

Lisps and When to Treat

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Question

I have a daughter who is almost three years old who presents with a frontal lisp for the /s/ sound. At what age should I be concerned and begin working on this? I work with adults and am not even too sure where to begin.

Answer

This is an interesting question. There is, of course, the short version of an answer and a longer one. In truth, a child that is turning three is too young, and based on all literature would not be a candidate for therapy yet. Having made that statement, (short version), there are many other variables that need to be looked at before we accept that premise as being valid.

Although the sound does come in at three, a lisp is common even until 7 (Porter and Hodson 2001, page 165). Other sources indicate that 75% of the children have acquired the /s/ phoneme correctly by age 4.6 (Caroline Bowen, Kilminster and Laird, 1978). There are many different studies by different authors with a wide range of accepted opinions on this, and in essence one can say that the /s/ phoneme can come in at three but the norm would be anywhere from 3-7 or even 8 years of age. Here are some examples:

Wellman (1931) age 5, Poole (1934) 7:6, Templin (1957) 4:6, Sander (1972) 3, Prather (1975) 3. (Taken from norms by Shipley).

Clearly, your child, almost three, is young and one need not be concerned about the fact that she has a frontal lisp at this age. The fact is that she has an /s/, albeit not a perfect one at this point.

Having said that, one must look at the following: Is this the only sound, and how much is intelligibility affected? Generally, if this is the only sound, intelligibility will not be greatly affected. But if one is working on other phonemes, then one might end up looking into the /s/ early on in the age norms. Is this an isolated /s/ issue, or are there other things going on? Here are some things to check for: How are the child's eating habits. Is she a sloppy eater with food escaping the mouth area? Does she use her lips when eating? How does she use her tongue? Is there drooling? Is her tongue protruding at

other times? Is she a mouth breather with her mouth open at rest? Can she lift her tongue when modeled, on imitation, to her alveolar ridge? Can she lick her lips, a lollipop held in front? Can she lick off jam from her upper lip? Can she close her teeth and keep them closed with her tongue inside to the count of 5? Does she suffer from upper respiratory ailments?

One of the first things we must always look at is hearing. Has this child's hearing been tested, particularly for high frequency sounds?

If the child has chronic upper respiratory ailments and/or possible allergies, then she may be a mouth breather out of necessity and this will compound the issue. She may need medical intervention for this.

A child who is not experiencing colds or allergies, but consistently has her mouth open and tongue out, may be displaying low tone. A child who drools, or spits along with the lisp may also be experiencing some tonal issues. Here we may be looking at some other issues that need to be addressed. Low tone of oral musculature can be corrected with oral strengthening; some oral motor exercises taught by a professional can help. Many times, when the feeding, drooling, low tone etc are addressed, the frontal lisp will resolve itself. It is not necessarily the oral motor exercises that correct the lisp, but rather the increase in tone and more appropriate movements of the oral musculature that facilitate the appropriate movements. I would also check for stimulability. A highly stimuable child will probably self correct if all other areas (i.e. tone) are intact.

In summary, this child is young. I would not correct at this age unless other variables such as those mentioned above are involved. I would, however, try to correct this, if not self-corrected, before this child loses the frontal teeth which act as a "cage" for this sound, usually about 5, well before the loss of teeth (generally at 6). I hope this has been somewhat helpful. I have tried to cover several possible scenarios for you.

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