

Copy given to Lions
and Health Office

REPORT ON SPEECH DEFECTS IN LOUDOUN
THERAPIST B.S. ANDREWS MEDICAL COLLEGE, RICHMOND, VA.

158 children (white) diagnosed and worked with.
30 colored children diagnosed.

Clinic held 15 days in the county- Some clinics were held at local points-others in the schools when transportation and cooperation of parents could not be secured.

After all children with speech defects were seen they were classified under four types;
c-1, c-2, c-3, c-4,

- C-1--Not ready for direct help-use of general phonetics recommended.
- C-2--To be worked with periodically.(Monthly)
- C-3--Therapist not able to help child. Need full time clinical attend and referrals for defects needing correction in hearing, sight, tonsils, palate, physical examination, psychological counseling.

After children were seen and worked with by therapist, suggestions were made for further improvement. This follow up was done by the teachers, children, parents and nurses and check from time to time by the supervisor of instruction and the visiting teacher.

Mr. Andrews thought in working with the children that twenty to twenty five a day was a good days work. Most days he worked with more because there were always emergencies or some one overlooked the time before by teachers or a new member in the county.

Those cases under Type C-3, have and are being referred for medical care and corrections. Under C-4 Type, 16 children have made satisfactory improvement to be dropped from list. Mr. Andrews, recommended that eight of those seen attend the speech camp at the University of Virginia, Charlottesville, Va. for observation and daily therapeutic work. Most of the cases are children from homes financially unable to pay camp fees or prices. The entire cost for summer camp is \$250.00 for eight weeks which includes every thing. Children can be admitted for two or three weeks at \$30.00 per week and helped a great deal. (Last year we sent two children for two weeks, they were given a scholar ship from the Crippled Children's Society and kept the rest of the summer. I feel that they would do the same this year.)

We feel that Mr. Andrew's work in the county was very helpful to the children, teachers and parents. In every case that was worked with where there was cooperation in the schools, improvement was made. Mr. Andrews made friends easily with the children and was liked by most teachers and parents. Mr. Andrews is a very intelligent man and very well informed about speech difficulties and corrections. He was pleasant to work with because of his genial and pleasing personality.

I am sure he would appreciate a letter being sent to Mr. W. E. Barnett, Supervisor of Special Education, State Dept. of Education, Richmond, Va. stating how the Lions feel about his work in the county, also a letter to Mr. Walter Chapman, Crippled Children's Society, Richmond, Va.

I personally wish to thank each member of the Lions Clubs for his contribution to this very worthwhile work. By your interest and progressiveness you have made many school children happy this year and have brought about needed speech corrections and improvements in their school work.

I shall be forever grateful to you for this unforgettable work.

Alice L. Cady, Visiting Teacher

Copy to ...
Copy given to Sioux
and Health Office

Mental REPORT ON HEARING SURVEY
May 6,7,8,9, 1952

Children were worked with from 13 schools
Number of children worked with 83
Number Total tested 2368
Those having a hearing loss 146
About six per cent of number tested

Those having a hearing loss classified under four types, H-1, H-2, H-3, H-4,
Number having a hearing loss under each type-H-1 45, H-2 47, H-3 33, H-4 20.

Number of girls seen 13, --- number of boys seen 15.
Age range of children from 5-15.
Children were seen in the clinic from one to ten times.

Explanation of different types-

H-1 - No handicap for speech perception. Loss of high frequencies above 4000 indicates a possibly greater hearing loss. Check annually. Medical attention not urgent. Should be referred for medical care if loss becomes greater. Loss will not effect present speech perception.

H-2 - One ear normal. Other ear has hearing loss. Should be referred for medical treatment, take into consideration seating of child with good ear towards teacher or speaker. Child will almost hear normally. One ear essentially normal which is almost normal hearing.

H-3 - Bilateral-both ears-hearing loss-high loss effecting speech perception. Suggest medical attention, seating, hearing aid consultation, semiannual audiometer. Medical attention is imperative. Child should be seated near the center front of the room. It should be understood that the child has an important hearing loss. Should be tested every six month. If medical attention does not improve condition hearing aid should be considered.

H-4 - Loss of high frequency effecting speech perception. Most perceivable working with numbers. Medical referral recommended, seating consideration, semiannual check. These losses effect the perception of consonants but not vowels. Raising the voice does not help. Clear enunciation does. Seat child so that speaker's face can be seen clearly to observe consonants. Medical referral is made with the hope that further loss may be prevented. This is the type of child that often gives the impression that he hears when he wants to.

