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What is Articulation?

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You may have seen articulation written on your child’s Individualized Education Plan (IEP), or you might have heard it during a meeting with your child’s speech-language pathologist. *But what does articulation mean?*

Articulation is the movement of parts of the body to produce the sounds for speech. The parts of the body that are responsible for speech production are called **articulators**, and they include the lips, teeth, jaw, cheeks, tongue, hard palate, soft palate, and larynx. The articulators work together to create every sound in every word you say. The placement and movement of these articulators must be quick and precise in order for speech to be easily understood. But when articulators are placed in the wrong spot, speech sounds may seem “off.”

An **articulation disorder** refers to errors in the production of individual sounds. A common example of this would be the tongue being placed in front of the teeth for the “s” sound, making it sound more like a “th” (“soap” turns into “thoap”). This is commonly known as a frontal lisp. Frontal lisps, lateral lisps (when “sh,” “ch,” and other sounds have a “slushy” quality), rhotic misarticulation (distortion of the “r” sound) are very common articulation errors that are caused by the articulators being in the wrong place at the wrong time. Look to [Handy Handout #201](#) for the definitions of articulation errors.

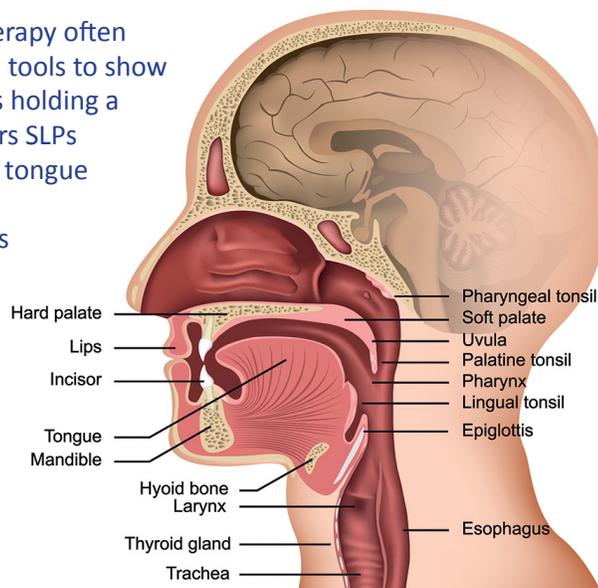
Are articulation disorders the same as phonological processes?

Both the terms “articulation disorders” and “phonological processes” may show up on your child’s IEP or Plan of Care. Articulation disorders and phonological processes both fall under the umbrella of **functional speech sound disorders**. However, phonological processes are a group of sounds that are produced in error. These errors follow a predictable pattern (refer to [Handy Handout #66](#) for a detailed description). Articulation errors involve the motor (movement) aspect of speech production and relate to individual sounds. Sometimes, it is difficult to determine if error sounds are produced as the result of an articulation disorder or a phonological process. However, the distinction may help the SLP pick what treatment approach would be the most effective.

How do SLPs treat articulation disorders?

Since articulation disorders impact the movements of the articulators, therapy often focuses on correcting these movements. Sometimes an SLP will use visual tools to show the student where the articulators are placed to produce a sound, such as holding a mirror in front of the child’s mouth to show where the tongue goes. Others SLPs may use other tools to provide tactile (touch) feedback, such as tapping a tongue depressor to touch behind the teeth so the child knows where to place to tongue for the “s” sound. Some clinicians may have access to technologies to provide visual and tactile feedback, such as an ultrasound machine to show tongue placement during the production of “r” or a special retainer to show the placement of the tongue on the hard palate.

Sometimes, tools are not required to show the correct placement for a sound. A clinician can simply model the production of the sound or give a verbal cue (e.g., “Put your tongue behind your teeth for the ‘s’ sound,”) or a gestural cue (e.g. pointing to teeth during the production of the “s” sound). Approaches vary depending on the child’s age, cognitive ability, and nature of the disorder.



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SLPs take careful consideration when choosing the right words, or targets, to practice. Often times, SLPs will start by just targeting the sound itself in isolation, for example the “s” sound. Once the student is successful, the clinician will add on other sounds in syllables (“sa”), small words (“soon”), more complex words (disappear), small phrases (the blue sea), sentences (She came over on Saturday), structured speech (the student responds to an open-ended question or prompt), and unstructured speech (student speaks without prompting, such as in a conversation).

The location of the sound in the word is also considered when picking targets. Sounds can occur in the initial position (see), medial position (messy), or final position (kiss). Many times, the child can produce a sound correctly in one position but struggle to produce the sound in another position. It is important to note that sounds often do not correlate to how a word is spelled. For example, the “sh” sound is produced in the middle of the word “motion,” but the word is not spelled with “sh.”

Practicing the targeted sound retrains the articulators to produce the sound correctly. The goal is for the correct production of the sound to generalize to other contexts, meaning that the child will produce the sound correctly without the aid of an adult, outside of therapy, during conversation, while reading, etc. This is not an exhaustive list of techniques, and the expertise of an SLP is required to assess what treatment and targets should be used for each individual case.

Why is it important to treat articulation?

Treating articulation improves a child’s ability to be understood by adults and peers. This has implications for both their ability to perform daily activities and psychosocial health, such as self-esteem. With the expertise of the SLP and the hard work of the child and family, most articulation disorders can be remediated.

Resources:

“Speech Sound Disorders-Articulation and Phonology,” American Speech and Hearing Association, accessed July 20, 2020, <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589935321§ion=Overview>

Elaine R. Hitchcock et al., “Efficacy of Electropalatography for Treating Misarticulation of /r/,” American Journal of Speech-Language Pathology 26, no. 4 (November 2017): 1141-1158. http://doi.org/10.1044/2017_AJSLP-16-0122

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Artic Chipper Chat

Item #CC66



Webber’s Jumbo Articulation Drill Book

Item #BKR233



Articulation Skill Strips

Item #STRP56



Tiny Talk Articulation Cards

Item #TTC33

