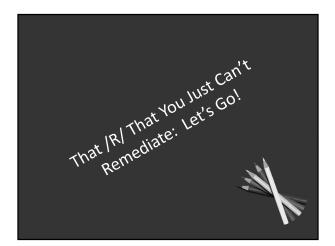


Learning Outcomes

At the end of this presentation, our goal is that you will be able to:

- 1. Better define working on /r/ from a motor planning approach
- 2. Describe strategies to finally remediate that tough /r/
- 3. Explain the therapy progression





Why is /R/ so Difficult?

- Articulatory placement: Where is /r/ made?
 - an approximate sound along the palate somewhere from the alveolar to post alveolar to palatovelar
- Not responded to our tried and true methods
- following directions, auditory perception, attention, motor planning, etc
- Our attempt at instruction for placement may not be the natural motor plan
- At least 21 different /r/s in English

PSSD and Attention

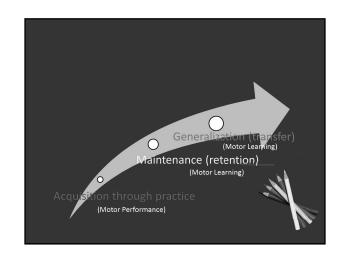
- 1. Moderate to severe SSD = higher ratings of inattention, hyperactivity, impulse control
- 2.Cognitive Load dividing attention across multiple tasks
- 3.Under divided attention- perception can also be hindered
- **4.**Speech recognition hindered by higher order processing seen in ADHD
- a.Study: 2-5 nonword syllable pairs for discrimination could be tied to working memory and not necessarily discrimination

Motor Planning Theory and Speech Production

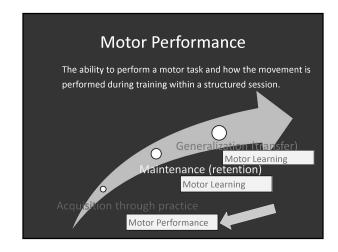
- 1. Initial Condition: Articulatory placement, voicing, prosody, intonation, phrasing
- 2. Motor Commands Needed: Timing and amplitude of production

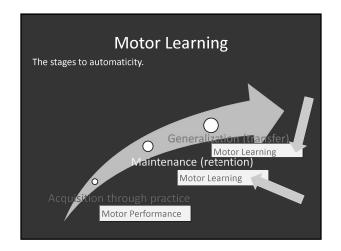


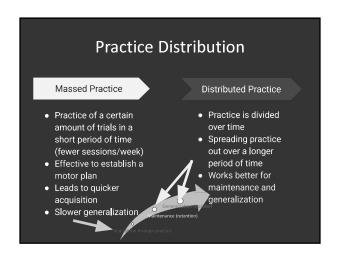
Motor Planning Theory and Speech Production 3. Sensory Consequences: a. Tongue and lip movement for production b. Tactile awareness of articulatory placement 4. Outcome: Were the speech sounds, voicing, intonation, and prosody correct?



Motor Performance and Motor Learning Principles of Motor Learning Set of processes that facilitate the acquisition and retention of motor skills Lead to a permanent change Generalizes to other related but untrained tasks







Distributive Practice:

- Therapy Intensity
 Higher number of sessions and practice trials per session results in the greatest gains within one block of treatment.
 - Minimum intensity two sessions a week (Namasivayam, Pukonen, Goshulak, et al., 2015; Thomas, McCabe, & Ballard, 2014)
 - most articles employing sessions 3-5 times a week and 100 production trials per session (Edeal & Gildersleeve-Neumann, 2011; Murray et al., 2015). [Murray, E., and Iuzzini-Seigel, J. (2017).