Special notice is being given to teachers and parents. The proper follow up is also being made.

The parents of teachers or both conferences with the child's room conditions to parents primarily, visiting teacher or those responsible for the child.

In all cases improvement in some form was noted. Adjustments were made in the home and school.

Defects and special examinations were marked on and are being continued. Impossible to obtain much improvement in some cases because of home environment and lack of cooperation. Adjustment and improvement could have been made faster and more helpful if some-thing could have been seen off-set and if proper cooperation on part of school and perhaps could have been secured.

On a whole the work done by Dr. Indorf was most helpful and beneficial. To those working with him it was enlightening, interesting, creating a desire to gain in the knowledge and service of such worthwhile work.

Copy to Woman's Club
& Health Dept.

Mental Hygiene Report 1951-1952

Children were worked with from	15	schools
Number of children worked with	53	
Number of parents	"	" 41
" " teachers	"	" 40
" " principals	"	" 20
" " Nurses	"	" 6
" " Doctors	"	" 5

Number of girls seen 13, ---Number of boys seen 40,
Age range of girls 5---15, age range of boys 6---18.
Children were seen in the clinic from one to ten times.
The most severe case was seen ten times.
Other cases averaged from five to six times.
A number of cases were seen just once for the purpose of psychoanalysis and diagnoses.
Some cases were seen just once because they were not interested enough to return or were not willing to work with or take advice from the psychologist.
Other cases scheduled to come in were scared off by rumors coming from people who did not know anything about the work.

Types of cases worked with.
There were a number of egregious cases.

Cases in delinquency, retardation, immaturity, character disorders, socially maladjusted, instability, speech defects.

Symptoms pertaining to types:

Discipline problems in school and at home, withdrawn, shy, emotionally immature, physically immature, retarded in mentality and growth, hostile, egotistical, stammering, disobedient, runaways, antagonistic, muscle spasms, convulsions, irritability, worried about school work, also retarded and loss of interest in school work.

Three cases hospitalized on psychosis and were referred for institutional care.

One case was referred to a psychiatrist with recommendation for hospitalization for observation and treatment.

The procedure used after appointments were scheduled was conferences with psychologist with parents or teachers or both conferences with the child; recommendations to parents principals, visiting teacher or those responsible for the child.

In all cases improvement in some form was noted. Adjustments were made in the home and school.

Defects and special examinations were worked on and are being continued.
Impossible to obtain much improvement in some cases because of home environment and lack of cooperation. Adjustment and improvement would have been made faster and more helpful if counsels could have been seen oftener and if proper cooperation on part of school and parents could have been secured.

On a whole the work done by Dr. Indorf was most helpful and beneficial. To those working with him it was enlightening, interesting, creating a desire to grow in the knowledge and service of such worthwhile work.

Brief review of three difficult cases when referred.

- A- A, age 15, emotionally upset, complained of aching joints and legs, muscle spasms and nausea. Very good record in school, a hard worker. Liked school. Came from a family large and poor, father an alcoholic. Lived on rented farm. In working with child - disclosed she had hysteria symptoms, stiff body, amnesia mostly due to rejection by her sister and home conditions. Adjustment made in home, cooperation of sister obtained, changed attitude on part of A after she was helped to accept certain conditions. Considerable progress made. Should have a check up in the fall. Was seen four times in the clinic. This family was not able to pay any thing.
- B. B, age 10, 4th grade. Retarded in school work, easily upset by things at home and school, quite nervous, when corrected cried a great deal. Worries about not passing school work. Has a hearing defect. Parents very well educated. Own home. Very comfortable living conditions. Has a sister nine years old. Has seen three times by the psychologist. Difficult seems to be due to the mother's demanding and pressuring attitude. Mother a nervous type. Child needed more success experiences and praise at home and school. Rivalry between sister and brother a contributing factor. More work needed with mother, teacher and child. Child improved to the extent that promotion in school was made.
- G. C, age 7, 5th grade, emotionally disturbed because of stuttering, hard to settle down. Loud, has nice home, educated parents, has two sisters. Mother overly anxious or ambitious for child. Child in good health. Has seen six times in the clinic. He needed continued reassurance and a build up of his belief in his personal adequacy. Some laziness has resulted in a bit of recession. Regular visits to clinic are needed if there is to be further improvement. A noted improvement in stuttering was made.