

# TACTILE THERAPY FOR THE REMEDICATION OF THE R SOUND PART 1

April 2016

Susan Haseley, [articbites@gmail.com](mailto:articbites@gmail.com), [www.bite-r.com](http://www.bite-r.com)

# FINANCIAL DISCLOSURE

- Susan Haseley is the President and CEO of Artic Bites , the inventor of the Bite-R and a school based speech pathologist.
- She has a financial stake in the speech Tactile Therapy for the Remediation of the R Sound.



# AGENDA:

- Intro
- What is your child doing differently that makes his/her R sound the way it does?
- Why bother with R?
- Other Tactile Devices
- Tactile Therapy

# LEARNER OUTCOMES

1. The learner will recognize traditional tongue placement for consonants and vowels and will compare to disordered R sound tongue placement.
2. The learner will discuss what is needed to elicit an R versus what is needed to maintain an R sound.
3. The learner will consider the most difficult of words and learn multiple strategies for the R sound.

PAMELA MARSHALLA, SUCCESSFUL R THERAPY,  
2011

“WHEN THE /R/ IS CORRECTLY PRODUCED IN SENTENCES AND CONVERSATION IT GOES TOTALLY UNNOTICED BUT STANDS OUT LIKE A SORE THUMB WHEN MISARTICULATED.”

The background features abstract, flowing waves of color. On the left, there are vibrant red waves that curve upwards and then downwards. On the right, there are bright blue waves that flow from the top right towards the bottom right. The waves have a soft, ethereal quality with some internal texture, suggesting a liquid or smoke-like substance. The overall composition is dynamic and modern.



WHAT ARE THE  
CHARACTERISTICS OF  
CHILDREN WITH R  
DISORDERS?

# WHAT KIND OF ERRORS ARE WE OBSERVING?

## Sound Errors

ow/ar cow/car

w/r wabbit

uh/er teachuh

oh/er teachoh

# WHAT KIND OF ERRORS ARE WE OBSERVING?

## IMITATION SKILLS

They can't imitate volitionally.

They don't recognize that their sounds are incorrect but can recognize the mistake if you produce it.





# WHAT KIND OF ERRORS ARE WE OBSERVING?

## Variable skills

They can produce the R clearly when they are slow and deliberate.

They can produce the R when it is in certain words but can't when the R is in the same position in another word with the same letters.



WHY WORK WITH THE R SOUND IN  
SCHOOL?

- 
- 21<sup>st</sup> Century Skills include strong communication skills.

- 
- The studies show disorders of reading/writing and spelling with children who have both language and a long history of phonological processing disorders.

TOM AND BARBARA EHREN, UNIVERSITY OF CENTRAL FLORIDA  
FROM A 2008 ASHA CONVENTION  
SHOW THE IMPACT OF R

- They show the possible adverse affects on a student's education in the areas of:
  - Academics/Learning-
    - reduced participation, difficulties with oral presentations, trouble reading aloud, career paths selected with the least amount of communication skills.

TOM AND BARBARA EHREN, UNIVERSITY OF CENTRAL FLORIDA  
FROM A 2008 ASHA CONVENTION  
SHOW THE IMPACT OF R

- Social-emotional functioning-

reluctance to speak to adults in authority, decreased ability to negotiate teasing and bullying.

- Independent Functioning-

decreased ability to express opinions, r distortion detracts from the message.

# EXAMPLES

- Comments from a 21 year old.
- Comments from a 24 year old.
- Comments from a 21 year old.





TWO PROBLEMS EXIST:  
Eliciting and Maintaining

# SUCCESSFUL R THERAPY, PAMELA MARSHALLA

- She talks about three positions, on glide, off glide and target. On glide is the preparatory movement to make the /r/, target is when it is made and off-glide is the movement away from the /r/.

# WHAT DO YOU NEED TO ELICIT AN R?

Lips: slightly protruded

Jaw: almost closed

Tongue:

Tip Up:

Body of tongue raised and the tip is curled upwards but the bottom of the tongue tip is not in contact with the alveolar ridge.