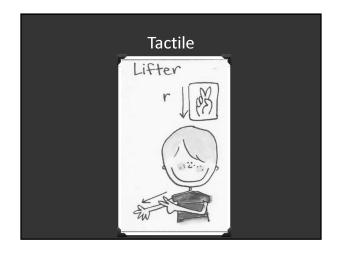
Motor Planning Patterns

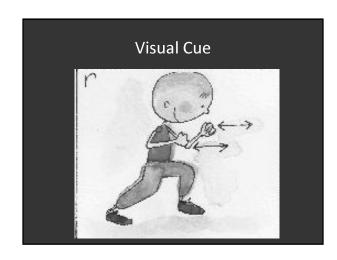
- Begin with single syllable words or patterns (consonant -vowel
 - le: initial /r/ re, ri, re, rae, ra
 - le: Vowel + /ar/ bar, car, tar, far, par, star



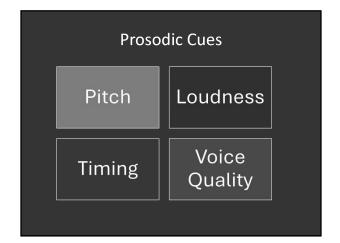
Motor Planning Patterns/Syllable Shapes Words chosen for targets should begin with simple single syllable words (consonant vowel patterns). Multisyllable words may need to be targeted after mastery of single syllable patterns. The student may also have to move from 2 syllable, then 3, then 4 syllables to produce a correct /// within the more complex word. cv VCV C1V1C1V1 C1V1C1V2 C1V1C2V2 C1V1C1 C1V1C2 CVCVCV CVCV + CVC

Multisensory Cues Tactile Cues Visual Cues Kinesthetic Cues **** Prosodic Cues Sometimes you need to look at things from a different perspective.



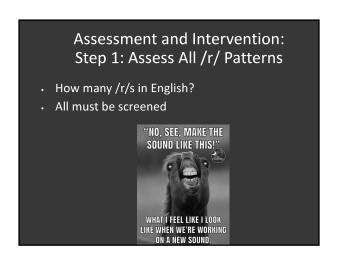


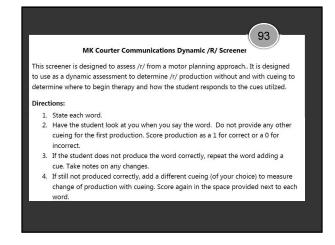




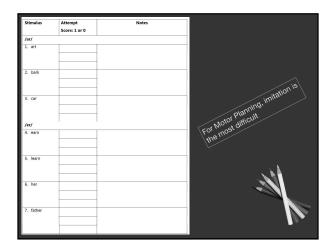
Feedback: 2 Types • Knowledge of Performance - detailed feedback about movements can lead to acquisition • Knowledge of Results - less specific, general statement will facilitate motor learning Knowledge of Results - less specific general statement will facilitate motor learning

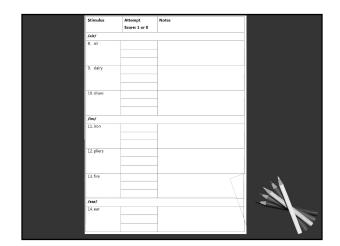
Immediate vs Delayed Feedback • Immediate feedback - enhance skill acquisition • Brief delay - enhance motor learning Guiding principle: Practice at optimal level of difficulty while offering appropriate level of support

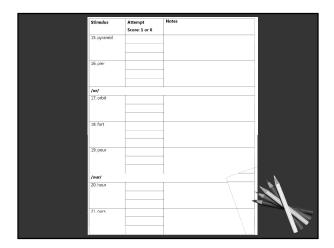


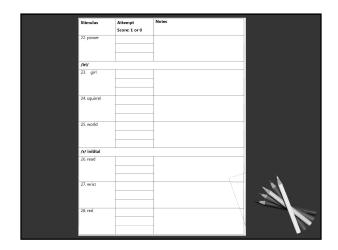


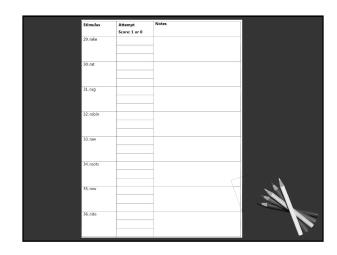
Production	Take Notes
L = correct D = incorrect	☐ Type of cue provided 1st attempt☐ Type of cue provided 2nd attemt☐ Inconsistent production☐ Prosody errors☐ Other
L. Score initial production with eye contact as correct or incorrect.	
 Score the cued production if 1st attempt was not correct 	
s. Score cued response as correct or incorrect.	



