



Correction of learned phoneme specific nasal emission

Therapy techniques
to consider





General Considerations

- Individual Therapy
 - Faster
 - Potentially less stigmatizing
- Home programing is great
 - If the parent can hear the difference
 - Keep it simple
 - Short, frequent



Further considerations

- Give the sound a new name!
 - Mouth sound, hissy sound, tongue tip sound
- Leave language out of it
 - Focus on the motor pattern
- Don't refer the child to an ENT



Don't waste time!

- Non-speech oral motor exercises
- Icing, brushing, and massage
- Blowing, sucking, and gagging exercises
- Vibratory stimulation
- Thermal stimulation



Specificity!

The best way to treat speech is to
treat speech

Use a motor learning approach





What does the child need to know first?

- Reason for therapy
- Difference between target and current production
- Name for the target (don't use the grapheme!)
- How to plug the nose
 - Why?



Teach the child to do it....they will feel more in control, more comfortable.

Teaching photos courtesy Mary Blount Stahl



Best Practice: Nose plugging technique



- Fist



- Fingers



Nose plugging technique



- “wings”



- Close

Thanks, Mary!



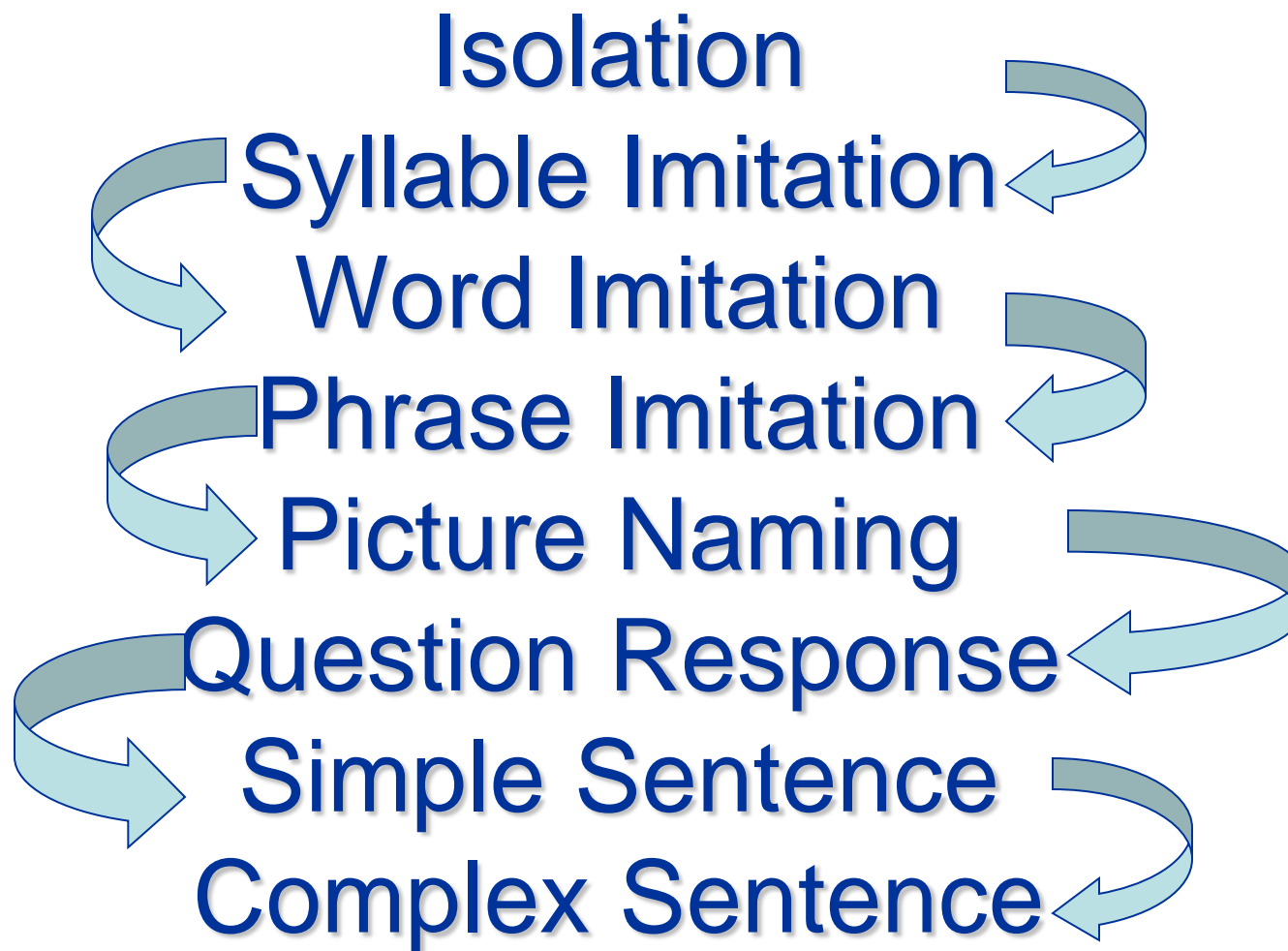
Teach the target with the nose plugged

- Teach from a similar place of articulation
 - Prolong [t,d] for [s,z]
- Teach from an excessively anterior place or articulation
 - Retract “th” or [f,v] for [s,z]



Remember that you are teaching
a new motor pattern...

Once you have the target
in isolation, go for 100
consecutive productions!





Foundational Skills

- Early discrim pedagogy
- Establishment of consonant in isolation
- Advancement to syllable segments
- Use in word imitation and picture naming
- Use in phrase imitation
- Single-word question response



Foundational skills should always be carried to 100% accuracy

Failure to do so may result in
problems with carryover later

Home assignments are valuable!

Gimme 5

Pick a vowel

Word, phrase, sentence lists



Case study

Five year old male

No history of cleft palate

Referred for evaluation and surgery













Case study

Five year old male

Referred by SLP who advised against
therapy until air flow problem was
diagnosed.

