

- Clinical Technique -
Establishing a new speech parameter

Concept: Any new speech parameter that you want to help the client understand and shape into their talking repertoire should be presented within the larger context of talking fluidly. Remember that the key is not to talk without disfluency or stuttering, but to be able to be in charge of speech in order to produce natural, fluid patterns. Using broad concepts such as “smooth talking”, “easy talking”, “calm talking” etc. facilitate client understanding of the big picture of what they want to accomplish during therapy. This is then broken down into individual parts or parameters which, when combined will result in fluid speech that is not out of control.

Sequence: The following is a general guideline for how to present and establish the parameters of fluid talking. This sequence is not written in stone. There are always circumstances and situations that call for variation and ingenuity on the part of the clinician.

1. Present and discuss the concept of “Easy Talking” (or whatever you choose to name it) and how it will help the client communicate better and feel better in the long run. The insights of Dean Williams in how to talk to children about talking are presented in text, *The Genius of Dean Williams* published by the Stuttering Foundation of America (about \$3.00). It is well worth reading. Once you present this basic understanding (you will be reinforcing this concept throughout the treatment process) the clinician can guide the client in identifying the individual parameters that, when combined, make up fluid speech (or whatever you decide to name it with your client). It is a good idea to present some type of visual aid to help solidify the concepts and individual parameters. The aid can vary from one client to the next based on age and interests. For example, one clinician used four balloons tied together to illustrate the four parameters that make up easy, light talking. Each balloon represented a different parameter that the client would work on in therapy. This visual aid can be used during each session to help the client understand what they are actually trying to accomplish.
2. Guide the client in identifying and understanding a speech parameter. Clinician nudging, hinting, and modeling is often helpful here. You should have an idea of what you want the parameters to be; you are now helping the clients personalize it for themselves. Examples include, but are not limited to “attending”, “pace”, “starting and stopping”, “blending forward”, and “fluid recoveries”.
3. The clinician models the specific pattern in the context of the global concepts of easy talking. Discuss and show the client what you are doing, how it feels, and what the pattern sounds like. Through modeling you can contrast the difference between the easier, more fluid pattern and the older, harder pattern to help solidify the behavior.
4. The clinician guides the client in imitating the new behavior pattern in a simple, stress free context. The key to success is placing emphasis on helping the client learn to “attend” to and “feel” the new behavior. This is a critical factor in developing a feeling of being in charge of speech that will ultimately increase confidence and reduce fear of disfluencies. It is the sensory-motor awareness

- (body awareness) that comes from feeling the pattern that will ultimately help the client learn to produce the desired patterns, especially under stress.
5. Once the behavior is identified and “felt” for the first time, the client and clinician can invent a “measurement key” and/or “thought key” that are associated with varying degrees of the pattern. For example, if discussing various communication paces you can produce and then label each level of pace from slow to rapid using a psychometric rating scale such as 1, 2, 3, 4, or 5. Visual associations that the client identifies when producing the varying degrees of each parameter are also extremely helpful, especially for children. For example, a very rapid pace can be a “cheetah” pace and a very slow pace a “turtle pace” etc. Visual imagery and associations are significant ways of triggering the sensory-motor memory needed to produce the pattern, especially under stress.
 6. Practice. Once the behavior is introduced, the clinician and client can cycle through steps 1-4 until the new pattern is established. Begin with simple tasks (e.g. single words, picture cards, counting, saying the pledge of allegiance, etc) progressing to more complex, mentally and emotionally demanding tasks (monologues, questions-answer, debates, talking with others, etc).