

Global Certificate Course in Speech Sound Disorders

## Phonetic Transcription And Analysis

Phonetic transcription is the process of representing speech sounds with symbols that capture the articulatory and acoustic properties of each segment. In the context of the Global Certificate Course in Speech Sound Disorders, mastering the terminology associated with phonetic transcription and analysis is essential for accurate diagnosis, treatment planning, and research. The following exposition presents key terms and vocabulary, organized thematically to facilitate learning. Each term is defined, illustrated with examples, and linked to practical applications and common challenges that clinicians may encounter. Emphasis is placed on the most frequently used symbols from the International Phonetic Alphabet (IPA), as well as on concepts that underpin acoustic measurement and perceptual analysis.

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**Phoneme** – the smallest unit of sound that can distinguish meaning in a particular language. For example, English distinguishes /p/ and /b/ in the minimal pair “pat” versus “bat.” In transcription, phonemes are placed between slashes: /P/ /b/. The concept of phoneme is central because speech-sound disorders often involve the substitution, omission, or distortion of phonemes. Clinicians must be able to identify which phoneme is targeted in a child’s error pattern.

**Allophone** – a variant of a phoneme that occurs in a specific phonetic context without changing meaning. In English, the aspirated [pʰ] in “pin” and the unaspirated [p] in “spin” are allophones of the phoneme /p/. Recognizing allophonic variation helps avoid misdiagnosing a normal contextual variant as a disorder.

**Minimal pair** – two words that differ by only one phoneme, used to test a client’s ability to discriminate and produce that contrast. “Cap” versus “cab” isolates the final /p/ versus /b/ contrast. Minimal pairs are valuable in therapy to focus on a single phonemic difference.

**Contrastive feature** – a property that distinguishes one phoneme from another, such as [+voice] versus [-voice] or [+nasal] versus [-nasal]. For instance, the contrast between /t/ and /d/ is captured by the feature of voicing. Understanding contrastive features aids in identifying the nature of a child’s error (e.g., A devoicing error).

**Place of articulation** – the location within the vocal tract where the constriction is made. Common places include bilabial, labiodental, dental, alveolar, postalveolar, palatal, velar, and glottal. The term is frequently paired with descriptors like “bilabial stop” (/p/, /b/) or “alveolar fricative” (/s/, /z/). Accurate identification of place of articulation informs the selection of target sounds in therapy.

**Manner of articulation** – the type of constriction that characterizes a sound, such as stop, fricative, affricate, nasal, lateral, or approximant. For example, /k/ is a velar stop, while /ʃ/ is a postalveolar fricative. Manner

descriptors are essential when analyzing clusters or when a disorder involves a specific manner, such as a child substituting all fricatives with stops.

Voicing – the presence or absence of vocal fold vibration during the production of a segment. Voiced sounds (e.G., /Z/, /b/, /m/) have vibrating folds, while voiceless sounds (e.G., /S/, /p/, /k/) do not. Clinicians often assess voicing errors by listening for breathiness or lack of vibration.

IPA symbol – a standardized character that denotes a specific speech sound. The IPA provides a unique symbol for each phoneme and many allophones. For example, the symbol [θ] represents the voiceless dental fricative as in “thin.” Mastery of IPA symbols enables precise transcription of a client’s speech.

Diacritic – a small mark added to an IPA symbol to indicate a secondary articulatory feature, such as aspiration ([p<sup>h</sup>]), nasalization ([ã]), or retroflexion ([ɖ]). Diacritics allow clinicians to capture subtle deviations that may be clinically relevant. Overuse of diacritics can clutter a transcription; therefore, they should be employed only when the feature is clearly perceptible and relevant to the disorder.

Broad transcription – a phonemic level transcription that captures only the phoneme-level information, using slashes (e.G., /Kæt/). This type of transcription is useful for identifying phonemic errors and for planning interventions that target phoneme acquisition.

narrow transcription – a phonetic level transcription that records fine-grained articulatory details, using square brackets (e.G., [K<sup>h</sup>æt]). Narrow transcriptions are employed when analyzing the exact nature of a distortion, such as the presence of aspiration, devoicing, or an affricated release. They are especially valuable in research contexts and in complex cases where the error pattern is not obvious from a broad transcription.

