their class-

rooms. The need for this training is most important where there is limited service, or none, from visiting speech clinicians.

Letters of inquiry were sent to the State Department of Education and to the Division of Certification in the state of Washington, regarding qualification of speech clinicians and the availability of speech therapy services to children throughout the state. Information was requested concerning the certificate for speech therapists that is currently being actualized for the state of Washington.

Included in the questionnaires were inquiries concerning two approaches being used, or considered for use, in our schools at this time: (1) the use of teacher-aides for assisting speech therapists; (2) the emphasis on more required training for elementary teachers in handling the simpler articulation problems in the classroom

Questionnaires, letters of inquiry and replies are shown in the appendix.

## CHAPTER IV

### RESULTS

In order to present an evaluation of the public school speech therapy programs in eastern Washington the results of the survey will be reported as follows: The institutions of higher education included will be listed; the questions asked and the responses received will be discussed. A copy of the questions directed to each institution will be found in Appendix A.

The County and District Superintendents who were queried will be listed, the questions asked will be given, and the information received discussed following each question.

Information from the State Department of Education will be discussed, and letters received are shown in Appendix B.

The institutions of higher education in the state of Washington to whom questionnaires were directed are as follows: Eastern Washington State College, Cheney; Western Washington State College, Bellingham; University of Washington, Seattle; Washington State University, Pullman; Seattle University, Seattle; Whitman College, Walla Walla; Gonzaga University, Spokane; Seattle Pacific College, Seattle; Walla Walla College, College Place; St. Martin's College, Olympia; Whitworth College, Spokane; University of Puget Sound, Tacoma; Fort Wright College, Spokane; Pacific Lutheran University, Tacoma; Central Washington State



College, Ellensburg. (See Appendix A)

Each of the fifteen schools responded.

Questions asked and discussion of replies:

1. Does your school offer any courses in speech disorders?

Ten out of fifteen colleges or universities in the state of Washington offer courses in speech disorders. Pacific Lutheran University noted that any such courses had been dropped from their curriculum.

2. Is a graduate program offered in speech and/or hearing?

Five schools offer the graduate program in speech and/or hearing.

3. Do you offer a program in education that prepares for elementary certification?

All of the colleges and universities who participated do offer such a program.

4. Are any courses in clinical speech required for graduation in elementary education?

Only one institution in the state, the University of Washington makes a course in clinical speech a requirement for graduation in elementary education. Western Washington State College notes that "it is not required, but strongly recommended".

5. If no specific course is required, is there any course required that includes training in dealing with articulation problems?

Three schools, Seattle Pacific, St. Martin's College and Central Washington State report such a requirement.

6. Does your school ever provide teachers for extension courses in nearby counties or districts, for elementary teachers?

Twelve of the fifteen institutions report that they do provide teachers for extension courses.

7. Could you provide someone, if requested, for extension courses in articulatory disorders and language development, for elementary teachers?

Nine of the institutions responded that they could provide someone to teach extension courses in these areas. The five schools that have graduate programs are included in this number.

8. Do you have any problem in finding personnel trained for teaching at the college level, in the area of speech and hearing?  
(Answer if 2 was "yes")

Four schools reported having such a problem, and five replied that they did not. Western Washington State College added: "Our institution desires to hire at the Ph.D. level, which puts us at a competitive disadvantage with other institutions with better salary scales and physical facilities. We have no difficulty hiring at the M.A. level."

9. What financial aids are offered through your schools for study in speech and hearing therapy? How are they publicized?

The five institutions, reporting graduate programs, indicated they had financial aids available.

Western Washington State College mentioned H.E.W. grants and a limited number of graduate stipends from Western Washington State College budgets.

The University of Washington named aids from Office of Education, Children's Bureau, Rehabilitation Services Administration, Veteran's Administration, NDEA Title IV, and teaching assistantships.

Washington State University reported having teaching assistantships.

Eastern Washington State College listed graduate fellowships, student loans, and employment.

Seattle Pacific University mentioned NDEA loans.

Central Washington State College reported H.E.W. grants, Public Law 85-926, Departmental Assistantships, Workstudy and NDEA loans.

