Amy Graham

Michelle: [00:00:00] Hey there, I'm Michelle Andrews and I'm your host for the Pep Talk podcast. This episode is about conquering that difficult to explain lateral lisp. We are going to go over structural placement along with two practical strategies that are going to help your student master non lateralized speech sounds.My guest speaker today is Amy Graham, and Amy has been a speech language pathologist for over 20 years. She is the owner of Graham Speech Therapy of private practice in Colorado Springs that specializes in pediatric speech sound disorders. Amy is the creator of the Gram Speech Therapy Oral Facial Exam in the BM speech sound cues, decks for lateralization and phonology targets for cycles. She has been a guest on numerous S L P podcast and is listed on the AP Apraxia Kids Directory of SLPs with expertise in AP Apraxia.

Michelle: She has a particular interest in supporting and equipping SLPs to help [00:01:00] them provide evidence-based treatment by posting frequent therapy videos and practical therapy tips on social media. She is a fantastic resource for therapy tips. First, we need to go over some formalities for the course by going over our financial disclosures.

My financial disclosures include I have a Teacher's Pay Teachers Boom, learning and Teach with Medley Store under Pep Talk, llc. I am also the founder and manager of the Pep Talk podcast. My non-financial disclosures include

Speech Arcade is an in-kind sponsor for this podcast.

Amy's financial disclosures include, she is the owner of Gram Speech Therapy and the creator of the Gram Speech Therapy Oral Facial Exam and the Bjorn speech Sound cues decks for lateralization in Phonology. Targets for cycles. Amy's non-financial disclosures. No non-financial disclosures. Now here are the learner objectives for this course.

Number one, describe how phonetic shaping is [00:02:00] used to elicit non lateral speech sounds. Number two, describe how cognitive reframing can make it easier to produce correct production of target phone names. Number three, describe how complexity theory can be used for target selection to simplify speech therapy intervention. Okay, let's get started. Today we are talking all about that pesky lateral lisp. I know I have struggled to adequately teach this sound with some kids and it can be kind of tricky. Luckily I have Amy Graham

with me today who is going to lay out proven strategies to eliminate the lateral lisp.

Michelle: I am so excited to introduce Amy Graham. Hi there Amy.

amy: Hi Michelle. Thanks for having me. I'm excited to be here today too.

Michelle: today. Hi, I'm so, thankful you are coming on the show and gonna teach us all about the lateral lis.

amy: You know, it's funny, it's one of my favorite things to treat and everybody, it kind of blows their minds when they hear that because I think sometimes it's s p's least favorite thing to treat because there's not a lot out there as far as [00:03:00] evidence-based intervention. So I'm excited to talk about it today.

Michelle: Yes. Well, you're a great resource since you enj, you enjoy it. so

amy: I do.

Michelle: Amy, can you go ahead and tell us, I know I, I gave your bio, but could you go ahead and tell me a little bit more about yourself and, and just why Lateral LI Therapy does have a special place in your heart?

amy: Yeah. So I really kind of got into this field really because my little sister, she's about three and a half years younger than I am, had speech therapy when she was little. So preschool age. So, you know, she was probably four or five when she had, um, speech therapy for looking back at it now, what was most likely phonological errors

amy: So, um, because my mom always used to say that I was her, um, interpreter. Like I could tell what she was trying to say. So I would help people kind of understand her when, when we were little, but I got kind of dragged along to all of her speech therapy appointments, um, when we were younger. And I just, I was always kind of in the back of my mind like, oh, this seems like a fun job.

amy: [00:04:00] You get to play with kids. And in my mind too, I, I think much like a lot of people out there just kind of assume that the majority of what we do is fix Rs and s's . And so I thought that sounded like fun. So I got into, that's why I got into the field really was just because I had early exposure, to what speech language pathology was, or at least one aspect of it.

amy: Um, cuz my sister, she went to, I remember she went to a university clinic when she was, when we were little, so I remember seeing all the grad students, you know, in the clinic. Um, and then she went to private practice to try to remediate the rest of what she had going on. And so she was in speech therapy for, I mean, I remember a while, , I don't know, maybe a year, maybe two years.

amy: Um, but by the end of it, all of her phonological errors had resolved, but she still had this residual. Articulation distortion of SH and C h, which now we know as, or I know it as a lateral [00:05:00] lisp. So she had, um, by the, I think she was maybe seven by the time she was about seven, the s l p finally just said, look, we've been working on this a while.

amy: We're making no progress. I'm not sure how to help her. Um, and so at that point my parents were like, okay, then I guess, you know, we're done with speech therapy, speech therapy's not, you know, was not effective for this part, this aspect of her speech sound disorder. and so she just, that she was just kind of left with that sound error.

amy: And so, um, she was, I kind of say I, when I do these courses, I te I teach and I present on this all the time talking about lateral lists, but I kind of save this slide for my last slide of my PowerPoint because, um, her picture pops up and I, you know, I kind of tell everybody about her story. She was incredibly, I would say, um, very self-conscious about it and would avoid words.

amy: she has a great vocabulary because she could cilo cute with the best of 'em just to avoid words that had sh or [00:06:00] CH or the J sound. And so, um, yeah. And so finally I was in graduate school, so, gosh, I'm trying to think. Maybe I was 20, 21. So she was probably, well, I was maybe a little bit older.

amy: Maybe I just graduated cuz she says she was 19. She finally came to me and said, okay, you're a speech therapist now, , me fix this. And so I, you know, of course, you know, going through we had nothing talking about lateral lists and how to remediate that. there's not really a whole lot out there.

amy: In fact, now that I've kind of been looking into it, there's not a lot of literature, or a lot of studies that really look into practice as far as how to treat them. um, I just kind of had to think on my feet with her we're gonna talk about some of the strategies that I used that I will say literally took, say she, she took 10 minutes to generalize into the skill, into conversational speech.

amy: She, she'll say it was like five minutes , [00:07:00] because once we ta I know, it's, it's crazy. It's a great story because, um, so she was like 19 or 20 and I

think sometimes we think, oh, it's too late, right? This This, Teenager or 12 year old, or 10 year old has been doing this for so long, it's never gonna get remediated.

amy: by using some of these strategies, um, that we're gonna talk about just a little bit, she was able to kind of figure out like, oh, that's what I'm supposed to be doing. And because she was so self-conscious of those sounds, knew exactly where they were popping up. And so she was hypersensitive to it and was able.

amy: Just really think about it and generalize it to her spontaneous speech. Like I never heard her li her list again after that day. So I'm excited to talk about some of those strategies. But yeah, that's kind of a little bit about me. I was in the schools for, um, a lot of years, which kind of helped me kind of fall in love again with speech sound disorders because, I just love when you can pick the right [00:08:00] intervention to the, and match it to the deficit of the child.

amy: You see gains like in the session, and that is so fun for me just to see those realtime improvements in kids. And so that's when I, I decided, you know, somewhere down the road I'm gonna specialize in speech, sound disorders. And so now, like you said, I, I have a private practice and that's all I do now. Uh, my private practice is just speech sound disorders.

