

A MODERN LOOK AT VAN RIPER'S PHONETIC PLACEMENT APPROACH

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ABSTRACT

Presentation explores 1) traditional versus phonological therapy, 2) the sensory-motor system as it relates to speech, 3) the importance of tactile and proprioception in articulation therapy, 4) shaping placement of the articulators to improve speech clarity.

LEARNER OUTCOMES

1. Participants will be able to differentiate phonological versus traditional articulation therapy.
2. Participants will be able to define the three stages of Van Riper's Phonetic Placement Approach.
3. Participants will be able to use at least three oral placement cues in order to facilitate speech movements.

DISCUSSION

Two widely used models of articulation therapy include the traditional and phonological models (Bowen, 2005). While studies suggest that the phonological model may prove more positive results than the traditional model (Klein, 1996), Van Riper's Phonetic Placement Approach (PPA) may be more useful for individuals who are not able to achieve placement cues (Van Riper, 1978). In 1958, Van Riper stated:

Every available device should be used to make the student understand clearly the positions of the tongue, jaw, and lips to be assumed.

Placement cues are based on the more traditional models of therapy, and rely on the concept that an individual can copy the motor plan suggested by the therapist, such as "place your tongue tip to the spot." Therapists, however, often struggle with a population of individuals who do not respond well to "look at me and say what I say," and those who require a tactile-kinesthetic approach to treatment (Bahr & Rosenfeld-Johnson, 2010). Individuals with dysarthria, dyspraxia and/or myofunctional disorders may make slow progress, or no progress at all, without the assistance of tactile cues. Even though therapists have heard the debate on oral motor therapy (Bowen, 2006; Lof, 2006; Lof, 2007; Lof, 2009), clinicians are still widely using the techniques because they yield positive treatment outcomes (Bahr, 2008).

Clinicians, who represent the Board of Directors for the Oral Motor Institute, have struggled with distinguishing "oral motor therapy" from the form of "Non Speech Oral Motor Exercises" (NSOME) presented by Gregory Lof (Lof, 2008). The term "Oral Placement Disorder" (OPD) was coined by Diane Bahr and Sara Rosenfeld-Johnson in 2010 (Bahr & Rosenfeld-Johnson, 2010). Children with OPD cannot imitate targeted speech sounds using auditory and visual stimuli (i.e., "Look, listen, and say what I say"). They also cannot follow specific instructions to produce targeted speech sounds (e.g., "Put your lips together and say m"). Although the term OPD is new, the concepts surrounding the term have been discussed by a number of authors and clinicians (Bahr, 2010; Hodge, 2012; Marshalla, 2007).

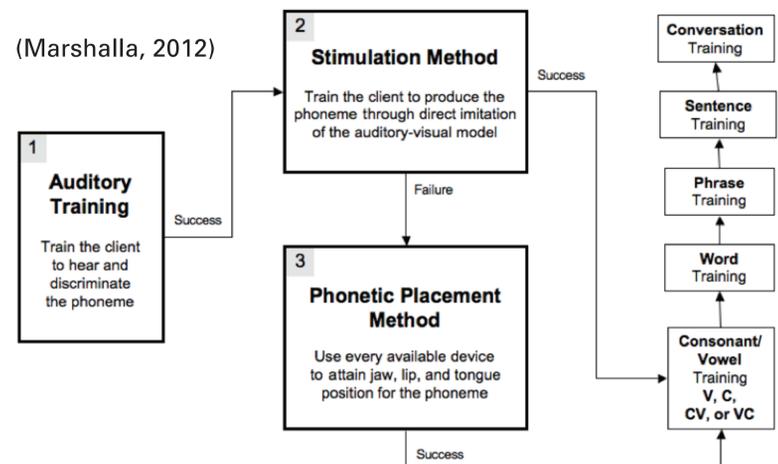
There has been question, and ongoing confusion, as to what is a NSOME, versus what is an oral placement technique (OPT) (Bahr & Rosenfeld-Johnson, 2010). Oral Placement Therapy (OPT) is a tactile teaching technique used for children and adults with Oral Placement Disorders (e.g., dysarthria), who cannot learn standard speech sound production using auditory and visual teaching methods alone. OPT facilitates the pre-requisite skills in muscle control to develop dissociation and grading in the muscles of the abdomen, velum, jaw, lips and tongue for clients who cannot approximate the standard speech sounds using the instructions. If the client can produce standard speech using adequate placement and duration using only auditory and visual cueing, OPT would not be included in that client's program plan.

Gregory Lof's research has even stated that the methods used in Van Riper's Phonetic Placement Approach are not in fact considered NSOME (Lof, 2009). This is why it is important to explore current clinical techniques to determine what activities are considered unrelated to speech production, as opposed to those activities that in fact are an extension of Phonetic Placement Therapy (Marshalla, 2007).

OPT IS A MODERN EXTENSION OF PHONETIC PLACEMENT THERAPY
(Van Riper, 1954) and The Feedback Model (Mysak, 1971).

It is based on a very common sequence (Bahr, 2001; Green, Moore & Reilly, 2000; Marshalla, 2007; Young and Hawk, 1955):

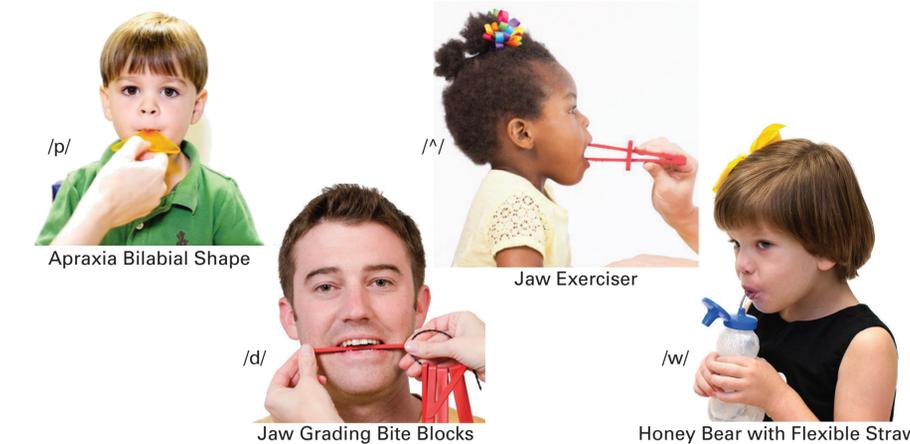
1. Facilitate speech movement with the assistance of a therapy tool (ex. horn, tongue depressor) or a tactile-kinesthetic facilitation technique (ex. PROMPT facial cue); use every available device (Marshalla, 2012);
2. Facilitate speech movement without the therapy tool and/or tactile-kinesthetic technique (cue fading);
3. Immediately transition movement into speech with and without therapy tools and/or tactile kinesthetic techniques.



PHONETIC PLACEMENT THERAPY TOOLS



MODERN ORAL PLACEMENT THERAPY TOOLS



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