

[t] and [d]

DESCRIPTION: Draw attention to the tongue tip touching the bump behind the upper front teeth. For [d], also draw attention to the motor being on.

METAPHORS: [t] is the tick-tock sound and the sound that begins "toe," "tummy," and "Tommy." [d] is the do sound ("I can do it") or the Homer Simpson sound (Doh!), and the sound that begins "dinner," "doll," and "done." [t] and [d] are also tongue tip sounds (alveolar) and short sounds (stop). [d] is made with the voice on (voiced).

TOUCH CUE: Lay the client's finger above his or her upper lip.

DEMONSTRATIONS:

Place (Alveolar)

First Method: Ask the client to feel the bump on the roof of his or her mouth just behind the two front teeth.

Second Method: Place a little peanut butter or a favored food on a Q-tip, touch the Q-tip to the alveolar ridge, and ask the client to remove the food with the tongue tip.

Manner (Oral Stop)

First Method: Use a strip of paper, a feather, or the hand held in front of the client's mouth while you produce a series of stops to demonstrate the explosive release of stops. Alternately, tape a small paper flower on the end of a pencil and encourage the client to move the flower with puffs of air.

Second Method: Place your or the client's palms together and then suddenly separate them to demonstrate the sudden release of stops.

[t] and [d]

The following techniques facilitate [t]. To facilitate [d], follow the same steps but also instruct the client to turn on the voice box.

PHONETIC PLACEMENT

First Method:

1. Use a mirror as a visual aid to instruct the client to press his or her tongue tip against the bump behind the front teeth.
2. Instruct the client to lower the tongue quickly. If needed, a piece of paper or the client's hand placed in front of the mouth may help direct the client to the plosive release of the sound, which often results in a sound that approximates [t].

Second Method:

1. The clinician demonstrates by placing a tongue depressor under his or her tongue and then under the client's tongue. The tongue depressor serves as a shelf for the tongue, which is then raised to be even with the bottom of the upper teeth.
2. Next, raise the client's tongue on the shelf and ask the client to touch "the bump" rapidly with his or her tongue tip. If needed, a piece of paper or the client's hand placed in front of the mouth may help direct the client to the plosive release of the sound. This often results in a sound approximating [t]. (*Note:* To facilitate [d], instruct the client to turn on the voice.)

SHAPING

[t] from [d] (**Final Consonant Devoicing)

Method: Instruct the client to say [d] and then turn off the voice box. For some clients, this is sufficient instruction to result in [t]. (*Note:* To facilitate [d], instruct the client to turn on the voice while saying [t].)

[t] from [p]

Method:

1. Instruct the client to say [p] + schwa.

2. Ask the client to place his or her tongue tip between the lips and to say [p] + schwa again.
3. Next, ask the client to make “a sound almost like [p]” by making contact between his or her tongue tip and upper lip.
4. Instruct the client to make contact between the tongue tip and “the bump,” resulting in [t]. (*Note:* To facilitate [d], develop from [b].)

[n]

DESCRIPTION: Draw attention to the tongue tip touching the bump behind the upper front teeth, the buzzing in the voice box, and the air coming out through the nose.

METAPHORS: The siren sound and the first sound in “no,” “knee,” and “night.” [n] is also a nose sound (nasal) and a tongue tip sound (alveolar).

TOUCH CUE: Lay the client’s finger over the front of his or her cheek bone.

DEMONSTRATIONS:**Place (Alveolar)**

First Method: Ask the client to feel the bump on the roof of his or her mouth just behind the two front teeth.

Second Method: Place a little peanut butter or a favored food on a Q-tip, touch the Q-tip to the alveolar ridge, and ask the client to remove the food with the tongue tip.

Manner (Nasal Stop)

First Method: Contrast breathing through the nose onto a mirror or piece of paper with breathing through the mouth onto a mirror or piece of paper.

Second Method: Instruct the client to take a deep breath, hold it, and let air out through the nose to produce a voiceless nasal sound.

Third Method: To demonstrate nasality with voicing, instruct the client to take a deep breath, hold it, and say “ah” with the mouth closed so that air comes out the nose. Telling the client to open the mouth will help teach release of a nasal consonant.

[n]

[n] is facilitated similarly to [t] and [d], except for the addition of nasality.

PHONETIC PLACEMENT*Method:*

1. The clinician and client take turns breathing out with their mouths closed and with the tongue in position for [d].
2. Next, place a piece of paper or a mirror under the client's nose to draw attention to air coming out the nose, then contrast this to placing a piece of paper or a mirror in front of the mouth when producing an oral consonant such as [b] or [d].
3. Ask the client to attempt [d] with his or her lips closed but with the voice box vibrating and air coming out the nose. This often results in [n].

SHAPING**[n] from [d]**

Method: Instruct the client to take a deep breath, hold it with the tongue in position for [d], close the mouth, and then let the air out through his or her nose, resulting in [n].