In an eight-week summer session, 13 children aged 4½ to 8 years were treated for speech problems by the author at the Eugene Hearing and Speech Center. They had been referred by physicians, teachers, and parents. In addition to speech disorders, 10 of the children had behavior problems.

The presenting speech problems were described as: delayed development; unusual or infantile sentence structure; jargon; difficult to understand, barely audible; substitutions, omissions, and distortions of speech sounds; unintelligibility due to rapidity or articulation disorder; non-verbal.

The presenting behavior problems were described as: demands attention; bossy, struggle for power; hostile toward parents, adults, or peers; temper tantrums; shy; refusal to speak; overly dependent; poor cooperation, slow moving, immaculate; no group participation, withdrawing.

The children were divided into three groups, the first two solely according to the hour of meeting. Group A was composed of three five-year-old girls; Group B, of five boys ranging from four-and-a-half to six years. They met three times per week for one hour. Group C comprised five children, boys and girls, from six to eight years, including the three children with no behavior problems. Group C met twice a week for two hours.

Speech Therapy Procedures

Speech therapy activities consisted of group discussions, individual conversation, choral speaking, ear training, exercises in isolation and identification of sounds, auditory discrimination, visual discrimination, tongue placement instructions, exercises of tongue and palate, kinesthetic awareness, production and usage of sounds, preparation of and practice in individual speech notebooks. When a child learned a new sound, he was expected to use it correctly. During speech games and conversation, recognition (in the form of the object or

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*This work was inspired by Dr. Rudolf Dreikurs.*
permission to continue the game) was given only when the sound was articulated properly. Objects asked for were not given until the children named them correctly without being coaxed. Only things which contained sounds they had learned were presented. These activities were instrumental in giving the children a solid foundation in phonics, encouragement to converse, and the awareness that speaking and learning to speak well were possible and enjoyable.

Finding the Purpose of Behavior

With most of the children it was quickly seen that the behavior problems and speech problems had to be dealt with concurrently. Speech improvement was contingent on improved attitudes.

Alfred Adler's approach to children's behavior problems as described by Dreikurs (1) was used. It is based on the assumption that man is a social being whose actions are purposive and directed towards a goal. His behavior springs from attitudes which are determined by his perception and evaluation of his experiences.

To change behavior, the motivating attitudes, purposes, and goals—in life and in a given situation—must be recognized and changed. When the child is made aware of the purpose for his actions and learns through the responses of others that a given behavior no longer achieves the desired results, he discontinues it, provided he is encouraged and has the opportunity to learn better ways of behaving.

The children's misconduct was handled by guessing and discussing what they were hoping to achieve by their actions. Was it to get attention, to show superiority, to be the boss, to demonstrate power, to obtain special service or consideration, to get even, or to punish others? When the child's "true" intentions are disclosed, and he is made aware of what he wants, a characteristic "recognition reflex" is evoked as described by Dreikurs (1, pp. 46-47). This immediate reaction to the correct guessing of the child's purposes consists usually of a smile, twinkle of the eyes, or other facial expression which gives him away.

As purposes were discovered, discussion was facilitated. The fun of misbehaving declined when the children became aware of their purposes and knew that their audience was also aware. Consequently misconduct decreased.

The advantages of baby talk, being difficult to understand, gesturing, not talking, and normal speech were discussed. In the discussion of deficiencies generally, and theirs particularly, it was learned
that some children like to see their verbal performance, or the lack of it, upset adults. When the parent made an issue of being unable to understand the youngster, one child smiled; that was his revenge. Another child felt that by maintaining infantile speech similar to that of her younger brother, she might recapture the special attention associated with a mother-baby relationship. A very quiet child nodded his head when it was suggested that family members sometimes talk too much. This boy felt that by being silent, others bothered him less. There was enough noise in the home without his adding to it.

Finding the purpose of behavior is illustrated in the following example: When a child walked to the door and expressed his desire to go home before the end of the period, the therapist asked and received his permission to discuss his request. After ignoring a few unsuccessful guesses (among which were: “Maybe he doesn’t like us,” “Maybe he doesn’t want to learn,” “Could it be that he doesn’t like what we’re doing?”) he looked down and bit his lower lip (a recognition reflex) to the suggestion, “Maybe he’s afraid he can’t learn; it might look like too much work.” Talking about what happens if a person is convinced he cannot do something, and giving him permission to leave and return when he felt he could learn, created in him a pensive mood. No further special attention was given him that day. He remained by the door, watching intently while the other children examined their “speech helpers” (tongue, teeth, lips, jaw, palate) and continued their participation in the lesson. The following session he rejoined the group and soon became an active participant.

**Facilitating Behavior Change**

*Encouraging Responsibility*

The first period in each group was begun by getting acquainted, playing with puzzles, drawing pictures of the children’s families, and discussing them. The discussion led to the question of why the children were attending the Center. Some knew; others did not. The importance of communication was brought out.

But it was also made clear that each child could do as he desired: If he wanted to learn, he could; and if he chose not to, he could leave at any time. The decision was his. It was agreed that the therapist would aid the children in their understanding of the purposes of their actions and in improving their speech only if they so desired.