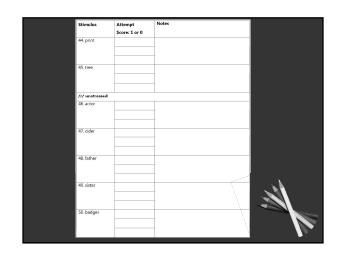


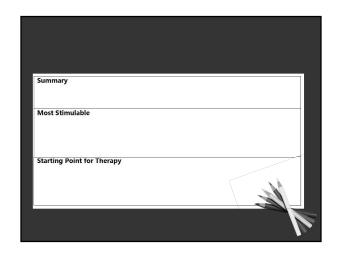


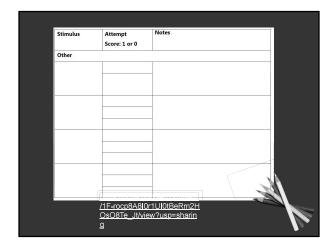


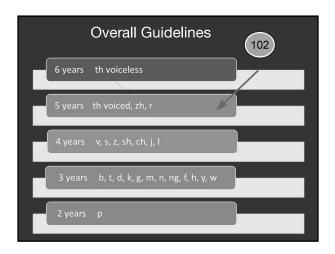


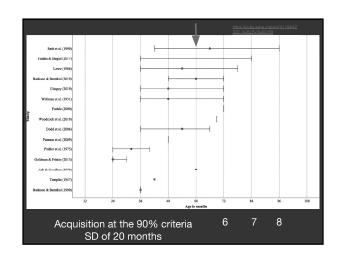
Stimulu		Notes	
	Score: 1 or 0		
37. roya	al		
		-	
38. rour	nd		
		-	
		-	
/r/ bler			
39. brus	sh		
40. crow	vn		
		-	
41. dres	is		
		-	
		- 1	
42. free			. L
42. free			- 8
		\	
43. gree	en	1	
		1	
		-	









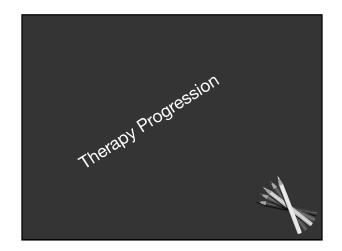


Overall Guidelines

• Intensive therapy -shorter sessions/more days

"The principle of motor learning that has the greatest
evidence supporting its use in children with CAS is that of
treatment intensity—where a higher number of sessions
and practice trials per session results in the greatest gains
within one block of treatment. The minimum intensity
that has been shown to work is two sessions a week
(Namasivayam, Pukonen, Goshulak, et al., 2015; Thomas,
McCabe, & Ballard, 2014) with most articles employing
sessions 3–5 times a week and 100 production trials per
session (Edeal & Gildersleeve-Neumann, 2011; Murray et
al., 2015)."

[Murray, E., and Iuzzini-Seigel, J. (2017).



If Probe Does Not Yield a Correct /R/

If motor planning, asking a student to produce a bunched or retro flex /r/ based on verbal directions would be contraindicated



Ways to Elicit /R/

Step 1: If no /r/s are produced correctly, elicit correct placement and sound production

- 1. Produce /l/ or /th/ and slide back
- 2. Hard /g/ and slide forward for /ger/
- 3. /y/ and raise tongue tip toward palate and slightly back

*** May try other consonants such as /sh/



Ways to Elicit /R/

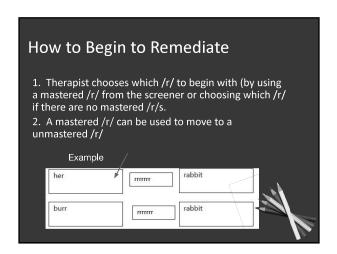
Step 2 Once Placement is Achieved

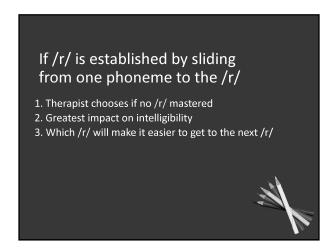
- The student produces a correct /r/, therapist taps student's arm and asks the student to hold the position
- 2. Student describes tongue position

