



The Sound of Children in a World of Silence

*O.U.'s speech and hearing clinic has opened doors
to understanding for thousands of Oklahomans*

by CAROL J. ROBINSON

'59journal

Photos by Bob Coryell

parent can testify that there is no limit to the number or complexity of questions a child can ask. Exasperating ceaseless questions can be at times, the child's link to the knowledge that he must have to get along in the world. Yet there are children whose questions go unanswered because they cannot be understood—and other children who never asked a question because they never heard a question asked.

To enable them to ask their questions, to learn as other children learn, that the Speech and Hearing Clinic in Oklahoma City exists—a clinical and teaching center at the University of Oklahoma Medical Center and the O.U. department of

children—and adults—from all over the state come through the Clinic doors with every imaginable type of speech and hearing problem. Some of them come only to have their hearing tested, to be fitted with hearing aids, then to return home. Others come regularly for therapy. Many of the children remain in Oklahoma City for weeks with and without their families, unable to learn to cope with their handicap. The Clinic, under the direction of Dr. Donald Counihan, is housed within the Medical Center area in a single-story \$204,000 brick building constructed in 1957 with a federal grant matched by private donations, prin-

and feel must replace sound for 3-year-old
child, at left with teacher Joanna DeArmon.

cipally from the Junior League charity horse shows. The state matched the federal funds for the new \$200,000 wing which will be completed next spring, doubling the size of the Clinic and increasing the services in all three of its departments—audiology, speech therapy and the school for the deaf.

Each year more than 1,200 outpatients visit the audiologists, headed by Dr. Howard Ruhm, to take advantage of the state's most complete facilities for determining the nature and extent of hearing loss.

In addition to diagnosis and prescription of proper hearing aids, the audiologists are constantly striving to improve the evaluation of hearing by bone conduction research and by developing new and better techniques of testing the behavior of the inner ear. Expanded research plans are waiting only for completion of the new clinic wing.

A glance into one of the small rooms lining the hallway leading from audiology to speech therapy might reveal a child playing a card game with a soft spoken man who continually stops the progress of the game for some patient words of correction. This game is no mere childish pastime; the stakes are too high. The child who wins this game has won the opportunity to speak and to be understood.

This particular child could be a 5-year-old named Phil. If he started treatment at the age preferred by therapists, he has been visiting the Clinic regularly since he was

four. He may have some hearing difficulty, but he is not deaf. His problem could be the inability to distinguish between sounds, the tendency to substitute other sounds for *r*, *l* and *s*. Through articulation exercises, such as the card game, he will learn to make the correct sounds, then to incorporate these sounds into words. His is a case of functional articulation.

Such articulation cases in varying degrees make up 90 per cent of the case load for Dr. Donald Counihan and the three on his staff. Of the more than 400 outpatients they see each year, 120 return for weekly therapy sessions to correct a wide range of problems, many more difficult to understand than Phil's. Their trouble may stem from delayed speech, stuttering, cleft palate, cerebral palsy, types of brain damage affecting speech, removal of the larynx. One-fourth of the speech therapy patients are adults, adults who might have solved their speech problems long before adulthood if Clinic treatment had been started when they were Phil's age.

Across the lobby from audiology and speech therapy, other children are struggling with yet another communication barrier—deafness. Fifty-eight children are enrolled in the school for the deaf with supervisor Mrs. Helen Walcher, '50ma, and her staff of six O.U. trained teachers of the deaf, Delores Barker, '59ba; Pat Braucht,

Pictures and text
continue on next page

Sound of Children

continued

'54ba; Martha Pulley, '59ba; Joanna De Armon, '59ed, '60m.ed; Gwen Abbott, '59ed, and Ann Stanley Coley, '56ba.

At the time the present building for the Clinic was proposed, it was estimated that between 25,000 and 30,000 children in Oklahoma suffered hearing loss of varying degrees. Although these children had the same intelligence, talents and desires as hearing children, they could not hope to realize their potential without special training.

