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Mabel Farrington Gifford: A Visionary for Change

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Abstract

In the early twentieth century, Mabel Farrington Gifford proposed a new model of speech language pathology treatment that would impact the profession of speech-language pathology and the California public education system. Gifford pushed for early intervention programs within the California public school system and used a multidisciplinary approach to treat nervous speech disorders, including stuttering. Her focus on the whole child incorporated speech correction techniques into all aspects of a child's life, and led her to develop the first teacher training program in the state of California to train public school teachers in speech correction techniques.

This thesis analyzes Mabel Farrington Gifford's ideology within the field of speech language pathology and the context of special education in California. Federal mandates since Gifford's time have changed public special education programs and research in the field of speech language pathology has greatly expanded. However, Gifford's ideology about early intervention, treatment of the whole child and specialized training programs still remains at the core.

Keywords: Mabel Farrington Gifford, Speech Language Pathology, Special Education, California, Schools, Stuttering, Early Intervention, Speech Disorders

Introduction

Public schools in the early twentieth century provided little for individuals with special educational needs. While they had been well established from their origination as common schools in the nineteenth century, they lacked the appreciation of diversity and the understanding of different learning styles that we now see today. Even while education underwent significant reform during the Progressive Era, students with disabilities were regularly excluded. In 1893, the Massachusetts Supreme Judicial court ruled that a disabled child could be expelled from school because he was a disturbance to teachers and children. Later, in 1934, a county court in the state of Ohio gave the State Department of Education the right to exclude children from the mandatory school attendance law.¹

Yet even as these rulings were occurring, a California woman with a severe case of stuttering would pave the way for a new, more inclusive approach. Mabel Farrington Gifford established one of the first opportunities for people with speech disorders in the state of California, and later created and organized a speech correction program for the San Francisco public schools. It is because of Gifford's public school program that California became one of the first states to subsidize a statewide speech correction program.

While many may know little about Gifford, and speech-language pathology may seem like only a small part of special education in general, Gifford's work ended up having great influence on generations of students, as well as on veterans and disabled adults. Even today, after much transformation in the field, Gifford's legacy continues. Her multidisciplinary approach to treating the "whole child", in which speech difficulties could

¹ Mitchell L. Yell, *The Law and Special Education* (Boston: Pearson, 2012), 46.

be remedied or ameliorated with sympathetic therapy, had an important influence beyond the field of speech pathology, affecting the public school education system in California.

In 1910, the Chicago Public Schools were the first to provide a program of speech therapy services, with many cities to follow through the 1920s. These programs were the first of their kind and set the stage for special education services across the nation.

California was quick to follow. While many credit the origins of public school speech language services to the Chicago Public School system, the state of California under Gifford's influence was a major contributor.

The turn of the 20th century was a time of great advances in the field of speech correction. In the 19th century, treatments had mostly focused on repetitive drills, the use of instruments, and sometimes even shock therapy. Speech disorders were attributed to mechanical complications in regard to deformation and/or weakness of the muscle spasms, and had largely been perceived to be a physiological problem.² It wasn't until the 1920s, that stammering, stuttering, cluttering and nervous hesitation were classified as nervous speech disorders; however, European speech clinics continued to focus on treatments that addressed the mechanical aspects of the disorder.³ Gifford's research on nervous speech disorders brought interdisciplinary approaches in treatment to the forefront, and has since become the norm.

Fortunately, there is quite a bit of narrative scholarship on the history of how the field developed. Ann R. O'Connell and Judith Felson Duchan provide the most in depth work on

² Mabel Farrington Gifford, "Nervous Speech Disorders in the Light of Suggestion and Auto-Suggestion," *Journal of Expression* 1 (1927): 98-100.

³ Gifford, "Speech Defects: Classification and Treatment at the University of California Hospital," *Journal of the American Medical Association* 82:21 (1924): 1673.

the history of speech-language pathology. In a Ph.D. dissertation written by Ann O'Connell, "The Development of Speech Pathology in America: 1890-1940," the early origins of speech pathology were traced as far back as ancient Greece, and the professionalization of the field was linked to programs in universities and the development of speech correction organizations.⁴ The standard narrative history of the profession by Judith Felson Duchan, "The Early Years of Language, Speech and Hearing Services in U.S. Schools," chronicled the emergence of speech pathology, specifically in regard to services offered in American public schools.⁵ Additionally, many case studies exist that tell the story of the emergence of speech programs in various regions.⁶

Leaders within the profession drove an important part of this history. These leaders made great strides, and helped shape the field to what it is today. Work from Sandra Lynne Singleton and Dale George Malone provide great awareness in this regard. Singleton's work recounts the work of many California pioneers in the field of speech language pathology, and includes a chapter dedicated to Mabel Farrington Gifford.⁷ Malone's work is

⁴ Ann R. O'Connell, "The Development of Speech Pathology in America: 1890 – 1940" (Ph.D. diss., Loyola University of Chicago, 1990). A narration of the history of speech pathology in public schools and highlighted how development in the early twentieth century laid a foundation for growth.

⁵ Judith Felson Duchan, "The Early Years of Language, Speech, and Hearing Services in U.S. Schools" *Language, Speech & Hearing Services in Schools*, 41:2 (2009). Similar to the O'Connell, Duchan's article narrated the beginnings of speech pathology services and discussed popular theories, practices and service deliveries in the early 20th century.

⁶ For examples of these case studies see: Miriam Keslar & Charles W. Lomas, "Speech Correction in the Los Angeles City Schools" *Western Speech*, 15:1 (1951) or Louise D. Davison, "Speech Correction in the Public Schools of Georgia" *Quarterly Journal of Speech*, 35:1 (1949).

