

# Clear Speech Together

Instructions for  
Clinicians

by Anja Lowit  
Strathclyde University



## INTRODUCTION

ClearSpeechTogether is a combined individual-group therapy programme focusing on the treatment concepts LOUD and CLEAR. It was originally developed with a small group of patients with progressive ataxia in a pilot project funded by Ataxia UK (Lowit et al. 2022). The publication can be accessed freely here:

[ClearSpeechTogether: a Rater Blinded, Single, Controlled Feasibility Study of Speech Intervention for People with Progressive Ataxia | SpringerLink](#)

The feasibility study investigated nine participants with a range of progressive ataxias. The preliminary data suggest that the intervention can result in improvements in voice quality, intelligibility, and communication confidence and participation. These results still need to be confirmed with a higher number of clients with ataxia, and potential benefits for other types of acquired dysarthria for whom the treatment strategies are appropriate also require further investigation.

**If using this programme, the clinician therefore needs to carefully monitor their client's progress to ensure they are achieving the desired benefits. In particular, it needs to be considered whether clients with moderate to severe dysarthria require additional individual support.**

## THE PROGRAMME

The treatment combines principles of Lee Silverman Voice Treatment (LSVT LOUD<sup>®</sup>, Ramig et al. 2018) for effective voice production and of Clear Speech (Park et al. 2016, Schalling et al. 2021, Tjaden et al. 2014) to enhance articulation.

- (1) LOUD: LSVT LOUD<sup>®</sup> was designed for speakers with Parkinson's Disease who frequently speak at reduced loudness levels. It should be noted that volume increases might not be a priority or indeed an appropriate strategy for clients with other types of motor speech impairment. On the other hand, LOUD is an easily understandable and applicable cue for clients to remember in everyday conversation. ClearSpeechTogether therefore adopted this concept but clinicians are advised to apply it more flexibly depending on client profile and needs. Whilst strategies for LOUD might thus include raising volume, they could also focus on establishing appropriate breath support, pitch level and techniques to optimise effective voice production to reduce, harshness, strain, etc., in line with advice on voice rehabilitation.
- (2) CLEAR: Clear speech relates to the over-articulation of speech movements to counteract the articulatory undershoot frequently observed in speakers with motor speech disorders. A cue for

CLEAR can result in an automatic increase in volume in some clients. In this case CLEAR can be used as the main therapeutic concept, but the wider features of effective voice production as described above should still be considered.

Both of these concepts should result in greater effort put into speech production and encourage a reduction in rate and better breath management, thus reducing the need for additional cues to achieve the desired improvement in intelligibility.

## THERAPEUTIC CONTENT

ClearSpeechTogether is designed to promote enhanced intelligibility as well communication confidence and participation. It supports motor learning through intensive delivery, graded exercises as well as opportunities to develop monitoring skills. Feedback from the feasibility study also suggests that listening to others successfully apply speech strategies can reduce worry about appearing unnatural when adopting altered speech patterns.

Most of the exercise will take place during the group phase, however, the clinician needs to ensure that the client fully understands the therapeutic concepts and is able to apply them independently before they start working in groups. Although the schedule suggested below worked for the majority of clients in our study, this might need to be accelerated in mild cases or require extension and further individual support before or alongside the group sessions for more severely affected clients. The clinician should therefore closely monitor progress during the joint sessions.

Following LSVT LOUD® principles, exercises consist of repeated practice of prolonged vowels to work on voice, as well as 10 daily phrases that allow carry over of speech strategies into day to day conversation. Accordingly, phrases should be selected carefully to ensure they occur naturally and frequently outside the clinic environment to facilitate practice outside the clinic session. The same set of phrases should be maintained throughout the programme. Prolonged vowel practice consists of 10 repetitions of long “ah” with a steady pitch, 10 repetitions moving from habitual to a high pitch, and 10 moving from habitual to a low pitch. If necessary, alterations in loudness can also be added. As indicated above, some clients will require to work on increasing their speech volume in these exercises, others will need to focus more on reducing strain or developing more control over their voice, pitch and loudness. The clinician needs to guide the client towards which of these features are important. **It is essential that an effective voicing technique has been established before the client enters the self-practice group phase in order to prevent negative impact on vocal health.**

In addition to working on prolonged vowels and daily phrases, clients should be presented with graded exercises during the individual therapy phase to work up to short phrase level. The exercise manual for the group phase starts at this level and takes clients up to free speech level over the course of 4 weeks. However, the duration of the group phase is at the discretion of the clinician who needs to monitor whether clients require a slower or faster rate of progression. In addition, the clinician might need to offer alternative or additional exercises to take account of clients' individual needs.

