TACTILE THERAPY FOR THE REMEDIATION OF THE R SOUND PART 2

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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.

Obstacles to R therapy:

Too many students at once

Low tone

Obstacles to R therapy:

Lack of confidence

Lack of dissociation

Loss of awareness (variations in tone, tension)

MYTHS ABOUT USING THE BITE-R

- Myth:
- The student talks with the Bite-R in the mouth.

- NO! The device trains a tongue tension and position. The emphasis is on the feel of the tongue.

- MYTHS :
- Myth:
- The student must keep the device in the mouth for a long time.

- NO! Learning the feel of the device is fast.

- Myth:
- The shape of the lips aren't important.

- NO! The jaw is easily stabilized but stabilizing the lips in a manner that keeps them away from a /w/ sound is important and necessary during the preliminary stages of therapy.

- Myth:
- Homework is necessary for carryover.

- No! I don't want someone else to "shape" an incorrect mouth posture or reinforce a "close approximation."

- Myth:
- There are only two ways to teach the R: retroflex and retracted.

- No! There are at least 21 mouth shapes for the /r/. To say that there are only 2 tongue positions limits the success of the child.

HOW DOES THE BITE-R WORK?

- Chairs are arranged.
- Hands sanitized.
- Gloves on.
- Child is told about the Bite-R
- Child is shown the “stop technique.”
- Bite-R inserted.
- Bite-R removed.
- Bite-R position used.

RULES:

You NEVER have the child talk with it in his mouth

Pay attention to neck, jaw and lip movements. We do not want the student stabilizing his jaw by tensing his neck.

RULES:

You need the lips to protrude correctly at the beginning. This is important.

Once the child can make the posture easily with no extraneous movement; there is no need for the Bite R.

For others that will lose the "feel," the Bite-R may be introduced with no word production to increase the tongue awareness.

WHAT TO EXPECT WHEN USING THE BITE-R

- Sound awareness, tactile awareness and carryover.
- Relief

WHAT TO EXPECT WHEN USING THE BITE-R

- Reluctance
- Progress: Immediate/ Immediate with a drop, steady progress, inconsistent progress, progress followed by an inability to produce the Bite-R position.
- Teaching the variations
- Request for homework and/or more session time.