⁷ Sandra Lynne Singleton, "California Pioneers in Speech Pathology: 1915 through 1951, Looking Back for the Future" (Ph.D. diss., University of San Diego, 1990). This project focused on the role of leadership in the development of speech pathology in California. Chapter four, "The California Genesis," provided a short biography on Mabel Farrington Gifford which chronicled Gifford's education and professional career.

biographical in nature and uses Gifford's personal and private life to illustrate her significance in the development of California's education system.⁸

Most current scholarship offers a narrative or biographical approach to the history of speech pathology and chronicles major events and individuals in the emergence of speech pathology as a field of study, as well as a service within the public school system in the United States. While some scholarship is more specific about the emergence of speech pathology in schools or even the emergence of services within specific regions, it is still generally focused on a narrative history of events. This project, however, takes a more analytical approach by examining the changes in ideology over time and analyzing the social context in regard to the history of education and speech language pathology. Judith Felson Duchan started to analyze the field in this fashion in her article regarding speech practices that have become old fashioned in comparison to practices used in the field today. However, her scholarship focused more on practices and techniques themselves, while this project will focus on ideology.

A significant portion of this project will be dedicated to the evolution of federal mandates regarding special education services in public schools. This evolution illustrates the dramatic changes public education has undergone in the United States, and puts into perspective how progressive Gifford's leadership was for her time. Mabel Farrington Gifford's multidisciplinary approach to treat the whole child, as well as her pursuit to provide early intervention and publicly funded speech therapy programs, propelled the services that California would offer students with communicative disorders. As the

⁸ Dale George Malone, "A Biography of Mabel Farrington Gifford," (M.A. Thesis, Chapman College, 1966.) Through a narrated biography of Gifford's personal and private life, Malone illustrated Gifford's significance in the development of California's education system.

visionary for both the public school speech therapy program and the formal teacher certification program, Gifford made a significant impact on the history of education in California. The services which Gifford helped design have evolved and public education has transformed dramatically, but her initial ideas remain relevant. While there have been many changes in the structure and implementation of her programs, Gifford's ideology is still at the core.

I. Gifford's Methods and Influence

Mabel Farrington Gifford was born August 19, 1880 in Winona, Minnesota. Her family relocated often, and she eventually settled in Pomona, California around 1900. Gifford suffered from a severe case of stuttering, which seems to have delayed her education. In 1900, she graduated from high school at age 20. After high school, Gifford attended the Corrective Speech Institute of Buffalo, New York from 1901 to 1903 and returned to southern California with the intention of opening a school for stutterers in Los Angeles.⁹

In 1904, Mabel Gifford began working for Dr. H G. Brainard. He was Professor of Neurology in Los Angeles, and likely influenced her future ideology about speech. From 1913-1914 she worked in the Minnesota State School for the Feeble Minded and later moved back to California in 1915, to San Francisco. By this time, Gifford had overcome her difficulty with stuttering.¹⁰ Finally in 1915, the Pediatric Department of the University of California Hospital opened a speech correction clinic with Mabel Gifford in charge.¹¹

In September, at the request of the Education Committee, Gifford presented at the Panama-Pacific Exposition in San Francisco a demonstration of methods used for the

⁹ Malone, "A Biography of Mabel Farrington Gifford," 16 - 17.

¹⁰ Ibid, 18 - 19.

¹¹ Gifford, "Speech Correction Comes of Age in California," *Western Speech* 13 (1949): 19.

correction of stuttering.¹² A year later, Gifford was hired by the San Francisco Board of Education to organize a speech program for the public schools.¹³ In the early 1920s, training sessions were established through the University of California Extension Division. These trainings provided teachers with specialized instruction in speech correction during the summer session.¹⁴

In 1926, Mr. S. Waldo Coleman, a wealthy client of Gifford, made a substantial donation to the state of California to provide public school services to children. Gifford was appointed chief of the new Bureau of Correction of Speech Defects under the State Department of Education. Due to Mr. Coleman's donation, California became one of the first states to subsidize a statewide speech correction program. By 1930, thirty-three school districts had implemented speech correction classes for speech defects and disorders.¹⁵ In 1936, California approved the California Commission for Special Education to further the cause and ensure that the 1927 legislation to support education of the physically handicapped (including defective speech)¹⁶ was being implemented successfully. By 1947, a Bureau for Special Education was established under the State Department of Education.¹⁷ Gifford continued to work for the State of California, holding various titles, until her retirement in 1952.

¹² Singleton, "California Pioneers in Speech Pathology: 1915 through 1951, Looking Back for the Future," 41.

¹³ Gifford, "Speech Correction Comes of Age in California," 19.

¹⁴ Gifford, "Speech Correction Work in the San Francisco Public Schools," *The Quarterly Journal of Speech Education* 11:4 (1925): 378.

¹⁵ Gifford, "State Supervision of the Correction of Speech Defects" *Proceedings of the annual meeting - National Education Association of the United States*, 69 (1931): 640.

¹⁶ Gifford, "Speech Correction Comes of Age in California," 20.

¹⁷ *Ibid*, 21.

It is likely that her own struggles with stammering shaped Gifford's ideas about the importance of speech. In the 1933 *Proceedings of the American Speech Correction Association*, Gifford quoted Edward Z. Rowell, a professor at the University of California, and stated that "speech is an essential activity of human life which fulfills an indispensable function in the real business of living, and without which there could be no cooperation, no division of labor, no governmental institutions, no social codes, no civilization."¹⁸ Gifford believed that "perfect" speech was foundational in the development of a successful person. In an article titled "The Social Significance of Speech Development," Gifford argued that the success of a person is dependent on his/her speech and that often times, an otherwise competent person is faced with few prospective opportunities due to "unlovely defects" in speech.¹⁹

Gifford's ideas also likely stemmed from the progressive movement at the turn of the century. As the economy transformed to be more industrial, middle class reformers urged schools to take a more active role in molding children for society, and pressed for changes in curriculum that focused on a more child-centered ideology. The pedagogy introduced by John Dewey, one of the most well-known reformers, encouraged learning through experiences and experimentation in order to inspire social responsibility. The guiding principle was to prepare children for active roles in future society.

While this movement recognized individual differences and promoted exploration, it was also biased toward a white, middle-class vision of the American society. Progressive

¹⁸ Gifford, "The New Speech Education Program for the State of California," *Proceedings of the American Speech Correction Association* 3 (1933): 1.

