

My child has a lisp – should I be concerned?

I am sure we have all observed children close to us using a lisp when they are speaking. Many regard this as 'cute' or 'That's just the way they speak' and do not seek any further assistance.

It is important however, to be aware of the possible impact a lisp can have on a child's development physically and socially.

There are two main types of lisps that some children and adults produce. One is known as an 'interdental lisp' or a 'frontal lisp'. This is where the tongue pokes out between their teeth when they are talking, particularly when producing the /s/ and /z/ sounds. This specific type of lisp should be outgrown by five years of age.

The second type of lisp is known as a 'lateral lisp'. This is where air escapes from the sides of the tongue, instead of from the centre of the tongue resulting in speech that sounds 'slushy' or 'wet'. This type of lisp is known as an abnormal pattern – it is not considered part of normal speech development. The longer this pattern continues after 4 ½ years of age the more difficult it becomes to remediate the difficulty.

Speech pathologists assist in the remediation of both 'interdental' and 'lateral' lisps. If your child is producing an interdental lisp after 5 years of age, it is important to seek out help from both a speech pathologist and an orthodontist due to possible impact of this speech production difficulty on dental development.

If your child is producing a lateral lisp, seek intervention by a speech pathologist as soon as possible.

Although a lisp can appear a minor problem, consider the social impact that a lisp may have on a child, particularly in later childhood years and early adolescent years. Early assessment and treatment is the key.