A unique feature of ClearSpeechTogether is the fact that most of the sessions are run by the clients themselves in a group setting without the presence of a clinician. One benefit of these client led sessions is that individuals develop greater agency and independence in their journey towards more intelligible speech. This is further supported by asking clients to chair the sessions on a rotating basis, provide constructive feedback to each other and prepare their own practice materials which facilitates continued practice as individuals or groups beyond the treatment period.

The main function of the session chairs is to keep an eye on time so the group does not get carried away with social chat or staying on the same task for too long.

As with all group interventions, there might be occasions where one or several group members might not get on with each other. Whilst the clinician can mitigate this in SLT led therapy, the fact that ClearSpeechTogether is client led necessitates closer monitoring of group dynamics to avoid any negative impact. The clinician should ensure that each client feels confident that they can raise concerns in confidence and without impact on their care. In addition, the clinician needs to be sensitive to potential additional stress created by the need to work independently or having to chair sessions, so that further support or an alternative therapy format can be offered.

## **HOMEWORK PRACTICE**

Clients should, where possible, perform speech practice twice a day during the therapy phase, including weekends. On days where individual or group sessions are scheduled, only one additional practice session is required.

Practice should include the prolonged vowel and daily phrase practice, as well as a selection of exercises as provided by the clinician during the individual, or the manual during the group phase. The extent of these exercises should be decided by the clinician based on individual needs.

During the group phase, prolonged vowels should be performed as warm-ups before the group session starts, assuming the groups are organised online. In the face to face format, a shortened sequence at the start of the group session and some additional independent practice at home is advised.

## THE SCHEDULE

ClearSpeechTogether was designed as a 6 week programme, including 2 weeks of individual treatment and 4 weeks of intensive group work. This can reduce the time commitment for the clinician, whilst maximising input to the client. A group size of 5-6 participants is ideal to allow time for everybody to practise their speech but retain sufficient numbers should some members be unable to attend. The suggested schedule is outlined in Table 1.

The first group session should be clinician led and include some activities to allow the group to get to know each other, agree the conduct rules outlined in the manual, explain how the group sessions will work, elect who will chair the sessions each day, and take the group through the tasks for the week to make sure they understand what to do. In addition, the group should work through a few tasks from Day One in the manual with the clinician providing feedback to demonstrate what kind of features they should listen to and comment on with each other. From the second week onwards, the clinician should recap on some of the previous week's tasks to see how each client is progressing, remind them to use relevant speech strategies if necessary, explain the next set of tasks and elect the chairs for the following week. Scheduling the session with the SLT on a Friday rather than Monday worked well in our study to allow more immediate monitoring after the week's exercise programme had been completed (Monday – Thursday) and a faster response should additional sessions be required while the group progressed through the schedule. In addition, receiving instructions for the week's exercises before the weekend allowed clients more time to prepare their own practice materials. However, this can be varied to suit the clinician's needs as long as they attend the group at least once a week.

## STAFFING REQUIREMENTS:

Sessions required from SLT, including assessment & evaluation: 5-6 individual sessions per patient (4 for intervention, 2 for initial (and post-treatment) assessment, plus 5 group sessions. For a group size of 6 participants, this totals 6 to 7 client contact sessions.

NB time for administration, preparation of individualised, graded home practice tasks and note taking is not considered in this calculation.

Time commitment of the client: 5-6 individual sessions plus 20 group sessions, i.e. 24 practice sessions, plus a commitment to perform home practice 1 – 2 times daily (depending on whether an online session has taken place that day or not).

