

Speech and Hearing Center Benefits Children



TAPE RECORDER — Children who are undergoing speech therapy at the Southern Oregon College Speech and Hearing center use a tape recorder for some speech exercises. The tapes are also used to mark a

Dr. Leon Mulling Is Head of Clinic Started in 1952

By JOHN STAFFORD
Mail Tribune Staff Writer
Ashland-Silly Old Sambo sits on a slippery stump and sings silly songs. The silly songs he sings sound like this:
Silly, silly, silly me—
I'm as silly as can be.
If you'd like to be silly, be,
Sing this song the same as me:
Soo, see, soo, see, soo, see, soo, see, soo.
You can be so silly too.
See, soo, see, soo, see, soo, see, soo.
Why, you're even sillier than me!

This verse probably sounds ridiculous to an adult. It will probably never make the many volumes of the world's great poetry. But it does have a value. It can help your child overcome a speech problem he may have.

Every parent hopes his child won't have a speech problem. But reality overcomes hope many times and a child does have speech difficulties. It may be stuttering. The child may not be able to pronounce s's properly. The child may have a cleft palate. Or he may be suffering from cerebral palsy, which impairs his speech.

Fifty years ago children went through life with speech defects. Help was almost unheard of. This is not the case today, and like many speech therapists, Dr. Leon Mulling, director of the Southern Oregon Speech and Hearing center, Southern Oregon college is proving children can be helped and, in many cases, completely cured of speech defects.

Dr. Mulling has been head of the SOC Speech and Hearing center since its start in 1952. His files show at least 166 children have come to the center since 1952 and have been helped. Currently 45 southern Oregon children are going to the center.

Since 1958 Dr. Mulling has diagnosed about 400 cases in public schools where speech defects existed. Much of his time in the last eight years has been spent visiting 34 schools in southern Oregon.

School Speech Clinics
School speech clinics are held to determine the type and causes of a child's speech defect and to suggest ways the parents and teacher can help the child. Parents have an opportunity to ask questions and secure free guidance.

A public health nurse or special educator arrange suitable clinic dates with each school principal.

As head of the center Dr. Mulling's duties cover wide areas. They include giving individual and group speech instruction in the campus clinic; counseling parents; advising teachers on speech correction and improvement programs in the schools; teaching campus and extension courses in speech correction, not only for teaching teachers how to alleviate speech problems; diagnosing speech problems in some public schools and showing parents and teachers how to improve speech of children without calling direct attention to the child and causing him to be embarrassed or self-conscious.

Others include supervising college students in methods of handling speech problems; distributing available free materials to parents and teachers of speech handicapped children; making public appearances relating to causes and treatment of speech problems; teaching courses in speech correction, phonetics and speech science.

The clinical help is free. Most of Dr. Mulling's work is with children. However, he does some work with adults, usually during off duty hours.

He guarantees no results in any of his work. However, the hearing and speech center has worked wonders in scores of cases. Much of the credit should go to Dr. Mulling. He is a dedicated, energetic and patient worker. His work takes patience. Speech improvement isn't noticed overnight. However, Dr. Mulling and his staff don't give up. What they are doing can be illustrated by following step-by-step a case that comes to the clinic.

First, the parents and teacher go to the clinic and are interviewed by Dr. Mulling. In the interview he hears the parents describe exactly what the child's speech problem is and what seems to have caused it. The child's speech history is thoroughly investigated.

Important factors are how the child learned to talk, and did the parents try to teach the child and was any use made of stories, rhymes,



MIRROR USED — Many methods are used in helping children overcome speech defects. One of these is a mirror, SOC student therapist Betty Danielson is pictured showing Susan how a word sound is made with

games, or picture books? The parents are asked about the development history of the child and when he began to walk and sit up.

Speech Training

Dr. Mulling believes that in most cases children do not speak well because they have not received the right kind of speech training in the home. "Good talkers are made—not born," he says. He doesn't believe that the speech problem is inherited or due to disease or accident.

If possible the child undergoes a thorough physical examination. Speech organs are examined to determine if they are normal. In some cases there is a definite physical basis for the child's problem. The examining doctor then signs a statement saying the child is or is not being given proper medical care.

Whenever possible, Dr. Mulling has the child take an intelligence test.

After all physical and mental findings have been gathered, he makes a final diagnosis of the child's problem.

Articulation Problem
An articulation problem is often dealt with. Dr. Mulling gives the child an articulation inventory to determine what sounds are being misused. Articulation may be poor on many or only a single sound.