Michelle: that's amazing. And I love hearing that success story. It, it's heartbreaking that it took so many years, but for her, for your sister, but um, for what a cool story that you as her sister were able to tell, tell her well, we'll talk about the strategies that you her just a minute, but, um, and then that finding the specific strategies that helped her is just, beautiful

amy: it was. It was a great

amy: day

Michelle: it. That's really cool. Um, alright, well let's dive in to explaining what should be happening structurally, physically, in order to achieve a non lateralized speech sound,

amy: [00:09:00] Yeah, I think before we kind of discuss that, I always think it's important to understand what actually is a lateralized sound, right? Because I think sometimes we're trying to teach placement when before we even think about what's an error. And so I think it's so important. In fact, that's why I have some visuals that I, they're free on my website that we can talk about later too.

amy: But just to kind illustrate what is happening during a lateralization error, and this is regardless of whether it's S or SH or ch or the voice cognate, what is happening is some part of the tongue tip or the tongue blade is gaining contact or is con, that's the articulatory placement is with the pallet somewhere along the pallet, either the Alveola ridge or you know, pal placement.

amy: So that that's the point of contact. So the tongue tip or the blade of the tongue is getting the contact rather than the sides of the tongue. so the air is escaping over laterally over the side of the tongue. So whether or [00:10:00] not even you're talking like a pal lisp or lateral li, the same issue is at hand.

amy: The sides of the tongue are not being anchored up against the inside of the molars. And so that's it. That's basically, um, what is going on. And so we have to kind of almost, we're teaching the reverse movement because if you think about it, the contact is with the top right, the medial portion of the tongue.

amy: We have to teach them to actually lower the medial portion of the tongue and elevate the sides, and they're doing the exact opposite. So that's what we're trying to do. Um, as far as the placement goes. Now, I will say for kids, even teens and adults who have these types of distortion, motor based distortion errors, and so, you know, frontal lists, lateral lipps, and even sometimes residual R errors, you know, we sometimes we have those.

amy: Eight year olds, 10 year olds, 12 year olds on our caseloads that are still working on [00:11:00] R. Those are all lingual sounds and they're all distorted based upon the tongue just being in the wrong place. And so it's so important if we're talking about a mo toric error and the deficit is like the tongue is just not going to the right spot, it's just in the wrong place altogether.

amy: It's so helpful to go back and make sure that we have actually assessed the structure of the oral mechanism and the function of the oral mechanism. And so I encourage SLPs to go back, even if you kind of come into a new kit on your caseload, take those five or 10 minutes cuz it doesn't take very long and go back and look inside their.

amy: Ask them to open up, look at the pate, look how the tongue moves, look at the dentitian, look at all the things that are going on in the mouth because something might pop up or stand out to you to, um, kind of help give you a better understanding of the nature of the child's speech sound disorder. And specifically what I'm talking about for these, and I'm, [00:12:00] I'm not talking about kids phonological errors that are more of a linguistic based deficit.

amy: or a apraxia of speech, right? Where it's like a motor planning. I'm talking about this motor difficulty with this motor movement of a particular sound, an articulation error, um, to go back and look and see if there's any signs of a possible functional deficit, which I know is kind of a, a new term to a lot of SLPs.

amy: Um, it's kind of what. used to call tongue thrust, um, where that tongue kind of jets forward as kids swallow. Um, looking for things like where kids are breathing through their mouth primarily, not their nose. So they're, you know, if you have to breathe through your mouth, then maybe it's due to some kind of nasal obstructions or allergies or whatever.

amy: It could be a nu a number of upper airway issues. But for kids who tend to open their mouth, breathe through their mouth, um,

amy: frequently their tongue has to be low at rest in their mouth, which [00:13:00] means it's not resting up in the pate where it should be. And so if that's not happening, I often see high narrow palates when I'm looking at that, um, oral cavity.

amy: And so there's lots of things we can look at and that, like you said, you mentioned that I, I developed the oral facial exam to kind of purposefully look at all of these things for every child who has a speech sound disorder. Um, but I think primarily identifying. Features or characteristics of a possible underlying functional issue.

amy: Like, like a myofunctional deficit. Meaning that tongue is not only in the wrong spot for speech, but it's in the wrong spot at rest and it's in the wrong spot for the swallow. So if that's, if it's kind of more of a global issue that that can actually impede kids' ability to move their tongue more efficiently for speech sounds, not always.

amy: And I think that's important to, to note. Not always. Sometimes these myofunctional issues can be there and we still make amazing progress with the speech aspect their deficit. But I [00:14:00] think it's really important to at least know what's going on because I do have some kids who have a residual issue, whether it's frontal list, bladder li, or residual R error, it's like their tongue's natural place is just low and forward.

amy: And so, For all of these sounds we're trying to teach their tongue to come up a little bit, right? For r we want it to come up and gain contact with the sides of the tongue, sides of the molars. With the SS and shs, same thing. We want the

anchoring of the side of the tongue up against the molars, but if that tongue loves to be down for everything else, then maybe that's something we have to consider, whether or not it's contributing to that child speech error.

amy: So that's primarily what I mean about, um, looking at structure. Not that if you see like a high narrow pal, oh, we can't do speech therapy now. No. What it can be though is an indication that maybe there are other things in addition to the speech deficit, um, that may or may not be contributing to, to their speech error.