THERAPY USING THE BITE-R

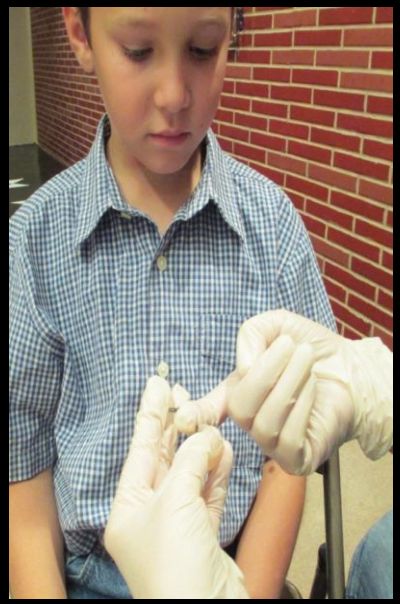
VIDEOS

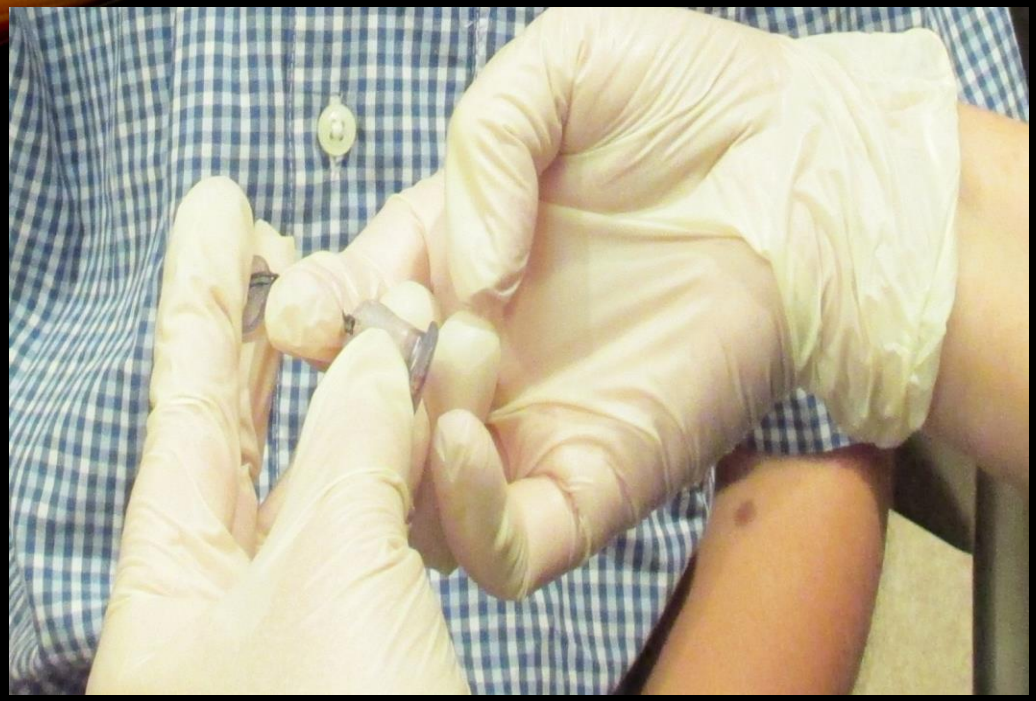
BASICS OVERVIEW

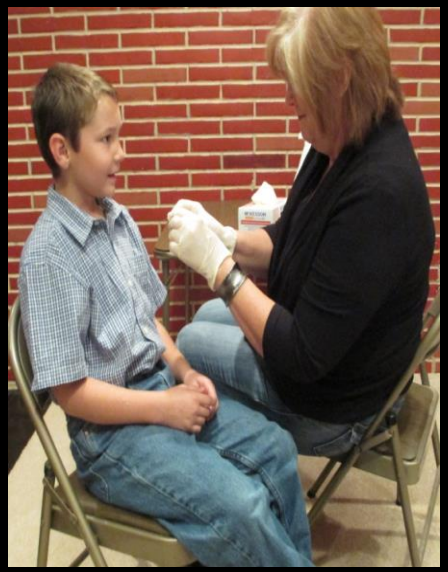
In….Out….Speak….Repeat

Train automaticity

Customize as needed.