In each of the seven different teaching levels, the deaf student at the Speech and Hearing Clinic is confronted with the same subject matter as his counterpart in public classes, whom he will eventually join. But at the same time he is learning all the extra skills which the deaf child must master to overcome his handicap.

The school for the deaf is strictly an oral school in which no sign language is taught. The goal is to get the child ready for public school at the junior high level by age 12 or 13. By this time the child must be ready to compete on the same basis as the hearing child without dependence upon others who know sign language.

The two half-day nursery groups (a beginning class in the morning and a slightly more advanced class in the afternoon) range in age from 2 to 4 years. Training is based on a supervised play technique



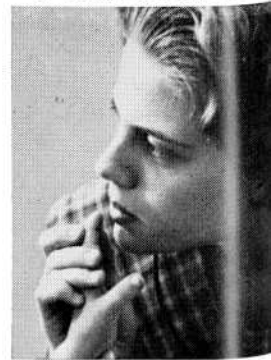
Audiologist Gene Menche determines whether a hearing aid would benefit 5-year-old Linda Lynch.



By feeling movement, vibration of Ann Coley's cheek, Dean can distinguish voice sounds, like *ban*, from . . .



. . . nasal sounds, like *ma*



. . . breath sounds, like *ph*

The teacher and her volunteer helpers from the Junior League start the children reading lips by talking to them as if they could actually hear. The nursery-age child also begins his acoustic training in which he wears amplification devices designed to train him to take advantage of whatever degree of hearing he still possesses.

While none of the children have useable hearing, very few have total hearing loss. However, nothing a child is able to hear has any meaning for him unless he can interpret that sound and relate it to objects, actions and emotions. In some cases a hearing aid will be of some use to the child, and one is fitted by the audiologists as soon as acoustic training has progressed to such a point that the child can distinguish between sounds.

The children are taught the difference in sounds by vibration and movement accompanying speech and by lip reading. By holding the child's fingers in front of the teacher's lips, the child becomes acquainted with breath sounds (such as the word *pan*) by the air accompanying these sounds. In the same way the vibration associated with nasal sounds (such as the word *man*) can be felt by holding the fingers on the side of the nose, and the voice sounds (such as the word *ban*) can be distinguished by feeling the movement and vibration of the cheek.

Duplicating such movement and vibration and reading lips enable the child not only to understand when others speak but



It may be gametime to Phil, but Therapist Avery Vaughn sees the game as a key to normal speech.

to speak himself with a voice which he will never hear.

The school must keep both its oral training and educational standards high if the deaf child is to be made ready for public schools. The different levels at the school cannot be accurately equated with grades in the public system. Each child must progress through nursery, kindergarten and the grades at his own rate, and the small classes make it possible for him to do so with the increased amount of individual attention

he must receive from his teacher. By the time he reaches the final level, he should be beginning seventh grade work.

Gradually the child is worked into classes at one of Oklahoma City's junior high schools with more subjects added to the program each year until he is ready for full days in classes with hearing children. Thirteen-year-old Jerry Daniels, who has been at the school since she was 2½, is a prime example of the success of this method. This year Jerry is maintaining a half-day schedule at Northeast Junior High where she is enrolled in eighth grade mathematics, gym and homemaking. Next year her teacher expects her to be able to add another subject to this list and in two years she should be going to public school full days.

Teaching the deaf is a long range process. If entered early enough to do the child the most good, it involves most of his pre-high school years. The children enrolled in the school come from all over the state. Many of their families have moved to Oklahoma City solely to enable the children to attend the school for the deaf. Other families who could not leave their home towns have made arrangements for their children to live with Oklahoma City families having time at home only on weekends.

In either case, a sacrifice had to be made, but a sacrifice more than compensated when that child finally goes off to school with the kids down the block, able to meet other children on near-equal footing, when he can understand what others say, when he can speak and be understood, when life no longer looks to him like an arduous ordeal in which allowances must always be made for his handicap.



Teacher Gwen Abbott prepares Dewey Mosshart, Jerry Daniels, Ginger Hanning for public schools.