

Phonetic Therapy

- A phonetic approach also goes by several other names:
 - Motor approach.
 - Traditional approach.
 - Articulation approach.
 - Sensorimotor approach.

Phonetic Therapy

- Applied to phonetic errors.
- May also be appropriate in some cases with phonemic problems.
 - Child may be quite stimulative for the error in a particular context but not in others.
 - Child may need some "motor practice" to establish the sound.
 - In these cases, not all of the steps in a phonetic approach may be necessary.

Therapy Sequence (Overview)

1. Sensory-perceptual training – also called auditory training or ear training.
2. Production of the sound in isolation.
 - Teaching the child to produce the sound.
3. Production in nonsense syllables.
4. Production in words.
5. Production in structured phrases / sentences.
6. Production in spontaneous speech.

Therapy Sequence (Overview)

- To move from one level to the next, we set some criterion for "mastery".
- Most clinicians use 80-90% correct for all levels except spontaneous speech.
- Research suggests that once accuracy reaches at least 50% in spontaneous speech, progress should continue to mastery without much additional help.

Step 1. Sensory-Perceptual Training

- Also called auditory training or ear training.
- Only needed if discrimination is a problem.
 - Prior to the 1970s we did this for every child on every error sound.
- Teaching child to hear the difference between the target sound and what they usually use in its place (don't worry about producing it).
- Several steps (clinicians don't always use every step).

Identification

- Want child to be able to recognize the target sound in isolation.
- Have child practice listening to the sound by itself and compare it against other similar and dissimilar sounds.
- May need simple labels (metaphors) for the sounds for very young children.
- May need to begin by contrasting the sound against a very different sound (acoustically or productively very different).

Isolation

- Child's goal is to be able identify when the target sound is used.
- Sound is produced in a variety of word positions and in a variety of material (words, phrases, sentences, narrative).
 - Child indicates (e.g., by raising a finger) whenever the sound is heard.

Stimulation

- Child hears and tries to identify the sound produced in a wide variety of contexts and forms.
- Practice with different speakers, different rates, different volumes, different types of material.
- This step is frequently omitted (difficult to organize the material).

Discrimination

- Also called error detection.
- Child hears the target sound contrasted with the error they usually make in a variety of contexts.
- Child is required to say whether the target sound is correct or incorrect.
- Second stage where child is asked to identify errors in their own speech.

Special Considerations

- Younger children may have difficulty with identifying where a sound is in the word.
 - This is a "phonological awareness" task (a type of metalinguistic task).
 - Must be able to appreciate that words consist of smaller units (sounds) that can be separated.
 - Most preschool children have trouble with this.

Self-Monitoring

- During the early phases of phonetic therapy, we need to help the child pay attention to their own productions (self-monitor).
- They need to be able to judge the correctness of their productions.

Is Auditory Training Sufficient?

- It has been suggested that for some children simply training them to hear the sounds may result in correct production.
- No solid evidence either way.
- Certainly would only apply in those situation where discrimination is a problem.

Step 2. Production in isolation

- Trying to teach the child the specific physical movements required to produce the sound by itself.
- Several techniques available to do this.
- In most cases you should be able to get a few good productions within 5-10 minutes.
- If not, switch to another target sound to avoid having the child become frustrated.

Production in isolation

1. Always try imitation - simplest technique is to ask the child to listen to you and "try to do what you do"
 - Continuant sounds (fricatives, liquids, glides, nasals) can be prolonged to heighten awareness (hear and feel it more).
 - With stops, you must model in a syllable

Production in isolation

- 2. Phonetic placement – tell the child specifically where to put the articulators and what to do with them to make the sound.
- 3. Sound modification – also called sound shaping.
 - Take a similar sound and show the child how to modify it so that it becomes the target sound.

Production in isolation

- 4. Symbolic noise – a variant of sound shaping
 - Elicit the target consonant as symbolic noise (hiss, growl, machine noise, etc.) and then modify context and mechanics of production so that it is produced as speech

Is Production in Isolation Necessary?

- Certain phonetic contexts have been shown to make it easier to produce certain sounds (for some children).
- Almost always real words.
- Called 'facilitating contexts'.
- May explain why some children can produce the sound in only some contexts but not others.

Step 3. Production in Nonsense Syllables

- Allows you to help establish accuracy of production of consonant-vowel combinations (CV, VC, CVC).
- This step is frequently skipped; move directly to real words to make the process more meaningful.
- May be a very necessary step for some children (real words may trigger old habits).

Production in Nonsense Syllables

- Does not have to be strictly imitation though it often starts with that.
- Can create "abstract" or nonsense shapes or drawings to use to represent each syllable.
- Could use colored blocks or create shapes with building blocks for each syllable.

Step 4. Production in Words

- Actually includes several levels of complexity (not all words are equal!) that you may need to work through in sequence.
- Words with fewer syllables usually easier.
- Prevocalic position tends to be easier than postvocalic which may be easier than intervocalic.
- Open syllables easier than closed syllables.

