

An Excerpt From

It's the Way You Say It
Becoming Articulate, Well-Spoken, and Clear

by Carol A. Fleming, PhD
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second edition

IT'S THE WAY YOU SAY IT

Becoming Articulate, Well-Spoken, and Clear



CAROL A. FLEMING, Ph.D.

**IT'S THE WAY
YOU SAY IT**

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Becoming Articulate,
Well-Spoken, and Clear

CAROL A. FLEMING, PhD



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Berrett-Koehler Publishers, Inc.

San Francisco

a BK Life book

It's the Way You Say It

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Preface to the Second Edition

There are many people who simply cannot stand the sound of their own voice and are ashamed of the way they talk. They avoid opportunities for social conversation and presentations that would advance their careers because of their personal discomfort in just speaking to others.

Perhaps you are one of these people. If so, here is something you should know: many of the fluent, comfortable, “natural born” speakers that you hear conversing or presenting were actually terrified people who have found their way to success through appropriate training and practice.

Perhaps you can be one of those people.

In the first edition of *It's the Way You Say It*, I told the stories of my clients who were trying to deal with their personal communication issues. My readers have let me know that these stories were very important in helping them identify their own concerns and in seeing that there are actually ways of developing into more confident communicators. More stories are pouring in from around the world by phone and e-mail (a daunting example: “Dr. Fleming, I love my wife dearly, but I cannot stand the sound of her voice!”). So I am grateful indeed for this opportunity to include some of these stories in this revised edition of my book.

I am finding that the possibility of a new *hope* is the constant element in my clients and readers alike. They simply did not realize that there were things to know and do that would help them change and make a tremendous difference in their lives.

Many self-help authors have told me that they write their books in order to “drive people to their website,” “to book more speaking engagements,” “to increase their client base.” Not me. I just want to give you hope—that your misgivings can be addressed, that there are solutions, and that you can change. That’s all.

Maybe if I tell you how I got here, you’ll see where all this hope is coming from.

I met a child who could not walk. He could not sit up or hold up his head. He could not talk. His mother had brought him into my parents’ shoe store for special corrective shoes. But to see his skin-on-bone arms and legs, you knew this child would never wear out these shoes; would not even out-grow them.

My usual customers were lively boys and girls who participated in the purchase: the parent would explain why a particular shoe was just perfect, the child would complain, the parent would urge, the child would insist, the parent would argue, “The white sandals would look pretty with the anklets grandma bought you, but the patent leather is better for your Sunday dress.” The child would point and scowl ... but not the child in front of me. The mother had propped him up on the chair, handed me the prescription for the “surgical boots,” then crossed her leg over to face away during the whole of the fitting. Not another word was spoken.

I was shaken by this encounter, but I learned something of ultimate importance to me: no matter what hand you are dealt by fate, if you cannot communicate, if you cannot speak, you are truly forever on the outside of life. I wanted my life to matter, and helping people to learn to communicate ... now *that* was worth life’s labor. I went to college and ended in the graduate program in speech-language pathology at Northwestern University in Illinois. It was there that I learned that the child I just described was made flaccid by hypotonic cerebral palsy.

During my clinical practice as a speech pathologist, I found myself working with another young person with cerebral palsy at the hospital speech clinic. She was a teenage girl, somewhat developmentally delayed and severely spastic. She had difficulty keeping her mouth closed—something important in making certain speech sounds and in eating and looking OK. We had worked together for a number of weeks and had found how to position her wildly spastic body for the greatest degree of calm and control, how to get her jaw into alignment, and with tactile stimulation to the lips, how to help her to close her lips for as long as possible. This posture was like stacking a house of cards: you held your breath as she struggled to maintain the posture and control, feel her lips together, and breathe through her nose. This was the therapy goal.

And then some doctor would stride by, stopping to muss her hair and say in a jolly, jolly voice, “Christine, are you still my favorite girlfriend?” And Christine would lose all control and practically jerk out of her wheelchair with great flailing of all her limbs. The doctor would march away, clearly so pleased with himself.

