

My four-year old daughter replaces the L sound with a W. For example, she'll say "I wike wowies" instead of "I like lollies."

Should I pursue therapy, or am I rushing things?

What are you seeing?

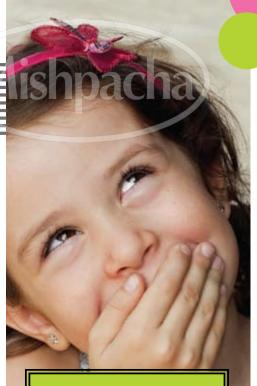
Before addressing the L question, it's important to define the issue at hand. A speech or articulation deficit is anything that calls attention to the speaker's production. In other words, it's anything that stands out.

Is this normal?

Whether an articulation error is part of a normal developmental stage that will pass or an age-inappropriate distortion requiring professional intervention is a question that has stymied many a parent. Though norms charts vary slightly due to differences in research, here's a widely accepted norms table to serve as a general guide:

BY AGE	YOUR CHILD SHOULD BE CORRECTLY PRONOUNCING
3	P, M, H, N, W, B, all vowels
4	K, G, T, D, F, Y, ng
6	L, V
7	J, S, ch, sh, th (as in "thumb")
7½	R
8	Z, th (as in "that")
8½	zh (as in "measure")

Source: Williamson, G. (2010) English Speech Sounds: Phonemes, Allophones, and Variations in Connected Speech



Exceptions to the Rule

- If a child's articulation error is hampering her social or academic development (e.g. classmates are teasing her, she is afraid to speak up in class), intervention is recommended even if the error is considered to be age-appropriate.
- A lateral lisp, where the child produces slushy sounds (e.g., I said so I shaid sho) should be treated as soon as its presence is established, regardless of age.

Identifying the Source

Where do articulation errors come from? Here are some possible causes:

MUSCLES. If the child has not fully developed or strengthened his facial muscles, he's going to have trouble producing sounds.

- CHUCK THE PACIFIER. This delay in development can be exacerbated by prolonged use of pacifiers, bottles, or thumb-sucking: too much sucking leads to poor motor control of the tongue and lips. It will take effort, but weaning him off of these items is worthwhile.
- SIP AWAY. Encourage your toddler to drink with straws. This reinforces lip closure for P, M, and B sounds while getting the tongue used to the correct positions for K, G, T, and D.

COORDINATION. Even if the muscles are in working order, some children may have trouble planning and executing the movements required to produce a certain sound. For example, to produce the S, your child must move his teeth to a nearly closed position, part his lips as though smiling, either raise the tongue tip behind the upper front teeth or place it behind the lower front teeth, raise the tongue's sides against the upper side teeth, and breathe out. Whew. That's a lot of work for a six-year-old!

HEARING ISSUES. If your child is not *hearing* sounds clearly, there's a good chance she'll have trouble *reproducing* those sounds correctly.

• BE ON TOP OF IT. Monitor your child's hearing ability."If a child frequently has colds or nasal congestion or a history of middle-ear fluid or infections," says SLP Harriet Seidman, "seek medical attention as soon as articulation concerns arise. There are ideal windows of opportunity for a child to develop particular sounds. Do not close the windows on your children because you have a busy schedule."



Here are some of the most common articulation errors SLP's tackle:

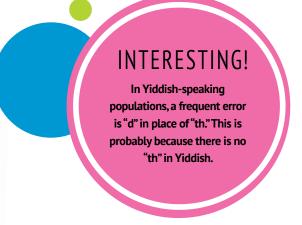
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CENTRAL LISPING: child produces a "th" in place of the S, á la Donald Duck

FRONTING AND BACKING: child produces Tor D in place of K and G — or the opposite. Example: dolly becomes golly or cookie becomes tootie

THE R: child produces L, W, or Y in place of R. Example: rabbit — wabbit

INITIAL/FINAL CONSONANT DELETION: Typically seen in younger children, this is when the child consistently drops consonants at the beginnings or ends of words. Example: cat — ca; table — able. Since this pattern seriously affects intelligibility (does "at" refer to "cat" or "hat"?), if a child is still doing this by age three, it's essential to seek intervention.





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