After the articulation problem has been diagnosed, a tape recording is made of the child's speech. This provides a basis for comparison after undergoing clinical training.

Only one speech sound receives attention at a time. When that sound has been corrected, clinic personnel move on to another.

In all the correctional work, one philosophy is adhered to. "All speech activity must be relatively enjoyable and painless," Dr. Mulling states.

Young Children

Most of the children going to the SOC campus for help are young. So speech games are used. These include word guessing games, word money collections, a ring toss game where the child throws rings on pegs over different words and songs. Phonograph recordings also are a valuable aid.

Dr. Mulling, volunteer helpers and college students working for credit all must maintain enthusiastic attitudes and actions in working with the children. Many children have to be convinced that the simple games are really fun.

"Enthusiasm is difficult to generate at times," Dr. Mulling says, "but the thought that it may stimulate the child to make progress overcomes any feelings of frustration the clinical worker may have."

Into Home

Many clinical games are carried over into the home. Children are encouraged to make scrapbooks picturing objects containing the word sound giving the child problems.

"All of these games give the child practice in making sounds without making him feel self-conscious or unhappy about going to the clinic for speech lessons," Dr. Mulling says. "In very few instances have any children disliked their speech lessons or failed to make improvement."

He qualified this by adding, "Improvement is made provided the parents intelligently continue the speech lessons in the home."

Responsibility of parents in helping the child is great. The child spends only a limited

time in the speech clinic so a major share of speech improvement activity must be carried on by parents.



STROKE PATIENT—Mrs. Kay Huffman, former Southern Oregon college vocal music teacher, lost her voice when she suffered a stroke about a year ago. Dr. Leon Mulling, SOC speech therapist, started teaching Mrs. Huffman simple speech exercises after she became ill. Today she has regained use of her voice and is capable of carrying on a conversation. She is shown above practicing a speech exercise with Dr. Mulling.

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Play Activities

Play activities between parents and the child are extremely important. Dr. Mulling has prepared a check list of items which should be stressed in the home. Also he gives each parents a questionnaire.

Do's and don'ts for parents include:

1. Don't make excuses for his speech. Forget about an imaginary "tongue" tie, his falling down the steps or his grandfather's lip.

2. Begin in a pleasant home speech program for the child that will be fun for all concerned.

3. See that your child has playmates of his own age. Other children usually provide a reason for speaking as well as teaching each other new words.

4. See that the child is happy. Try to eliminate any conditions in the home that may be making the child unhappy. Many speech problems are the direct results of conflicts in the home.

Must Be Taught

5. Realize that it is necessary to teach children to talk; they do not inherit speech. Parents need to be good speech teachers.

6. Talking about the child or his speech in his presence is bad! Avoid it.

7. Parents must avoid trying to push a child beyond

his ability to learn. If the child is a slow learner, be much more patient. Give him much more time to learn.

8. Use good clear, simple, slow speech yourself if you want to aid the speech development of your child.

9. Be careful not to over-correct. Too much correction only makes the child self-conscious and negative.

10. Be sure your discipline is fair, objective and consistent. Your child should be happy as well as obedient.

Questions Dr. Mulling encourages parents to ask themselves include:

Do I listen to him when he wants to talk? Do I see that no one makes fun of his speech? Do I avoid correcting him too much? Do I play speech games with him? Do I give him enough praise when he says something well? Do I give him enough attention?

In the clinic a few mechanical devices are used. An auditory trainer amplifies voices of both child and teacher. Metronomes stimulate the child to repeat the sound over many times. A high fidelity phonograph is used to teach the child songs and rhymes. The child hears himself talking with a tape recorder.

After visiting the clinic and practicing at home most children show improvement.

It may be a year or more before improvement is made, according to Dr. Mulling. The length of time it takes for any therapy depends on the severity of the case, attitude and intelligence of the child and cooperation of his parents and teacher, Dr. Mulling says. The skills and ingenuities of the speech therapist are also important, he adds.

"The final test of our therapy is if the child can be understood, if no one calls any attention to his speech and if he doesn't feel self-conscious in any way," the clinic director explained.

Problems connected with speech therapy work are numerous. In speaking of the profession, Dr. Mulling said there are too many children with speech problems and not enough therapists to help them.

In Jackson county there are no regularly employed speech therapists in any public schools other than Medford. In Josephine county there are none at all.