Phonetic inventory – the set of all speech sounds that a speaker can produce, as documented through transcription. In the assessment of speech-sound disorders, comparing a client’s phonetic inventory to the expected language inventory helps identify missing or atypical sounds.

Phonological process – a systematic pattern of sound substitution, omission, or alteration that simplifies speech production. Common processes include final consonant deletion, cluster reduction, and stopping. Identifying the specific processes a child uses guides therapeutic focus. For instance, a child who consistently produces “top” as [tɒ] may be employing a stopping process that replaces fricatives with stops.

Assimilation – a process in which a sound becomes more similar to a neighboring sound in place, manner, or voicing. An example is the nasal assimilation in “in \*possible\*,” where /n/ becomes [m] before the bilabial /p/. Understanding assimilation helps differentiate phonological processes from co-articulatory effects.

Co-articulation – the overlapping of articulatory gestures for adjacent sounds, resulting in contextual variations. For example, the /k/ in “key” is produced with a slightly more fronted tongue position because of the following front vowel /i/. Co-articulatory effects are normal and should not be mistaken for errors.

Voice onset time (VOT) – the interval between the release of a stop consonant and the onset of voicing for the following vowel. English distinguishes /p/ (long VOT) from /b/ (short or zero VOT). VOT measurement is a common acoustic analysis tool, especially when diagnosing disorders that affect timing, such as apraxia of speech.

Formant – resonant frequencies of the vocal tract that shape vowel quality. The first two formants (F1 and F2) are most critical for distinguishing vowel height and frontness. For instance, the vowel /i/ has a low F1 and high F2, while /a/ has a high F1 and low F2. Formant analysis can be used to verify the accuracy of vowel production in therapy.

Spectrogram – a visual representation of the frequency content of a speech signal over time. Spectrograms display the intensity (darkness) of frequencies, allowing clinicians to see the acoustic signatures of stops, fricatives, and nasals. Spectrograms are especially helpful for differentiating between a true stop and a fricative that may sound similar perceptually.

Amplitude – the strength or loudness of a sound wave, represented in decibels (dB). In speech-sound analysis, amplitude can indicate hyper- or hypo-articulation. For instance, a child who produces a very low-amplitude /s/ may be exhibiting a phonological error that requires increased oral pressure.

Pitch – the perceived frequency of a voice, measured in Hertz (Hz). While pitch is primarily a prosodic feature, it can influence the perception of certain consonants, especially in tonal languages. In English, pitch variations are less diagnostic for phoneme errors but remain relevant for overall speech intelligibility.

Duration – the temporal length of a speech segment. Duration measurements are essential for analyzing timing errors, such as prolonged closure in stops or shortened vowel length. In disorders like dysarthria, abnormal segment durations are common.

Place of articulation error – a misarticulation where the target place is substituted with another, such as /t/ replaced by /k/ (alveolar → velar). Identifying the specific place error helps tailor therapy, often using placement cues and visual feedback.

Manner of articulation error – a misarticulation that changes the manner, e.G., Substituting a fricative with a stop (/s/ → /t/). This type of error often reflects a developmental pattern (stopping) and may resolve spontaneously or with targeted intervention.

Distortion – a speech error where the intended sound is produced but with an atypical articulatory configuration, resulting in a perceptually altered output. Common distortions include lateral lisp of /s/ or a whistled quality on fricatives. Distortions are transcribed with a diacritic, e.G., [S̺] for a whistled sibilant. Therapy for distortions focuses on refining motor control rather than replacing the phoneme.

Substitution – a speech error where the target phoneme is replaced by a different phoneme, often from a simpler place or manner. For example, a child saying “tat” for “sat” substitutes /t/ for /s/. Substitutions are

identified through minimal pair analysis and may be treated by gradually introducing the target sound.

**Omission** – the complete loss of a phoneme in a word, such as “ca” for “cat.” Omissions can be positional (initial, medial, final) and are frequently observed in early speech development. Analyzing omission patterns helps determine whether the error is phonological (systematic) or phonetic (motoric).

**Cluster reduction** – a process where a consonant cluster is simplified, often by dropping one of the consonants (e.g., “Pane” for “plane”). Cluster reduction is common in young children and may persist as a disorder if it continues beyond expected age ranges.