Responses from the questionnaires (Appendix A) to the 20 County Superintendents from the eastern half of the state of Washington were not complete so an accurate count of school populations and therapists employed was not obtained. The finding from question number one, "What was the total school population, grades 1 through 6?" was taken from statistics received from the Research Division of the Washington State Department of Education, which shows a statewide school population of 436,961, grades one through six, for the school year 1967-68.

Responses to question number two were not inclusive enough for an accurate count, so the figure of 5% of the school population, as determined by the American Speech and Hearing Association, 1961, was used. Five per cent of 436,961 gives a figure of 21, 848, the approximate number of children who would have received speech therapy in the state of Washington during 1967-68.

Question number three, concerning the number of speech therapists employed, was answered from the figures supplied by the Research Division of the Washington State Department of Education, which was 172 for the school year 1967-68.

Responses to question number four showed that of the therapists who were reported as being employed in the eastern half of the state, one half had the Basic Certification from the American Speech and Hearing Association, or equivalent.

Question number five showed only one county school in the eastern half of the state without available speech therapy services in

the school year 1967-68.

To question number six, four county superintendents reported that they had provided extension courses in articulation disorders for elementary teachers.

Nine responses to question number seven indicated an interest in offering a course in speech disorders if a teacher could be provided.

In response to question eight, one county superintendent reported having used teacher aides for speech therapists. No comment was made concerning this question.

Question nine brought eight replies indicating a lack of available personnel in the area of speech. Ten replies stated there were funding problems.

Responses to question number ten, which asked for comments regarding speech programs, their problems or future goals, were as follows:

"Speech therapists in schools do not necessarily profit from ASHA minimum requirements. State guidelines should be developed."

Until funding is stabilized speech therapy is too often last on the list of priorities although just as justifiable."

"We pay an adjoining district for speech therapists who rotate on a daily schedule. Their services seem adequate to our superintendents."

"Speech clinicians contracted by school districts, through Special Education programs."

"Adams county receives this service from Richland Special Education Program, Ephrata, Quincy and Soap Lake have their program. A bi-county program gives this service to other schools in the county. Moses Lake has its own director."

"Funding does not permit a full time therapist with the limited enrollment in the schools. With the larger Intermediate District coming into existence a better utilization and need for a full time person may result."

"We would like to be in a position to give each child therapy twice a week. Many schools have very inadequate rooms for therapists to work in more than once a week due to many special services (nurses, psychologists, teacher aides) competing for space."

"We had hoped to have a two county intermediate district with all these services close by, but we were thrown into six county district."

Results from inquiries to the State Departments of Education of Washington, Oregon, Idaho and California, concerning school population and number of therapists employed are as follows:

Washington, school population grades one through six, for the school year 1967-68, was 436,961; number of therapists employed was 172.

Oregon school population, grades one through six, for the 1967-68 school year, was 241,962. Therapists employed numbered 151.

California school population grades one through six, for 1967-68 was 2,115,954. Therapists employed were 1268. California state regulations stipulate 90 children as a maximum caseload for therapists.

Idaho school population, grades one through six, for 1967-68 was 96,751. Therapists employed numbered 28.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

The investigation of existing speech therapy in the public school of Washington has led to the following conclusions and recommendations:

Results from the survey of the colleges and universities in the state of Washington indicate that 66% of these schools offer courses in speech disorders, and the 33% offer graduate programs in speech therapy. Marceline Erickson reported only 30% of the 339 colleges surveyed in the midwest in 1963 as offering courses in this area. Although Washington schools compare well with the midwest colleges as reported in 1963, it is recommended that all institutions of higher education which prepare teachers for elementary certification make courses in speech problems available.

In regard to having courses in speech disorders as part of the requirement for graduation in elementary education, the institutions of higher education in the state of Washington show a definite lack. Only one of these schools, the University of Washington, make this requirement and two others, Pacific Lutheran College and St. Martin's College require a course that includes some training in the area of articulation disorders. Western Washington State College commented that such a course was "not required but strongly recommended." Central Washington State College also makes this recommendation.

It is recommended that this requirement be made part of the

training program set up by all colleges and universities who prepare teachers for elementary education.