And I was left enraged, furious with the doctor for his condescension, arrogance, and insensitivity. I was also furious with Christine’s parents who dressed her as a little girl and gave her none of the grooming niceties of other teenage girls. How about a nice hairdo, folks? How about a dab of lipstick? Would it kill you to dress her like a young lady instead of a handicapped child? Oh, I was full of frustration, but my role as a speech pathologist would not allow me to do anything about this. My therapy goal was to help her close her mouth, so I had to close mine. I wanted to do so much more.

I had to wait for several years until I opened a private practice as a speech pathologist in a medical building associated with a hospital in San Francisco. Here I had a surprise. For every person with a stroke or a stutter who walked through my door, there was a doctor or a hospital staff member who

had some kind of communication issue! (My being a “doctor” made it possible for the medical staff to take instruction from me!)

The hospital personnel opened my eyes to all the ways that people experience “communication problems.” There would be a nurse who was intimidated to silence by physicians and physicians who were frozen with terror by professional presentations at national conferences; young doctors scared of old doctors; foreign born-personnel who could not make themselves understood. The communication of maturity and power, as displayed by the voice and by nonverbal means, was a frequent issue.

One young doctor in training stands out in my memory: he had *all* of these issues. Kim came from a culture that did not support assertiveness in young people, and he never had the advantage of any speech help in learning English—for him, it was catch-as-catch can. He had no friends or support community. He was doing his interning under the eagle eye of a stern taskmaster (referred to as a sadistic something else behind his back).

Kim was terrified, and since his family and church had invested everything they had in his education, failure was not an option.

I turned on the recorder and asked Kim what he thought of his speech, voice, language, and general communication concerns. I learned the baggage that he brought into the room with him, right or wrong, and formed a pretty good idea of personal insight and motivation. What he knew were the critical comments he had heard, and what he felt was despair. He was currently being defeated by the articulation demands of the word “irregularity.”

I played the recording of our interview and asked him to reevaluate the speech-voice-language as he heard it on the tape and to compare that with his initial evaluation. From

this I would know how accurately he could hear and describe what he heard, which is valuable in understanding his skill and in making a prognosis. Kim was not able to make a judgment about his speech adequacy, but he watched my face to see what judgments I might be making.

Then I asked him how he *wanted* his speech-voice-language to be described by others. We would establish our goals and priorities by the way he answered this question: but all Kim wanted was to be a good doctor and to talk like one.

Because Kim was so weighted down with his self-criticism and failings, I figured he did not need further detailing of his communication deficiencies. All our work together was always presented in the form of pursuing his goal of communicating as an effective doctor, not solving his many “problems.”

We started with vocabulary lists of frequently used medical terms that needed to be understood clearly and set a goal of ten words a day. I recorded our list for his take-home practice and he would phone (or stop by) every day to practice. This approach helped Kim take a positive attitude: every speech practice was an opportunity to make himself a better doctor. For him, that was enough to ensure solid progress on the speech clarity goals.

My work with Kim established the evaluative format and approach I would use for the rest of my career.

These early cases showed me that in a private practice, I could now offer the kind of intervention and holistic treatment I could not offer in a clinical setting because we had a direct fee-for-service arrangement and medical insurance was not involved. I learned that these people from the general and “normal” public were handicapped in their career development and that they had nowhere else to go for help. This was memorably illustrated by a woman in the hospital typing pool who grabbed my sleeve one day and said, “Dr. Fleming, I once worked in an office and there was an opening for a manager;

I tried for it, but the boss said my voice was too airy-fairy for the promotion We didn't have people like you back then." I knew I was in the right place doing the right thing.

This work has led to unimagined personal rewards from people who taught me a thing or two about character and talent and determination. You will meet some of them in this book, but first let me tell you about Elaine, who will humble us all with her courage.