**Final consonant deletion** – a frequent phonological process where the final consonant of a word is omitted, e.g., “Ca” for “cat.” This process typically resolves by age 5 but may be a target for intervention if it persists.

**Glottal stop** – a consonant produced by complete closure of the vocal folds, symbolized as [ʔ]. In English, the glottal stop can appear as an allophone of /t/ in “butter” (often realized as [bʌʔə]). In transcription, the glottal stop is used to mark a phonemic contrast in languages where it functions as a distinct phoneme (e.g., Arabic).

**Fricative** – a consonant produced by forcing air through a narrow constriction, creating turbulent noise. English fricatives include /f/, /v/, /θ/, /ð/, /s/, /z/, /ʃ/, and /ʒ/. Accurate identification of fricatives is crucial because many speech-sound disorders involve misarticulation of these sounds.

**Affricate** – a consonant that begins as a stop and releases into a fricative, such as /tʃ/ (“ch”) and /dʒ/ (“j”). Affricates are transcribed with a tie bar (e.g., [t͡ʃ]) to reflect their dual nature. Errors with affricates often involve the stop component (e.g., Substituting /t/ for /tʃ/).

**Nasality** – the quality produced when the velum is lowered, allowing airflow through the nasal cavity. Nasals in English include /m/, /n/, and /ŋ/. Excessive nasality (hypernasality) may be a symptom of velopharyngeal insufficiency, while reduced nasality (hyponasality) can indicate oral over-closure.

**Velar** – relating to the soft palate. Velar consonants include stops (/k/, /g/), nasals (/ŋ/), and fricatives (/x/ in some languages). Velar errors often involve fronting (e.g., /K/ → /t/), which is a common pattern in early phonological development.

**Palatal** – relating to the hard palate. Palatal sounds include the approximant /j/ (“y”) and fricative /ʃ/. Palatalization can occur as an allophonic process (e.g., /T/ → [tʲ] before front vowels) or as a phonological error (e.g., Fronting of velars to palatals).

**Retroflex** – a place of articulation where the tongue tip curls back toward the palate, producing sounds such as [ɖ] or [ʂ] in languages like Hindi. Retroflex symbols are less common in English but can appear in transcription when describing a child’s atypical articulation.

**Labial** – relating to the lips. Labial sounds include bilabial stops (/p/, /b/), labiodental fricatives (/f/, /v/), and

approximants (/w/). Errors involving labial sounds often involve devoicing or substitution with alveolar sounds.

Dental – involving the teeth. Dental consonants include the fricatives /θ/ and /ð/. Dental errors are frequently observed in children, who may substitute these with alveolar fricatives (/s/, /z/) or stops (/t/, /d/).

Alveolar – articulated with the tongue tip against the alveolar ridge. Common alveolar sounds include /t/, /d/, /s/, /z/, /n/, and /l/. Many speech-sound disorders involve alveolar errors, such as fronting or stopping of alveolar fricatives.

Postalveolar – produced just behind the alveolar ridge. Postalveolar fricatives (/ʃ/, /ʒ/) and affricates (/tʃ/, /dʒ/) belong to this category. Children may substitute postalveolar sounds with alveolar ones (e.G., “Sh” → “s”).

Glottal – involving the glottis. The primary glottal sound is the glottal stop [ʔ]; glottal fricatives are rare in English but appear in some dialects. Glottalization can be a phonological process (e.G., Glottal replacement of /t/).

Place of articulation shift – a systematic change in where a sound is produced, such as fronting (/k/ → /t/) or backing (/t/ → /k/). Identifying the direction of the shift guides therapeutic cues (e.G., “Place your tongue behind your teeth”).

Articulatory gesture – the coordinated movement of speech organs that produces a segment. In motor-speech disorders, the timing and precision of gestures may be impaired, leading to inconsistent productions. Analyzing gestures can be facilitated by instrumental tools like electropalatography.

Electropalatography (EPG) – a technique that records contact patterns between the tongue and a sensor palate, providing visual feedback on place of articulation. EPG is valuable for diagnosing errors that are difficult to perceive aurally, such as subtle fronting or backing.

Acoustic analysis – the examination of speech waveforms, spectrograms, and measured parameters (VOT, formants, intensity). Acoustic tools allow clinicians to quantify deviations that may not be evident in perceptual assessment alone. For example, a child producing an “s” with a high-frequency noise band may be exhibiting a distortion that can be measured as a shifted spectral peak.

