

Carryover Techniques

The term *carryover* refers to a client's ability to take an individual speech skill learned in the therapy room and to apply it broadly in all speaking situations.

The following is an outline of the techniques presented in:

Marshalla, P. (2010) *Carryover Techniques in Articulation and Phonological Therapy*. Mill Creek, WA: Marshalla Speech and Language. www.pammarshalla.com

Managing the Process

Carryover may be in jeopardy when work and play are not balanced in articulation therapy. Carryover should be built into the very fabric of a therapy program right from the very first day of treatment. These and many other ideas help us manage the carryover process:

1. Contracts can be made with adolescents who are considered for articulation therapy.
2. SLP's control the phonetic environment of practice material to better assure carryover.
3. The frequency of therapy often plays into the carryover process, however, this is a subject of considerable debate.
4. Articulation therapy entails various aspects of functionality that together carry the client toward carryover.
5. Parents, caregivers, peers, teachers, and teacher aids can help in the carryover process, but it is a mistake to assume that they always can help. Some of these people are helpful right away, some can be taught to be helpful over time, and others simply should be kept out of the process all together.
6. A critical aspect of the carryover process is patience. Charles Van Riper warned that we should not rush the carryover process.
7. Many therapists review work at the beginning, end, and throughout each session in order to stimulate carryover.
8. It has been recommended that carryover is complete only when the client can use his new speech skill in conversation both inside and outside of the therapy room.

9. Children with lower cognitive skills must be taught very specific skills under very specific circumstances because they do not generalize well.

Self-Monitoring for Carryover

Self-monitoring has been discussed widely in books on traditional articulation therapy and is regularly mentioned as one of the most important aspects of carryover. The following suggestions have been made through the years.

1. A critical component of self-monitoring is auditory discrimination of one's own correct and incorrect productions. This auditory self-discrimination is encouraged by asking clients to judge their own performances.
2. Self-monitoring of speech for carryover also involves a conscious awareness of what is going on in therapy.
3. Van Riper wrote about the use of *checking devices* for building self-monitoring of speech productions (Van Riper, (1947, p. 203). Checking devices are used by clients to record the number of errors they makes during a certain time or activity.
4. Clients can build self-awareness of their own productions by correcting the therapist.
5. Helping a client think through his own personal dreams and aspirations can be a powerful tool in the process of building self-awareness and carryover.
6. Children can come to greater self-awareness of their own speech when they demonstrate their newly learned skills to others.
7. Periodic distractions during therapy routines can be effective in stimulating self-monitoring for carryover.
8. A client's exaggeration of his own error also can be an especially good procedure to engage the process of self-monitoring for carryover.
9. Charting often is used in therapy to help clients develop self-discrimination outside of therapy.
10. Some clients do not carryover new skills because they cannot visualize that there will be an end to treatment. Listing the clients hardest words can be a way to help them see the final product.
11. Imitating the client's error is a powerful method of forcing a client to examination his own productions.
12. Van Riper recommended using *key words* to promote carryover. He also recommended using *nucleus situation* (Van Riper, 1947, p. 204). This means to correct the child only when he is in a certain place or setting at home.

13. Carryover is assisted when children are trained in a *preparatory mindset* (Bosley, 1981, p. 122). For example, set a rule about good speech—"As soon as you leave my room, you are to speak correctly, using your new sound."
14. Posing questions to clients about their progress can be an effective tool to stimulate self-awareness for carryover. For example: How is this speech work going for you?
15. Audio, video, and computer recordings to promote both auditory and visual self-awareness for carryover.
16. Self-awareness for carryover can be enhanced when reminders are used at home and at school.
17. An excellent way to build a client's self-evaluation skills is to develop a cue he will use to remind himself to use his new speech skill outside of the therapy room.
18. Van Riper suggested the use of what he called *simultaneous tasks* to promote self-monitoring for carryover. The idea is to work on speech and do other simple activities at the same time.
19. Van Riper recommended *speech assignments* to promote self-awareness for carryover (e.g., 1958, p. 257). Speech assignments are simple tasks assigned to the client during which he will use his new speech production skills outside of the therapy room.

Speech Production Activities for Carryover

A significant part of facilitating carryover has to do with the way speech is practiced during therapy sessions. Most therapists hope that speech production activities alone will promote carryover, and this occurs often. Van Riper and many other authors have suggested a wide variety of speech production activities for the promotion of carryover. They include the following:

1. Babbling to promote automaticity of productions.
2. Chanting to encourage memory and automaticity.
3. Describing objects as a way to begin the process of spontaneous productions.
4. Arguing or debating to promote spontaneous productions.
5. Playing with an error sound or word to facilitate control.
6. Fill-in sentences or fill-in stories to stimulate spontaneity.
7. Idioms to stimulate spontaneity.
8. Negative practice to help break the incorrect speech habit.
9. Nonsense syllables and words to strengthen the carryover process.

10. Overpractice to cause a hyper-awareness of the goals of therapy.
11. Rapid-fire questions and answers to promote naturalness.
12. Reading aloud as a step between word productions and conversational speech.
13. Rhyming to capture a client's attention and encourage practice outside of therapy.
14. Riddles because they cause a client to combine practice material with creative thinking.
15. Shortening productions to encourage naturalness.
16. Singing to help children remember their speech work and to encourage effortless practice.
17. Spelling out errors to help the client think about what he is saying and how he is saying it.
18. Story telling and re-telling to cause stimulate spontaneity and to cause a breakthrough in carryover.
19. Tongue twisters to teach children how to control their speech.

Personality, Emotion, and Attitude

Personality, emotion, and attitude play important roles in the carryover process. The following ideas are noteworthy:

1. Clients must be helped to develop a positive attitude about therapy.
2. Most clients need some level of encouragement to move into and through the carryover process.
3. Carryover fails in some clients because they would rather keep an error that they think no one notices. Teach the clients that very few people will notice the change they make in their speech.
4. Clients will have more success in carryover if they learn to plow ahead despite changing emotions about the process.
5. Sometimes the best thing we can do for carryover is to take the pressure off.
6. Carryover is more assured when we connect our work to the client's present passions and pursuits.
7. Rapport also is necessary to build carryover skill.
8. Release of distress over speech errors can pave the way for successful carryover.

9. Reverse psychology can be used as an effective method of bringing conscious control over speech skills in the process of building carryover.
10. Some clients must be taught to change any self-talk that might be interfering with carryover.
11. Some of our clients cannot carry their speech work home because the home is an unsettled place. SLP's often simply have to teach clients to ignore what is happening at home and to focus on what they can accomplish with us in therapy.
12. SLP's can teach clients that they should not worry about what others think or say about their speech, and that they should plow through to victory despite negative remarks.
13. Van Riper and Irwin (1958) taught that some clients do not achieve carryover until they can produce their new sounds under conditions of varying emotional stress.