amy: So hopefully that, I know I talked a lot about it , but hopefully that kind of makes sense for a [00:15:00] lot of SLPs out

Michelle: No, that was really, really helpful. And my question then is would you then probably refer to an E N T or a different specialist if, depending on what you find?

amy: Yeah, I mean, I think we have to look at the assessment as a whole and everything that we glean from our assessment. So if I see signs in that case history form, that's why I talk about case history. It's so important to ask parents about feeding difficulties, um, about upper airway issues, about sleeping issues, snoring, do they have trouble sleeping at night?

amy: These kinds of things. Um, can also be signs that yes, there's other underlying things going on that may have a lot to do with upper airway issues. Um, look at as well during your speech assessment. Don't just listen to how they're producing sounds, but look at how they're producing those. Al Velar sounds like other, other than s um, T D N L very frequently those kids have inter internalized, um, Alvi.

amy: P B [00:16:00] N L. That tongue just kind of likes to be forward for those sounds too. So if I see that and I suspect that maybe there's some, um, upper airway issues that might be contributing to why that child has to have their mouth open and has to have their tongue low, um, then yeah, an e n T can be a really good referral.

amy: Um, there's a lot of, um, that we might wanna think about informing parents about. And I know for SLPs in the school, like we can't refer, I was in the schools for many years and that's like a no-no word. We don't say we refer somewhere cuz then the school is liable to pay for everything. But what we can do at, at the release is informed parents about the professionals, um, under whose scope these issues fall.

amy: So if it's an upper airway issue and you're like you, when you do your oac, you see these big tonsils and you hear hypo nasals speech, right? Where there's not enough air getting in that nasal cavity and they just sound stuffed up. , Tell them, you know, ask your pediatrician about this. Ask a pediatric e n t about it.[00:17:00]

amy: Um, maybe we need to look, get an x-ray of those adenoids to see if, you know, that is obstructing or maybe we actually need to get Aetna allergist involved. Um, very frequently it's allergy problems, right? These kids can't breathe efficiently through their nose. Um, and then often if I think, if I consider that these, um, oral facial myofunctional deficits are so significant, then I have, there's an oral facial, local oral facial.

amy: Mycologist in town who's also an S L P that is more specialized in that than I am. And so they can help treat those underlying issues of how to train the tr tongue at rest and during the swallow to be more efficient. Um, so yeah, there's a lot of things to think through and it's never just yes or no answer.

amy: Sometimes it's looking at all of the different characteristics or red flags that we see for those myofunctional issues and thinking, okay, what are some of those other professionals? Um, and if it's too much to, like, if it's too much for me to manage since I'm only speech sound disorders, then frequently those [00:18:00] myofunctional SLPs are really, really helpful in kind of figuring it out, putting it all together and, and setting up those other referrals as well.

Michelle: Okay. Yeah. But that's so helpful to know, to be looking for those things and

Very cool. Um, okay. So as we did kind of mention, , where the tongue is physically and structure structurally for a lateral lisp and then a correct or a non lateralized sound, I imagine that can be pretty difficult for some children to understand. I know as you were doing it, and possibly some listeners as you're listening to this podcast, you're, if you're like me, you were putting your tongue there.

going back and forth, like up, down the sides are touching . Um, but I imagine that could be difficult for children to understand, especially, you know, it's inside the mouth. You can't necessarily see it and you might have a mouth model or something. But, um, what are some strategies that you use to help guide your students into making the sound correctly?

amy: Yeah, you're right. I mean, it is very, it can be a very difficult sound to kind of talk about, okay, now here's where [00:19:00] your tongue goes. You know, sometimes, frequently i'll, I do find though, for my older teenagers, I, cuz sometimes I consult with teenagers or even adults, when I talk to them, I've found that very rarely has anybody and at all ever explained what they're doing versus what they need to do.

amy: So that's part of why I made those free visuals to kind of show them this is the part of your tongue that's touching. Right. And sometimes you have to work with them and say, okay, say this s sound the way you say it and feel it. Do you feel where your tongue is?

amy: And I, you know, like you said, I love it. I love that you said that cuz I think when I talk about this, I have SLPs do it.

amy: Okay, now put the blade of your tongue up to your palate and say the s sound that's, and it sounds lateral. It sounds like anybody's lateral is. And so, yeah, exactly.

amy: And so we have to really explain to that person, that adult, that even older kid, this is what's happening. This is what needs to happen.

amy: You have to drop that lower part of your tongue. And we have to get the tongue si the side of the tongue up, you know, [00:20:00] anchored. But , if we know, here's the thing about lateral lisps, it's not developmental, right? Like kids don't tend to outgrow it. So we know we should teach this, like get to these kids early, right?

amy: So that we don't let them habituate this incorrect motor production of this sound. that's really hard to teach to maybe be a four year old, right? Like what you're saying. How do you teach that ? And so, um, I think that's where. These two strategies that we're gonna talk about next, um, kind of come into play.

amy: And the first one you alluded to is really using this, this, um, concept of phonetic shaping, which really all that means is, is there a sound that is the child or the adult, whoever can produce correctly that is similar in placement to the sound you're trying to elicit? And so if we think through, okay, what's the bottom line?

amy: What are we trying to do? We're trying to teach this kid to anchor those sides of the tongue, right? Those lateral [00:21:00] borders up against the molars. We have to think what's another sound that they are producing correctly

where that is also or used. And they're doing that. And frequently it's the T sound.

amy: So if you think about it, and as you're sitting there listening to this , do the T sound. Like over and over again think to yourself, okay, are the sides of my tongue anchored up against my molars? And they should be . So if they are, if you're doing it, the airflow comes out off the tongue tip as it lowers from the Avila Ridge, but the sides of your tongue stay there.

amy: The sides of your tongue stay up in the next to the molars as you're doing it. So we can use that if the child can produce a really crisp tea sound where their tongue tip is against the alvi la ridge, which is, again, this is why it's so important to go back and look at are they doing any other inter dentalized consonants, because maybe they can't [00:22:00] do the t sound well.