¹⁹ Gifford, "The Social Significance of Speech Development," *California Journal of Elementary Education* 6 (1937): 123.

education encouraged assimilation of immigrants in urban cities in order to unify and “Americanize” the communities. Progressive reformers believed that a standardized public education system could create a national identity that was reminiscent of a more wholesome America.²⁰

According to Gifford, perfect speech was vital for a person to be successful in society. Perfect speech would consist of a quiet, smooth, musical tone that wasn’t too rapid or too slow. She also called for the elimination of accents,²¹ both foreign and domestic, so that speech “does not announce his birthplace nor consign him to any particular class.”²² This correctness was essential for all parts of life, not just success in the workplace. She believed that speech and thoughts were interconnected, and that speech was more than just an expression of thought. She stated “we [mold] our thoughts through the medium of language and can do so in no other way. It would follow therefore, that poverty of speech must constitute a handicap to thought, and conversely, that excellence in speech must be an available aid to thought.”²³ Gifford also stated that “there is a general recognition that a pleasing voice plays an important part in creating an attractive personality,” implying that impressions of a person’s likeability is also determined by his/her speech.²⁴

While Gifford’s ideology may seem outdated today, she was quite innovative for her time. In addition to the elitist ideals of the progressive movement, Gifford embraced treatments that steered away from strict drills and rote memorization. She clarified that

²⁰ Lawrence Cremin, *The Transformation of the School: Progressivism in American Education, 1876 – 1957* (New York: Vintage Books, 1964), 68.

²¹ Gifford, “Speech Defects,” *The Volta Review* 21 (1919): 169.

²² Gifford, “The New Speech Education Program for the State of California,” 6.

²³ *Ibid*, 3.

²⁴ Gifford, “The Social Significance of Speech Development,” 125.

there are major differences between speech defects and speech disorders. Her definition of a speech defect was underdeveloped speech that could be corrected by proper training.²⁵ Some examples of these speech defects include articulation defects, enunciation defects, and malformations in the nose and throat that interfere with speech or foreign mispronunciation. A speech disorder however, is only experienced under specific pressures and stress. Gifford's work was largely focused on nervous speech disorders, or the spasmodic manifestation of the speech organs, which consisted of stammering, stuttering, cluttering and nervous hesitation.²⁶

Gifford argued that the public did not understand the difference between disorders and defects. When a disorder manifests, the public assumes that it is a speech defect and imposes drills onto the child. According to Gifford, this only makes the disorder worse, because it leads to speech consciousness. Once the child is aware of his/her disorder, there can be feelings of inferiority, loss of confidence and more uncertainty about his/her speech ability.²⁷ According to Gifford's theory, the nervous speech disorder is an external symptom of a much larger mental conflict.²⁸ Therefore, when the public places increased pressure on a child with a nervous speech disorder, the disorder is deepened.

Gifford's theory was groundbreaking because she proposed that the cause of stammering (as well as the other nervous speech disorders) was not physical, but psychological. Others before her thought differently. She stated that "certain speech

²⁵ Gifford, "Relation that Emotional Maladjustment Bears to Nervous Speech Disorders and Delinquency," *Cultural and Scientific Speech Education Today* (1930): 187.

²⁶ Gifford, "Speech Defects: Classification and Treatment at the University of California Hospital," 1673.

²⁷ Gifford, "Relation that Emotional Maladjustment Bears to Nervous Speech Disorders and Delinquency," 191.

²⁸ Gifford, "A Consideration of Some of the Psychological Causes and Treatment of Stammering," *Proceedings of the American Speech Correction Association* (1931): 74.

instructors dismiss the whole problem by saying it is merely a bad habit.” Since most nervous speech disorders had previously been grouped together with articulation defects, treatment options varied. Cures ranged from changes in climate and diet, to drills and exercises, and even surgical operations and electric shock. Gifford argued that in the case of nervous speech disorders, speech drills and exercises were insufficient treatments. The best plan for treatment was to consider all factors that could be affecting the child psychologically.²⁹

It was this expansion into additional fields of research that made Mabel Farrington Gifford so significant. She examined other disciplines to uncover better methods of treatment. In addition to theories of psychology, Gifford consulted psychoanalysts like Freud, Appelt, Ash, and Baudouin.³⁰ Given her frame of reference, it follows that, according to Gifford, the job of a speech therapist was more than just “correcting” speech. The ultimate goal of a speech therapist was to assist the client in acquiring fluent speech through self-control, emotional stability and mental balance.³¹ This form of treatment required more than repetitive drills and exercises. She argued that rehabilitation was not only difficult, it was time consuming; and urged that focus should be placed on prevention rather than speech correction.³² It is because of Gifford that early intervention would soon become one of the most popular approaches in speech pathology.

Gifford argued that treatment should begin as early as possible in order to avoid an even more deep-rooted disorder.³³ Many physicians advised parents to hold off on

²⁹ Gifford, “A Consideration of Some of the Psychological Causes and Treatment of Stammering,” 75 – 77.

³⁰ Gifford, “Nervous Speech Disorders in the Light of Suggestion and Auto-Suggestion,” 98-100.

³¹ Gifford, “Mabel F. Gifford,” *Stuttering; Significant Theories and Therapies* (1956): 51.

³² Gifford, “The New Speech Education Program for the State of California,” 5.

³³ Gifford, “A Consideration of Some of the Psychological Causes and Treatment of Stammering,” 76.

treatment under the assumption that a child would outgrow the disorder. Gifford asserted that “nothing is more harmful than this waiting.”³⁴ By waiting, the speech defect habit would only become more established and would harm the morale of the child. Over time, the child would become self-conscious and fearful of speech, creating speech obsessions and neuroses.

As a result of her theory, Gifford proposed early intervention programs within the public schools in California. She believed that a program “must begin in the early elementary grades during the habit forming years”³⁵ to be the most effective. Speech correction services had historically only been offered through private instruction, but what made Gifford a pioneer in education’s history was her determination to bring these services to the public.