# WHAT DO YOU NEED TO ELICIT AN R?

Back R:

Tongue back lateral edges raised with a groove down the center of the back of the tongue.



# ELICITING TRICKS

# ELICITING AN /R/ TRADITIONALLY

- See if the child can say “sh”
- Child keeps mouth in “sh” position and says, “ee.”
- Then ask child to pretend he has an “M & M” on the end and curl tip



# CHEERIO TRICK

# JUDITH KUSTER,


[HTTP://WWW.MNSU.EDU/COMDIS/KUSTER2/THERAPY/RTHERAPY.HTML](http://www.mnsu.edu/comdis/kuster2/therapy/rtherapy.html)

- Describing motor movements
- Have the child produce the /l/ sound, while saying this sound, pull the lower jaw down slowly until the position of the /r/ is reached. For this one, the therapist can pull the jaw down gently, or can instruct the child to drop the jaw slowly.
- Say the /l/, /n/, or /d/ sounds and pull the tongue back to "ler," "ner," or "der."



# MORE TECHNIQUES FROM JUDITH KUSTER'S COLLECTION

- Place the mirror in front of you and the child. Look in the mirror with the child and say, "Now you are going to make a muscle with your tongue. Watch me first." Show the child how you lift your tongue tip up and back.  
([www.users.qwest.net/~zoharr/rsound-preview.html](http://www.users.qwest.net/~zoharr/rsound-preview.html))

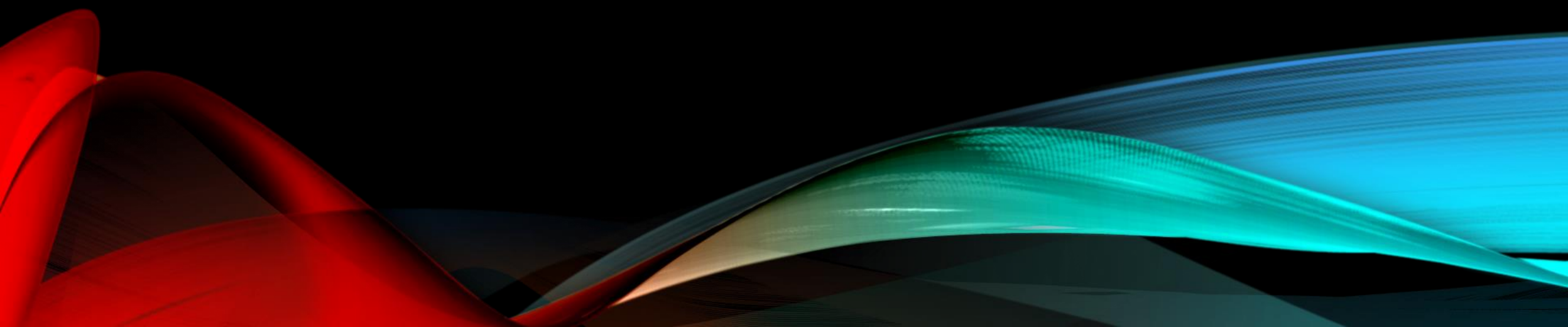
- 
- TAP THE TOP OF THE CHILD'S HEAD, SOMEWHAT POSTERIOR, INSTRUCT THEM TO LIFT HIS/HER TONGUE UP AND BACK AND TO IMAGINE TRYING TO TOUCH MY FINGER WITH THE TIP OF THEIR TONGUE AS THEY SAY "AH".) FROM ALIDA ENGEL (PERSONAL CORRESPONDENCE, OCTOBER 15, 2006)

