Speech Therapy Tips

(for VPI)

1.) DISCRIMINATE BETWEEN THE SOUNDS
   a. Be sure the child understands the difference between glottal stops ('neck' or ‘yucky sound) and the /h/ sound (windy sound).
   b. Practice these sounds in isolation and be sure the child can feel the difference between these sounds.
   c. Begin speech therapy.

2.) LABEL ARTICULATORS USING ANALOGIES
   a. Refer to the mouth as a train station for example (for younger children.)
   b. Lips = doors, teeth = gates, tongue tip = engine, back of tongue = caboose
   c. Draw a diagram and have child point to parts.
   d. Be sure child comprehends parts.
   e. ORAL MOTOR THERAPY IS NOT NECESSARY!
   f. Goal is to create awareness of articulators, not to increase strength.

“BEGIN ELIMINATING GLOTTAL STOPS”

1.) BEGIN WITH /H/
   a. Use terms the child can relate to such as “blow the wind out”
   b. May have to begin with a whisper and gradually add voice and vowel changes (hay, hee, high, hoe, who)

2.) ADD /M/
   a. Homma, hamma, heema,...to Hommama, hammama, heemeemee, etc.
   b. May have to tell child to put his doors together
   c. Quickly move to meaningful CV, VC, and CVC combinations (him, ham, etc.)

3.) ADD /P/
   a. Hap, heap, hype, hope, then....hoppapa, highpiepie, etc. (nonsense words)
b. Tell the child to ‘Keep the wind blowing.’ or “Push the air through the doors/lips)
c. Do not ‘pop’ lips
d. Most likely will have to occlude the child’s nose to help him feel the plosive /p/ and eventually fade this away.
e. You may hear some nasal emission and this is OK.
f. Be careful! The child may co-articulate glottal stops.

4.) DO NEGATIVE PRACTICE
a. If the child is co-articulating glottal stops, you need to address this right away.
b. Have the child practice the ‘wrong way’, with the neck sound and talk about it.
   Ask, “Do we like that sound?” Add, “It’s the yucky sound.”, etc.
c. Then have him practice blowing the wind out the ‘right way’.
d. Go back and forth until the child can really ‘feel’ the difference

5.) CONTINUE TO ADD SOUNDS WORKING FROM FRONT TO BACK
a. /m/, /p/, /b/, /n/, /t/, /d/, /s/, /sh/, /ch/, to /k/ and /g/
b. Some children will move quickly through consonants, others will struggle.

ADDITIONAL SUGGESTIONS

- Once the child eliminates the glottal stopping error, he may undergo pharyngeal flap surgery if necessary.
- Different types of articulation errors will surface depending on the child. Keep note of these errors and modify therapy as needed.
- Build drill sets that meet the child’s needs (words to phrases to simple then complex sentences), using sounds that the child has already mastered.
- Develop a reinforcement system to maximize therapy sessions. Make therapy ‘fun’. Choose topics, books, activities of interest of the child. Keep the child motivated!!
- BE SURE TO KEEP PARENTS ON BOARD. Parents should reinforce what was learned in each session daily.
- DAILY PRACTICE IS ‘CRUCIAL’. The more practice the child has, the greater the progress.

∞ Please note that this is just a ‘guideline’ to help you get started. Please do further research on therapy techniques. All children I have worked with have presented somewhat differently and therapy approaches have been tweaked to meet their needs. Many of these guidelines, but not all, have been obtained from advice I have received from the team at Syracuse University and methods provided in Karen Golding-Kushner’s book entitled, ‘Therapy Techniques for Cleft Palate Speech and Related Disorders’.

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