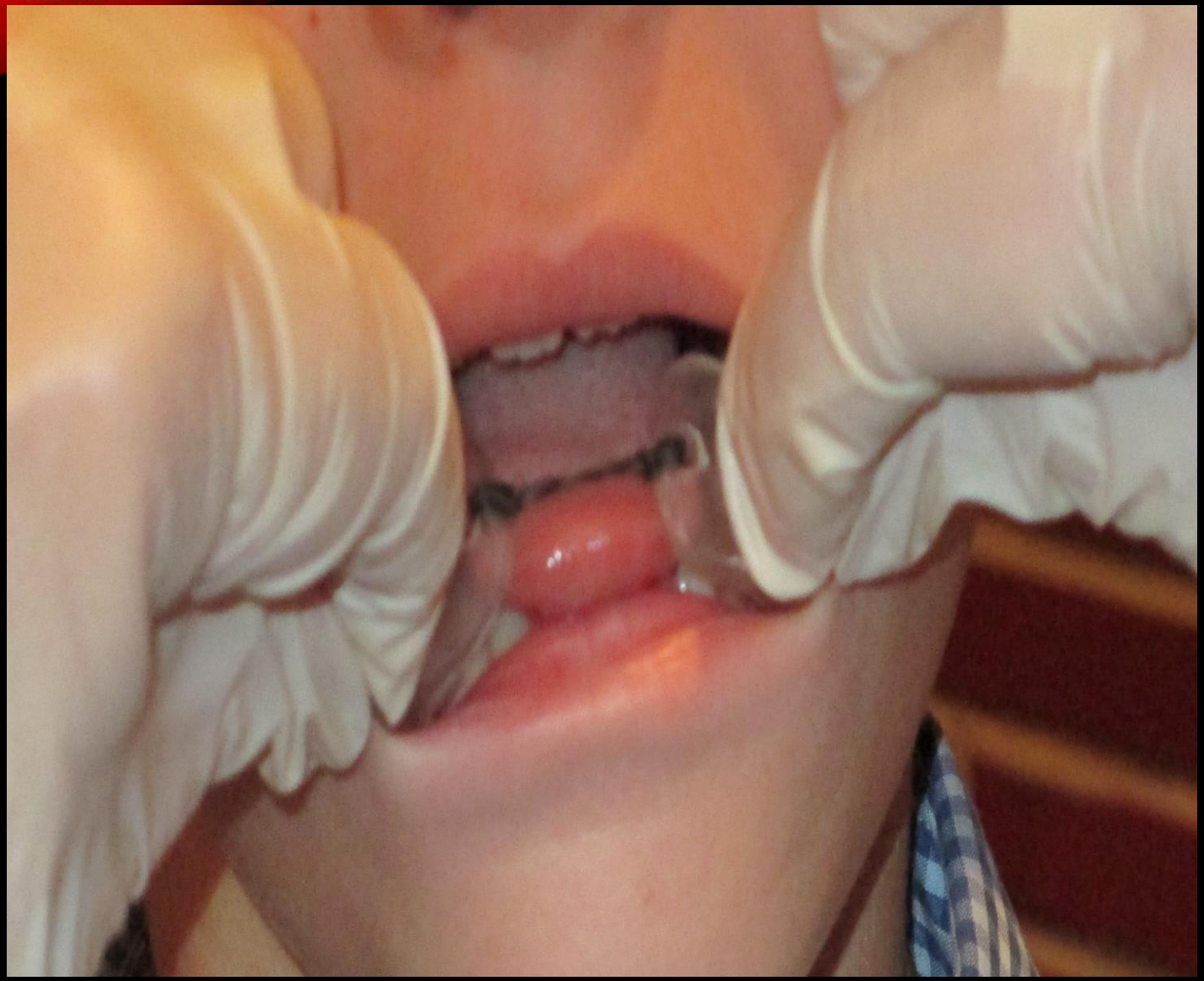






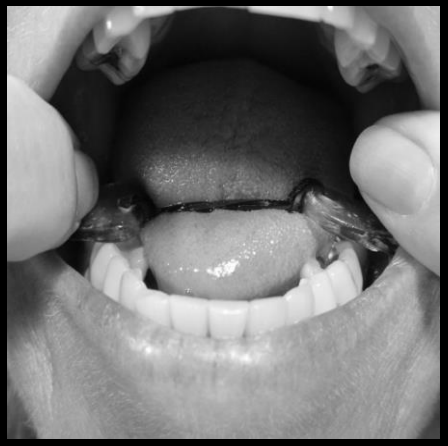
THERAPY SESSIONS

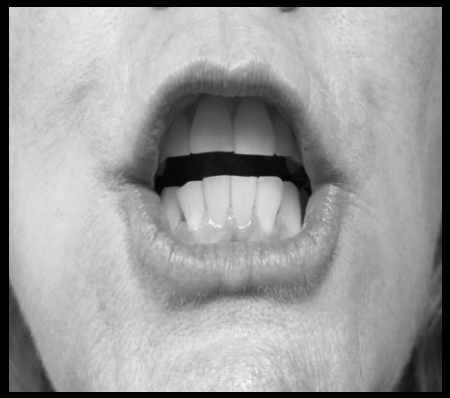
- Making therapy work…



- This is the correct placement for most people. Some need it to be placed further forward.
- The placement will help determine the sound achieved.