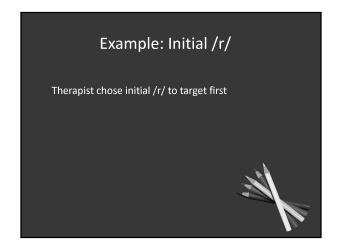


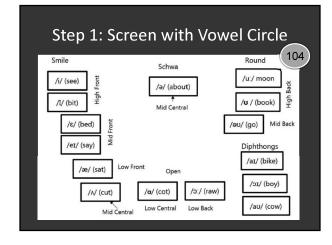
Step 3: Right to Correct Position

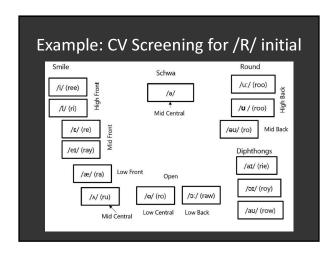
- 1. Continue sliding from one sound to /r/ until the student can go right to the correct tongue placement
- 2. Once the student can produce the /r/ then have the student go to the correct /r/ placement
- 3. Therapist continues to tap to hold the place Reminder, if motor planning, asking a student to produce a bunched or retro flex /r/ based on verbal directions would be contraindicated

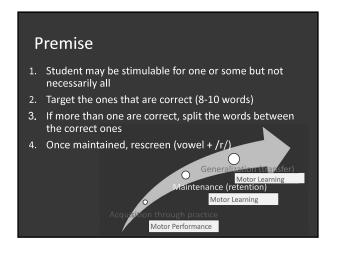


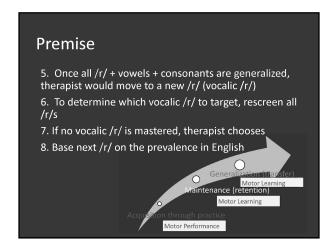


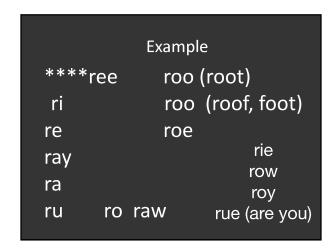












8-10 Target Words
read wreath
reef reach
reek respect
real redo
ream
reap

****ree roo (root)

****ri roo (roof, foot)

re roe

ray

ra

ra

row

ru ro raw

rue (are you)

8-10 Target Words
reed rid
reef rig
reek rim
real rip
ream (redo,
rib ripped)

1. The student produces the targeted /r/ word(s) by repeating 8-10 targeted words one at a time (reek, read, reef, real, ream, reap, wreath, reach, respect, repeat).

2. The student then attempts 2 repetitions of the word (i.e.: ream, ream)

3. The student can repeat a targeted word 3 times (ie: ream, ream, ream)

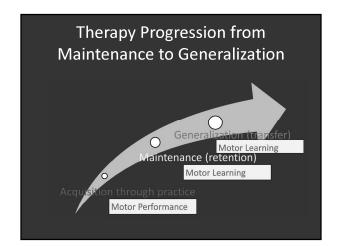
Therapy Progression from Practice to Maintenance

- 4. The student can repeat a targeted word 4 time.
- 5. The student can repeat a targeted word 5 time.
- 6. The student can repeat the targets rapidly with changing the word to another target (i.e.: ream, ream, ream, reap, reap)

Therapy Progression from Practice to Maintenance



- 7. The student can add another word (i.e.: ream, ream, reap, real, real)
- 8. The student can alternate patterns (i.e.: ream, reap, ream, reap)



Therapy Progression from Maintenance to Generalization Once the student is able to alternate patterns with ALL C1V1C2 words, then, this motor planning pattern needs to move toward generalization before rescreening all /r/patterns. 1. The student can produce the word with a carrier phrase. (re: one word + the target.

2. The student can produce the word correctly in a giver

Then, 2 word phrases + the target, etc.)

sentence.

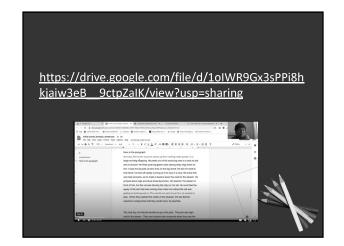
Therapy Progression from Maintenance to Generalization Once the student is able to alternate patterns with ALL C1V1C2 words, then, this motor planning pattern needs to

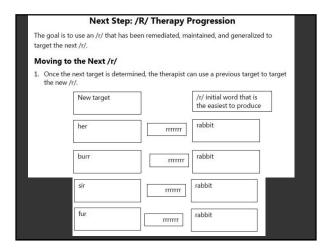
3. The student can produce the word in a novel sentence.