amy: Maybe their tongue, their tongue is too far forward for the T sound. Maybe that myofunctional deficit is too significant that they can't even do that sound yet. And so maybe we need to work on the tea in and of itself. Um, and frequently that's what I do if that's the case, but,

amy: use that, if we can use the T sound, I love shaping that into an S by just telling them to hold it out, just hold out the T sound.

amy: But they have to have the T, um, to, you know, in the first place. So if I need to back up and we work on correct placement of the T, that's what I tend to do as well too, just to make sure we have that alvear placement, that those sides of the tongue are anchored up where they should be. Um, so using that kind of strategy can be really helpful.

amy: So using the T to shape it to, an S by just having them hold it out and you can even try it. And just hold it out. And then that literally, if you can keep your, and I'll tell my kids, keep your tongue in that tea spot. Don't move [00:23:00] Don't try. And this kind of goes into the next, um, almost the next strategy, which I won't talk about yet.

amy: I'll wait till you introduce it or ask about it. Um, but just using a sound that is similar in placement to kind of shape it into that target sound. So even for sh and all, this is the secret that I told my Um, so she had, her s was perfect. Her s was wonderful. What she had an issue with is s h and c h, so, so those Ps ums, initatives, were slushy.

amy: They were, they sounded like that. So she would say the s sh sound just real. Those, those were really slushy. And so I thought, okay, well, she has s and I'm thinking back to my phonetics class, and talking about placement. I'm thinking, okay, well, s and sh are super similar. There's really only two differences for s and sh s.

amy: Your lips are kind of retracted. Sh your lips are kind of forward, like rounded or protruded, and tongue [00:24:00] placement is almost identical, except we're just making it a little bit more palatal. So I told her, I said, okay, make your S sound. And she did it perfectly. So I told her, okay, now just say that same sound.

amy: Keep your tongue in that same spot. Just curl your tongue tip a little bit. And that got more of that P placement. And I said, push your lips out. And so she did it and she went and she immediately had a perfect sh and she was blown away. . She looked at me and she's on. Is, is that really all it?

amy: Like she had no clue that S and s H were related in placement. No idea. And I said, yeah, that's literally it. And you'll find too, if you work with older kids or teenagers or adults, when they get it right, they'll tell you, it doesn't sound right. They're like, no, that's, that can't be right. That doesn't sound right.

amy: That sounds off to them, . it's almost like [00:25:00] they have to train their own auditory system to hear it because they're so used to their own distortion that when they finally get it correct, it just doesn't like, it does not sound right to 'em. And so I've told a few of these adults that I've, um, That I've, uh, consulted with.

amy: Like, I know, I know you're, I know it doesn't sound right to you, but just wait. Or you know, I'll say, ask your husband if it sounds right and, or ask your, you know, your girlfriend a you know, ask your mom. And they always say, yeah, that sounds perfect. And they're, they're going, what? That doesn't make sense to me cuz it's just they never thought that that's how it was made.

amy: And so frequently we're training their own auditory system to hear as we're also teaching them that correct placement. But using, like, thinking through, and literally this is, and I'm sure I'm not the first SLP to do this, but nobody taught me how to do it. I was just thinking through that phonetics class about an anatomy, right?

amy: All of our courses were like, okay, well what sound do you have that's really close? And then just tweak it a little bit to make this a, [00:26:00] um,

non lateralized sound that we're trying to get. And that was just kind of the magic moment for my sister.

Michelle: That's such interesting feedback that so many individuals would say that, no, that can't be right.

Michelle: I guess they're just so used to hearing it incorrectly that that just doesn't sound right

That's so interesting. Um, which kind of does go into the next strategy about kind of shifting the way we're, we think about making sounds. Uh, do you wanna go ahead and talk about our next strategy?

amy: Yeah, because I think using that phonetic shaping, you know, that's nothing new. It's been around a long time. I was trying to, even when I was kinda looking into creating my course for it, I thought, okay, I gotta get to the bottom of where this started. And I can't find it because I feel like it's just been a strategy forever.

amy: if anybody knows where that started, let me know. send me an email. But I think when we just stop there, what happens is, especially with kids, and the minute they think that you're trying to get them to say the S sound, they have so habituated that lateral placement that, [00:27:00] and I know there's SLPs out there who've experienced this.

amy: When you say, okay, make your tea sound and hold it out, and that kid goes. And it immediately turns lateral, um, because they're not freezing it in that TSpot because in their mind they're like, I'm trying to say

amy: And so what I told these kids, and I, um, I don't think I mentioned it, but when I, um, for many years I was an itinerant, um, long-term sub that I, I work for contracting company, so filled in, in a lot of different schools.

amy: And I feel like there was always that fifth grader , school I went to, there was that fifth grader who had a lateral lisp that had been in speech for six years at school. And they hadn't made hardly any progress and they were just kind of stuck. And so I had a lot of fun with these kids.

amy: Um, as they looked at me, the new speech lady that came in, and I would. You know, I know you've been work and they were not excited to come to, you know, nobody's really that excited to come to speech in fifth grade or [00:28:00]

sixth grade when you've been working on the same sound for six years. And so I would tell them, you know, I know you've been working on us for a long time.

amy: How about we don't do that anymore? And they would look at me like, what? ? And I would just say we're, I'm actually gonna teach you a new sound that you've never made before. Which is true , they've never made an S right? They've only ever lateralized it. And so if they're stuck there, I use that term and I, we call it, it's just a psychological term, cognitive reframing.

amy: We're literally reframing the problem for them. So while I will tell my kids, so I don't ever shape, um, this, I don't try to tweak or fix the s sound or fix their sh I'm telling them that I'm making, I'm gonna teach you how to make a new sound. And once you figure out how to use or how to make that new sound, we're just gonna replace it as opposed to just like moving your tongue a little bit closer to make it a little bit less slushy.

amy: it's, you're like fighting against that muscle memory. But when you create [00:29:00] a new sound, you're not, you're create, there's no muscle memory associated with this new sound. So we're not fighting against anything. And so when we pair that phonetic shaping with the cognitive reframing, and I'll tell my kids the minute I hear a lateral. I call it. Yeah, that's your s you're trying to do s and remember, don't do s Right. So when you do, like, when we try to work on, um, eliciting s in a final t s word like cats, and maybe kids can do it in isolation, like they can do really well where we shape that T into the S but the minute you put it in a word, they go catch because they're so in their mind, they're thinking, I'm, I gotta put my, I gotta put an S sound at the end of here.