In addition, for online delivery, a volunteer / administrator is required to attend at the start of each group session to help resolve any technical issues with access etc. They should not play a role in the progression of the group session. No clinical qualification is therefore necessary.

*Table 1: Proposed Treatment Schedule*

<b>Schedule</b>	<b>Sessions</b>	<b>Focus</b>
Pre-treatment	<ul style="list-style-type: none"> <li>as required, normally 1 session</li> </ul>	Assessment for eligibility, baseline testing
Week 1	<ul style="list-style-type: none"> <li>2 individual sessions:</li> <li>graded homework tasks, increasing in demands</li> </ul>	Establish therapeutic concepts up to single word level
Week 2	<ul style="list-style-type: none"> <li>2 individual sessions:</li> <li>graded homework tasks, increasing in demands</li> <li>Friday: first SLT led group session</li> </ul>	Establish therapeutic concepts up to single word level
Week 3	<ul style="list-style-type: none"> <li>Mon-Thu: Client led group sessions,</li> <li>Fri: second SLT led group session</li> </ul>	Single words to phrases
Week 4	<ul style="list-style-type: none"> <li>Mon-Thu: Client led group sessions,</li> <li>Fri: third SLT led group session</li> </ul>	Phrases to short paragraphs
Week 5	<ul style="list-style-type: none"> <li>Mon-Thu: Client led group sessions,</li> <li>Fri: fourth SLT led group session</li> </ul>	Short to longer paragraphs

Week 6	<ul style="list-style-type: none"><li>• Mon-Thu: Client led group sessions,</li><li>• Fri: Wrap up and future directions with SLT</li></ul>	Paragraphs to free speech
Post-treatment	1 individual session (optional)	individual post-treatment testing for evaluation if required

## ACKNOWLEDGEMENTS:

The ClearSpeechTogether programme was developed as part of a grant from Ataxia UK to Professor Anja Lowit and is currently undergoing further evaluation funded by the MSA Trust. We thank all our participants for their role in shaping the exercises and providing feedback on the approach. We would also like to thank Melissa Loucas and Jenni Grassly for their input to the design of the programme, providing the intervention, and their feedback on administering the treatment.

## REFERENCES:

- Lowit, A., Cox, J., Loucas, M., Grassly, J., Egan, A., van Brenk, F., & Hadjivassiliou, M. (2022). ClearSpeechTogether: a Rater Blinded, Single, Controlled Feasibility Study of Speech Intervention for People with Progressive Ataxia. *The Cerebellum*. <https://doi.org/10.1007/s12311-022-01462-9>
- Park, S., Theodoros, D., Finch, E., & Cardell, E. (2016). "Be Clear": A New Intensive Speech Treatment for Adults With Nonprogressive Dysarthria. *American Journal of Speech-Language Pathology*, 25(1), 97-110. [https://doi.org/doi:10.1044/2015\\_AJSLP-14-0113](https://doi.org/doi:10.1044/2015_AJSLP-14-0113)
- Ramig, L., Halpern, A., Spielman, J., Fox, C., & Freeman, K. (2018). Speech treatment in Parkinson's disease: Randomized controlled trial (RCT). *Movement disorders*, 33(11), 1777-1791. <https://doi.org/10.1002/mds.27460>
- Schalling, E., Winkler, H., & Franzén, E. (2021). HiCommunication as a novel speech and communication treatment for Parkinson's disease: A feasibility study. *Brain and Behavior*, 11(6), e02150. <https://doi.org/https://doi.org/10.1002/brb3.2150>
- Tjaden, K., Sussman, J. E., & Wilding, G. E. (2014). Impact of Clear, Loud, and Slow Speech on Scaled Intelligibility and Speech Severity in Parkinson's Disease and Multiple Sclerosis. *Journal of Speech, Language, and Hearing Research*, 57(3), 779-792. [https://doi.org/doi:10.1044/2014\\_JSLHR-S-12-0372](https://doi.org/doi:10.1044/2014_JSLHR-S-12-0372)



Version 2.0, created 10 February 2023, <https://doi.org/10.17868/strath.00080938>, CC BY 4.0

The University accepts no liability whatsoever for any party's use of, or reliance upon, the contents of this document.