I learned from her phone call that Elaine wanted to pursue another job in human resources in Silicon Valley. She had previously headed HR in a major San Francisco company for twenty years, but the department was to be closed. Elaine had an appropriate PhD and was highly thought of at her present company, but she told me that the headhunter she was working with had let her know that her voice was probably "too soft" for this new young company she was considering. She asked for an appointment to work on her "soft voice." Between you and me, I was already suspicious about this voice complaint just by the way she spoke on the phone. But OK, an appointment was made.

The time came, and Elaine walked in the door. She was what? 4'10"? On the chubby side, clearly late middle-aged. She made no effort toward coiffure or makeup or accessories. Her long, flowing pant legs were an attempt to cover a bone-thin leg and the 6-inch platform of her big, black orthopedic shoe; she had had polio as a child. I immediately understood what "your voice is too soft" actually meant. A loose translation would probably be "this new company has young, smart, and with-it techies; they are the cutting-edge future and you ... aren't. You are dumpy, plain, old, chubby ... crippled." The headhunter solved her dilemma by saying Elaine's voice was "too soft."

She was off the hook, but I was on it. I admit I took a deep breath on this one, but, sensing her maturity, I leveled with Elaine about my suspicions, and she handled it like the pro

she was. “Do you want to deal with this situation?” I asked, and she said, “If you think I can do it.” I did.

Now I could do the makeover I couldn’t do for Christine. A new hairdo, makeup consultation, amber jewelry to make her big brown eyes light up her face, a more fitted seafoam green outfit, and our secret plan. She told the recruiter that she had worked with a voice consultant and was now ready to try out for the job.

Applicants for the human resources leadership position were to present a twenty-minute talk on some aspect of that field. Elaine chose “diversity,” and we went to work on her presentation. She knew her professional stuff, of course, but I offered an opening that I thought would command the kind of fresh respect she needed and switch their attention from her crippled leg to her strength of character. She was astonished at my plan but agreed to do whatever it would take. Here is the opening of her talk:

(Standing in front of the group, take your time and make eye contact til they’ve settled down.)

“How old were you when you first found that you were different from other children?”

(Long pause, let them think.)

“Well, I was 5 years old when I saw that they didn’t look like this.”

(Hike your pant leg up to your thigh and just stand there, making them look at your leg and shoe. Don’t rush, make eye contact. Now, go on to your presentation.)

Elaine turned down this job offer to take a better one. She had learned that she didn’t need to cover her leg in shame, something she had done all her life. She could truly put all her professional weight on that leg and march into her career with her head up.

And *I* learned I could not only help people speak better, I could help them *be* better.

They could present a more confident face to the world and have more trust in their own abilities; speak out about the concerns of others—and their own—more forcefully; be perceived as leaders in their companies and communities; participate in social gatherings with more comfort and fluency; feel that they are fulfilling their potential; speak their mind more effectively; and earn the respect of others.

It is my hope that this book will help you be better, too.

Carol Fleming
August 2, 2012
San Francisco

Introduction

As you communicate with people, they come to know you both as an individual and as a professional. The only way that people can sense your intelligence and professionalism is through the effectiveness of your communication: what they hear you say, the attitude that they perceive, and the very sound of your voice.

Professional communication is important to people in every line of work. While your expertise and skills are, of course, essential, it is your personal verbal communication that transmits your expertise and confidence to other people. While many books out there on communication will tell you what to say, few address how to say it, and even fewer will help you learn how to work specifically with your speech and your voice.

I've been working with people on refining the sound of their voices for over thirty years. As a speech and language pathologist, I use the education and skills developed for the clinic and apply them to the more subtle needs of the business and professional world. While others may offer public speaking training, speech therapy, or theater skills, I take a holistic approach, helping people address any concerns they may have about the impression they make by the way they communicate both verbally and nonverbally. The reason this approach succeeds is that body, words, and voice must ideally communicate the same thing at the same time for the speaker to come across as professional, trustworthy, and appealing.

I've found that virtually everyone has some aspect of their speech about which they feel insecure or on which others have commented. People come into my office feeling nervous,

and they always ask, “Can I really change my voice?” The answer I offer them is, “You absolutely can—with instruction and practice.” In this book, I’ve laid out all the most common communication complaints I’ve seen, along with the exercises that I’ve used successfully with thousands of clients over the years.