# EUREKA!

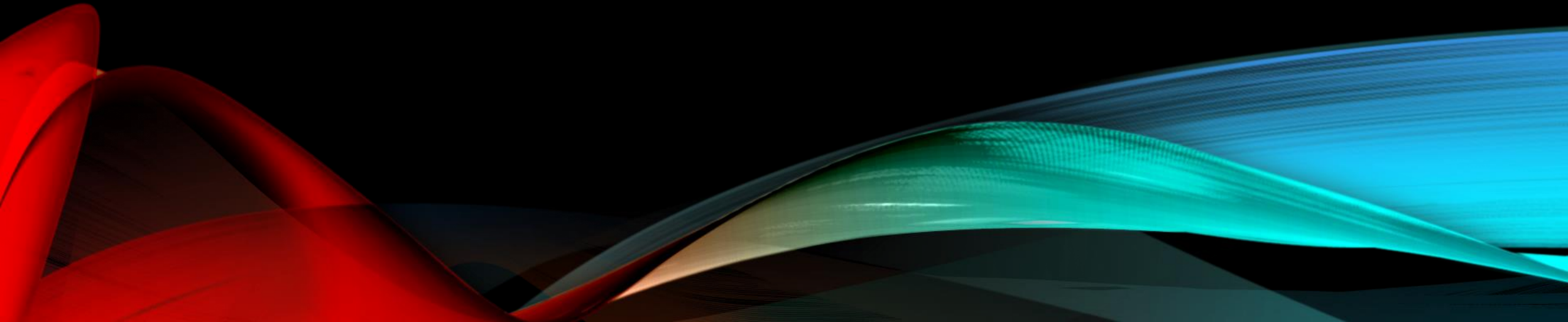
- Susan Forrest wrote "I found an article in the Advance Magazine for SLP's from the May 24, 2004 issue called [Eureka! Finding the Elusive Vocalic R Sounds](#) by Priscilla Henderson Jones, MA, CCC-SLP. This article argues that it is easier to produce /er/ when it is preceded by 'y,' which places the tongue high in the mouth, making the transition to /er/ easier. Practice words could include "Eureka," as well as phrases such as "your rabbit," "you're racing," etc. It's a great article and I've used this approach and it usually works!

HOW CAN WE “FEEL” WHAT OUR STUDENTS FEEL?

How performing a dialect can be like a speech disorder:



WHEN THE SUNLIGHT STRIKES RAINDROPS IN THE AIR, THEY ACT AS A PRISM AND FORM A **RAINBOW**. THE **RAINBOW** IS A DIVISION OF WHITE LIGHT INTO MANY BEAUTIFUL COLORS. THESE TAKE THE SHAPE OF A LONG ROUND ARCH, WITH ITS PATH HIGH ABOVE, AND ITS TWO ENDS APPARENTLY BEYOND THE HORIZON





# LET'S DO THE VOWELS AND THE /G/ SOUND

Can you tell how your tongue moved?

# MAINTAINING THE SOUND PRODUCTION

Once you teach the R, it can be difficult to get carryover.



WHAT DO YOU NEED TO MAINTAIN THE R SOUND?

~~YOU NEED THE ABILITY TO MOVE THE ARTICULATORS QUICKLY AND EFFICIENTLY.~~

YOU NEED A MOTOR MEMORY OF THE MOVEMENTS NEEDED TO MAKE THE R SOUND.

~~YOU NEED THE ABILITY TO HEAR THE R SOUND APART FROM THE VOWEL SOUNDS.~~



# MOTOR MEMORY

- Motor Awareness
- Motor Practice
- Ability to become automatic
- Ability to sequence
- Ability to make revisions



# TACTILE DEVICES



# MYTHS ABOUT TACTILE DEVICES

- 1) You don't need a speech pathologist.
- 2) The Device makes the R sound.
- 3) If the child can't make the R sound, the device isn't working.

# DEVICES SPEECH BUDDY

- Website: [www.speechbuddy.com](http://www.speechbuddy.com)
- Cost: \$124 for a single use device
- Promises sentences in 4 hours of therapy.
- Provides videos and support online
- Device is used by parent and SLP
- There is a platform in which therapists can converse with parents regarding the progress
- Device is held by therapist while student talks with device in the mouth.