- This is the correct Bite-R position.





INSERTING THE BITE-R

Always ask permission before inserting the Bite-R. Trust is important.

Hold by the tall uprights. Place the short downrights between the cheeks and gums. Slide the uprights around and ask the child to bite gently.

INSERTING THE BITE-R

Ask the child to protrude the lips in a “sh” (square not rounded) shape.

Tell the child to use the front part of the tongue to grab the elastic and pull it up and back.

Then say spit it out.

SAFETY PRECAUTIONS

Describe what will happen to the child prior to the experience.

Uncomfortable

Mouth Positions

THE FIRST SESSION

- Uncomfortable and exciting all in one.
- Be Organized
- Plan for time, you will want it and need it.
- If at all possible, see the student individually for the first session.

THERAPY SESSIONS

It is important to get all the words read. With 1 student in a session, this is easier.

THERAPY SESSIONS

1 Student:

Pre-read is completed.

Bite-R inserted starting every 2 words,

then moving to every 5

then to 10 and then repetitions on to sentences.

THERAPY SESSIONS

1 Student: First Session:

The SLP is inserting the Bite-R.

In order to avoid cross contamination, the child will do all the recording and flipping of the cards.

Benefits…you begin using the same scoring. 2 = correct, 1= close approximation 0=not an r.

THERAPY SESSIONS

1 Student:

Following sessions:

Pre-Read is completed.

No homework is given.

Same 30 words used each time.

THERAPY SESSIONS

1 Student: Following sessions:

When you develop a word that the child cannot produce:

Check to see if the child is using the Bite-R or going back to old patterns.

THERAPY SESSIONS

1 Student: Following sessions:

2) If the child is using the Bite-R position and cannot say the word without the pause, you need to begin tactile therapy.

Try the individual sounds in the word silently focusing on the mouth postures and the transitions to and from the R sound.

THERAPY SESSIONS

1 Student: Following sessions:

3) If you can get the movements add the sounds.

4) If there isn't carryover then try the customization approaches.

HOW TO HANDLE THERAPY WITH MORE THAN 1 R SOUND STUDENT

Patience. Organization and clear directions will help here.

MORE THAN 1 R STUDENT IN THERAPY

Organization:

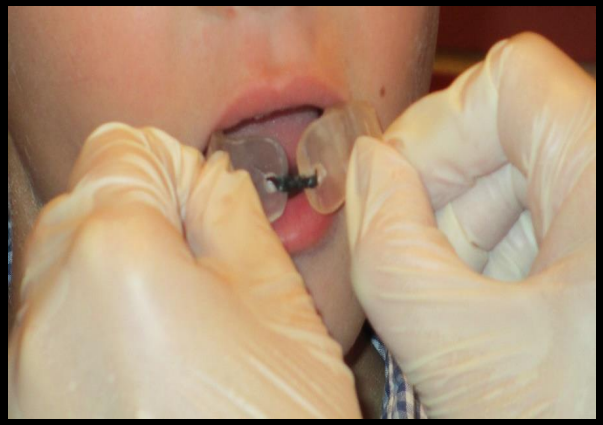
Get your materials together. If it helps, have a tray or paper plate with the Bite-Rs, hand sanitizer, gloves, germicidal cleaner, charting forms and pencils. Have it available for the students.

MORE THAN 1 R STUDENT IN THERAPY

Pre-read: 10 for each student. Remember if modeling was all it took, then we wouldn't be talking about this kind of therapy.