Production in Words

- Sounds are usually easier to produce in stressed syllables than unstressed syllables.
- Certain sound combinations may be easier due to coarticulatory effects (recall facilitating contexts).
- Very familiar words may be easier than less familiar ones (but may be more difficult for some because of "habit-strength").

Step 5. Structured Phrases / Sentences

- Not always possible to go straight from words to spontaneous speech.
- Create a "carrier phrase" to practice a series of words in (e.g., "I see a _____").
- Playing "go fish" can be helpful here "Do you have a _____?" (or other games that require frequent use of phrase like that).

Step 6. Spontaneous Speech

- The ultimate goal is to have fully correct production in everyday conversation.
- Probably need specific time for this to at least measure production accuracy.
- Self-monitoring can be very difficult at this level.

Carryover

- A big issue in therapy.
- Not uncommon to see mostly correct productions in the clinic room but the errors return in other settings.
- May need to plan conversations in other places.
- Setting up a home program often helpful (ask parents / older siblings to monitor speech).
- May be done by a speech assistant.

Dismissal and Review Criteria

- Recall 50% correct in conversation is a common goal.
- Could dismiss after all target sounds reach this level or better.
- Ultimate progress needs to be checked.
- Schedule a review for 3-6 months after dismissal.

Remediation of /s/ and /z/

- Phonetic placement: describe how to make the sound (visual aids may be helpful).
 - If one way to make it doesn't work, try the other.
- Sound shaping: modify nearby sounds /ʃ, ʒ, θ, ð/ or homorganic stops /t,d/.

Remediation of /s/ and /z/

- Lateral /s, z/ difficult to correct; ignore developmental norms here (work on early).
 - Tongue-tip down pattern may help.
 - Try directing air through a straw.
 - May need to increase awareness of the sides of the tongue.
 - Tongue rolling exercises.
 - Brushing sides of tongue with ice.

Nasal Emission on /s/ and /z/

- Only appropriate to work on if it is certain that there is no structural problem.
 - Must be confirmed by an intra-nasal exam (usually performed by otolaryngologist).
- If nasal emission is limited to /s, z/ it is more likely due to a learned problem with velopharyngeal closure.

Which to do first? /s/ or /z/

- Most clinicians start with /s/.
 - One less feature to worry about.
- Some advantages to starting with /z/.
 - Less air pressure needed for voiced forms.
 - Voicing covers minor inconsistencies which may make it easier establish a pattern.
 - Don't have to stop voicing during the transition to and from surrounding vowels.

Remediation of Rhotic Errors

- Vocalic forms may be easier to start with because they are continuants.
- Avoid prolonging consonantal /r/ when you model it and when they produce it.
 - Child may focus in on duration as important cue rather than /r/-like resonance.
 - Result may be substitution of bunched /ɜ:/ for retroflex /r/

Remediation of Rhotic Errors

- Phonetic placement – retroflexed production often easier to explain.
 - Point tongue tip just behind alveolar ridge but don't touch it.
- Discourage too much lip rounding if error is w/r.
- Mouth should be mostly closed; hard to keep tongue dorsum down if mouth is wide open.

Remediation of Rhotic Errors

- Bunched /ɜː/ can be achieved by having child put tongue in position for /d/ and drop tongue-tip down (leaving sides in contact with upper molars).
 - Have child produce /dɜː/.

Remediation of Rhotic Errors

- Sound Shaping – possible to shape from prevocalic “light” /l/ by dropping tongue-tip and then curling it back (producing voicing throughout).

Remediation of /k,g/

- Phonetic placement – describe raising of the back of the tongue (visuals may help).
- Tactile cue may be helpful – touch finger where chin meets neck.
- Manipulation – use tongue depressor to hold down front of tongue.
- Sound shaping – from /a/.

Other Error Targets: /f,v/

- Typical errors = f→p, v→b, or use bilabial fricatives.
- Phonetic placement – have child “bite-down” lightly on lower lip and blow.
- Can use feather or small scrap of paper to show them airflow.
- Sound shaping – create closure for /p/ and physically push lower lip toward teeth and release closure.

Remediation of /l/

- Phonetic placement: describe tongue placement at alveolar ridge.
- May need to use 'spread lips' to avoid /w/ error.
- Sound shaping: can move from /d, n, i/.

A Word about Mirrors

- Many clinicians use mirrors to assist the child in finding the correct placement.
- This can be helpful but for some children it only creates confusion.
 - We don't usually learn speech this way.
 - Reversal of position and movement may be confusing.
 - Be prepared to put the mirror away if it isn't helping.

Remediation of Clusters

- Epenthesis (insertion of schwa) between the two elements may aid transition between the two consonants.
- Pausing between the two elements may heighten awareness.
- Prolong the first element, then add second element quickly.

Remediation of Clusters

- Intervocalic clusters often are part of separate syllables.
 - Sometimes called "ambisyllabic" because syllable boundaries uncertain.
 - Use pause between and slowly reduce the length of the pause.
- Possible to shape all clusters this same way.
 - May be helpful to use props and physically bring them closer together.