Gifford insisted on public school programs for many reasons. The need for early intervention was an essential component, but she also noted that “stammering caused by emotional conflicts is found most frequently in our public schools.”³⁶ Therefore, it was apparent that a need for services existed. Additionally, she reasoned that children with speech difficulties often become social problems in the public school setting. Common problems associated with speech difficulties could be withdrawal from group activities or even compensation through problematic behavior.³⁷ Implementing a speech program within the school, she hoped, would decrease these disruptive behaviors.

³⁴ Gifford, “Speech Defects: Classification and Treatment at the University of California Hospital,” 1675.

³⁵ Gifford, “The New Speech Education Program for the State of California,” 4.

³⁶ Gifford, “The Social Significance of Speech Development,” 127.

³⁷ Gifford, “Speech Correction Comes of Age in California,” 21.

In addition to pioneering California's first public school speech program, Gifford fought for a formalized teacher-training program. Without proper training, school speech programs would likely be ineffective.³⁸ As she explained, "The large majority of speech defects among children in the public schools are due to the fact that they have never learned correct habits of articulation." While she may have been referring to speech defects (functional versus psychological), the quote illustrates her argument about the need for appropriate teacher training. While a teacher may be able to assist in general speech development, without specific preparation the teacher would be unable to aid students with more severe difficulties.³⁹

Gifford also proposed that summer trainings would be more effectual than focused speech courses as part of a regular credential curriculum. She believed that teachers should already have classroom experience before training in such a specialized subject. However, she did believe that basic speech courses should be a part of the undergraduate teacher-training program.⁴⁰

It is also apparent through Gifford's published work that she intended to raise awareness about proper treatments for nervous speech disorders. In an article titled "Relation That Emotional Maladjustment Bears to Nervous Disorders and Delinquency," she provided contact information for the Bureau of Correction of Speech Disorders, California State Department of Education. It is clear that she intended to inform parents about the new services offered and wanted to promote prevention, rather than correction.

³⁸ Gifford, "Speech Education Problems in the Public Schools," *Western Speech* 7 (1943): 9.

³⁹ Gifford, "The Social Significance of Speech Development," 123 - 127.

⁴⁰ Gifford, "Speech Education Problems in the Public Schools," 9 - 10.

She also hoped to reeducate the public about the psychological causes of nervous speech disorders, and the impact these causes can have of speech.⁴¹

In a 1925 article, Gifford stated that “although the progress in speech correction work has been slow from the point of view of enthusiastic teachers, statistics show a steady increase in both the numbers enrolled and in those corrected and improved.”⁴² What Gifford couldn’t have realized was that her work made a momentous impact on the development of special education programs in the California public school system. Her early intervention approach, which included a psychological methodology rather than a narrow focus on repetitive drills, would become the norm for speech clinicians throughout the education system. Her distinction between disorders and defects would lead to more effective and beneficial training for students. Not only were Gifford’s education programs progressive, but she opened the door for multidisciplinary research that focused on the person as a whole, rather than merely the speech organs.

II. Mid-Twentieth Century Changes in the Field

The post-World War II era was a new period for growth in the field of speech language pathology, and the ideas of Mabel Farrington Gifford were at the center. World War II put a strain on the profession, as many men and women left their positions to serve in the war effort. While many speech pathologists were still active in the profession, there was little advancement in the field. Research slowed in the realm of speech correction, as the war prompted increased research on public speaking and propaganda during and after the war. However, as many veterans returned home, they were in need of speech services (likely

⁴¹ Gifford, “Relation that Emotional Maladjustment Bears to Nervous Speech Disorders and Delinquency,” 193.

⁴² Gifford, “Speech Correction Work in the San Francisco Public Schools,” 381.

due to brain injuries and psychological trauma). Due to the variety of treatments that were needed, the Veterans Administration contacted the California Society for the Study of Speech Therapy (CSSST) to make certified speech therapists available to veterans throughout California. A contract was established in which the Veterans Administration would determine eligibility, and Mabel Farrington Gifford would assign a speech therapist who was qualified to handle the case. Many of these therapists had to be creative about their treatment plan during the post-World War II era, since minimal research had been published during the war and there were a limited quantity of texts and articles accessible.⁴³

The post-World War II boom led to even more expansion in the field. Speech-therapy programs in colleges quickly multiplied to meet the increased needs for therapists; in addition, the baby boom and mandatory attendance laws amplified the number of students in public schools.⁴⁴ It was perhaps this increased number of students in schools that pushed teachers to consider ideas about individual differences.

In the early twentieth century, when society was captivated by scientific methods, intelligence testing was a popular approach in schools to help plan and deliver instruction. This testing drove ideas about “normality,” and positioned individuals with lower IQs as the cause for problems in society. These individuals were exempt from the mandatory attendance laws and placed in segregated institutions.⁴⁵

⁴³ Singleton, “California Pioneers in Speech Pathology: 1915 through 1951, Looking Back for the Future,” 88-99.

⁴⁴ Paul Woodring, *The Persistent Problems of Education* (Bloomington, Indiana: Phi Delta Kappa Educational Foundation, 1983) 65 – 67.

⁴⁵ Salend Spencer J. and Laurel M. Garrick Duhaney, “Historical and Philosophical Changes in the Education of Students with Exceptionalities,” in *Advances in Special Education, Volume 21: History of Special Education*, ed. Anthony F. Rotatori, Festus E. Obiakor and Jeffrey Bakken, (Bingley, UK : Emerald Group Publishing Ltd, 2011), 6.

However, new research in the 1930s prompted a change in the purpose of special education. Researchers like H. H. Skeels and H. B. Dye began to show “that the learning of students with exceptionalities was enhanced when they were provided with a stimulating environment.”⁴⁶ Special education programs began to shift from protective day care and medical care to educating individuals.