Since studies have been done which show three times as many articulation difficulties as other speech problems among school children, it is plausible that elementary teachers, trained in articulation disorders, could incorporate speech therapy into general speech improvement programs in the classroom, as well as into their reading programs. If the caseload of speech therapists could be lightened, they could, as Hanley (1961) suggest, concentrate on the more severe speech problems and could also assist in the recruiting of more personnel into the field of speech and hearing by having high school students observe and assist in the speech therapy program.

Twelve of the fifteen schools queried reported that they provided teachers for extension courses and nine said they could provide someone for courses in articulation disorders and language development. The five schools which offer graduate programs in speech and hearing therapy were among those who are able to provide these teachers, and since they are located in the western central and eastern sections of the state, the problem of distance to the various counties and districts should not be a great problem. It is therefore recommended that the schools make available the information that they can provide these courses, to the county and district superintendents of the state.

Nine county superintendents reported that they would be glad to have an extension course taught in speech disorders if a teacher could be provided.

Since there is this evidence that superintendents would welcome the teaching of courses in the area of speech disorders, and teachers are available through the colleges and university, it is recommended

that someone take the responsibility of making contact between the persons involved so that in-service teacher training courses in speech disorders will be made available to all teachers throughout the state. Because the responsibility of the state department is to coordinate programs throughout the state, as stated in Chapter II, it appears that someone in this department might promote this particular part of the total speech therapy program to a greater extent than is now being done.

Four institutions of higher education reported a problem in finding trained personnel to teach at the college level in the area of speech and hearing disorders. It is recommended that recruiting for personnel into the speech and hearing field be emphasized more than it has been, not only to fill the need for therapists but in order to train more personnel to teach at college level. This recruiting could well be done on college campuses. As mentioned in Chapter II, studies have shown that any type of recruiting program tried has been successful and that the work load of students and of departmental staff is likely the reason for laxity in any such campaign, on campuses. It is recommended that this recruiting be given equal consideration with other important duties so that much needed personnel can be acquired.

Financial aids were reported as being available in all the schools that have a speech therapy program. Whether or not any of these aids go unused was not determined by the survey, but it is recommended that they be publicized to the extent that they are entirely utilized.

The results of the survey showed that the state of Washington employs more speech therapists in ratio to the school population than Idaho, but less than Oregon and California.



Assuming that the therapists employed in each of the four states works with children in grades one through six, Washington therapists employed one to 127 pupils, Oregon one to 80, Idaho one to 163 and California one to 83.

It is recommended that elementary teacher training the articulation disorders be required for certification, even though, as one county superintendent stated, "funding can be stabilized" so that more speech therapists can be employed.

It was shown by responses that one half of the therapists reported employed in the eastern half of the state had the Basic Certification from the American Speech and Hearing Association. A comment from one superintendent was, "Speech therapists do not necessarily profit from ASHA requirements. State guidelines should be developed." State requirements for certification in speech therapy are being developed at this time (Rich, 1969).

In answer to a question asked of the State Department of each of the four above mentioned states, regarding the teacher-aide approach in speech therapy, the following replies were received:

The California State Department reported, "To date, teacher-aides or supportive personnel have not been used in our school speech therapy programs. I'm sure this will change within the near future." (Appendix B)

Oregon's reply was that teachers aides to assist speech therapists are employed in a small number of cases. It is stated further that "the tendency however is to make these clinical opportunities available to speech therapists in training rather than to use the teacher aide who does not intend to pursue further preparation." (Appendix B)

The State Department of Washington replied that "the teacher aides have proven to be most helpful and are being used where funding permits." (Appendix B)

The State Department of Education, Idaho stated that "the teacher-aide approach has not been trained." (Appendix B)

Washington, California, and Oregon report that they do offer inservice training programs in the area of speech therapy, to elementary teachers. California reports that such training is instigated and provided by local speech therapists and program coordinators. Oregon provides their in-service preparation either through the State Department of Education or the colleges in the state which prepare speech therapists. Idaho reports no in-service training. Washington reported in-service workshops provided by the State Department for speech correctionists, but did not specify any for elementary teachers, in the area of speech disorders.

## Appendix A

## QUESTIONNAIRE

COUNTY \_\_\_\_\_

DISTRICT \_\_\_\_\_

RESPONDENT \_\_\_\_\_

These questions relate to the 1967-68 school year.

