

Introduction

“Nothing is stronger than habit,” wrote Ovid 2,000 years ago. The speech pathologist will wryly agree with the ancient poet, particularly when he or she is dealing with an especially persistent articulation problem. The child or the adult who has such a problem will also agree.

The frustrations involved in the process of correcting faulty phonemes are increased by the client’s impatience at the number of echoic responses and repetitions necessary in the course of therapy. Unfortunately, speech pathologists have discovered that a certain amount of repetitious drilling is a necessary part of effecting a change in motor speech habits.

Clinicians endeavor to present optimum opportunities for learning sounds, and they design therapy sessions that will be more than the learning of the acoustic and production properties of particular sounds. Clinicians are also interested in building vocabulary concepts, in engendering the mastery of various grammatical and syntactical structures, and in using stress and prosody in connected speech.

Often, in researching for such designs, the clinician must consult many sources to find enough interesting material to fulfill these requirements.

MATERIAL IN THIS BOOK

This book is organized so that the clinician may use any or all of the following in remediation procedures:

1. Special identification of the phoneme (e.g., “This is the coughing sound.”) and the auditory discrimination of the sound
2. Suggestions for isolated production of the phoneme and client imitation of the pattern presented by the clinician (herein referred to as *echoic response*)
3. Syllable drills
4. Syllable rhymes
5. Word menus by category (people, things, places, food, creatures, actions, modifiers, and other)
6. Rhyming
7. Short sentences
8. Word menu enhancement
9. Nursery rhymes, riddles, and idioms
10. Tables with examples of syntactic structures and a menu of pronouns in common use

Special Identification

The section on each major consonant sound included in this book begins with the identification of the phoneme by relating it to a sound familiar to the environment. This is often more meaningful to the young client or to the nonreader than the use of alphabet letters or phonetic symbols, although terminology for placement is given as presented by Bauman-Waengler (2000) and Mysak (1976).

apex, apical	tip of tongue
coronal	lateral rims of the anterior tongue
labials/bilabials	lips
dentals	teeth
alveolar ridge	gum ridge
pre-, medial-, and postpalate	front, middle, back of hard palate
pre-, medial-, and postdorsal	front, middle, back of tongue
velum/velars	soft palate
uvula/uvulars	tip of soft palate
nasal cavity	passage for air through nose
pharynx/pharyngeals	throat, below the mouth and nasal cavities
glottis/glottals	vocal folds, ligament, muscles as related to the larynx
larynx/laryngeal	organ of voice production, upper part of respiratory tract

This terminology is not used for placement instructions in this book because some professionals who use the book may not be speech pathologists; if this terminology were used throughout, this group might have to repeatedly refer to this page.

After a check of the hearing screening, the clinician may present the target sound in simple syllables and words for the client to signify he or she has auditory recognition of it in isolation and in words.

Suggestions for Isolated Production

Some suggestions for aiding in the isolated production of the various phonemes are included as an introduction to each section. These suggestions have been presented with the qualification that the articulation of consonant sounds in words is always influenced by the phonetic features of adjoining vowels or consonants.

Syllable Drills

Before putting together real words using the target sound, the client should be able to coarticulate the sound with vowels. The first approach to coarticulation is usually in broken syllables (i.e., C-V, V-C-V, V-C) and then in syllables containing consonant-vowel combinations. The clinician will present the model for the syllables and elicit client imitation of the model. These echoic productions may be charted according to the number presented and the number successfully accomplished.

Syllable Rhymes

Nonsense syllables or monosyllabic words are used in the first rhyming exercises in each section. These are included as a variation of syllable practice.

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## Word Menus

Word menus are given according to the following categories: People, Things, Places, Food, Creatures, Actions, Modifiers, and Other. The lists contain words familiar to elementary school children, although some more challenging words have been added. The clinician may wish to augment these lists, particularly to modify the Places category to include nearby cities, towns, rivers, and so forth. The menus are arranged to present a particular phoneme at the beginning, middle, or end of a word.

## Rhymes

The rhymes included in this book are structured to use the phoneme under which they are placed. They are short and easily memorized. The motor rhythm of speech lends itself to an improvement in verbal memory and has long been used to integrate sound perception with children who are deaf or have hearing impairments. In addition, rhymes help in the learning of the prosody and inflectional properties of language. It is hoped that the rhymes themselves will also appeal to children's sense of humor and add a little fun to the learning process.