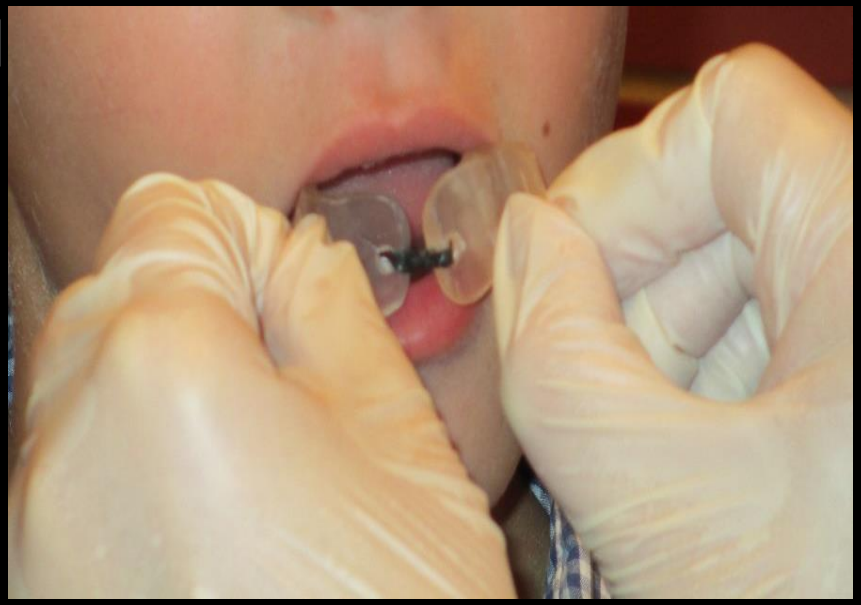
MORE THAN 1 R STUDENT IN THERAPY

- Inserting: Try to do the first inserting individually. If you can't. Pick the calmer, more brave child.



MORE THAN 1 R STUDENT IN THERAPY

- Inserting: If you have a bad experience with the first child (and you won't necessarily be able to predict drama queens) the other child will be reluctant.
- Sometimes, I wait sessions before the second child is "allowed R.



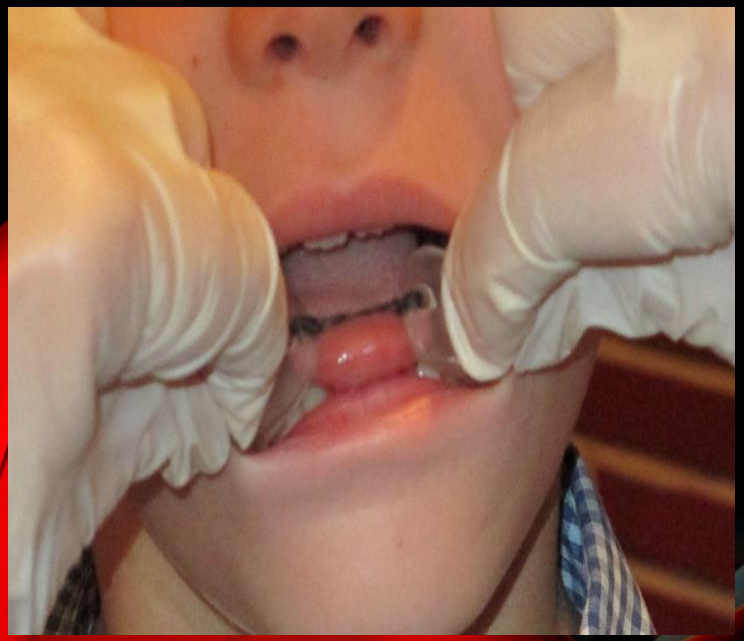
Pre-Read: Both will take turns. Child A then B, Then B starts and so forth. Make sure the cards are in the same order as the form.

Inserting: Each does their own inserting. UNLESS:

1) they are uncomfortable with it

2) they don't want to do it

3) They are doing it wrong—chewing it, using their lips to seat it, using their tongue to seat it.



