

Practical Therapy Techniques for Persistent Articulation Errors

Frontal Lisp, Lateral Lisp, and Distorted R

Pam Marshalla, MA, CCC-SLP, provided a second highly educational and enjoyable workshop in Charlottetown on November 5th 2010. The morning session focused on practical therapy techniques for frontal and lateral lisps, while the afternoon session focused on successful R therapy. Pam pointed out that we can build a program around the PHONEME when a child has four things: cognition for/interest in the phoneme; adequate auditory processing skills; adequate speech movement skills; and willingness/determination to make changes.

Pam emphasized that a Frontal Lisp is not a tongue-tip problem. Rather, it is a problem of oral stability (i.e. jaw lowering and tongue shifting). For a frontal lisp, Pam recommended a five-step plan:

1. Stabilize the jaw. Jaw position can be the key to success for a frontal lisp. Tooth props of various sizes can be helpful in achieving a proper dental opening.
2. Stabilize the tongue. Establish back-lateral tongue stability by using a Long E (i.e. make an E and blow through the tongue position). The key is to get the tongue to stay inside the mouth.
3. Create the central groove. Teach the "Butterfly Position" - bite down on the back-lateral margins of the tongue and then push up with the sides of the tongue against the undersides of the upper molars. If the child can't lift the sides of the tongue, use tactile stimulation to "wake up" the back-lateral margins or use resistance exercises.
4. Narrow the groove in front. By using an Association Method, you can use one phoneme to teach another. Hold the Long E position, make a T, and lower the tongue tip for S. Use straws to further narrow the groove.
5. Refine the groove at the tip. Use a dental pick to teach even more refined grooving of the tongue at the tip.

For a lateral lisp, Pam differentiated between a bilateral lisp (i.e. air escapes out both sides) and a unilateral lisp (i.e. air escapes out one side). For the lateral lisp in general, the tongue is the problem, not the cheeks. Pam's solution is to work on back-lateral tongue stability and T's. Pam demonstrated several strategies for remediation of the lateral lisp, and they included the following: Long T Method; Block Memory (Tell the child "Don't try to say S..just make a long T"); Cornerstone Method (Use T+air, work T+air in the final position, control the phonetic environment, eventually begin to work on S in the initial position); and the Association Method (Use E to teach Sh; E to teach Zh; Sh to teach Ch; and Zh to teach J). She concluded by discussing dental problems and the impact the teeth have on the strident sounds.

In the afternoon session, the focus was on successful R therapy. Pam referred to R as the "Hardest Sound in the World." The tongue position for the standard North American R is one of the hardest oral positions we can do. Pam described two types of R difficulties: children who cannot produce R at all, and children who produce R in select word positions. The keys to successful R production include:

1. Use what you have. Find one word where the child produces R correctly and isolate the R from the word. Build a program around that word.
2. If the child has absolutely no correct R sound from which to start, you have to teach it. Choose from two basic R's: Tip R and Back R. Try to stimulate both R sounds, and go with the one that works. Pam provided many strategies to elicit R sounds. For training the Tip R, she suggested the "L-to-R Slide" (e.g., using L to teach R) or Tapping the Tongue into position (e.g., controlled curling). For training the Back R, Pam suggested teaching the "Butterfly Position," tactile awareness of the sides, and the lateral spread. She emphasized the importance of drill to establish a habit of the new sound. Pam reviewed the importance of games, activities, and reinforcers to help children rehearse and practice the sound over and over again (e.g., speech binders, paper pencil activities, stickers, etc.).

Once R is achieved, Pam discussed the importance of working R into a traditional plan for articulation, but in a carefully controlled phonetic environment. She recommended using traditional methods such as building auditory discrimination through minimal pairs and glides, and "hearing R" or improving a child's awareness of his/her R sound. Have the child practice R in combination with all vowels, transitioning from every vowel to R, and then from R to every vowel. Try to practice transitions in both directions.

Pam concluded her talk by reminding us that although the R sound is one of the most difficult sounds to make, children can experience success producing it by employing some of the strategies listed above, and by carefully controlling the phonetic environment. We look forward to implementing Pam's strategies with children who have frontal/lateral lisps or distorted R productions. More in-depth information about the strategies outlined above may be obtained by referring to Pam Marshalla's website at: www.pammarshalla.com.

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