

SPEECH THERAPY TIPS FOR VPI & GLOTTAL STOPS

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 (How you label articulators will depend on the age of the child.)

- 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 A 'NO NO'! Just focus on articulation..
- 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” (We blow from the throat, not like blowing out a candle)
- 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' or lips 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. Glottal stops must be eliminated.**
- 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’ while using targeted sound.
- 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 and using some good speech, 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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