This is not as simple or as straightforward as it appears since we have a unique relationship with the sound of our own voice. We *are* the sound of our voice. Our speaking is our personality. Our internal thoughts and feelings are communicated to the rest of the world with our voice. You draw much of your understanding of other people from just the sound of their voice. Even though you may be more or less conscious of this process, the vocal information is being processed at a level that is deeply visceral and emotional. So you’ve got to figure that people are processing your voice in the same way.

I’d recommend that you go through Chapter 1 of this book first. It starts you on an assessment of specific problems or concerns. A more detailed analysis is possible using the approach presented in the Appendix. The results of your efforts will help you choose the issues you wish to address. Chapter 2 is a series of self-contained chapters on specific vocal challenges, and each includes effective vocal exercises tailored to that problem. Once you’ve addressed all the specific vocal problems, you’ll be ready to move on to the rest of the book. Chapter 3 covers voice enhancement techniques that will help you refine your voice into one that people will want to listen to. Chapter 4 covers what to say with that newly refined voice of yours, and Chapter 5 will help you pair your verbal communications with appropriate and persuasive body language. Finally, Chapter 6 goes into how to adjust your communications for specific professional circumstances, including job interviews and presentations.

While every chapter in this book is self-contained, some readers may find that they’d like to hear examples of specific

problems. My CD, *The Sound of Your Voice*, is available if you'd like to refer to that additional resource.

You might start looking for a recording device for your speech and voice work because listening to instructions, examples, and your own efforts is usually an important part of speech and voice change. In addition, you will need to be able to record, pause, play, and replay. Your recorder should have a counter so you know where you are. You want as high a quality as you can manage so you can hear yourself accurately.

Many of you might want to use miniature digital recorders for our work. If you are working on speech or voice, these devices may *not* be adequate. However, if the quality of sound is not an issue, such as when recording a passage for speed control, the smaller digital recorders might be useful.

There are action steps in virtually every chapter, because you will change your speaking by practicing a new behavior until it replaces the old, unwanted one. The qualities of perseverance and patience will be important to you.

One of my clients, a young woman from New Zealand, managed a credible American accent after only two lessons. Another client was a young, beginning newscaster. He brought me videotapes of his first assignments, and we both agreed they were embarrassing. We analyzed them for clarity and professionalism and made a makeover plan. In one week, he was a different person: mature, composed, and television-ready. I saw him on the newscast just last night. These two people were *highly* motivated. When you are completely committed to change, you will have the motive and strength to ignore distractions and maintain the practice schedule required for behavior change. I've never had one client regret the work that it took to achieve a new, more effective vocal communication style.

Some people have painful memories of failed attempts at self-improvement. From what I've been able to observe they have greatly underestimated the necessity of focused

and sustained effort. They make a few gestures toward their goal, don't see immediate results, and conclude, "It doesn't work!" It does, too!! We know that there is nothing more important than *deliberate practice* in behavioral development. The word "deliberate" means that you must be mindful of the improvement you are trying to make. Your attention must be completely involved in learning. Your motivation will help you focus completely on your task. If you need any evidence on the efficacy of deliberate practice, take a look at Malcolm Gladwell's *Outliers: The Story of Success*. For those of you who want to examine the research that led up to the famous "ten-thousand-hour" formula, I have included the Ericsson reference in the Citations section. Do not think that you can practice successfully while the television is on, or while you are doing anything else. The roots of our communication patterns are too deeply embedded in our brains for superficial efforts to have any effect. I have seen the lives of business and professional people become increasingly pressed and pressured. They do not "have" the time to work on their speaking; they must "make" the time.

I usually ask people to practice at least three or four times a day for six- to twelve-minute practice periods. People frequently imagine that they are going to put in a good solid hour of practice right after dinner. They fool themselves. They will be tired and distracted at that time. An hour is too long for the kind of concentration it requires. But frequent, short practice periods work very well for the adult learner. You must find the schedule that allows you to devote your complete attention to your speech work. As much as you would like to use the apparent "downtime" of driving to practice, I urge you to resist the opportunity. Driving is far too dangerous an activity to complicate with speech learning.

