

Appendix B

Tips for Students

Many students have received training in the resources described in this book, often teaching the author as much or more as he taught them. The following four ideas summarize challenges that students typically encountered as they learned these techniques.

1. Attached to every speech problem is a real person. Treatment effectiveness has as much to do with person variables as it does linguistic ones. Keep the following “person variables” in mind:

The treatment goal: The goal of this treatment is to help a person learn to move the mouth to produce a particular sound or sounds.

Recipes: No technique is right for everyone-- one size does not fit all.

The right student: This approach works best with school-aged students and second language learners with relatively intact cognitive abilities and adequate attention and motivation. A more phonologically-based approach works better for younger children.

Stimulability: A student typically finds more success with a sound he or she already has some capacity to pronounce.

Success: It is important for a student to feel success. In general, if a student is not successful from 50% to 70% on a particular activity, consider changing the activity.

Readiness to learn: Timing in teaching is everything. If possible, hold off treatment until you feel a student is ready.

Keep it fun: Make treatment interesting, be energetic. The problem may lie in the motor system, but the student still needs to have the brain exercised.

Focus: While keeping it fun, remember the game is not the goal. Keep focused on why the student is in therapy.

Keep it short and frequent: Shorter, more frequent treatment sessions are better than longer and less frequent ones.

2. Almost all therapy for late acquired sounds contains the following aspects:

Why the child is there: The clinician knows why the student is in treatment; the student should know as well. It's hard to learn things if you don't know what they want you to learn.

Hear it: Provide Perceptual practice to highlight and contrast the difference between a child's intended pronunciation and the way a sound is actually pronounced.

Label it: Use a metaphor to label the treatment target.

Demonstrate it: Use demonstrations to show how the treatment target is produced.

Cue it: Use touch cues to approach the treatment target through another modality.

Say it: Provide lots of speech production practice activities.

3. A student needs motor practice to learn to move the articulators to make a sound or sounds. When developing practice activities, bear in mind:

Avoid Teeny tiny steps: Try not to divide phonetic placement and shaping techniques into too many small steps. They're hard for a student to remember and use processes different than occur during everyday speech.

Speed: Avoid the student speaking very slowly. Extremely slow speech involves feedback mechanisms not typically used in speech.

Vowels: Whenever possible, practice consonants in the context of vowels. In everyday speech consonants are seldom spoken in isolation.

Words and phrases: Work at the word or phrase level whenever possible. Words and phrases make sense to students, their use promotes generalization because they are spoken both in and outside therapy, and they appear to be units of motor planning.

Feedback: Promote self-monitoring by not providing constant feedback. Too much feedback reduces the student's need to take responsibility for his speech.

Self-correction: Provide opportunities for self-correction. Help the student learn to hear what he says and correct it himself.

Contrast: Help a student learn to pronounce a treatment sound by contrasting it with other sounds.

4. The only value of treatment is to help the student speak in places where you aren't. Some ideas that help promote generalization include:

Dismiss when they're ready: Once a child is dismissed from therapy, you'd like him to stay dismissed, so don't let him go too early. Most often a child should be correct about 90% of the time before dismissal.

The child: Make self-monitoring an integral part of treatment.

The classroom: Be involved in the classroom, if possible

The family: Provide the family speech homework with lots of success.

The check up: Whenever possible provide a check up, especially after summer vacation.