1. What was your total school population, grades 1 through 6? \_\_\_\_\_
2. How many children received speech training by district contracted speech clinicians? \_\_\_\_\_
3. How many clinicians were contracted by the district?  
Full time \_\_\_\_\_ Part time \_\_\_\_\_
4. How many had Basic Certification with the American Speech and Hearing Association, or it's equivalent? \_\_\_\_\_
5. How many district schools were without the available services of a speech clinician?  
Would you please comment, if there were any? \_\_\_\_\_
6. Has your district ever provided, for elementary teachers, extension courses that included the study of articulation disorders in children? \_\_\_\_\_
7. Would you be interested in offering such a course if a qualified teacher could be provided? \_\_\_\_\_
8. Have you tried the approach of teacher-aids for speech therapists in your district schools?  
Would you care to comment? \_\_\_\_\_
9. Is your speech program limited by lack of available personnel?  
By funding problems? \_\_\_\_\_
10. Any comments you may have regarding speech programs, their problems or future goals, will be appreciated.

## QUESTIONNAIRE

INSTITUTION: \_\_\_\_\_

RESPONDENT: \_\_\_\_\_

1. Does your school offer any courses in clinical speech? yes \_\_\_ no \_\_\_
2. Is a graduate program offered in speech and/or hearing: yes \_\_\_ no \_\_\_
3. Do you offer a program in education that prepares for elementary certification? yes \_\_\_ no \_\_\_
4. Are any courses in clinical speech required for graduation in elementary education? yes \_\_\_ no \_\_\_
5. If no specific course is required, is there any course required that includes training in dealing with articulation problems? yes \_\_\_ no \_\_\_
6. Does your school ever provide teachers for extension courses in nearby counties or districts, for elementary teachers? yes \_\_\_ no \_\_\_
7. Could you provide someone, if requested, for extension courses in articulatory disorders and language development for elementary teachers? yes \_\_\_ no \_\_\_
8. Do you have any problem in finding personnel trained for teaching at the college level, in the area of speech and hearing? (Answer if number 2 was "yes".) yes \_\_\_ no \_\_\_
9. What financial aids are offered through your schools for study in speech and hearing therapy? How are they publicized? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Appendix B



STATE OF IDAHO  
DEPARTMENT OF EDUCATION  
STATEHOUSE

BOISE, IDAHO 83707

D. F. ENGELKING  
STATE SUPERINTENDENT OF PUBLIC  
INSTRUCTION

January 30, 1969

Audrey Goodman  
709 E. 3rd Avenue  
Apartment 3  
Ellensburg, Washington 98926

Dear Miss Goodman:

Your letter of January 24, 1969, has been forwarded to me for answer. Taking your questions in the exact order posed in your letter, here is the information you request:

1. Population, 1967-68, grades 1-6: 96,261
2. Number Speech and Hearing Therapists (one position covers both) employed: 28
3. No inservice training in speech therapy for employed elementary teachers was offered.
4. The following institutions of higher learning offer elementary teacher training in Idaho:

University of Idaho, Moscow  
Idaho State University, Pocatello  
Boise State College, Boise  
Lewis-Clark Normal School, Lewiston  
The College of Idaho, Caldwell (private)  
Northwest Nazarene College, Nampa (private)  
Ricks College, Rexburg (private)

5. Idaho State University and University of Idaho offer speech therapy courses.
6. Not required for elementary teacher graduation.
7. State Standards Committee sets up curriculum requirements for certification of teachers.
8. Speech therapy is not required for elementary teacher certification.
9. Teacher-aid approach has not been tried.

Audrey Goodman  
January 30, 1969  
Page 2

10. One MA fellowship program in speech therapy has been projected by the State Department of Education under Public Law 85-926 for academic year 1969-70. One three-week Special Study Institute for 15 speech and hearing therapists to improve speech and hearing therapy services in the public schools has been projected for summer, 1969 under PL 85-926.

I hope that this is sufficient information for your needs. If further data is required, please do not hesitate to let me know.

Sincerely,

Ray Lehrman, Ed.D.  
Director, Special Education

RL:vg

Please note:  
Signature has been redacted due to security concerns





# OREGON BOARD OF EDUCATION

PUBLIC SERVICE BUILDING • SALEM, OREGON • 97310 • Ph. (503) 364-2171 Ext. 1602

TOM McCALL  
GOVERNOR

February 3, 1969

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Secretary of the Board

Miss Audrey Goodman  
709 E 3rd Avenue, Apt. 3  
Ellensburg, Washington 98926

Dear Miss Goodman:

In reply to your request of January 24, we are providing the following information.

