

# **Speak Freely: Frequently Asked Questions**

**Is *Speak Freely: Essential Speech Skills for School-Age Children Who Stutter* a comprehensive therapy program?**

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No, it's not. *Speak Freely* is not intended to be a comprehensive program. While this resource is rooted in a multidimensional theoretical perspective of stuttering, it focuses entirely on one aspect of school-age therapy: that is, the development of stuttering modification and fluency-enhancing strategies.

Given that *Speak Freely* only addresses the physical dimension of a child's stuttering, it's imperative that it be used together with additional therapy activities that target cognitive, affective, linguistic, and social aspects of a child's stuttering problem.

**What age students can use these materials?**

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These materials are appropriate for students aged 7 to 18. The content and language style of the strategy descriptions, rationales, and teaching methods are designed to suit elementary, middle, and high school students.

**Is this resource appropriate for preschool children who stutter?**

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No, *Speak Freely* is not appropriate for use with preschool children. See Scott Yaruss' web site for information on preschool stuttering therapy ([www.stutteringcenter.org](http://www.stutteringcenter.org)). The Stuttering Foundation ([www.stutteringhelp.org](http://www.stutteringhelp.org)) and The Stuttering Homepage (<http://www.mnsu.edu/comdis/kuster/stutter.html>) also have excellent information, resources, videos etc. regarding preschool therapy.

**Can the strategies presented by *Speak Freely* be used with adults who stutter?**

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Yes. The same stuttering modification and fluency-enhancing strategies can be used with adults. After therapists learn how to use and teach these strategies, materials can be modified for use with adults (e.g., by creating rationales and practice exercises that are age-appropriate).

**Can these strategies be used with struggling readers or non-readers?**

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Yes. While it's convenient to use the written materials with children who read, the use of written materials is not imperative. Once therapists learn the various strategies, they can use them with any variety of therapy materials. Non-readers can also utilize the two Audio CDs which contain recordings of the entire Student Workbook and it's associated practice exercises.

**Can *Speak Freely* be used with Down syndrome and/or cognitively disabled students?**

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This depends on the severity of the cognitive impairment. Generally speaking, many of these students are able to learn the various strategies. They tend to do well with the structured aspect of the therapy and

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often enjoy using the different speech patterns. The most challenging part of therapy for cognitively disabled students has been related to maintenance and transfer. This may be due to the fact that using the skills, particularly in the beginning, requires a fair amount of focused attention.

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### **Are these strategies helpful to children who clutter?**

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Cluttering is different from stuttering, and therefore one's overall approach to treatment will be different. Unlike stuttering, cluttering appears to involve disorganized speech planning. It's characterized by rapid and irregular rate of speech, excessive disfluencies, and often other symptoms such as language or phonological errors.

While the *Speak Freely* materials were not specifically designed to work with cluttering, they do involve a number of elements that help students who clutter. First, clutterers typically demonstrate reduced awareness of their speech, and the stuttering modification strategies such as "Catching the Stutter" and "Relaxing the Stutter" increase that awareness as students identify and analyze their speech behaviors. In addition, some students who clutter have difficulties with motor coordination and rhythm. During early stages of therapy, *Speak Freely* includes strategies that exaggerate various rhythmic patterns (e.g., Linked Relaxation Rhythm) and this can be helpful to children who clutter. Finally, over-articulating, tuning into the tactile sensation of speech production, and using a slow, prolonged rate can help students who clutter. Many of the fluency-enhancing strategies help clutterers to modify their speech in these ways (before gradually speeding up to normal rates of speech). Thus, *Speak Freely* materials can provide useful elements to cluttering therapy, but would need to be accompanied by intervention techniques that address the other aspects of cluttering noted above.

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### **Are there some students for whom *Speak Freely* is not appropriate?**

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There may be. It's important to identify individual needs and tailor our therapy accordingly. For example, in certain cases it may be appropriate to spend less time on speech skill development and more time on affective and cognitive reactions to stuttering (e.g., desensitizing concerns about stuttering, reducing speech anxiety, addressing embarrassment and shame, promoting openness and acceptance, building self-confidence) and general communication skills (e.g., maintaining appropriate eye contact, resisting time pressure, using natural pausing and phrasing, developing self-advocacy skills).

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### **Why are the stuttering modification strategies taught first?**

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Stuttering modification skills are typically taught first because doing so may (1) desensitize children's avoidance behaviors related to stuttering, (2) improve students' kinesthetic awareness of speech and speech tension, and thus allow them to repair moments of stuttering more easily, and (3) enable students to transfer learned skills earlier, and thereby experience the benefits of therapy sooner.

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**Do we have to teach the strategies in the order they are presented in the Student Workbook?**

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While the strategies are usually taught in the order presented by the Student Workbook, clinicians can modify this order when necessary. Some of the fluency-enhancing strategies do build upon each other and need to be presented in a relatively linear fashion. This will become apparent as one learns about the strategies.