The problem is acute in high schools. Dr. Mulling said, "there is a need to assist young people who have speech and allied emotional problems. Too frequently in a departmentalized situation the child is unable to find competent help for his type of problem."

"School boards need to realize that providing special education is just as necessary as providing money for competitive athletic or debate teams," he commented.

Dr. Mulling thinks college campuses need to develop more facilities for training speech therapists. "More classroom teachers need to be educated in methods of assisting children with speech problems," he says.

Another problem currently being faced by speech therapists is discouragement of "old wives tales" which make it harder for the child with a speech defect to overcome his problem. Dr. Mulling says such tales include the belief that children stutter simply because they think too fast; that it's good to correct a child every time he makes a speech error; that it doesn't hurt a child to talk about him in his presence, and that Johnny has inherited poor speaking from his grandfather.

Are children helped by these clinics? Dr. Mulling says, "Definitely." Both public health and speech clinic files reveal the records of scores of cases who have made accelerated improvement through the cooperation of parents, teachers, nurses and speech therapists. "Parents are generally very cooperative in the clinics. They are usually confident their children are being helped," Dr. Mulling concluded.

County Has Decline In Influenza Cases

The number of influenza cases reported in Jackson county, and particularly in Medford, showed a decided drop for the week ending Feb. 3, according to the cases reported to the Jackson county public health department.

Medford had five reported cases compared to 14 the previous week. Ashland had four cases compared to five the previous week and Phoenix had none compared to one the previous week. Shady Cove reported six cases compared to a previous five.

The number of reported cases of mumps showed a slight increase; Ashland, eight; Applegate, one; and Phoenix, five.

Other cases reported were: Ashland, two cases of chicken pox and Eagle Point one; Medford and Central Point, one case each of rheumatic fever; Medford, one case of erysipelas; and one case of gonorrhea; Applegate, one case of German measles and Medford, three; Prospect, three cases of pinkeye and Medford, one; Ashland and Shady Cove, two cases each of measles; Medford, one case of syphilis; Medford, four cases of pneumonia and Ashland one; and Ashland one case of infectious hepatitis.

The Merry Makers 4-H club met at 1878 Orchard Home dr. on Jan. 27.

We learned how to bake potatoes. Marlon Payton was absent. Lee Ann Durham has just returned home from the hospital. We are making pictures for children in the hospital.

Twenty-Six Stitches
The 26 Stitches 4-H sewing group appointed Marsha Sample secretary and Lynda Suttell, reporter, at its recent meeting.

Our sewing group is taking turns in being president and vice president. Reatha Sample is acting as president at the next 4-H meeting.

Lynda Suttell, Reporter

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Six Appear In District Court

Six persons appeared in district court Friday before Judge L. L. Sawyer.

George Bretz, Grants Pass, was fined \$20 for transporting livestock without having a brand inspection certificate.

He was charged with unlawfully transporting livestock from Jackson Hot Springs to Eureka, Calif., without an accompanying brand inspection certificate or memorandum brand inspection certificate. He pleaded guilty.

The case of Larry William Ritchie, 3423 Macdonald lane, for drawing a bank check with insufficient funds in the bank to pay in full, was continued to Feb. 6. He will enter a plea then.

Ritchie is charged with giving Dunham's, Inc. a bad check for \$15 on Jan. 5.

L. H. McCollum, 106 South Holly st., Medford, pleaded innocent to charges of assault and battery.

A trial is to be set later. McCollum is charged with beating James E. Bishop about the head and face with his fists last month. He is being held in the Jackson county jail in lieu of \$300 bail.

Mrs. Mae Hazel Fisher, 51, of 404 North Riverside ave., Cabin 6, was given a six months suspended sentence

for disorderly conduct. She was charged with quarreling and fighting with William Howell Frost, 44, of Cabin 16, 404 North Riverside ave., Thursday night. She pleaded guilty.

Frost was treated at Sacred Heart hospital for stab wounds in his left shoulder and arm and released.

Judy Wheeler, 429 South Central ave., received a one-year suspended sentence for petty larceny.

She was charged with taking an item of clothing from the Oregon Food Store on Feb. 2. She pleaded guilty to the misdemeanor charge.

Judge Sawyer suspended imposition of sentence on Jack Doyle Stinson of Arizona for six months for drawing a bank check with insufficient funds in the bank to pay it in full.

Stinson was charged with issuing a bad check for \$40 to the Big Y Market on Jan. 18.

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