
Appendix 4: Eliciting single sounds in isolation

Children with speech difficulties use a restricted sound system in their everyday speech, but they can often imitate a fuller range of sounds in isolation. In teaching children sounds which are not currently in their repertoire, imitation of an adult model, supported by cues such as picture symbols, manual symbols etc, is in many cases a successful strategy. However, for some children, including those with dyspraxic difficulties, imitation can be very difficult and they need to be taught how to produce both consonant and vowel sounds.

This may involve a number of strategies, used singly or more commonly combined to provide maximum support: visual - the child watching the therapist producing the sound and/or himself in a mirror (perhaps with a torch to see inside the mouth); tactile and kinaesthetic - the therapist physically helping the child's articulators to move e.g. pushing the lips together and the child then experiencing the kinaesthetic sensation of that movement; verbal - the therapist describes required movements to the child and/or uses vocabulary cues established through work on specific articulatory features, eg: switch your voice on, tongue on your teeth; articulograms can be used to provide diagrammatic cues for articulatory features (see Appendix 3 above, and Therapy resources 1, p21).

Speech sounds are associated with NDP picture cues Therapy Resources 1: Single Sounds p43, and or with written letters or manual cues, as in Cued Articulation (Passy 1990).

Some strategies are more appropriate for some sounds than others and individual children respond to some strategies better than others. Therefore, when a number of different ideas are provided, therapists are advised to experiment and find what works best for their individual child.

Top Tips

- Use ideas in the early sound making sheets for children who have few sounds.
- Elicit the required articulatory feature(s) and link to cues.
- Use simple, accurate verbal explanations, supported by modelling.
- Use verbal cues and articulograms to support elicitation of individual articulatory features and to aid storage and retrieval.
- Reinforce correct motor patterns using the same cues (e.g. good try – you got your lips together)
- Utilise movements which the child can produce at an automatic level and contexts in which the target sound occurs at an automatic level.
- Emphasise movements/postures or articulatory feature required rather than the target sound, if the child has an inaccurate motor program for the sound.
- Make sure the child's position is stable (i.e. upright with feet flat on the floor). Be prepared to steady head/jaw as necessary.
- Be confident - don't be afraid to touch the child's face/mouth, nose, but build up the child's trust first and be sensitive to gagging etc.