By the late 1950s and early 1960s, schools districts nationwide recognized that children were not exactly the same and that children learned in different ways. In order to adapt to individual differences, most city schools implemented special classes for students who could not be provided an adequate education in a mainstream classroom. These classes typically included special equipment, specially trained teachers (like speech pathologists,) or even separate schools. Additionally, new teaching techniques, such as grouping similar or similarly-abled children, were implemented in an attempt to address individual student needs.⁴⁷

III. Federal Intervention into Special Education

While speech pathologists and educators in California, and nationally, had been pushing the boundaries in education since the 1910s, the federal government did not start to address education until the middle of the century. The 1954 ruling of the Supreme Court in *Brown v. Board of Education* was monumental for public education in the United States. In the case, which was actually five separate cases that were consolidated once they reached the Supreme Court, *Brown v. Board of Education of Topeka, Briggs v. Elliot, Davis v. Board of Education of*

⁴⁶ Ibid, 6 – 7.

⁴⁷ George H. Reavis and Carter V. Good, *An Educational Platform for the Public Schools: A Decade of Change*, (Bloomington: Phi Delta Kappa Educational Foundation, 1968), 21 – 34.

Prince Edward County (VA.), Boiling v. Sharpe, and Gebhart v. Ethel, the Court declared that education for all children should be equal.

While these cases were focused on race, the implications of the rulings extended beyond segregation. The children in these cases were denied admission to their local “white” schools under laws that permitted segregation according to race. The laws that permitted this segregation had been previously upheld by the Supreme Court in 1896, in *Plessy v. Ferguson*. In the 1896 case, the Supreme Court ruled that the separation of races in public facilities was permissible, giving birth to the “separate but equal” doctrine.⁴⁸ In the 1954 *Brown* case, lawyers representing the children challenged the 1896 ruling and argued that the public schools were not equal and could not be made equal. This inequity denied the children the equal protection of the law, as required by the 14th amendment. On May 14, 1954, the Supreme Court overturned *Plessy v. Ferguson* and concluded that the “separate but equal” doctrine had no place in public education. It was decided that segregation was a denial of equal protection under the laws as specified in the Fourteenth Amendment and that separate facilities for education were inherently unequal.⁴⁹

Although the significance of this ruling for children with special learning needs was not immediately apparent, it was the first time in U.S. history that the federal government intervened in public education by declaring that separate facilities were unequal, and asserted that there should be equality within education. This declaration led to a movement that urged the integration of people with disabilities into all aspects of society.⁵⁰

⁴⁸ “History - *Brown v. Board of Education*” accessed May 3, 2016, <http://www.uscourts.gov/educational-resources/educational-activities/history-brown-v-board-education-re-enactment>

⁴⁹ *Brown Et Al. v. Board Of Education Of Topeka Et Al* (347 U.S. 483; 74 S. Ct. 686; 98 L. Ed. 873 1954).

⁵⁰ “The Meaning of *Brown* for Children with Disabilities, ACS,” accessed May 3, 2016, <http://www.acslaw.org/acsblog/the-meaning-of-brown-for-children-with-disabilities>

In the early 1970s, two court cases addressed the issue of unequal education for children with disabilities, Pennsylvania Association for Retarded Children (“P.A.R.C.”) v. Commonwealth of Pennsylvania, and Mills v. Board of Education. In both cases, the courts sided with the plaintiffs and overturned local laws that excluded children with disabilities from public schools.⁵¹ The Brown v. Board of Education ruling laid a foundation for the 1975 Education for All Handicapped Children Act (now known as IDEA, the Individuals with Disabilities Education Act).

However, the Brown v. Board ruling was only the beginning. The testing of draftees during World War II led to a renewed interest in the problems of illiteracy. Whereas in the past, the uneducated poor were able to work as unskilled workers in factories or on farms, the industrial changes in the economy called for an increased number of skilled laborers. American society could no longer support a large, uneducated population.⁵²

In 1965 the federal government enacted Public Law 89-10, also known as the Elementary and Secondary Education Act of 1965 (ESEA). Title I of the ESEA provided federal financial assistance to local agencies for the education of children from low-income families. This act transformed issues in the public education system from predominately state and local ones, to federal ones.

While the widespread illiteracy detected in WWII was one of many factors that may have motivated the enactment of this law, perhaps the most prevalent motivation was President Lyndon B. Johnson’s War on Poverty. Johnson declared in his State of the Union

⁵¹ “Right to Education” DisabilityJustice.org accessed May 3, 2016, <http://disabilityjustice.tpt.org/right-to-education/>

⁵² Lucy Frontera, “Compensatory Education and Achievement Growth in Elementary School,” (Ph.D. diss., University of Delaware, 1985).

Message of 1964, “let this session of Congress be known as the session which did more for civil rights than the last hundred sessions combined ... as the session which declared all-out war on human poverty and unemployment in these United States.” Johnson continued in his address to explain that the lack of jobs and/or money was only a symptom of poverty, not its cause. The cause of poverty was in the nation’s failure to provide its entire citizenry an equal chance to develop their skills through education and training. In order to address the causes of poverty, Johnson declared that school aid funds must be used to improve the quality of education in low-income areas.⁵³

As a former schoolteacher, Johnson understood the need to support the public education system. In a policy paper, President Johnson stated that of the 30 million boys and girls who would enter the job force in the next 30 years, “2 ½ million of them [would] not see the inside of a high school [and] 8 million [would] not finish high school.”⁵⁴ He urged for action and put education at the top of his agenda. In a special message to Congress in 1965, Johnson recommended legislation that would authorize assistance to schools serving students of low-income families, and he budgeted one billion dollars for the 1966 fiscal year to support it.⁵⁵

On April 11, 1965, President Johnson signed the Elementary and Secondary Education Bill. Upon signing the bill, Johnson remarked that “it represent[ed] a major new

⁵³ “Lyndon B. Johnson: Annual Message to the Congress on the State of the Union., January 8, 1964,” *The American Presidency Project*, accessed May 5, 2016, <http://www.presidency.ucsb.edu/ws/index.php?pid=26787>

⁵⁴ “Lyndon B. Johnson: Presidential Policy Paper No.1: Education, November 1, 1964.” *The American Presidency Project* accessed May 5, 2016, <http://www.presidency.ucsb.edu/ws/index.php?pid=26703&st=&st1=>

⁵⁵ “Lyndon B. Johnson: Special Message to Congress: ‘Toward Full Educational Opportunity’, January 12, 1965.” *The American Presidency Project* accessed May 5, 2016, <http://www.presidency.ucsb.edu/ws/index.php?pid=27448&st=&st1=>

commitment of the Federal Government to quality and equality in the schooling that we offer our young people.”⁵⁶ By providing federal aid to schools that offered programs supporting children from low-income families, Johnson set the precedent for federal aid in public schools.