Try to make it fun, and give yourself a reward for each day you complete your full practice time. Give the new learning a chance to become easy and habitual. If you've got the

motivation for deliberate practice, you will get good results for your efforts.

One last tip before we get started: Any new behavior, speech or otherwise, will feel strange (wrong, weird, or phony). What feels fine is how you've always done it. What *feels* alarmingly strange will probably *sound* quite good. I promise, over time, the new habit will become the one that feels most comfortable. Remind yourself that this improvement will help you get to where you want to be in your career and in your life in general. It's good to ask a few trusted friends to listen to you and offer you regular feedback, but make sure everyone knows that virtually everyone who tries a new communication pattern does so in a stilted, overly correct manner because they're speaking self-consciously. This will smooth out, I promise. We are aiming for easy, natural-sounding speech, and that will come in time with deliberate practice.

Understand that you are setting your foot on a path that will have the greatest impact on your life and will be worth extraordinary commitment. The great Henry James had this to say about your journey:

All life therefore comes back to the question of our speech, the medium through which we communicate with each other; for all life comes back to the question of our relations with each other ... the way we say a thing, or fail to say it, fail to learn to say it, has an importance in life that is impossible to overstate—a far-reaching importance, as the very hinge of the relation of man to man.

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CHAPTER 1

Assessing Your Voice

If you ask people how they want their speech and voice to be described, they will probably say articulate, resonant, and knowledgeable, clear, persuasive, and confident. These are the characteristics of speakers you admire, and you want to be in that club because you know how very much it matters. As one of my clients said, “Every time you open your mouth, you put your business in the street” (i.e., you put your reputation on the line).

I will tell you a secret: People are not good judges of their own speaking characteristics. They may be aware that there’s something about the way they talk that is a problem for them and they make guesses about the specifics. Here’s what many clients say when they first come to see me:

“My voice is too high (too gravelly, too nasal, too ...).”

“I mumble/swallow my words, and I don’t speak distinctly.”

“I am very uncomfortable with small talk, public speaking, and interaction with any authority figures.”

“My speech is too soft, and people are always telling me to speak up.”

“I sound like a child.”

“My voice is too feminine for a man.”

“I’m terrified! I have to make a speech (deliver a eulogy, toast at a wedding, etc.).”

"I have an accent, and people keep asking me to repeat myself (or "people in the workplace seem to discriminate against me because of the way I speak")."

In this part of the book, we'll take a look at the assessment process. If you want to take a serious step in your own self-assessment, use the materials in the Appendix to help you get more objective feedback about the impression you make by the way you speak. The first step to improving is figuring out what specifically you'd like to improve so you can address the issue directly.

What Is a "Problem"?

A problem is some aspect of your speech that calls attention to itself or causes you or others to be distracted from your message. Many of the following chapters will describe features of speech that frequently cause problems. You will be told repeatedly to record and listen to yourself for the simple reason that you do not know how you sound; you only know what you intend. Trust me on this. Throughout this book you will find examples of persons who are shocked when they first hear their recorded speech, those who absolutely do not recognize the recorded voice as their own, and even people who cannot understand their own speech when listening to a previously recorded passage.

We have a unique internal relationship with our speech that is nothing like the waves of sound that other people hear as our voice. We hear our own voices right inside our heads, and this makes an enormous difference in the sound we perceive. Also, our brains are so involved in the formulation of meaning and language that we simply do not have the cognitive bandwidth to pay attention to how we sound.

Speaking concerns usually have two components: (1) aspects that represent linguistic learning, habits of speaking, and expression, and are amenable to change through specific

identification and practice of new patterns, and (2) psychological aspects (tensions, anxieties, etc.) that can either cause or be the result of the speech pattern in question.