The elementary school population of the state of Oregon for 1967-1968 from grades 1 through 6 was 241,962. The total number of speech therapists employed by schools during that school year was 151.

There has been some in-service preparation provided for employed elementary teachers in the area of speech therapy. It was provided either through the State Department of Education or by the colleges in the state which prepare speech therapists.

A list of the institutions of higher learning which prepare elementary teachers is enclosed. Preparation in speech therapy is offered by Oregon College of Education, Oregon State University, University of Oregon, and Portland State College. Preparation in speech, but not in speech therapy, is required for graduation for elementary teaching.

Curriculum requirements for state certification of elementary teachers are determined in part by the institutions of higher learning which have been approved by the State Board of Education to prepare speech therapists and in part by the Board of Education requirements. These requirements are minimal and were determined by advisory committees to the Board. Speech therapists have served on these advisory committees. Speech therapy is not required for the certification of elementary teachers.

The teacher aide approach, if by this you mean aid to the elementary teacher, has not been tried in the speech therapy program in Oregon. If by the term you are asking whether the speech therapist approaches speech therapy for children by serving as a consultant to the classroom teacher, then the answer

February 3, 1969

would be yes. If you mean if teachers aides are employed to assist speech therapists, then the answer would be yes in a very small number of cases. The tendency however is to make these clinical opportunities available to speech therapists in training rather than to use the teacher aide who does not intend to pursue further preparation.

The Department of Education has traineeships available for additional preparation in speech therapy. We have been using a number of these to strengthen the background of speech therapists in the field of hearing.

If we can help you further, we shall be glad to do so.

Sincerely yours,

Dale Parnell, Supt.  
Public Instruction

Joy Hills Gubser  
Assistant Superintendent

JHG:et

Enc.

Please note:

Signature has been redacted due to security concerns

MAX RAFFERTY  
Superintendent of Public Instruction  
and Director of Education



S. W. PATTERSON  
Acting Chief,  
Division of Special Schools and Services

EUGENE GONZALES  
Associate Superintendent; Chief,  
Division of Instruction

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Division of Public School Administration

WILSON C. RILES  
Director of Compensatory Education

EVERETT T. CALVERT  
Chief Deputy Superintendent

COLLIER McDERMON  
Assistant Superintendent  
(807 State Bldg.  
Los Angeles 90012

STATE OF CALIFORNIA  
DEPARTMENT OF EDUCATION

721 CAPITOL MALL, SACRAMENTO, CALIFORNIA 95814

March 11, 1969

Miss Audrey Goodman  
709 East 3rd Avenue, Apt. 3  
Ellensburg, Washington

Dear Miss Goodman:

Your letter of January 24, 1969, has been referred to me. I will attempt to answer your questions in the order of presentation.

The 1967-68 school population in California for grades 1 through 6 was 2,115,954. The total number of speech therapists employed that year was 1268. An estimated 6% of these therapists were employed part time.

Inservice training for employed elementary teachers has been provided throughout the state. As we have speech therapy services in most areas of the state, such training is instigated and provided by local speech therapists and program coordinators.

Enclosed you will find a listing of those colleges and universities in California that have accredited training programs in the area of speech and hearing. No training programs in California require a course in speech therapy for graduation in elementary education. Most programs provide such a course on an elective basis.

Curriculum requirements for state certification of elementary teachers are established by the State Department of Education and approved by the State Board of Education. As indicated, courses in speech therapy are available for prospective elementary teachers on an elective basis.

To date, "teacher-aides" or supportive personnel have not been used in our school speech therapy programs. I'm sure this will change within the near future.

We provide summer grants for the training of teachers of the handicapped. This includes teachers of mentally retarded, physically handicapped, and specialists in speech and hearing. In addition, a number of training programs in California provide, through federal funds, traineeships and fellowships for both summer session and the academic year.

Miss Audrey Goodman

March 11, 1969

Page 2

Enclosed is some additional information which you may find of value.  
Thank you for your inquiry.