Praat – a widely used software program for acoustic analysis and phonetic transcription. Praat enables measurement of VOT, formant frequencies, intensity, and duration. Clinicians can use Praat to create visual feedback for clients, reinforcing target sound production.

Formant tracking – the process of following the movement of formant frequencies across a vowel to assess vowel quality and articulatory stability. In therapy, formant tracking can demonstrate to a client how the tongue moves from a low to a high position, aiding in the acquisition of vowel contrasts.

**Spectral moments** – statistical descriptors (mean, variance, skewness, kurtosis) of the frequency distribution of a fricative's noise. These measures can differentiate between correctly produced fricatives and distortions, such as a lateral lisp where the spectral shape is altered.

**Phonological awareness** – the metalinguistic ability to recognize and manipulate phonemes, syllables, and rhymes. While not a transcription term per se, phonological awareness is linked to the acquisition of phoneme-level skills and is often assessed alongside articulation.

**Phonotactics** – the set of rules governing permissible sound sequences in a language. English phonotactics, for example, prohibit initial /ŋ/. Understanding phonotactic constraints assists clinicians in predicting which errors are likely to be natural developmental patterns versus atypical.

**Phonemic inventory** – the complete set of phonemes that are functional in a language. For English, the inventory includes approximately 24 consonants and 14 vowels (including diphthongs). Comparing a client's inventory to the language inventory reveals gaps that may need to be addressed.

**Phonetic inventory** – the broader set of all possible speech sounds a speaker can produce, including allophones and non-phonemic variants. In some cases, a child may produce sounds not found in the target language, indicating a need for detailed phonetic analysis.

**Transcription conventions** – standardized guidelines for representing speech sounds. The International Phonetic Alphabet is the primary convention, but clinical transcription may also incorporate conventions from the American Speech-Language-Hearing Association (ASHA) for ease of notation (e.g., "/S/ → [θ]" to indicate substitution).

**Phonological rule** – a formal description of a systematic sound change that occurs in a language. For instance, the rule "/t/ → [ʔ] / \_#" describes glottal replacement of /t/ in word-final position. Clinicians use phonological rules to model a client's error patterns and to design contrastive therapy.

**Underlying representation** – the abstract mental form of a word before phonological processes are applied. For example, the underlying form of "cats" is /kætz/, which undergoes final consonant deletion in some children to produce "cat." Understanding underlying representations helps clinicians predict how a child's process will affect novel words.

**Surface representation** – the actual phonetic output after phonological processes have been applied. In the previous example, the surface representation of "cats" for a child using final consonant deletion is /kæɪ/. Surface forms are what clinicians observe and transcribe.

**Phonological assessment** – a systematic evaluation of a client's speech sound system, including transcription of spontaneous speech, picture naming, and minimal pair testing. The assessment yields data on phoneme inventory, error patterns, and the presence of phonological processes.

**Speech sample** – a recorded or observed segment of a client's speech, typically 10–15 minutes in length,

used for transcription and analysis. A well-balanced speech sample includes a variety of phonemes, word positions, and syntactic structures.

Parent report – information gathered from caregivers regarding the child’s speech in everyday contexts. While not a direct transcription tool, parent report can guide the selection of target sounds and indicate functional impacts of the disorder.

Reliability – the consistency of transcription across different raters (inter-rater reliability) or across multiple instances by the same rater (intra-rater reliability). High reliability is essential for research and for ensuring that clinical decisions are based on accurate data.

Validity – the extent to which a transcription or analysis accurately reflects the client’s true speech abilities. Validity can be compromised by incomplete sampling, poor recording quality, or inappropriate transcription conventions.

Acoustic measurement – the quantitative extraction of parameters such as VOT, formant frequencies, intensity, and duration from a speech signal. Acoustic measurement provides objective data that can complement perceptual judgments.

Auditory discrimination – the ability to detect differences between speech sounds. In therapy, discrimination tasks are often paired with production tasks to reinforce the contrast between target and error productions.

Motor planning – the process of sequencing articulatory gestures for speech. In apraxia of speech, motor planning is disrupted, leading to inconsistent errors that may appear random. Transcription of such errors often reveals a mixture of distortions and substitutions.