Let me illustrate this situation with Andrew's speech problem. Andrew, a man in his mid-twenties, knew there was something wrong with the way that he said the /s/ sound. When he was in junior high school, other kids would tease and imitate him, making a funny slushy sound for the /s/. ("I shee you're shitting on the sheet!") Oh, how very funny this was. And how humiliating to Andrew! You are probably asking where the school's speech therapist was. Apparently his problem was considered "too minor" for these overworked people.

He was currently a backroom employee in a financial institution, but he really wanted a promotion and an increase in his salary. The position available to him would require face-to-face customer contact and some management communications. You can be sure that Andrew had avoided any public speaking situation up to this point. He decided to give it one last try, and he found me.

When I tell you how easy it was to correct his /s/ problem you will just shake your head in wonderment. Probably in response to a dental problem in the front of his mouth in childhood, Andrew had learned to produce an /s/ sound through the side of his mouth, by his incisor teeth (a lateral lisp). Normally, the /s/ is made right behind your two front teeth with the tongue forming a narrow channel to shoot the air right behind the dental surface. His lateral lisp became habituated, and he used it for the following twenty years. It started as a physical problem to which he adapted through learning, which had huge psychological consequences for his expressive confidence, which in turn had a major impact on his career path.

In one session, I was able to show him how to produce a correct /s/. Of course, it felt totally foreign to him and required much practice, reassurance, and monitoring on the recorder to make him comfortable with the new articulation. Then we

had to go through practice situations of increasing speed and complexity to get the new habit secure. Andrew was highly motivated and willing to do the focused practice to internalize the new /s/. Four sessions later, our last, he entered my office, sat down, and announced with a twinkling of his eyes, "I am sssitting on the ssseat!" We enjoyed a great shared laugh, and it was a sweet moment. Andrew got more than just a good /s/. He got the confidence to speak in front of people and to reach out for the promotion. So you can see, emotions and habits are equally involved in the communication process, and both must be addressed to go forward.

What happens in my office?

1. An appointment for an evaluation is made. A few people, like Andrew, know exactly what their problem is, but most people have to make wild guesses and need professional clarification in order to proceed. The evaluation takes about an hour. From your side of the desk, you are having a simple conversation about your inquiry, with some questioning about your background or relevant present-day situation. You soon forget that you have a microphone in your face!

Next, we will listen to that recording together to make a more realistic decision about the impression you make by the way you speak. You will NOT want to do this at first, but I will pretend that I don't know that and go right ahead. You soon get over your apprehension when you see that I am not going to beat up on you but will be trying to help you understand what you are hearing about yourself. Then you will love it. You may well be able to hear that you speak a lot better than you thought you did. In any event, you are confronting your "self" as never before. You will be surprised, and you will feel elated.

Next we discuss our impressions and set goals for your progress. I will give you a general idea as to how our work will proceed and may even get you started on some aspects of our work. You will walk down the hall with resolve and hope in your heart and a lot to think about.

2. The second visit is an important one for *me*. I will ask you what you got out of the evaluation and will find out what was important for you, what you forgot, and what you learned about yourself. I will also find out about the quality of your practice efforts. I need to learn how you learn. At this point I will be giving you written materials to work with, and we will be recording elements of your homework so you can be sure that you are doing the right thing. There, I said it! **HOMEWORK**. This is what you do outside my office with what I have taught you inside my office.

If we are working on speech or voice issues, I usually ask that you spend a half hour a day going over our work in short periods of time—five minutes, but a mindful, focused five minutes—repeatedly through the day. I will ask you to telephone me with one of these short practice sessions so I can be sure that you are on track. We will make an appointment for the following week.

3. There will be many illustrations of how people practice in this book and much discussion of practice in different situations. Enough said. Some issues require several months of weekly appointments; it just depends on how much you need to accomplish.

Read on to meet the people like you who have worked on their speech, or go to the Appendix to get started on your own concerns.

This material has been excerpted from

It's the Way You Say It
Becoming Articulate, Well-Spoken, and Clear

by Carol A. Fleming, PhD

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