Again just like the court rulings on racial segregation, the bills President Johnson signed were not initially directed at special education. However, they signaled a dramatic change in attitude that would transform the field. After the signing of the Elementary and Secondary Education Act, there were many public laws enacted that provided limited federal support for special education services. Public Law 89-313, enacted November 1, 1965, offered limited federal aid to state agencies “directly responsible for providing, on a non-school district basis, free public education for handicapped children.”⁵⁷ While this provided support to the education of handicapped children, it was only limited support to state agencies that already had programs in place.

While these public laws provided stepping-stones for special education programs, the laws were disconnected and did not provide a coherent set of standards. In a special message to Congress in 1970, President Richard Nixon declared, “we must stop imagining that the Federal government had a cohesive education policy...our Federal education programs are largely fragmented and disjointed, and too often administered in a way that frustrates local and private efforts.”⁵⁸ President Nixon called for structural reforms to the

⁵⁶ “Lyndon B. Johnson: Remarks in Johnson City, Tex., Upon Signing the Elementary and Secondary Education Bill, April 11, 1965.” *The American Presidency Project* accessed May 5, 2016, <http://www.presidency.ucsb.edu/ws/index.php?pid=26887&st=&st1=>

⁵⁷ “PL 89-313.pdf,” *United States Government Printing Office*, Accessed December 19, 2014.

⁵⁸ “Richard Nixon: Special Message to Congress on Education Reform. March 3, 1970.” *The American Presidency Project*, accessed May 5, 2016, <http://www.presidency.ucsb.edu/ws/index.php?pid=2895&st=education&st1=>

American education system that would lead to increasing achievement levels for all children.

In November of 1975, Public Law 94-142 was enacted. This law, known as the Education for All Handicapped Children Act of 1975 (EHA), significantly transformed special education in the United States. The goal of this law was to provide comprehensive educational opportunities to all handicapped children from birth to age twenty-one at no cost to parents.⁵⁹ Educators did not necessarily agree on whether or not this law was revolutionary, for some argue that it was merely evidence of the evolution of federal intervention in education.⁶⁰ Previous legislation formed the building blocks of the EHA, and therefore federal intervention on this level was not unexpected. However, this legislation was progressive not only because it set a guideline of minimum standards, but also because “it addressed actual instruction to be used at the classroom level.”⁶¹

In order for local school districts to be eligible for federal funding, they were required to comply with strict guidelines. The most notable was that school districts needed to individually assess each handicapped child and develop an individualized education program (IEP). It also required schools to place all handicapped students in the “least restrictive environment” appropriate to their needs and establish parental involvement and procedures for parents who wished to contest district decisions.⁶²

⁵⁹ Winifred Warnat, “In-Service Education: Key to PL 94-142's Service to Handicapped Children and Youth,” *Educational Leadership* 35:6 (1978): 474.

⁶⁰ Jeffrey Zettel and Joseph Ballard, “The Education For All Handicapped Children Act of 1975 PL 94-142: Its History, Origins, and Concepts,” *The Journal of Education* 161:3 (1979): 5.

⁶¹ David Paul Colachico, “The Education for All Handicapped Children Act: Legislation for Academic Equality (A Historical Study of Public Law 94-142),” (Ed.D. diss., Texas A&M University, 1985) 6.

⁶² Judith D. Singer and John A. Butler, “The Education for All Handicapped Children Act: Schools as Agents of Social Reform,” *Harvard Educational Review* 57:2 (1987): 126.

The written IEP was believed essential in order to provide an appropriate education. Not only would this plan identify the unique needs of each handicapped student, it would also serve as a tool to monitor progress and safeguard against inappropriate placements. It was a requirement that a conference be held within the first thirty days of developing an IEP, and that the IEP be reviewed annually.

Another safeguard against inappropriate placement of handicapped children was the involvement of parents. Before any information could be collected about a child, the parent was required to be informed and notified about the process and their rights. Additionally, the law assigned parents as members of the planning team and IEP conference in order to make decisions for their child.⁶³ This parental involvement was key in assuring appropriate education, for it put in place a set of guidelines for parents to challenge district decisions concerning their handicapped children.

The IEP was not the only way in which the EHA addressed classroom instruction. The EHA also required that procedures be taken “to assure that handicapped children receive special education and related services in the least restrictive environment commensurate with their needs.”⁶⁴ This meant that handicapped children were required to be educated in a classroom with children who were not handicapped (to the maximum extent appropriate). Special classes or schools for handicapped students should only occur if the education of the handicapped child could not be achieved adequately in a regular classroom, even with the use of supplemental services.⁶⁵

⁶³ Colachico, “The Education for All Handicapped Children Act: Legislation for Academic Equality (a Historical Study of Public Law 94-142) (pl94-142),” 16.

⁶⁴ Education for All Handicapped Children Act of 1975, US Code 1401. Public Law 94-142.

⁶⁵ Zettel and Ballard, “The Education For All Handicapped Children Act of 1975 PL 94-142: Its History, Origins, and Concepts,” 15.

On December 2, 1975, the Education for All Handicapped Children Act of 1975 was signed by President Gerald Ford. While some opponents were concerned about the financial feasibility of the bill initially, new priorities were set for using funds and resources.⁶⁶ In a 1980 article in *Educational Leadership*, it was noted that the EHA had increased cooperation between parents and education agencies and raised awareness about the education of handicapped children.

It is clear to see similarities to Gifford's philosophy even a few decades later. Educators were now looking at the whole child. The education services provided were now based on the unique needs of individual students, and special education programs sustained an essential role in the education system. The perseverance of distinctive individuals, along with federal mandates implemented throughout the twentieth century, enhanced educational opportunities for all children.