Motor programming – the execution of a pre-planned motor sequence. In dysarthria, motor programming may be intact while motor execution is impaired, resulting in slurred or imprecise speech that can be captured through acoustic analysis.

Phonological therapy – intervention that targets the underlying phonological system rather than individual sounds. Approaches such as the Cyclic Approach or Minimal Pair Intervention rely on systematic exposure to target phonemes within meaningful contexts.

Articulation therapy – intervention focused on correcting specific misarticulations through motor-based techniques, such as visual cues, tactile feedback, and auditory modeling. Articulation therapy may be appropriate for errors that are primarily phonetic in nature.

Phonological process approach – a treatment methodology that aims to eliminate a phonological process by providing contrastive input and encouraging the use of the target phoneme in diverse word positions.

Phoneme-target approach – a therapy strategy that selects specific phonemes for intervention based on functional need, frequency, or severity. The approach often employs minimal pair drills and phonemic

awareness activities.

Contrastive analysis – the systematic comparison of a client’s speech output with the target language norms to identify discrepancies. Contrastive analysis underlies most transcription-based assessments.

Speech intelligibility – the degree to which a listener can understand a speaker’s utterances. Intelligibility is often measured using standardized rating scales or through transcription of a listener’s interpretation of the client’s speech.

Phonological development – the typical sequence by which children acquire phonemes, usually following a predictable order (e.G., Bilabial stops first, then alveolar fricatives). Knowledge of typical developmental milestones informs the identification of atypical patterns.

Age of acquisition – the typical age at which a phoneme is mastered in a given language. For instance, the English /θ/ is often not mastered until age 7–8. Errors involving late-acquired sounds may be considered within the normal range for younger children.

Phonological disorder – a persistent difficulty with the sound system of language that interferes with speech intelligibility and is not attributable to structural, neurological, or sensory deficits. Diagnosis requires a comprehensive phonetic and phonological analysis.

Speech-sound disorder (SSD) – an umbrella term encompassing both articulation disorders (phonetic) and phonological disorders (phonemic). SSDs are classified according to the nature and severity of the errors.

Apraxia of speech (AOS) – a motor-speech disorder characterized by inconsistent errors, difficulty with sequencing, and impaired prosody. Transcription of AOS may reveal a mixture of distortions, omissions, and vowel distortions that vary across repetitions.

Dysarthria – a motor-speech disorder resulting from weakness or incoordination of the speech musculature, leading to slurred, slow, or monotone speech. Acoustic measures such as reduced intensity and prolonged duration are typical markers.

Velopharyngeal insufficiency (VPI) – a condition where the soft palate fails to close adequately, causing hypernasality and nasal air emission. Transcription of nasalized consonants (e.G., [Ḃ]) can help identify VPI.

Oral-motor examination – an assessment of the structure and function of the lips, tongue, jaw, and velum. While not a transcription term, the oral-motor exam provides context for interpreting phonetic errors.

Phonetic cueing – the use of tactile, visual, or auditory cues to guide the client toward the correct place or manner of articulation. For example, a clinician may use a “tongue-touch-teeth” cue to correct a fronted /k/.

Auditory feedback – the process of hearing one’s own speech and using that information to modify production. In therapy, clinicians may use delayed auditory feedback to highlight discrepancies between

target and produced sounds.

Visual feedback – the provision of a visual representation of the speech signal (e.G., Spectrogram) or articulatory posture (e.G., Mirror) to facilitate learning. Visual feedback is especially useful for clients who benefit from concrete cues.

Delayed auditory feedback – a technique where the speaker's own voice is played back with a slight delay, which can improve fluency in some speech-motor disorders. While not directly a transcription term, it illustrates the interaction between perception and production.

Phonetic transcription software – programs that assist in the rapid entry of IPA symbols, such as IPA Keyboard or specialized speech-analysis suites. Efficient transcription supports timely analysis and reporting.

Transcription accuracy – the degree to which the written representation matches the actual speech output. Accuracy is enhanced by high-quality recordings, careful listening, and familiarity with IPA conventions.

Phonological rule ordering – the hierarchical arrangement of phonological processes, where some rules apply before others (e.G., Deletion before assimilation). Understanding rule ordering helps clinicians predict the surface form of a word after multiple processes.