# DEVICES

- Up to \$3,000.
- \$89 a month to parents to lease
- <http://completespeech.com/>
- Parent support
- <http://www.wsj.com/articles/new-speech-therapy-tools-make-practicing-at-home-easier-1402061561> (Wall Street Journal Article reviewing apps, speechbuddies and smart palate.

## Smart Palate



# DEVICES THE LIFTER

Website: amazon.com

Cost: \$26.99 Sold as a 3/pk.

Promises to save hours in therapy.

Not clear if intended for parent or not.

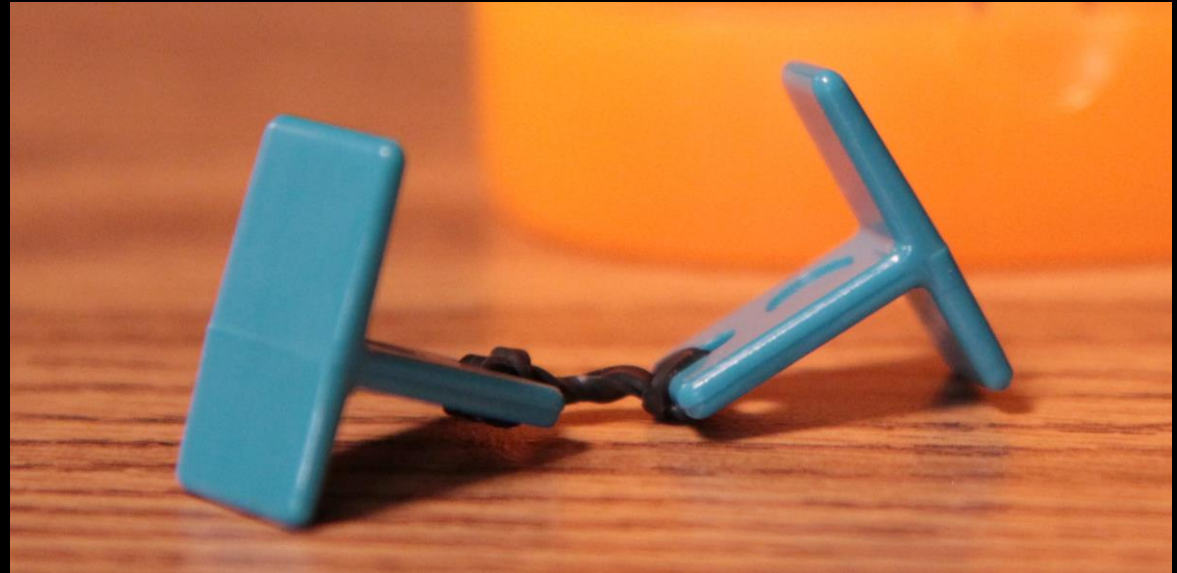
Student talks with Lifter in mouth.

No support online.



# DEVICES BITE-R

- [www.bite-r.com](http://www.bite-r.com)
- Single client use device
- No homework given
- No parent use
- Cost is \$31.50/ single
- Start Up kit is \$101.25
- Most kids are able to move to sentence level in 4 hours of therapy.





Artic Bites  
2924 St. Andrews Drive  
Findley, Ohio 45840  
Artic Bites





# HOW CAN TACTILE THERAPY HELP MY STUDENT?

Provide a consistent mouth placement, tongue tension feel that can be used at the child's will.