IV. Speech Pathology Enters a New Era

Mabel Farrington Gifford's work continued to the middle of the century, when she retired in 1952. However even after retirement, she continued to work privately. On May 1, 1962, Mabel Farrington Gifford passed away in Long Beach, California, leaving a prominent legacy behind.⁶⁷

In the late twentieth century and early twenty-first century, the relationship between special education and speech language pathology has come full circle. Having helped give birth to a new attitude toward special education, speech language pathology in public schools is now shaped by federal laws that reflect these attitudes. Distinct delivery formats for speech language services are guided by these federal mandates. Approaches to

⁶⁶ Singer and Butler, "The Education for All Handicapped Children Act: Schools as Agents of Social Reform," 126.

⁶⁷ Malone, "A Biography of Mabel Farrington Gifford," 37 – 39.

treatment now focus not only on the caseload size of the speech language pathologist (SLP,) but also on the need to provide the least restrictive environment possible, the individual needs of the student and the decisions made by the IEP team. While the traditional “pull-out” approach still exists today, new methods have become more prevalent since the late 1980s and 1990s.⁶⁸

In the traditional pull-out program model, the student is removed for a short period of time from the general education classroom to work either one-on-one, or in small groups, with the SLP. Today, if this model is determined most appropriate by the IEP team, a rationale statement is required. This statement must be included in the IEP and describe why the student needs to be removed. At the middle school and high school level, the resource room model has become common. However, it could be argued that this model is noncompliant with the least restrictive environment mandate. In this model, students go to a resource room only one or two periods a day, and students may receive course grades if curriculum goals are reached.

At the early childhood and elementary school levels, the consultation model has replaced most self-contained program models. In the 1990s, self-contained classrooms were quite prevalent in which the SLP served as the dedicated teacher in a specialized classroom who was responsible for the entirety of the curriculum. While this method may still be used today for specific cases, most of these classrooms have been phased out due to the least restrictive environment mandate. The consultation model has become more common and involves the development of an intervention plan by the SLP, and then the

⁶⁸ Trici, Schraeder, *A Guide to School Services in Speech-Language Pathology: Second Edition* (San Diego: Plural Publishing, Inc., 2013): 88 – 106.

SLP teaches other educators (and/or parents) how to implement the plan. This allows for strategies to be incorporated into a variety of settings for the child, for example at home and daycare, leading to greater success. Not only does this model incorporate Gifford's philosophy on the necessity for early intervention, but it also treats the whole child as Gifford originally recommended. Treating the whole child allows for a more collaborative approach between teachers, parents and SLPs. The consultation model moves away from speech drills for a limited time during the day, and moves toward strategies that are continuously utilized throughout the child's day.

Another new approach that has evolved out of these new special education laws is the prevention model, which is typically used for students who have learning disabilities. The successor to the EHA of 1975, the Individuals with Disabilities Education Act (IDEA) signed into law by George W. Bush in 2004, showed just how influential this prevention model would be. Trici Schraeder, author of *A Guide to School Services in Speech-Language Pathology* stated, "before IDEA '04, schools had to wait until the student failed before a referral could be made to an IEP team. IDEA '04 facilitated a more proactive approach to see if a student responds to scientifically based, research-based intervention."⁶⁹ Since IDEA, school districts are now able to use part of their federal funds for early intervention services, which helps schools differentiate each student's needs at a much earlier age and determine appropriate action up front.

Some of the most compliant models are unfortunately the most time consuming. In the team teaching model, the SLP and classroom teacher work together to divide workload and design lessons based on their expertise. In the teaming-for-reading model, SLPs collaborate

⁶⁹ Schraeder, *A Guide to School Services in Speech-Language Pathology: Second Edition*, 93.

with other educators to develop literacy by integrating both oral and written modes of language into the intervention plan. The most commonly used model is the cooperative learning team model and joins students from a variety of ability levels into small teams to complete an assigned task. In this scenario, the SLP is often invited into the general classroom to assist in circulating around the room for assistance. This model is most in line with Gifford's ideology because it is a more direct treatment approach. Children receive treatment from the SLP within the least restrictive environment, and teachers are trained on best practices and strategies in the classroom. While these approaches involve team teaching or teaching teams of students which is often ideal, they may not always be possible for SLPs who have very large caseloads or are located in small, rural schools districts.

Technology has also greatly enhanced intervention approaches in the field of speech language pathology. The use of technology has become much more prevalent as a tool to assist SLPs in meeting the needs of their students. The computer-assisted learning model has shown incredible success rates. According to Schraeder, the use of devices, like the iPhone or iPad, to download apps and games increases motivation by making learning fun. Students also receive immediate feedback which allows them to easily try again. Video modeling has also become more popular as technology evolves. In video modeling, SLPs use videos to teach social skills more successfully within context, rather than in an isolated environment. The telepractice model has also increased access of services to more students, allowing SLPs to deliver services long distance.⁷⁰

⁷⁰ Schraeder, *A Guide to School Services in Speech-Language Pathology: Second Edition*, 88 – 106.

V. Gifford's Legacy Today

Since public school speech services were introduced in the early 1900s, there have been many changes. Special education programs and speech services today are vastly different from the program Mabel Farrington Gifford once developed in San Francisco. Changes in the field itself and in the way speech language pathologists approach their services, have been guided by world wars and federal intervention. However, even amid the transformation, we are still able to see a glimpse of the past.

Mabel Farrington Gifford helped shape the field of speech language pathology into what it is today. Gifford proposed that treatment of nervous speech disorders, like stuttering, should consider the whole person. The disorder was not simply a problem of the speech organs, but a result of psychological problems confronting a person. These problems could include issues at home or school and feelings of inferiority, which ultimately lead to a loss in confidence that compounds the disorder. Gifford consulted research outside of speech pathology in traditional psychology, as well as psychoanalysis, in order to better understand the complete condition and develop better treatments.