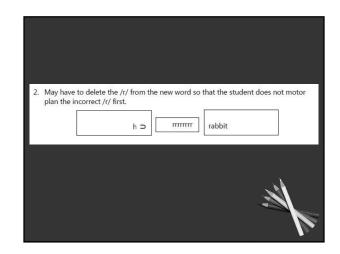
move toward generalization before rescreening all /r/

4. The student can produce the words correctly in a paragraph. (only containing the /r/s that are mastered)









Goal

- Get the student to think about the mastered /r/
- May have to cover the /r/ of the new word
- Tap the student as soon as you hear the correct /r/ sound
- Once the student can say the new word without the mastered word, take the mastered word away, and move to multiple productions
- ****** Don't forget multisyllable words (over, mother, future, etc)
- ****** May have to practice these as nonsense one syllable words in order to move to multisyllable

Make Some Notes

Time to move to the next /r/, rescreen all /r/s

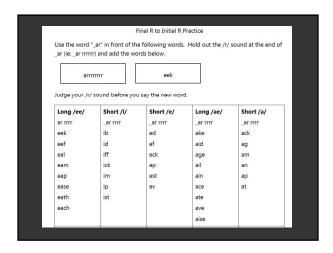
- 1. If the student is not stimulable when you rescreen, which /r/ will you move to and why?
- 2. How will you use a mastered /r/ to get to the next /r/

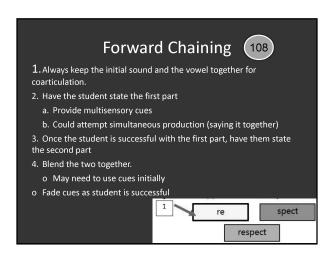


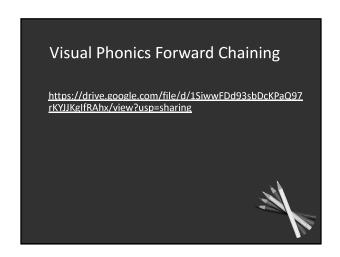
Example using /ar/ to get to /r/

https://drive.google.com/file/d/1hPjD3v2Vqy9bFb FLqvqieVI_EOtWzgXA/view?usp=sharing