## Short Sentences

Five short sentences are given at the end of the rhyming material. Most of these are simple, declarative sentences using uncomplicated present or past tense verbs. These sentences use words from the word menus and are 10 syllables or fewer in length. The clinician will want to construct other sentences using the phonemes under study. Tables 1 and 2 will be helpful for those who wish to construct additional sentence material.

## Word Menu Enhancement

This material has been included so that the lists of words in each section may become more completely a part of the child's functional vocabulary and also may be recognized as entities of motor speech.

**Table 1**  
Types of Syntactic Structures Used by Children from Kindergarten Through 12th Grade

| Types                                         | Examples                      |
|-----------------------------------------------|-------------------------------|
| 1. Subject-verb                               | John went.                    |
| 2. Subject-verb-object                        | John jumps rope.              |
| 3. Subject-verb-predicate noun                | John is a big boy.            |
| 4. Subject-verb-predicate adjectival          | John is big.                  |
| 5. Subject-verb-indirect object-direct object | John gave Mary his book.      |
| 6. Subject-verb-object complement             | He considers Mary his friend. |
| 7. Subject-verb-object adjectival             | He considers Mary pretty.     |
| 8. Expletive-verb-object                      | Hide! Dodge John!             |
| 9. Any question                               | What is that?                 |
| 10. Use of passive voice                      | John was given a book.        |
| 11. Commands or requests                      | Give it to me.                |
| 12. Partial                                   | Any incomplete unit           |

*Note.* Adapted from *Introduction to Communicative Disorders*, by M. C. Byrne and C. C. Shervanian, 1977, New York: Harper and Row. Adapted with permission.



**Table 2**  
Word Menu: Pronouns in Common Use

| <b>Personal Pronouns</b>      |                                                                                                  |                                          |
|-------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|
|                               | <u>Singular</u>                                                                                  | <u>Plural</u>                            |
| As Agent:                     | I, you, he, she, it                                                                              | we, you, they                            |
| As Object:                    | me, you, him, her, it                                                                            | us, you, them                            |
| As Possessor:                 | my (mine), his, her (hers), its                                                                  | our (ours), your (yours), their (theirs) |
| As Reflexive:                 | myself, yourself, himself, herself, itself                                                       | ourselves, yourselves, themselves        |
| <b>Demonstrative Pronouns</b> |                                                                                                  |                                          |
|                               | <u>Singular</u>                                                                                  | <u>Plural</u>                            |
| Designators:                  | this, that                                                                                       | these, those                             |
| <b>Interrogative Pronouns</b> |                                                                                                  |                                          |
| Singular and Plural:          | who (whom), whose, what, which                                                                   |                                          |
| <b>Relative Pronouns</b>      |                                                                                                  |                                          |
|                               | <u>Singular and Plural</u>                                                                       |                                          |
| Simple:                       | who, whose, whom, what, that                                                                     |                                          |
| Compound:                     | whoever, whomever, whichever, whatever                                                           |                                          |
| <b>Indefinite Pronouns</b>    |                                                                                                  |                                          |
| Singular:                     | another, each, either, neither, one                                                              |                                          |
| Plural:                       | both, others                                                                                     |                                          |
| Singular and Plural:          | some, such, any, other, none                                                                     |                                          |
| Compound:                     | somebody, someone, something, nobody, anybody, anyone, anything, everybody, everyone, everything |                                          |
| <b>Adjectival Pronouns</b>    |                                                                                                  |                                          |
|                               | this, that, these, those, which, what, and all indefinite pronouns except "none"                 |                                          |

The clinician will find a variety of activities, including tongue twisters, auditory differentiation, pantomiming, sentence construction, alternate meanings, homophones, categories, riddles, and idioms. As one works with these activities, additional methods of expanding vocabulary and motor speech skills will present themselves.