Neutralization – the loss of phonemic contrast in a particular environment, such as the devoicing of final consonants in English (e.G., "Bag" pronounced with a voiceless final stop). Neutralization can mask underlying errors, requiring careful analysis.

Co-articulatory assimilation – a type of assimilation that occurs automatically due to the physical proximity of articulators, often producing subtle changes that are not phonologically significant. Differentiating co-articulation from phonological processes is a key analytical skill.

Phonological typology – the classification of languages based on their phonological characteristics (e.G., Presence of tone, vowel harmony). Clinicians working with multilingual clients must be aware of typological differences that affect transcription.

Speech-sound inventory analysis – the systematic comparison of a client's phonetic and phonemic inventories to normative data, identifying missing, substituted, or distorted sounds.

Phonetic detail – the level of specificity in a narrow transcription, including diacritics for aspiration, voicing, and nasalization. Phonetic detail is essential for diagnosing subtle errors, such as a child producing a weakly aspirated /p/ that sounds like a /b/.

Acoustic normalization – the process of adjusting acoustic measurements to account for variability in recording conditions, speaker size, or pitch. Normalization ensures that VOT or formant values are comparable across speakers.

Speech-language pathology (SLP) – the professional field that encompasses assessment and treatment of speech-sound disorders, among other communication disorders. Mastery of transcription terminology is a core competency for SLPs.

Phoneme inventory chart – a tabular representation of the phonemes a client can produce, often organized by place and manner of articulation. The chart provides a quick visual reference for treatment planning.

Phonological process hierarchy – a ranking of processes based on typical developmental order, such as stopping before fronting. Clinicians use the hierarchy to prioritize which processes to address first.

Phonological pattern – a recurring set of errors that follows a systematic rule, such as “all liquids are deleted in word-final position.” Recognizing patterns facilitates the application of rule-based therapy.

Phonetic transcription fidelity – the extent to which a transcription captures the acoustic reality of the speech signal. High fidelity requires attention to fine details, such as the presence of slight voicing in a fricative.

Contrastive analysis testing – the use of minimal pairs and controlled word lists to determine whether a client can discriminate and produce a specific phonemic contrast. This testing informs both assessment and therapy.

Auditory-perceptual rating scales – standardized tools (e.G., The Speech Intelligibility Rating Scale) that allow clinicians to rate the severity of speech errors. While not a transcription method, these scales complement transcription data.

Phonological rule derivation – the analytical process of formulating rules that explain observed error patterns. Derivation involves identifying the underlying form, the conditioning environment, and the resultant surface form.

Speech sample elicitation – the technique of prompting a client to produce natural speech, often through storytelling, picture description, or conversation. A well-elicited sample provides the raw material for accurate transcription.

Phonetic vs. Phonemic transcription – the distinction between capturing every articulatory detail (phonetic) versus representing only phonologically relevant contrasts (phonemic). Both levels are useful; phonemic transcription is quicker for clinical decisions, while phonetic transcription is indispensable for research and complex cases.

Transcription conventions for children – adaptations such as using brackets for child productions that are not standard adult speech, or employing diacritics to indicate developmental features (e.G., A child’s “voiceless” /b/ may be transcribed as [b̥]).

Phonological awareness tasks – exercises that strengthen a client’s ability to attend to sound units, such as

segmenting words into phonemes or blending phonemes into words. These tasks are often integrated into therapy to support phoneme acquisition.

Acoustic correlates – measurable speech signal properties that correspond to phonetic features, such as the spectral peak for /s/ or the burst duration for stops. Identifying acoustic correlates helps verify perceptual judgments.

Voice quality – the characteristic timbre of a speaker's voice, which can be described as breathy, hoarse, or creaky. Voice quality assessments are relevant when a speech-sound disorder co-occurs with voice pathology.

Phonological error analysis – the systematic breakdown of a client's errors into categories (substitution, omission, distortion) and the identification of underlying processes. This analysis drives treatment planning.

Phonological pattern generalization – the transfer of newly acquired phonemic contrasts to untreated words. Generalization is a key goal of phonological therapy and is assessed through post-treatment speech samples.

Phonetic cue hierarchy – the ordering of cues from most to least intrusive (e.G., Tactile > visual > auditory). Clinicians select cues based on the client's response and the nature of the error.