amy: So when I tell them, draw that distinction and say, that was great. You said the word correctly, but you said it with the S sound instead of the S, we're just gonna hold out the T sound. So we're going cats. . And if the, the second that they lateralize it, I [00:30:00] draw that distinction like, oh no, that was not this new sound.

amy: And then you mentioned the lateralization deck from Bjo speech. That's why I made it, is to have visual cues for these types of concepts. And so the new sound, the new lateralized s is represented by the flat tire. And so this picture of a flat tire, because it sounds like a, you know, a, a nail poked, a hole in the tire and it's going.

amy: And so that is representative of our new sound versus the snake, which we have an X through, because the minute I hear them say their snake sound, which is lateralized, that represents the lateral sound, we draw that distinction. And so

it's like, oh yeah, that was your s but we're, remember, we're not doing s we're not doing the snake sound, we're doing the flat tire sound.

amy: Um, and so just having this idea of literally replacing this new sound, uh, or replacing this old sound with the new sound it. has been a game changer for so many kids. I frequently will get an initial perfect crisp s in one session using [00:31:00] this concept of not addressing S We're not trying to fix your s you know how to say s you say S like this.

amy: don't need to work on that. You've got that down . teaching you a new sound you've never done before. And so that's kind of the, um, kind of at the heart of create or treating these kids. It has been the game changer for me, and that's why I think I've had, we get so much success just using that concept.

amy: And I get dms from SLPs all over the place that says, yes, it's been a game changer. This kid's been on my caseload for three years, but by changing this mindset of I'm not gonna fix your s anymore, we're making a new sound. They make progress super quick.

Michelle: that's awesome. I bet it's just so fun to see the look on the kid's face when they finally make that sound. That's amazing.

Michelle: You mentioned, , most of the time it's kids that have been working on s or sh for a while. Is that typically, um, when you pick that, that cognitive reframing strategy or what helps you pick between, uh, the phonemic shaping versus cognitive reframing?[00:32:00]

amy: So I almost always use them in tandem unless, unless I have like an older, um, like a teenager or something who I can, you know, we can sit down and just have a talk about, okay, feel where your tongue is. And they're really cognizant about where their tongue is as they're producing it. For most kids, like even teens and younger, I am using, I'm shaping it from a target sound or shaping it rather from like either a t.

amy: the S sound or even the ch sound, you can shape it from a t as well. It's super similar in placement. You've got that lateral, um, borders. But I find that co cognitive reframing is really helpful to teach this concept to preschoolers, which, like I said, it's hard to teach this placement, but if you're just working with a sound, they can do like tea and all you're doing is holding it out.

amy: And then you have these visuals of this is this new sound. When you hold out the t sound it just clicks. And so I have a lot of four-year-olds. Um, I

actually, my nephew had a lateral lisp. I, a comment or I, uh, made, [00:33:00] was able to make some videos, treating him just a little. I didn't even treat him for very long

amy: but we've his corrected in less than a year using these same concepts cuz he was lateralizing the same thing that my sister was Lateralizing, s h and c h. Um, so we used it with him and by using this idea of we're gonna shape, you're gonna say this T sound, but when you hold it out, this makes a new sound altogether and we're gonna practice that new sound now in these different word positions.

amy: Um, that makes it so much easier, not only for kids that have been working in speech forever, right. By helping them like, okay, let's break this motor pattern for this, what you're trying to do. But it helps elicit it really a among really young kids too. So I feel like it's kind of a two-pronged approach, um, that's been really effective for different age groups for different reasons.

amy: So it just is easier to teach the sound placement and then it just kind of gets renewed buy-in from those older kids too, who are just over going to speech.

Michelle: okay. Yeah, that makes sense. Very cool. Okay, so [00:34:00] what about when a child has a lateral list with a, a bunch of sounds, it's us or it's not just ch um, how do you go about selecting which one to target first?

amy: So one of my f favorite things to do is just probe and see, okay, what's easier, because sometimes, sometimes s is easier to elicit from the T sound. Um, sometimes CH is easier because ch h uh, you can use the same T and I just cue those kids to say the T sound just like I'm, if I'm working on S, we're doing the T sound, make sure we've got good placement.

amy: But what I cue them to do is just protrude their lips. Like I just tell 'em, push your lips out while you say T. And it sounds like T. And then it sounds very, very similar to a ch And um, most of the time it sounds like a perfect ch especially if they're kind of pushing more air out. And I'll even cue them if it sounds too much like a stop consonant [00:35:00] and not enough like an African, I'll just say, push more air out now, make that t sound with your lips forward, but push more air out.

amy: And most of the time I gr get a great ch sound. Um, but our goal, my goal for these kids is zero lateralization. And the second I get a lateral, the second it goes, And then immediately if it, it goes to that lateral, immediately we stop it

and we draw the distinction, oh, that was your old train sound. Remember we're doing this new spray bottle sound. And the spray bottle is my q, my semantic Q, metaphor Q, visual Q for this new non lateralized ch. But so it sometimes it just takes kind of taking a few sessions, eliciting.

amy: What sound is easier for that child. But what I have found is, and I think this kind, this, a lot goes in line with what we've learned about motor learning, that if I, I have these kids who have all these sounds that they're lateralizing and it's kind of [00:36:00] overwhelming, like, how do I address all of these sounds?

amy: What I've found is if we just stick with one, when I have just stuck with one, uh, maybe it's s So I had this one child, he was lateralizing all the things like, everything, S Z, c, H, s, H and J and all, you know, all the voice cognates. asked him, what bugs you the most? Like, what sound do you wish you could just fix tomorrow?

amy: And he said, S and he was stimula for it. So I thought, okay, great. We're, I'm only gonna worry about S, let's just worry about for six months. We only worked on S and I'm telling you, one day he came in and we worked on.

amy: Lots of, um, drill, because the whole issue here is muscle memory. So I want his, I want him just his tongue.