After weighing the advantages of intelligible speech against infantile speech, the children admitted that it would be wise to learn
acceptable speech standards, even though they might not want to use them all the time. Jumping into a new habit by completely abandoning an older comfortable one is not eagerly anticipated. There are times when a child might feel like being silent or using baby talk even after he has learned correct speech. These privileges of expression should serve as a springboard for discussion, attention to the precipitating problem, or search for the purpose of the regression.

**Encouraging Helping Others**

An individual conference was held with each child who had been pushing, insisting upon being first all the time, demanding things, and seeking special attention. Recognition for his “success” was given—how smart he was to have found the means for achieving his goals. How sad the children must be who had not found a way to do this. What could we do to help the less aggressive learn to lead? Each aggressive child volunteered to take a back seat in “leadership” and to encourage the others. Specific ideas for encouragement were elicited. In subsequent meetings he enjoyed talking about the help he had provided. Becoming a help rather than a hindrance was a rewarding experience.

Thus, the children who originally had insisted upon being first and best, or naughty, learned to take turns and to be satisfied being a member of the group. Their uselessness or destructiveness became usefulness and constructiveness. Encouragement rather than punishment, group pressure instead of adult pressure, democratic rather than autocratic atmosphere, discussing the purposes of a misbehaving child with him and with the others, and not yielding to bids for attention were some of the key techniques used in helping these children to learn more about themselves, to change their attitudes, behavior, and speech into more socially acceptable forms.

**Providing Logical Consequences**

Through the techniques used, social interest developed to the point where the children wanted to communicate with each other and with adults. Belonging to the group became important; so group pressure and awareness of purpose curtailed most offensive actions of hitting, shoving, kicking, and verbal outbursts.

For cases in which group pressure was not effective or applicable, the method of logical consequences was used by the therapist. For example: After one boy had fallen while rocking his chair, and the other children continued to find delight in rocking theirs, a brief com-
ment was made regarding the removal of the chairs for the protection of the group. When the rocking resumed none the less, the chairs were nonchalantly taken away and the floor was used as a substitute. A few days later the chairs were returned and from then on were used properly.

Another example of logical consequences is: At cooky time the children who did not say the word “cooky” correctly after learning it, were quietly by-passed. They were not given a second chance because they knew how to say the word. The following day they all remembered how to ask properly. Children test adults to see if they are consistent; if they are, arguments are less frequent.

**WORKING WITH THE FAMILY**

It seems that many adults (speech therapists included) are intimidated by children, especially by those who demonstrate behavioral problems. Adults inadvertently often allow these children to control and manipulate their environment. This is one means by which youngsters grow up with an unhealthy sense of superiority or power. In contrast, the child who is ruled with an unqualified iron hand is apt to develop a sense of inferiority or revenge. The purpose of this summer program was to help the children and their parents see family and group behavior in terms of the goals at which such behavioral patterns are aimed. The secondary purpose was to show the family how to change certain patterns by changing their reactions to the child’s behavior.

One group discussion with the parents, plus individual counseling when needed, aided the parents in using the same techniques at home as we used in the groups. For example, a 5½ year-old boy who had persisted in putting his pajamas on inside out and backwards, put them on correctly after his parents ignored this and let him go to bed that way. He had enjoyed the delay caused by mother’s fixing them.

Another boy insisted that he needed help with tying his shoes. The therapist asked him to demonstrate as much as he knew about tying as though he were teaching a little child who had no idea of how it should be done. The demonstration was a complete success, but he continued asking for help at home, and received assistance. When it was suggested that the parent withhold assistance, the boy left his shoes untied until he tired of tripping over the laces. When he thought nobody was looking he tied them himself. He had been putting his mother into his service; but upon realizing that mother
consistently withheld the service, tying his own shoes became habitual.

Parents were gratefully surprised to see their helpless children become helpful, and attention-getting mechanisms decrease. Some realized how subservient they had become to their offspring. Others learned how to stop power struggles. Both parents and children found new self-confidence and, in many cases, new self-concepts.

**Results**

The treatment program was spontaneous and not designed as an experiment. Therefore the results can be expressed only tentatively and crudely. In our judgment all children showed improvement in both speech and general behavior.

In speech, the improvement of 7 children was quite satisfactory, while that of 6 children was limited. In Groups A and B, 4 out of the 8 children used satisfactory speech for their ages after the eight weeks program, while the remaining 4 had learned to produce every sound correctly. In Group C the 3 children who had articulation difficulties succeeded in correcting these, while the 2 whose speech had been unintelligible learned to speak clearly enough to be understood.

In behavior, 8 among the 10 children who originally presented problems were at the end quite satisfactory, while 2 showed limited improvement.

**Summary**

Applying principles of Adlerian psychology to children in speech therapy groups seemed to enhance the effectiveness of an eight-weeks summer session, resulting in improvement in every case both with regard to speech and behavior problems. Emphasis was placed on making the children aware of their goals in speech deficiency and misbehavior; leaving to them the decision to improve; encouraging their learning through mutual help within the group; and providing logical consequences for their behavior. Every family was contacted and the effort made to enlist their understanding and cooperation in these practices.

**Reference**