Acoustic segmentation – the delineation of the speech signal into discrete units (phonemes, syllables) using software tools. Accurate segmentation is a prerequisite for reliable acoustic measurement.

Speech-production model – theoretical frameworks (e.G., The DIVA model) that explain how speech sounds are planned and executed. Understanding these models informs the interpretation of transcription data in motor-speech disorders.

Phonological process suppression – the therapeutic goal of reducing or eliminating a specific phonological process. Suppression techniques may involve increased exposure to the target contrast and explicit instruction.

Phoneme inventory expansion – the process of adding new phonemes to a client's phonemic repertoire through structured therapy. Expansion often follows a hierarchical order aligned with developmental norms.

Phonological awareness training – instructional activities that develop a client's ability to manipulate phonemes, such as phoneme deletion ("say 'cat' without the /k/'") or phoneme addition ("add /s/ to 'it' to make 'sit'").

Speech-rate manipulation – altering the speed of speech to facilitate production of difficult sounds. Slower speech rates can give children more time for articulatory planning, while faster rates may be used to improve prosody.

Prosodic features – suprasegmental aspects of speech, including stress, intonation, and rhythm. Although prosody is not directly transcribed in phonetic notation, prosodic errors can impact intelligibility and are considered in comprehensive assessment.

Phonological treatment fidelity – the degree to which a therapist adheres to the prescribed treatment protocol. Maintaining high fidelity ensures that observed outcomes are attributable to the intended intervention.

Transcription reliability training – exercises designed to improve a clinician's consistency in transcription, often involving repeated transcription of the same speech sample and discussion of discrepancies.

Acoustic phonetics – the branch of phonetics that studies the physical properties of speech sounds, such as frequency, amplitude, and duration. Acoustic phonetics underlies many of the measurement techniques used in speech-sound disorder analysis.

Articulatory phonetics – the study of how speech organs move to produce sounds. Knowledge of articulatory phonetics is essential for interpreting errors related to place and manner.

Auditory phonetics – the perception of speech sounds by the human ear and brain. Clinicians rely on auditory phonetics when making perceptual judgments during transcription.

Phonological process elimination – the targeted removal of a process through therapy, often using a staged approach that introduces increasingly complex word positions.

Phonemic contrast – the difference between two phonemes that changes lexical meaning, such as /p/ vs. /B/. Establishing contrast is a primary objective in phonological therapy.

Phonetic approximation – a technique where the client is guided toward a sound by first producing a more accessible approximation, then gradually refining it. For example, a child may first produce a labial stop before moving to a velar stop.

Speech-sample segmentation protocol – a set of guidelines for dividing a recorded speech sample into analyzable units, ensuring consistency across clinicians.

Acoustic normalization techniques – methods such as z-score conversion or vowel space scaling that adjust acoustic measurements for inter-speaker variability.

Phonological rule application – the process by which a phonological rule is applied to an underlying form to generate the observed surface form. Understanding rule application aids in predicting error propagation.

Phonetic detail in therapy documentation – the practice of recording specific articulatory features (e.G., "Produced with slight aspiration") to monitor progress and inform future sessions.

Phonological process frequency analysis – counting the occurrence of each process across a speech sample

to determine the most prevalent patterns and prioritize treatment targets.

Speech-sound disorder classification – the categorization of SSDs into articulation disorders, phonological disorders, or mixed disorders, based on transcription outcomes.

Phonological process inhibition – techniques that aim to suppress the use of a phonological process, often by increasing the salience of the target contrast.

Phonological development milestones – age-related benchmarks indicating when certain phonemes are typically mastered. Clinicians use these milestones to differentiate typical from atypical development.

Phonetic transcription conventions for dialects – adaptations that account for regional variation, such as representing the flapped /t/ in some American English varieties as [ɾ].

Auditory discrimination training – exercises that improve a client's ability to hear differences between phonemes, often using picture pairs or headphones with controlled stimuli.

Phonological process interaction – the phenomenon where two or more processes affect the same word, creating complex error patterns (e.g., Final consonant deletion combined with cluster reduction).

Phonological analysis software – applications that assist in coding and analyzing phonological data, such as Phon (a free tool for phonetic transcription and analysis).

Speech-sound disorder outcome measures – tools used to evaluate treatment efficacy, including percent consonants correct (PCC), intelligibility ratings, and standardized articulation tests.