“ TACTILE SPEECH THERAPY IS THERAPY IN WHICH THE FOCUS IS ON THE MOTOR MOVEMENT OF THE TONGUE, LIPS, AND JAW. THE STUDENT IS TAUGHT TO DESCRIBE THE LOCATION, AND POSITION OF THE ARTICULATORS, PARTICULARLY WHEN MOVING FROM ONE SOUND TO ANOTHER. ”

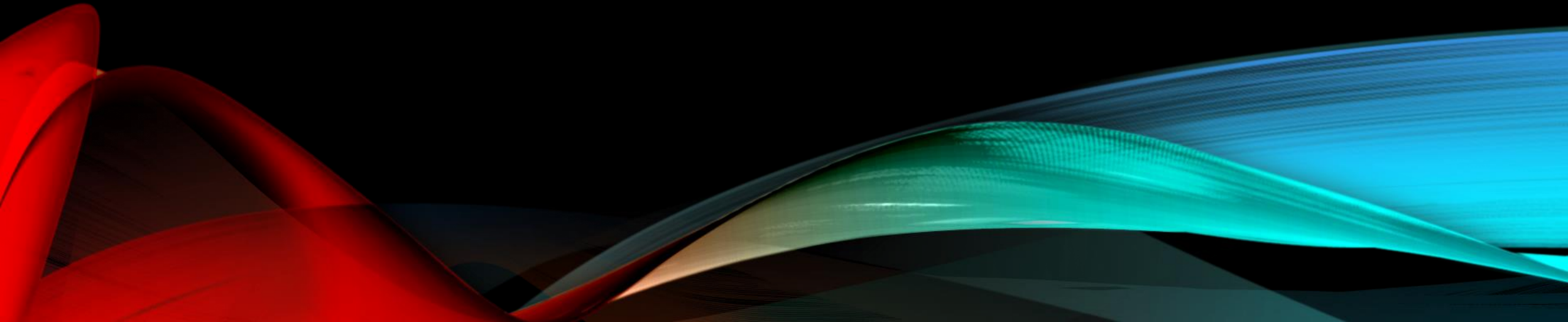
Susan Haseley, author of Tactile Therapy for the Remediation of the R Sound, 2013




WHAT ARE TACTILE DEVICES SUPPOSED TO DO?



TACTILE DEVICES TEACH.  
DEPENDING ON THE DEVICE, YOU WILL GET  
DIFFERENT TEACHING TECHNIQUES.



You still need to be an SLP  
You need a set of skills

The background features abstract, flowing, ribbon-like shapes in vibrant red and cyan colors against a solid black background. The shapes appear to be moving or undulating, creating a sense of dynamic energy.

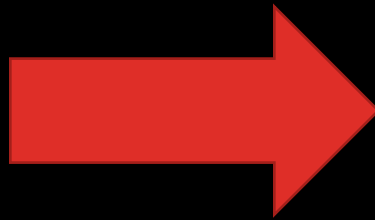
# FAQ'S

- Do you talk with the Bite-R in the mouth?
- Which /r/ does the Bite-R teach?
- Can parents use this?
- What about homework?
- Do I have to put it in their mouths?

Disclaimer: The Bite-R will not help everyone. Like every product it is not a miracle.

# STAGES OF THERAPY

OVERVIEW OF  
STAGES



SPECIFICS OF  
SESSIONS

# THERAPY

Stages of therapy

- Dissociation
- Tactile Therapy
- Customization
- Conversation



# DISSOCIATION

Critical to success of the R.



# DISSOCIATION

Critical to success of the R.



It is important to note that this is not the lip position during spontaneous conversation. Our students need A Position that offers jaw, lip stability.

# DISSOCIATION

Critical to success of the R.



So, while in the early stages of Bite-R use, it is critical that lips be stabilized away from the teeth to give maximal feel and accuracy of R sound.

# DISSOCIATION

Critical to success of the R.



Once the child has a stable R sound in certain words. You will move towards repetitions and automaticity. The only time lips are mentioned is if the child pulls them in and creates distortion.

# DISSOCIATION

Ways to “fake” dissociation

Associated movements

- stabilizing neck instead of jaw

- raising lower lip instead of lifting tongue

- opening jaws instead of lifting tongue

Pushing against the teeth instead of retracting

# What to do to get dissociation

For our low toned students, those with motor planning disorders...this step will be critical to their success. Success may be qualified by what we expect for progress.

Make isolated movements without the Bite-R in.

# What to do to get dissociation

Insert Bite-R more frequently.

