

# Shaping Procedure for the Lateral and Frontal Lisp

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The following procedure utilizes a tongue-tip/alveolar placement (*tongue-up* rather than *tongue-down*). If your child does not produce an appropriate /t/, you must first correct that before proceeding with the steps below. The /t/ must be produced with the tongue-tip to the alveolar ridge. If the tongue touches the teeth (intradental lisp), the resulting airflow will have a lower pitch than is required. If the tongue extends beyond the teeth (interdental lisp), of course that needs to be correct prior to the process, as well.

1. Have the child produce the /t/ as an isolated syllable. Point out how great this sound is because (a) the front teeth are together, (b) the mouth is in a “smiling” position (I refer to the /t/ and /s/ as “smiling sounds”), and that (c) the air is high-pitched, or “squeaky.” Use a mirror, if necessary, to point out how the mouth is shaped. This is an important first step because the child is being reinforced for tasks he can already perform. Immediate success is always key.
2. Now add a little aspiration to the /t/. This is simply extra airflow after the /t/. I tell children that the /t/ should be a little noisy. The slightly aspirated /t/ is written as /t<sup>h</sup>/. The sound now should be produced for a whole second. The child should remember the three elements of success listed in step 1 above. If the child fails to keep teeth together, smile, or make a “squeaky” sound, you should reinstruct.
3. After at least 20 consecutive correct productions of the slightly aspirated target (/t<sup>h</sup>/), increase the aspiration to two seconds. The result is /t<sup>hh</sup>/.
4. After at least 20 consecutive correct productions of the aspirated target (/t<sup>hh</sup>/), increase the aspiration to three seconds, /t<sup>hhh</sup>/.
5. Finally, the target should be produced for four seconds, /t<sup>hhhh</sup>/. The child should constantly be told exactly what he/she is doing that is right. The heavily aspirated /t/ should have a high-pitch sound. If it doesn't, back up. The child needs to hear the high pitch and feel the sensation of airflow going through the teeth.
6. Now it's time to convert the high-pitched aspiration to an /s/, but the /t/ must be included in the production! You are now reversing the process by having the child produce a long /ts/ and then gradually shortening it. Be sure you do not ask the child to produce the /s/. You want him to produce the same “noisy /t/” that he did before, but now you want it to be squeaky. The result here is /tssss/ (a four-second production). If the child lateralizes the /s/ (or produces it interdental if that was the original error), go back and reinforce the /t<sup>hhhh</sup>/. The sounds are almost identical so he/she should make the transition soon.
7. Remember how you gradually increased the aspiration of /t/ and then converted the aspiration to /s/? Well now it's time to reduce the length of the /s/. Shorten the target production to /tsss/.
8. Target /tss/.
9. Target /ts/.
10. Now all you need to do is delete /t/ and you have /s/. If you have trouble eliciting the /s/, go back to /ts/ and encourage a “whispered” /t/ before the /s/.