amy: The minute he thinks s his tongue goes in the right spot, right? I don't want him to to think about putting words to put his tongue. We wanna practice it to such a degree that he doesn't have to think about it. It just naturally starts occurring. And one day he came into my room and he was telling me about something.

amy: I wish I could remember what it was, but all of a [00:37:00] sudden I noticed, wait, you just said every s and every sh and every ch perfectly, we had not worked on sh or ch. So what happened was, when we worked on s to the point that that was starting to generalize those other lateral sounds. We're eliminated as well too, so it generalized to those.

amy: So I encourage, and I found that to be the case with most of my kids, um, kids who lateralize, sh and ch, if I just focus on one that frequently generalizes to the other and I don't have to work on it. So S as in Zs, I never work on Z, I never do. I've never had to address Z because if I work on S to the point that it's generalized, it generalizes to the voiced cognate Z as well.

amy: And so I think that's an encouraging thing to tell clinicians because it will simplify what you're doing and not put as much pressure on you because their motor system, that will likely generalize on its own if you just pick one and address it to the point of generalization.

Michelle: That's awesome. [00:38:00] So that's what's called the complexity theory, correct.

amy: Yeah, it's similar. The whole idea behind the complexity theory, um, to just briefly go over it, it's really a phonological, um, target selection strategy. So it's not technically meant for articulation motor based disorders, but the idea behind it is by strategically targeting just one, later developing more complex sound that actually can have a trickle down effect on earlier,

amy: developing less complex sounds that you don't have to um, target because it, it'll just generalize to those. So in the complexity approach, we really prioritize things like clusters, um, things like Africas because Africa is more complex and later developing than a appreciative or than a stop consonant.

amy: So, um, you can dig a lot deeper into that complexity theory, but I've found that to be true for my kids who are [00:39:00] lateralizing all of the things. Um, so I tend to prioritize the ch sound because that's our, and af an African is more complex than. a ative. Um, so if I had to choose between S or s, sh or ch, try to go with CH because I'm hoping that that is gonna have that trickle down generalization effect to those other less complex figuratives.

amy: Um, and I have found that to be the case for a lot of my kids. If I just target target C I love ch, um, for that reason, then it can have that trickle down effect, but also . My favorite thing about CH is that when you're targeting it, since I shape ch from a T, you don't ever have to eliminate the T with, cuz we need it to make a ch we need that T, we need that T placement.

amy: We have to have it. We don't have to eliminate it. When we're teaching the S sound from the T, we eventually have to eliminate that T sound if we're gonna put [00:40:00] that. in initial position. And I find that some of my kids have a hard time with that. Like if we're learning the word soap, right? And some, if they need that T sound to get the right placement, it turns into soap or sad.

amy: And so that could be kind of a little bit of a hiccup in therapy as we're trying to eliminate the T to get the isolation right, so that they, then we can put that in initial words. But if you start with ch, you don't have to, you can keep it.

And so it kind of simplifies the therapy process, and we're using that complexity theory of targeting that more complex sound.

Michelle: Okay, so what are some therapy activities, tools, visuals that you like to use? I know we've brought up some of yours, but also just kind of how you use them. Um, some examples like, I know you talked about lots of drill and stuff, but just let me know kind of insight into what a therapy session with you would look like

amy: Yeah, I mean, I think it's important to understand the nature of this type of deficit. It is motor, [00:41:00] it is a motor based deficit. And so we have to think of if anything is motor based. Um, if we need to learn how to do a new motor task for any, mean, anything, any sport task, any, you know, playing the piano, that's a motor task.

amy: Um, if you wanna learn how to do anything well, you have to do it a ton in order to get really, really good at it. And so, you know, when I do my course on lateral lifts, I talk about each step and the fact that we have to stay at each step longer than we think we do. We, we like to, if we can elicit something from a kid, we like to go to the next step immediately, um, without making sure that, that, um, that step that we, we are.

amy: Hasn't been, has been acquired. Like they have to acquire the ability to, to do this task first. That's why when we start out with the T sound and just holding out the T to make the flat tire sound, I stay at that level a very, very long time because I want them to be able to do that so easily and seamlessly [00:42:00] before I go to the next step, which is final word position ts, right?

amy: Bats, hats, cats. So I love the visual cues. I use my favorite tools, um, n and you don't have to, you know, get the lateralization deck from Burrum, but I feel like when you're e explaining, How to do these kinds of approaches. It's so nice to be able to say this is a tool that is in line with it and it helps you kind of do your therapy session.

amy: because these visual cues do really, um, visual, it just helps conceptualize for these kids what they're doing. And so they're my favorite cues I just use, I know I developed them, but they're my favorite ones. So I use those visual cues of having the X through the snake sound and draw the contrast from that to this new, uh, flat tire sound.

amy: Or like for sh I, we have the X through the quiet sound. Shh. Because that represents their lateral sound, which sounds like that. And our new [00:43:00]

sound is represented by the windy sound cuz we're making a sh non lateralized sh. And so I think just having those visuals to help that child, show, you know, the minute I hear that lateral, I hold up that.

amy: The, um, picture with X through it to say, that's what I heard. That's the sound I heard. We're not doing that sound. Um, so I think using those visual cues are really, really helpful. but I have, you know, in the deck there's different word positions as well. So I think just cons, the conceptual nature behind this cognitive reframing.

amy: Um, that's why I love, I just love the visual cues. That's probably my favorite thing. Um, but remembering as you're using them, making sure that you are absolutely getting a ton of practice. So I'm shooting for, I'm shooting for, and I see my kids individually for 30 minutes, at least a hundred. um, accurate trials.

amy: So if it's inaccurate, if it's represented by that lateral sound, it doesn't count . I want a hundred accurate trials [00:44:00] because the only way a thing is going to be acquired is if it's done a ton of times in an accurate manner. And so that's how we get that acquisition, acquisition of the speech task. And so I love things like a tally counter.

amy: Um, it's amazing how many, um, trials I can get if kids are just kind of competing with themselves or if there's other kids in the group with each other. I can get more final TS words than you can. All right, let's compete. And, you know, we have tally counters to see. Um, but also picking,

amy: I I choose a lot of games, um, that are really, that really lend themselves to quick turn taking so that the majority of our time can be on the actual speech production because that is absolutely key to these types of deficits, is getting a high dosage.