Have child describe the feeling to ensure that he feels what you want him to feel.

# TACTILE THERAPY

Common words for the use Tactile Therapy

AR: Part, Hard, Start, Star

ERE: Here...Where (note the different vowel sound)

OR: More, For

IRE: Fire

IRL: Girl

“ER”: Work



# AR USING TACTILE THERAPY

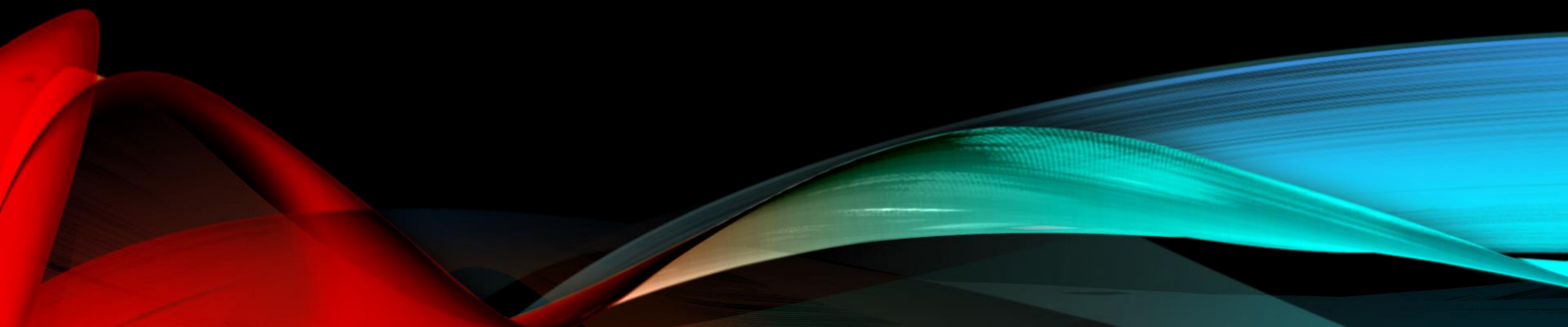
- “Ah” (Part, Hard, Start)
- Ask the child to say, “Ah” and then tell you the location of the tongue tip.
- Now ask them to do it again....silently and add the Bite-R position.



CUSTOMIZATION

# WHY CUSTOMIZATION?

Gives the child the ability to have a “go to” position for more challenging words.



# CUSTOMIZATION

**Work and Girl** usually need customization the most.

Keep your tongue blade down and tongue tip anchored to gum line...Now say both words.

# CUSTOMIZATION

## Work and Girl Ideas:

1) Ask the child to keep the tongue tip down, but to take the tongue blade and make close contact with the hard palate.

2) Ask the child to “rock the tongue forward” while keeping the tongue tip down.

3) Ask the child to start in a “sh” position for both words.

# CUSTOMIZATION

Let's try to make it simple.

If you hear: “gargle” or “turbulence”

**Tip is high** in the mid mouth region and the  
(bottom of the tip may be touching the hard  
palate.)

# CUSTOMIZATION

If you hear: “gargle” or “turbulence”

The **back of the tongue is always down** in this case.

So you want to get the back up. Most of the time, if the student has been using the Bite-R they can feel the back of the tongue and the velum. (They can practice with k and g to see if they feel the tongue back and the velum)

# CUSTOMIZATION

If you hear: “oo” like in hook

**Tongue blade is down** (likely the back is also down.)

Ask the child to push the tongue forward—we are simply looking for up. But telling them to use the tongue tip as an anchor may help them make the movement.



# CUSTOMIZATION

**If you hear:** clicking or slushy sounds,  
it is likely the tongue blade is  
touching the hard palate.

# CUSTOMIZATION

**If you hear:** an L sound

The tongue back and blade are down while the tip is high. Sometimes our students will make contact with the bottom of his tongue tip rather than the top. When that happens you will hear a gargle with the l sound.



CONVERSATION