We can see glimpses of Gifford's work in recent research. Self-evaluation and self-correction have underpinnings in psychology in respect to ideas of self-efficacy. As recent researcher Patrick Finn describes it, "Self-efficacy refers to a person's belief that he or she has the personal capability to achieve a desired result. It is generally measured by instructing clients to self-rate on a 100-point probability (where 0: complete uncertainty, 100: complete certainty) how certain they that they can perform a target behavior."⁷¹

⁷¹ Patrick Finn, "Addressing Generalization and Maintenance of Stuttering Treatment in the Schools: A Critical Look," *Journal of Communication Disorders* 36:2 (2003): 156.

Whether or not a person is able to accurately assess their own strengths and weaknesses is a psychological question, and not a component of physical speech. If a person is more likely to rank him/herself as uncertain to perform a behavior (like speaking fluently,) then they may have already lost the battle. According to the current speech language pathology methodology, it is important for a client to feel confident in their own abilities in order to have successful outcomes. They must believe they can do it.

This confidence plays an even more important role outside the range of the speech pathologist because the client must regularly, and actively, implement techniques within the classroom and other diverse settings to maintain the successes they have achieved. Unfortunately however, this confidence is difficult to build in children who stutter. Similar to Gifford's work in which she mentioned that children with speech difficulties withdraw from group activities or sometimes compensate through bad behavior in the classroom, current research states that stuttering can actually hinder their academics. In the classroom, students are often expected to give oral reports, read or answer questions aloud and contribute to group discussions in which children who stutter are put under greater pressure.⁷² Additionally, children who stutter suffer at a greater risk from bullying than children who do not. The short-term consequences of bullying, like low self-confidence, low self-esteem, embarrassment and depression often persist into adulthood. Marilyn Langevin and N.G. Narasimha Prasad add that there are also long term consequences of bullying that "include continued difficulty in recovering from childhood experiences and negative effects

⁷² Marilyn Nippold and Ann Packman, "Managing Stuttering Beyond the Preschool Years," *Language, Speech & Hearing Services in Schools*, 43:3 (2012): 339.

of stuttering, on vocational choices, and achievement of potential.”⁷³ These psychological, emotional, and social concerns have led to additional fields of research in prevention and awareness of bullying of children who stutter.

As speech pathologists, educators and parents become more aware of the diverse issues facing children who stutter (CWS,) counseling is becoming popular in combination with speech techniques. SLPs are recommended to demonstrate coping strategies as part of a more circular therapy approach. Strategies that teach children how to respond to negative peer behaviors are recommended in order to reduce damaging emotional and mental responses.⁷⁴ These ideas about treating the “whole” child is once again reminiscent of Gifford’s argument that treatment of nervous speech disorders must include more than a series of drills. Research from a more recent speech program, based on family-focused treatment, is indicative of Gifford’s concerns regarding “at-home” problems. The program was designed to work with parents first, and then focus on the child. This parent-child training program educated parents to implement modifications to their own communication and attitude to help their child increase fluency.⁷⁵

Today’s techniques include a variety of child-focused techniques, out of a belief that there is not a one-size fits all method. Every child’s situation is unique, and requires a unique treatment plan. One common technique referred to as STS, or syllable timed speech, teaches the child to speak by placing equal stress on each syllable in a sentence. However,

⁷³ Langevin et al., “A Stuttering Education and Bullying Awareness and Prevention Resource: A Feasibility Study,” *Language, Speech & Hearing Services in Schools*, 43:3 (2012): 345.

⁷⁴ William P. Murphy, Scott J. Yaruss, and Robert W. Quesal, “Enhancing Treatment for School-Age Children Who Stutter,” *Journal of Fluency Disorders* 32:2 (2007): 141.

⁷⁵ J.C. Yaruss, C. Coleman, and D. Hammer, “Treating Preschool Children Who Stutter: Description and Preliminary Evaluation of a Family-Focused Treatment Approach,” *Language, Speech & Hearing Services in Schools* 37:2 (2006): 119.

other research has shown that restructuring to prolong speech and stretch words out, and then gradually increase to a faster rate, has been successful. Today, treatment can even be delivered online using a webcam, which has allowed for an increase in accessibility to services.⁷⁶

This understanding of the need for unique treatment plans has prompted clinicians to call for even more research concerning stuttering in older children.⁷⁷ It is because of Gifford's push for early treatment that there is a large amount of research available for pre-school age children and early intervention programs. However, the research is lacking for evidence-based interventions with older, school-age children and speech pathologists today still have questions about the most effective strategies to help older children who stutter.⁷⁸ By considering the whole child, and the individual child as Gifford suggested, speech pathologists now look to provide more individualized treatment plans that are not only more effective, but more beneficial.

Conclusion

Through an examination of Mabel Farrington Gifford's work, a direct relationship between the field of speech language pathology and the changes in California's public education system can be seen. Gifford's philosophies for early intervention and the treatment of the whole child are now used in a variety of special education programs in addition to speech-language pathology. In return, changes in special education laws have

⁷⁶ Nippold and Packman, "Managing Stuttering Beyond the Preschool Years," 340.

⁷⁷ Amy L. Weiss, "What Child Language Research May Contribute to the Understanding and Treatment of Stuttering," *Language, Speech & Hearing Services in Schools* 35:1 (2004): 30 – 31.

⁷⁸ Nippold and Packman, "Managing Stuttering Beyond the Preschool Years," 340.

greatly influenced the ways in which speech-language pathologists treat their student clients.

Gifford's work in speech correction ultimately transformed the California public school system. Gifford did more than just raise awareness for children with speech disorders and defects; she proposed a new model of treatment that would impact the profession of speech-language pathology *and* the California public school system. Despite the absence of federal aid and intervention, Gifford opened the doors for subsidized special education programs in California and led the state to make significant strides in the education of children with exceptionalities. Research in the field, since Gifford, has led to significant advances in the field –many of which differ from her original scholarship. Nevertheless, after nearly a century of research later, we still see fragments of Gifford's philosophy today. Her scholarship, which drew on outside disciplines, established a foundation for the field that continues to inspire and encourage exploration into new areas of research.

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