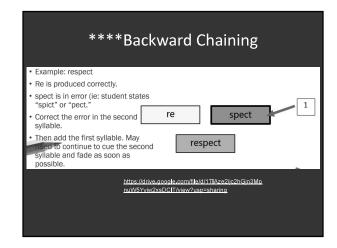


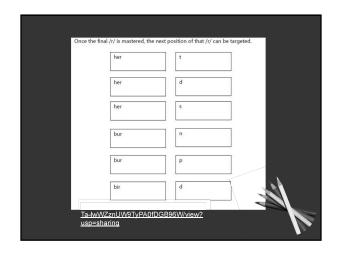


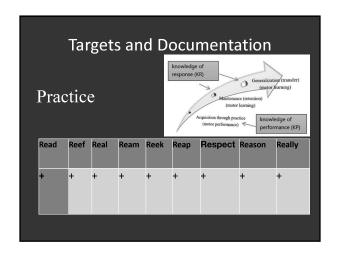


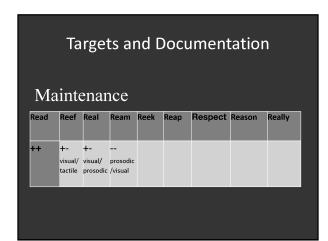


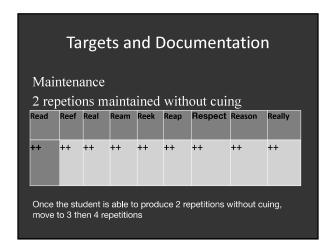




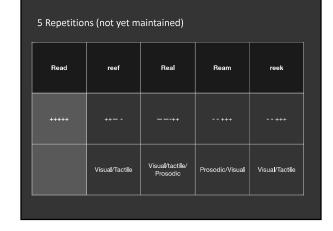


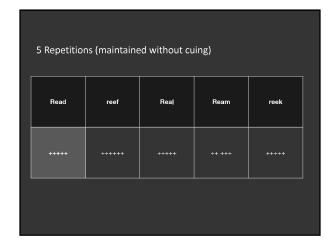


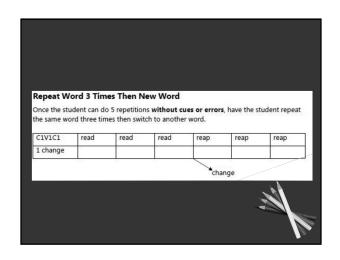


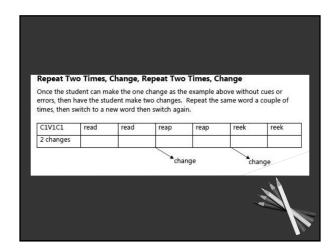


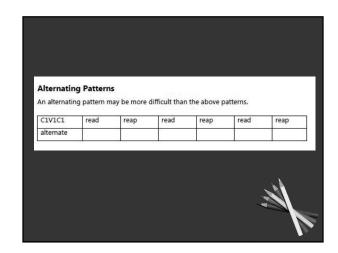
Targets and Documentation Maintenance Once the student is able to produce 2 repetitions without cuing, move to 3 then 4 repetitions

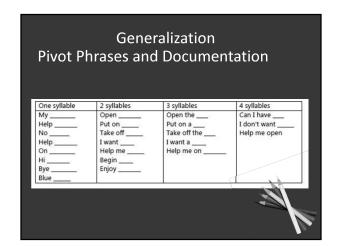


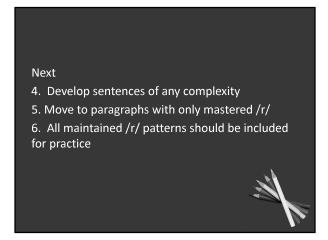


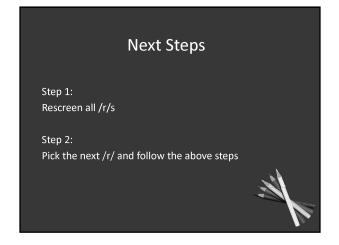


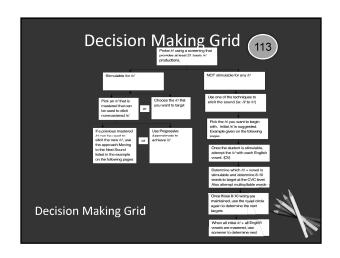


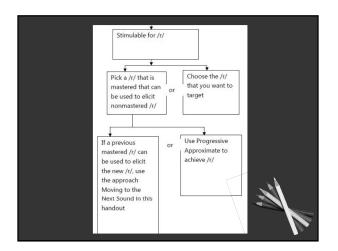


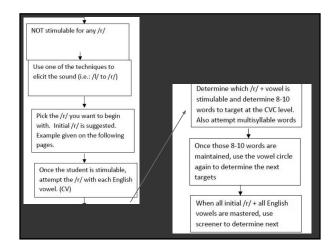


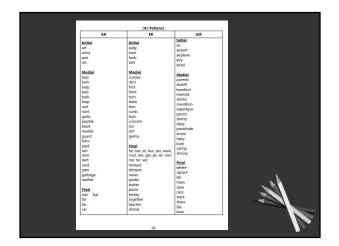


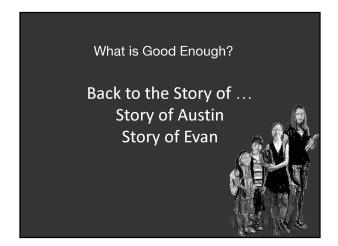












From ASHA

Termination Due to Lack of Progress

An apparent "lack of progress" is based on the assumption that the prescribed treatment goals, methods, data collection, and use are all appropriate for the individual with disabilities and their family. However, it is possible that the perceived lack of progress is actually an indication that the procedures being implemented are not well-suited to the individual with disabilities. In other words, lack of progress might indicate that the intervention is a poor fit. It is important to examine whether the intervention itself is optimal for the individual, their family, and their other caregivers and educators.