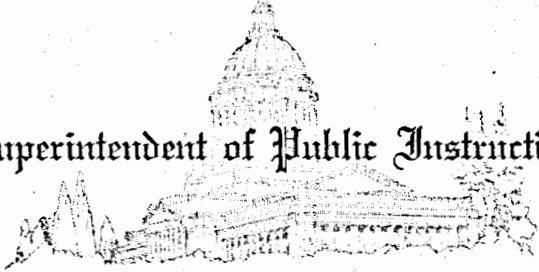
Cordially,

Edward B. Stark  
Consultant in Education of the  
Speech and Hearing Handicapped

EBS:ve  
Enclosures

cc: Dr. Carl Larson

Please note:  
Signature has been redacted due to security concerns


 Superintendent of Public Instruction

 LOUIS BRUNO  
 STATE SUPERINTENDENT

February 17, 1969

 P. O. BOX 527  
 OLYMPIA 98501

Miss Audrey Goodman  
 709 E. 3rd Avenue, Apt. 3  
 Ellensburg, Washington 98926

Dear Miss Goodman:

In your letter of January 24, you asked for information about speech therapists in Washington. We have some of the information you want.

Enclosed is a copy of School Statistics for February, 1968, which will give you the statewide enrollment figures. It also reports (on page 4) a total of 172 speech therapists in the state at an average salary of \$7,630.00.

Also enclosed is a copy of the printout we received from our Educational Data Processing Center, reporting summaries from the reports made by those teachers in the state who classified themselves as speech therapists in the fall of 1967. From that I have computed, as a total for the state, the equivalent of 160 full-time speech therapists. You may derive the figure by multiplying the total number of classes in the state (207) by the average class hours (833) and then dividing by the "normal" school year in hours (1080).

As you look over the printout, you will notice that many of the assignments are not to elementary schools. Your letter suggests that you are interested only in those persons at the elementary level. I have estimated the number of full-time equivalents assigned to each level as follows:

elementary	14.8	9.3%
junior high	1.5	1.0
senior high	1.6	1.0
special education	12.7	7.9
district as a whole	<u>129.2</u>	<u>80.9</u>
total	159.8	100.1%

I'll leave it to you to make the estimates you want.

Miss Audrey Goodman

-2-

February 17, 1969

EDPC our Educational Data Processing Center has never printed out the names of the speech therapists, although this is possible. However, it is fairly expensive, and you should write to

Mr. Vern Leidle  
Assistant Superintendent  
Office of Public Instruction  
Box 527  
Olympia, Washington 98501

if you wish to order that work done.

Finally, I enclose a list of the State's teacher training institutions. I'm sure their catalogs will state their requirements.

I hope this information meets your needs. Please write again if we can be of further service.

Sincerely,

Harry W. Johnson  
Research Associate

HWJ:ib  
Enc. 3

Please note:  
Signature has been redacted due to security concerns

Superintendent of Public Instruction



LOUIS BRUNO  
STATE SUPERINTENDENT

February 20, 1969

P. O. BOX 527  
OLYMPIA 98501

Mrs. Audrey C. Goodman  
709 E. 3rd Avenue Apt. 3  
Ellensburg, Washington

Dear Mrs. Goodman:

I am sorry I could not reply sooner to your inquiry of January 25, 1969.

We assume your question regarding speech therapy relates to the Educational Staff Associate Certificate. If so, it should be kept in mind that although State Board regulations authorized issuance of the certificate after July 1, 1969 it will be necessary that programs of preparation be developed by the institutions and approved by the State Board of Education. Whether this will occur in time to affect certification of speech therapists for the school year 1969-70, we of course do not know. We are inclined to believe, however, that persons employed as speech therapists this year will be able to continue next year at least on the same basis on which their employment this year was authorized.

Requirements for certification for teaching on either the elementary or the secondary level are established by the State Board of Education and the programs of the teacher preparing institutions are developed in line with the State Board general standards and submitted to the State Board of Education for approval.

I believe the enclosed bulletins relating to the Educational Staff Associate Certificate will be of interest to you and perhaps answer some of your questions.

Sincerely,

Louis Bruno  
State Superintendent  
of Public Instruction

Please note:

Signature has been redacted due to security concerns

Boydie E. Rich  
Supervisor of Certification

BER:js  
Enclosures:

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