- Scoring:
- Cross contamination alerts.

- Child can score if he is using his own pencil or you use covers for thermometers, or golf course pencils and throw them away.

- Sanitary conditions are most important.

- Tactile Therapy:
- Each child will have strengths and weaknesses.

- When you work with one student and talk about the location of the tongue, etc.

- It will be less stressful for the second child, if the first child is confident.

SESSION 12
(6 HOURS OF THERAPY)

LET'S ANALYZE SOME R WORDS

METHODS TO ANALYZE:

- What do you do with your tongue, lips and jaw before and after the R for each of these words?
- Can You see/hear what the child is doing with the articulators that is different?
- Can you make the sounds the way they do?
- Can you make your /r/ near where they have their tongues?

LET'S MAKE THIS SIMPLE

WHEN AN R IS MISARTICULATED- THERE IS ALMOST ALWAYS ONE OF 4 ISSUES INVOLVED:

JAW PLACEMENT
LIP PLACEMENT
TONGUE PLACEMENT
TONGUE/ MOUTH TENSION

The R is wrong when one or more of several things occur.

1) Placement issues:
   Tongue, Jaw, Lips
2) Position issues:
   Tongue, Jaw, Lips
3) Tension issues:
   Tongue, Jaw, Lips

LET'S MAKE IT SIMPLE

Initial R:

Placement/Position issues:

Lips: Rounded, Bottom Lip Elevated

Tongue: too far forward, too low, back of tongue down

Jaw: Open midway, Open fully

Position:

Tongue: Tongue tip elevated, blade dropped, back dropped

Tension:

Lips: Too protruded, flat lax

Tongue: Too lax, too tight/retracted

Jaw: too lax and open

LET'S MAKE IT SIMPLE

INITIAL R
WORDS ON PRACTICE CARDS: "REPEAT, READ, REALLY, READY, WRITE, RIDE, RESCUE, ROUND RACE, RUNNING"

- Problems: Jaw Placement: *Open- "uh" sound*
- Lip Placement- *rounded lips- w, raised lower lip- v*
- Tongue Placement- *Low body w/ raised tip- "uh" or tongue tip against lower gumline with forward placement of the tongue body- "uh"*

- **Suggestions:** *Using the Bite-R position will enable the child to produce an R sound.*

PRACTICE CARD WORDS- TRY, ERASE, THROUGH

What can go wrong?

Lip Placement: *flat, rounded*

Jaw Placement: *open, clenched*

Tongue Placement: *flat, low*

Tongue Tension: *flat, low*

How to help it

How do you make the /g/ sound?

GIRL- LET'S WORK THIS ONE OUT FOR OURSELVES

- Lip Placement: what could go wrong
- Jaw Placement:
- Tongue Placement:
- Tongue Tension:

- How to help it

WORK- LET'S WORK THIS ONE OUT FOR OURSELVES

- Lip Placement: what could go wrong
- Jaw Placement:
- Tongue Placement:
- Tongue Tension:

- How to help it

How will you know you don't need it anymore?

1) The child can go to the Bite-R position easily.
2) The child can say 10 words in a row slowly.
3) The child can say most of the medial/final words with thoughtful deliberate movements.

TROUBLE SHOOTING

- Organization
- Preparation
- Card Order/amount
- Cleanliness
- Time awareness
- Charting Forms available

BIBLIOGRAPHY:

- Armstrong, Eric. "Really Larry: R and L." *The VoiceGuy*. N.p., n.d. Web. 06 Jan. 2011.
- Baker, E., Croot, K., McLeod, S., Paul, R. Psycholinguistic Models of Speech Development and Their Application to Clinical Practice. JSLHR, 44, 685-702
- Chaney, Carolyn. "Identification of Correct and Misarticulated Semivowels."*J Speech Hear Disord Journal of Speech and Hearing Disorders* 53.3 (1988): 252. Web. 20 Dec. 2011.
- Clark, Charlene E., Ilsa E. Schwarz, and Robert W. Blakeley. "The Removable R-Appliance as a Practice Device to Facilitate Correct Production of /r/." *American Journal of Speech-Language Pathology Am J Speech Lang Pathol* 2.1 (1993): 84. Web. 20 Dec. 2011. <http://ajslp.asha.org/cgi/content/abstract/2/1/84>.