amy: Um, A high, high treatment intensity. So meaning during our 30 minute session, I won as many as possible. And so getting that really helps ensure that generalization will eventually take place. So thinking of things [00:45:00] like what, you know, what easy, simple, fun games can we play where they have to say this word maybe 10 times, and then they take a turn and then 10 more times, and then they take a turn or maybe just five times and then they take a turn.

amy: Um, but the focus is always, for me, the focus is on the actual speech tasks. So, you know, I've, I'm looking over at my all my speech, um, games like Tick or Not, what is that? Connect four pop popup Pirate. um, literally we've

played catch for an entire session. So you know that whatever is enough, motivating enough to keep that child engaged to give me lots and lots of trials.

amy: I played chess yesterday, with one of my older kids, and we just, before every turn we set a bunch of trials and we took a turn and we, we got, we finished a game in 30 minutes. But, um, yeah, just whatever, there's not, in my opinion, there's not a lot of tools that you need. It's all about how can you incorporate these two concepts of phonetic shaping and cognitive reframing.

amy: And I think those visuals can be helpful with that though.

Michelle: Yeah. I found kids really, um, are receptive [00:46:00] to visuals. I think that really helps them understand of what should be going on. That's really great. , you talked about practicing the sound well after or for a while, even after they have gotten it or have produced the sound. Can you elaborate on that a little bit more? How would you write your goals for that then?

amy: I think you know, it, it depends on the child. So I, I write my goals 12 weeks, so that's my timeframe for, you know, private practice. I have that luxury. I'm not writing annual goals, but I would say if I have a child who's like, lateralizing all the sounds, and I, I know SLPs are like, well, I can't just write a goal for s if they're lateralizing everything.

amy: And I'll tell them, that's fine. You can write your goal for all the sounds, but the way that you're gonna address it is by tar, is by working on the whole time. You know, so you can write a goal. I just write my goals, uh, to the actual skill that I want the child to acquire. So I will write a goal. I'm trying to think like if I saw a child. Um, who is Lateralizing, S and Z? My goal might be by the end of 12 weeks, [00:47:00] that that child will be able to produce final Ts words with 90% accuracy. So that's what I'm going for. Maybe even with an untrained word list or something like that, where they can actually start to generalize the skill of holding out their T sound to produce a non lateralized s at the end of ts words.

amy: So, bats, hats, cats, lights, MITs, those kinds of words. Um, but you're right, I wa I focus on, since my goal is. Muscle me. I want muscle memory to kick in. And the only way to do that is by tons and tons of practice. and I, you have to make sure that that skill is actually acquired before we start introducing new tasks.

amy: And that's really an aspect of motor learning that I think we're, we so want this kid to generalize it. Like, great, you've got s in that position now. Use that s

all the time . And that is such an unrealistic ask, I think for kids. That's why we have to start out slow and steady, um, and make sure that they can, that they're getting tons and tons of [00:48:00] accurate trials, getting that high treatment intensity at the level that they're capable of doing it.

amy: Because if the task is too hard and we're like spending all this time, and they only did it maybe 10 times out of 50 correctly, then we need to back up and simplify it so that they can have a higher level of accuracy so that that skill can actually start to be acquired and then generalize. So I think sometimes we wanna just kind of speed up and like, great, you've got your s and I know I hear this from a lot of SLPs too.

amy: I don't understand it. It's so frustrating when they can do it perfectly in my room and the minute they walk out, they don't have And I'm going, you, we almost have to reframe it for ourselves because what has happened is, or what hasn't happened is generalization. And that's okay. Generalization takes time.

amy: and I know sometimes we're thinking, well, we have to practice generalization. If, if I wanted to, um, occur in spontaneous speech, then we have to practice spontaneous speech. Um, and teach them to think about using their sound in [00:49:00] spontaneous speech. And I almost always say, I think that is cruel and unusual punishment to tell a kid, okay, you can say your R sound now.

amy: Use your R sound all the time as you're telling me about your birthday party last week. I'm like, that is the hardest thing in the world to do. Try it like, tell me about your weekend. But every time the word the the T sound comes up, you have to tweak the way you say it. I'm like that. horrible

amy: That's a horrible thing to ask a kid to do. So that's why when I practice these, um, I go to kind of the simplest tasks that they can do. When you prac get tons and tons of practice, what happens is that muscle memory starts to kick in. That motor learning starts to kick in and it will generalize two spontaneous speech without having to practice it at that level.

amy: Because I'll tell my kids, I don't want you to have to think about using your s sound. I want your tongue to just know where to go all by itself without you having to think hard about it. But the only way that happens is by getting tons and tons and tons of practice at the level where you can do it accurately, [00:50:00] um, and easily.

amy: So that's why I stay at all of these. A very long time just to make sure that like, this is really easy. They're, they're firing on all cylinders. Okay, now let's

make it a little bit more difficult and maybe put s in a new word position now. Um, or, you know, put this, these words that you can do. Maybe you can do s's in all of these word positions.

amy: Now let's make it a phony loaded phrase or a phony loaded sentence and get practiced that way. Um, and there's, you know, different ways you can incorporate motor learning to kind of help, help that kick in. yeah, that's basically, that's, that's how I kind of run, that's my kind of philosophy behind how we practice and get that generalization to happen.

Michelle: I love that and I'm very excited to have, , a good reason to not work on generalization that way of like, tell me a story think about this sound. Cuz I absolutely have said that to a kid before. And and it's horrible. It's like pulling teeth and then they're like trying to think of a story and, but then thinking about their sound and it's just, it's [00:51:00] not natural.

It's not even what generalization would actually be like. But then to just think about it like how you would practice Like I played sports growing up, I'm just thinking about basketball something. Like, you don't just make one free throw and then just think that you can always make 'em and go play a game.

You know, you would practice and practice. And then once you make. You know, 10 in a row, you still keep practicing it, know, un until it's just, you don't even think about it. You don't think my arm needs to go here, my hand goes here, my knees bend,

amy: Yeah When game you're not. Yeah. When you're in a game, you're thinking, okay, I need to raise my elbow and then move my hand. You know? You're not thinking that at all. yeah, ex exactly right.