### **Nursery Rhymes and Idioms**

Nursery rhymes have delighted children for centuries. The presentation of enchanting characters and the rhythm of the wording are reasons why a few nursery rhymes have been incorporated in this book. They have been chosen according to the phoneme properties they represent. Idioms are difficult for people who have language delays as well as for people learning American English as a second language. For example, an idiom such as "on the carpet" when heard by speakers of English as a second language brings forth the image of a person lying on a carpet, rather than the idiomatic connotation that someone is going to be reprimanded. Because of this type of potential confusion, only a sampling of idiomatic speech is included here.



## A Word About the Appendixes

A clinician will need to know the full picture of the speech–language abilities of clients. Because *The Big Book of Sounds* is limited to the therapy mode, lists of some useful references on deep articulation and language assesment are included in Appendixes A and B. These lists provide insight into the underlying problems of the client.

## PLANNING THERAPY

Other considerations for therapy planning include taking the developmental history, making a peripheral oral evaluation, checking the progress in phoneme production modification, and developing a rationale for the orderly introduction of sentence structures.

### The Developmental History

The clinician should refer to the child’s developmental history to judge the baseline and probable outcome of therapy procedures. The child who has been generally delayed in learning language and motor tasks will probably display a slower response to therapy than will the child who has specific areas of language disability. There are many good forms available for taking case histories. Most school systems and clinics have their own data-gathering formats.

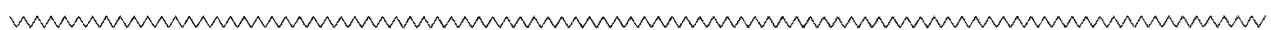
### Peripheral Oral Evaluation

The clinician will want to make a thorough evaluation of the client’s articulators and oral structures prior to remediation. Do the lips come together naturally when the teeth are closed? Do they remain closed when the client “blows the cheeks”? Can the client say “oo, ee, ah” rapidly with equal movement on each side of the mouth? Are the teeth in normal relationship? Are there some missing? Does the tongue lie easily on the floor of the mouth and remain within the confines of the lower teeth? Can the client touch his or her tongue to the corners of the mouth promptly and easily? Can the tongue be lifted toward the alveolar ridge or outward toward the nose? Is the hard palate intact? Is the contour normal, low, or high vaulted? Will the soft palate lift equally on both sides when the client prolongs “ah”? Is the soft palate long enough to meet with the posterior pharyngeal wall on the prolonged phonation of “ah”? Can the client blow a piece of tissue held before his or her mouth without experiencing nasal emission? Are the tonsils enlarged? Is the client a mouth breather? Can he or she quickly sequence a series of movements such as those required to say “buttercup”? Is lip-rounding easily produced?

When these questions have been answered, the clinician will know whether any compensatory articulatory postures will have to be introduced into the articulation procedures.

### Modifying Phoneme Production

The usual progression toward overcoming a phonemic disorder is from (1) complete omission of the sound to (2) a substitution of another phoneme for it to (3) a distortion of the true phoneme to (4) consistently good productions of the phoneme. It is sometimes helpful to chart progress in therapy by using a graph similar to the Motor Speech Errors graph provided in Figure 1. The clinician may complete this graph using the results obtained from the initial articulation diagnostic evaluation. At midyear, a second graph may be constructed after an articulation retest. How many phonemes have moved from “omits” to “substitutes,” or from “substitutes” to “distorts”? How many have disappeared from the graph?



| <b>Motor Speech Errors</b> |       |             |          |       |
|----------------------------|-------|-------------|----------|-------|
|                            | Omits | Substitutes | Distorts | Other |
| Initial                    |       |             |          |       |
| Medial                     |       |             |          |       |
| Final                      |       |             |          |       |

Client's Name \_\_\_\_\_ Age \_\_\_\_\_

Test Used \_\_\_\_\_ Date of Testing \_\_\_\_\_

Clinician \_\_\_\_\_

**Directions:**

1. In the squares under "omits," put the symbols for phonemes omitted in the initial, medial, and final positions.
2. In the squares under "substitutes," put the phoneme the child is making in place of the correct one (e.g., /d/ for /g/ is indicated in d/g).
3. In the squares under "distorts," put the symbols for phonemes distorted (e.g., a "slushy" /s/ is noted as f).
4. In the space marked "other," note consonant clusters, vowels, intervocalic and postvocalic /r/ clusters, and so on.