- Haseley, Susan; Bite-R Manual, Tactile Therapy for the Remediation of the R Sound.
- Hoffman, Paul R., Sheila Stager, and Raymond G. Daniloff. "Perception and Production of Misarticulated /r/." *J Speech Hear Disord Journal of Speech and Hearing Disorders* 48.2 (1983): 210. Web. 20 Dec. 2011.
- Incidence and Prevalence of Communication Disorders and Hearing Loss in Children-2008 Edition. http://www.asha.org/research/reports/children.htm
- Katz, William F., and Sonya Mehta. "Visual Feedback of Tongue Movement for Novel Speech Sound Learning." *Frontiers in Human Neuroscience Front. Hum. Neurosci.* 9 (2015): n. pag. Web. 20 Nov. 2015.

- Kirk, Cecilia, and Laura Vigeland. "Content Coverage of Single-Word Tests Used to Assess Common Phonological Error Patterns." *Language Speech and Hearing Services in Schools Lang Speech Hear Serv Sch*46.1 (2015): 14. Web.
- Kuster,J. A Collection of Approaches to the R Sound.http://www.mnsu.edu/comdis/kuster2/rtherapy.html
- Lohman-Hawk, Patricia. "Efficacy of Using an Oral-Motor Approach to Remediate Distorted /r/." N.p., n.d. Web.
- Marshalla, Pamela; Successful R Therapy, Marshalla Speech and Language, 2011
- Marshalla, P. http://www.pammarshalla.com/blog/2012/11/big-ideas-for-teaching-phonemes/
- Nip, Ignatius S.b., Jordan R. Green, and David B. Marx. "Early Speech Motor Development: Cognitive and Linguistic Considerations." *Journal of Communication Disorders* 42.4 (2009): 286-98. Web. 6 Jan. 2011.

- Pittner, D. An R Therapy Technique that Works. Advance Vol 12.Issue 36,10. http://speech-language-pathology-audiology.advanceweb.com/article/an-r-therapy-technique--that-works.aspx
- Ristuccia, Christine; The Entire World of R Instructional Workbook, Say It Right, 2010
- Rogers, Gordy. Proc. of Treating Speech Sound Disorders with Tactile Biofeedback: A Clinical Review, ASHA 2012, November 16, 2012, Atlanta, Georgia. N.p., n.d. Web. 12 July 2013.
- Rogers, G. Treating misarticulated /r/ with speech buddies: a case study. http://www.enablemart.com/media/pdf/74229_SpeechBuddiesRCaseStudy.pdf
- Sander, Eric K. "When Are Speech Sounds Learned?" JSHD, 37 (February 1972)

- Shuster, Linda I., Dennis M. Ruscello, and Amy R. Toth. "The Use of Visual Feedback to Elicit Correct /r/." *American Journal of Speech-Language Pathology Am J Speech Lang Pathol* 4.2 (1995): 37. Web. 20 Dec. 2011.
- Speech Therapy Appliance. Blakely, Robert W, assignee. Patent 5,257,930. 2 Nov. 1993. Print.
- Ukrainetz, Teresa. Proc. of How Much Is Enough? The Intensity Evidence in Language Intervention, ASHA 2008 Convention, Nov 20-22, Chicago, IL. N.p., n.d. Web. 25 Aug. 2014.
- "What To Ask When Evaluating Any Procedure, Product, or Program." *What To Ask When Evaluating Any Procedure, Product, or Program*. Asha, 2015. Web. 04 Apr. 2015.