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**Are students ever resistant to using a particular strategy?**

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While most students readily engage all strategies, occasionally a student might be reluctant to practice a particular skill. If this occurs, just give the child the time he/she needs. There is no reason to push anything. Some students might be resistant to practice the Stuttering Modification strategies because it involves stuttering in some way. Other students might be reluctant to practice the more exaggerated, slow speech patterns. If this occurs, make sure the student understands the rationale for learning and practicing the strategy, and then revisit it later.

If a student is resistant, it can be helpful to show him/her video clips of other students practicing the strategy that's being resisted. I've never had a student who didn't eventually demonstrate the willingness to learn all the strategies. That said, at the end of the treatment students may prefer to use particular strategies – and that's fine. We just want to make sure that they have as many options available to them as possible.

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**When and how do you work on the secondary characteristics of a child's stuttering?**

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Secondary characteristics are directly addressed early in therapy as students identify, explore, and change their stuttering with "Catching the Stutter" and "Relaxing the Stutter." When students practice "Relaxing the Stutter," they are encouraged to stutter in the way that they ordinarily would – this includes secondary characteristics. As they relax their tense speech behavior, they find that they can also reduce the magnitude and number of secondary characteristics. In addition, when students learn and use the fluency-enhancing strategies, secondary characteristics often decrease.

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**Much of the Audio CDs repeats what's in the Student Workbook. What's the rationale for this?**

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The two Audio CDs do include a word-for-word reading of the Student Workbook. Thus, it provides spoken models of all strategies and speech patterns. Therapists can play these recordings to students as they move through the Student Workbook. This reinforces what has been taught and allows clinicians to make simultaneous comments on different aspects of what is being presented.

Finally, given that speech-language pathologists in the schools are typically pressed for time, having the Student Workbook and its associated speech models on CD allows clinicians to learn these strategies by listening to the recordings during other activities (e.g., while driving etc.). This may sound trivial, but it's important that clinicians hear the speech models and practice them over and over so that they develop a high degree of skill using the strategies.

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### How do you help students to transfer their skills to the home environment?

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When students' skills are well-developed, we need to help them create hierarchies of increasingly difficult speech situations, and then provide support (e.g., discuss, plan out, rehearse, go with them, etc.) as they transfer what they have learned into settings outside of the therapy room. Initially, it's helpful to choose a limited number of easier situations in which the strategies will be used (e.g., with particular people, in particular places, and/or at particular times). Gradually, speech skills should be used in increasingly difficult situations. As we do this, we need to enlist the help of others (e.g., teachers and staff at school and family members at home) and include them in the therapy process. Students need to feel comfortable with the way in which they modify their speech – ultimately, they will use the strategies that “feel right” to them.

The onus of carry-over should not be on the children alone. They need to be fully supported. We need to find ways to encourage, inspire, empower, and motivate our students – to help them see the value of being strong, effective communicators. Finally, parents, teachers, family, and friends should have realistic expectations. They should realize that (1) students will not be using their strategies all the time, and (2) there will be times when the skills breakdown. Indeed, the issue is not whether or not speech skills breakdown: It's how the child is able to manage it when it does.

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### What's the origin of these strategies? Is there any empirical evidence to support their use?

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These stuttering modification and fluency-enhancing strategies are drawn from the work of numerous respected specialists who have treated stuttering over the last forty years. This resource was created in an effort to present these well-established practices to clinicians and clients in an explicit, integrated, and user-friendly format.

To date, outcome data for *Speak Freely* has not been systematically evaluated. Unfortunately, this is true for most stuttering therapy materials. Indeed, when Bothe and her colleagues (2006) reviewed stuttering treatment literature published between 1970 and 2005, they found that only 39 studies met widely accepted trial-quality inclusion criteria. Furthermore, *only 9 of these involved school-age children*. Findings from these nine studies showed that improvements in speech fluency can be achieved when various therapy techniques (e.g., prolonged speech, gentle onset, light contact) are employed in the context of structured programs that also provide intensive practice and a variety of response contingencies (Bothe et al., 2006, p. 335).

While *Speak Freely* is a highly structured program and includes strategies similar to the techniques noted above, outcome data has yet to be assessed. Given the importance of evidence-based practice and the paucity of school-age efficacy studies that meet appropriate methodological criteria, there is clearly a need to conduct research that evaluates the effectiveness of the strategies presented by this resource.

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Bothe, A. K., Davidow, J. H., Bramlett, R. E., & Ingham, R. J. (2006). Stuttering treatment research 1970-2005: I. Systematic review incorporating trial quality assessment of behavioral, cognitive, and related approaches. *American Journal of Speech-Language Pathology*, 15 (4), 321-341.