**Figure 1.** Motor speech errors.



The order in which a child normally acquires sounds is m, n, ng, p, f, h, w, y, k, b, d, g, r, s, sh, ch, t, voiceless th, v, l, voiced th, z, zh,  $\text{d}\text{ʒ}$ . The clinician planning a speech improvement program will want to begin with the easier sounds first and work toward the more difficult: /m/ is the first and the / $\text{d}\text{ʒ}$ / is the last. The phonetic symbols for some of these sounds are listed in Table 3.

Clinicians will also want to know the *consonant sound analogues*—pairs of sounds that are produced with the same movement of the articulators but are differentiated by one member of the pair being voiced and the other voiceless. The consonant sound analogues are listed in Table 3. Note that consonant sounds not listed do not have analogues.

## Sentence-Making Skills

Because a goal of speech–language therapy may be learning sentence construction, the clinician will wish to begin the process with sentence structures typical of those produced by the 3-year-old child. The affirmative–declarative sentence is recognized as the easiest to construct. It should be active voice. Some examples follow:

- Subject–action (*Baby cries.*)
- Subject–action–object (*Baby throws toys.*)
- Subject–action–predicate nominative (*Baby is a girl.*)
- Subject–action–predicate modifier (*Baby is tiny.*)

All of the preceding basic instructions may be expanded through the use of articles and modifiers without changing their status as affirmative–declarative sentences. We might expand them in the following manner: “The little *baby cries* loudly,” or “The little *baby throws* soft *toys*,” or “The little *baby is* a pretty *girl*,” and so on.

The passive voice should be reserved until the client is fairly successful with active constructions. In other words, the clinician should initially avoid passive voice sentences, such as “The toys were thrown by the baby.” Learning the grammatic transformations of questions and negatives, however, is not as difficult as learning the transformation of the passive sentence. The subject–action sentence may become an interrogative by a shift in inflection, as in “Baby cries?” Other simple interrogative forms consist of short constructions using *do* or *wh-* words, as in “Do babies throw toys?” or “Who cries?”

**Table 3**  
Voiced and Voiceless Phonetic Symbols

| Voiceless |                                | Voiced |                                 |
|-----------|--------------------------------|--------|---------------------------------|
| Symbol    | Example                        | Symbol | Example                         |
| /p/       | <b>p</b> as in <b>pat</b>      | /b/    | <b>b</b> as in <b>bat</b>       |
| /t/       | <b>t</b> as in <b>ten</b>      | /d/    | <b>d</b> as in <b>den</b>       |
| /k/       | <b>k</b> as in <b>come</b>     | /g/    | <b>g</b> as in <b>gum</b>       |
| /f/       | <b>f</b> as in <b>fan</b>      | /v/    | <b>v</b> as in <b>van</b>       |
| /θ/       | <b>th</b> as in <b>thistle</b> | /ð/    | <b>th</b> as in <b>this</b>     |
| /s/       | <b>s</b> as in <b>Sue</b>      | /z/    | <b>z</b> as in <b>zoo</b>       |
| /ʃ/       | <b>sh</b> as in <b>shoe</b>    | /ʒ/    | <b>zh</b> as in <b>treasure</b> |
| /tʃ/      | <b>ch</b> as in <b>chain</b>   | /dʒ/   | <b>j</b> as in <b>Jane</b>      |



The negative forms that may be introduced in early language learning include the negative declarative sentence and the negative question. Examples are "The baby does not cry" and "Doesn't the baby cry?" The second negative question given here also involves another transformation, the contraction (*doesn't*). Both of the examples are presented in the active voice, present tense.

Negative-passive sentences and questions are exemplified by the following, respectively: "The toys were not thrown by the baby" and "Weren't the toys thrown by the baby?"

Guidelines for the types of sentences that may be introduced in elementary school have been suggested by the compiled list of Byrne and Shervanian (1977) in Table 1. Additionally, guidelines for the use of pronouns in sentences can be found in Table 2. Both tables are included for the convenience of people who wish to compose original sentences and verses using the vocabulary found under the various phoneme sections of this text.

The materials in this book were gathered to give the clinician much-needed help in designing interesting therapy sessions. With the arduous burden of compiling materials lightened, each session may be a pleasurable experience for the clinician as well as for the client.

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