Michelle: Right. That, that muscle memory. That makes total sense

amy: So speaking of generalization, um, I, because I know I mentioned I have lots adults who contact me for, uh, I think I wrote kind of a, a blog post a while ago. And so when people Google Ladder Lipps, one of my posts pops up. It's one of the first ones. So I get a lot of people contacting me who have ladder lips.

amy: And so, [00:52:00] uh, I think of maybe it's about a year ago, I had an influencer, um, a YouTuber contact me who said that they were really self-conscious about their s that was Lateralized, S as in Zs. Um, and so I, you know, I said, I am happy to consult with you. I make no promises, but I can maybe tell you to try a few things to see if these help.

amy: Um, and so we met just over Zoom to kind of get, just kind of gave her a consulted with her and gave her a little some tips. Um, and all I did speak, um, you know, speaking of back to this, you not practicing, not thinking about using the sounding conversation, gave this person a list of words. I made sure, like once they were accurate, producing this s in this word position.

amy: I just said, here's, I want you to write down, type down in your phone or wherever, 50 words that have s's in the word position that you can do it accurately in. And I want you to practice that word list, but only for two minutes, but like maybe two or three times a day. So it's doable practice where you can set [00:53:00] aside a time like in maybe at breakfast or, you know, like for kids after school and then at bedtime where you set the timer for two minutes.

amy: You read through this list of words until you're able to read through that list of words a very conversational quick, but accurate way. And so you're getting this type of practice. Um, we're getting that what you know in, in terms of motor learning principles that distributed practice. So, you know, the more I'd rather you practice, you know, two minutes, three times a day than 30 minutes once a week.

amy: Because what leads to generalization is distributing that practice over longer periods of time. And so that's what I told this person to do. And, you know, she was one of the ones who said, that doesn't sound right. And I said, but it is. You gotta trust me it is. Right. And she went and asked, her boyfriend is like, yeah, he said, it sounds right to him, but okay, I'll trust you that this is how it's supposed to sound.

amy: And then she eventually got to do that. And then I, you know, I told her as, as you, um, practice these wordless, um, add new [00:54:00] words, add words that have three S's in it, Mississippi, or you know, whatever add, add harder words, as long as you can say it accurately this new way that you're saying it. Um, and she emailed me two months later and said,

amy: I cannot believe it, but I can't even produce it the old way anymore.

amy: She's, because I practiced it so much and it was literally all she did was two minutes, three times a day. Um, but you're getting that mu, that muscle memory. Ki kicks in as you practice it that way. And so frequently that's what I'll, that's the kind of practice that I do when, or i, I give to my kids or whoever I'm consulting with is I'll, I love phony loaded phrases or sentences where

you're kind of practicing this new s sound, but it's occurring multiple areas as you're practicing these sentences.

amy: I only do that though once kids can produce a sound in all word position. So we work at all word positions first. Then we go to, um, phony loaded phrases like, I [00:55:00] see six silly suitcases. she should show the she per shoes. You know, those kinds of things where you're just loading you're practic practice your targets with words that you can do, but you're getting tons and tons of practice, but short bursts of practice and.

amy: I think that's another encouraging thing I hope for SLPs, is that you don't have to work your way all the way down. Okay? Now think of your sound, think of saying this sound as you're telling me about your weekend. Um, you can just practice it that this way and just getting tons and tons of practice of this target sound in a motor learning kind of way that leads to that muscle memory generalization.

amy: So nobody has to think about using their sound. It just happens naturally. And that's what my kids have told me. I've even asked 'em a couple times, I'm like, can you even say it your old way? Can you say it like that slushy way? And they're like,

amy: s

amy: no, can't even do it because muscle memory's kicked in and they just can't do it anymore.

amy: So that's one of those, um, I, I. if weeds, [00:56:00] SLPs can work smarter and not harder. , think picking a target sound don't, B, don't worry about the voiced cognate, just pick the voiceless one. If they're lateralizing, all the things still just pick one until the point of generalization. If you need to address the other ones down the road, you can, but just simplify your life.

amy: Um, work at a basic level until it's really easy for the kid, then give them that easy homework and only and simplify their homework. Two, you know, any, any child can do it for two minutes a day and I would rather them do it once a day for two minutes not at all. Um, so yeah, I feel like it can kind of simplify the way we're doing our therapy and make our lives too

Michelle: I love hearing stories like that and you know, just as an s l p we, I'm sure we've all kind of seen those kids just finally get know, they generalize it and never stops being exciting, like,

amy: Agree,

Michelle: it's really cool.

Um, okay. Well, not to put you on the spot, I've been closing, um, each episode with one last pep talk. That's my name, um, for our listeners. [00:57:00] Um, do you have a last closing statement or pep talk for our listeners?

amy: I mean, I almost feel like I kind of touched on it, like, don't put too much pressure on yourself as an S L P. Sometimes we have to reframe therapy for ourselves. And if we need to take a break from what we're doing with our kids and just back up and let's do something easy for a minute, um, I think that's great to do that.

amy: And sometimes that can, that can be really beneficial to the client therapist relationship as well too. Sometimes I've taken a break from these kids who have been in therapy for a while working with these residual articulation errors and just, you know, let's take a break today. Let's practice something that's easy for you.

amy: And sometimes that helps reset kids as well too. So I hope, um, I think that's okay for us SLPs to do.

Michelle: That's great. I've learned so much and I,, I feel like this has been so helpful and it's gonna be so helpful to so many SLPs and all the children that they're working with.

This has been fantastic. Thank you so, so much for coming on here and explaining all this to us.

amy: Thanks, Michelle. I appreciate, appreciate you having me on.

Michelle: Thank you for listening. We hope you [00:58:00] learned something today. All of the references and resources throughout this episode are listed in the show notes and also listed on the Pep Talk podcast for SLPs website. If you want to learn more about Amy and all of her information about speech sounds. Make sure to check out her Instagram at Graham's speech therapy, where she shares helpful resources and information.

I will link, , the resources that Amy has created on the presenter's page on my website. Amy, thank you again for joining me today.

amy: Thanks for having me.