Van Riperian
Stuttering Modification
with an Adolescent:

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Introduction

- natural recovery before adolescence
- advanced stutter, secondary stuttering
- stuttering modification (SM)
- criteria

(Shapiro, 2011)

Questions / Purpose

- How can a SLP design SM and will it improve the effectiveness of Tx?
- This case study addresses how an SLP can design and implement SM & see if this method will improve Tx.
Review of Literature
- Individualized Tx focused on ABC change (Guitar & McCauley, 2010; Murphy, Yaruss & Quesal, 2007; Shapiro, 2011)
- SM targets the affective: thoughts, feelings & emotions related to stuttering (Shapiro, 2011; Van Riper, 1973)
- Contemporary professionals in the field of stuttering have adapted SM methods & included them in their own design of treatment (Guitar & McCauley, 2010; Manning, 2010; Murphy, Yaruss & Quesal, 2007; Shapiro, 2011; Yaruss, Coleman, & Quesal, 2012)

Van Riper
- The Treatment of Stuttering (1973)
  - SM: Motivation, Identification, Modification, Preparatory Set
- Action Therapy (1977) videos available through the Stuttering Foundation of America
- (Blood, Blood, McCarthey, Tellis, & Gabel, 2001) Dynamics of an effective client-clinician relationship & verbal response patterns of Van Riper during Tx
- (Lea, 2008) Multiple voices Van Riper uses during desensitization

Summary
- Van Riper was a pioneer in SM and his contributions to SM Tx are paramount
- The Debate:
  - SM or Fluency Shaping
  - Integrated Approaches or Individualized Approaches
Case Study

Client

- 12-years-old, 6th grade a Middle School
- Hispanic, Bilingual, English spoken in home
- Three siblings (none stutter)
- Mother stuttered as a child
- Client begin to stutter in the first grade
- The client has been treated by an SLP in school since 1st grade
- IEP Goals

Assessment / Baseline

- Quantitative Data
  - Covert features: tension in the mouth and jaw, eye blinks, little eye contact when speaking
  - Overt features: Speech analysis
    - 727 word (conversational speech) Disfluency Index (DFI) and disfluency type indices (DTI)

- Graph: Total DFI 18%, Interjection 13%, Part-word 4%, Whole-word 1%
DFI & Speech Sample

- interjections
- part-word rep.
- whole-word rep.
- use of speech tool

Clinicians Comments

well umm well umm t, t, today my teacher she umm called on me a a and and and I did raise my hand and I got so nervous and and and I did not talk for like for like fifteen no like (silent block, in correct artic position) … seconds like so then like I was trying to the word out and like this and and I was like and my whole body was like shaking like like and I like like was so red,

Bias - interjections as disfluencies?

Assessment

- Qualitative data: selected questions from the Overall Assessment of the Speaker’s Experience of Stuttering (OASES)
- Supervisor’s comments…
- Clinician’s summary-

Preliminary Tx

- Fall 2012
  - 11 sessions at 45 min apiece
  - Choral reading, “stretchy speech”, correct articulatory position, breath support & slow rate in conversation, games, reading and activities
  - Clinician praised moments of fluency and when the client uses speech tools. (Shapiro, 2011)
  - Client and clinician identified use of interjections, client attempted to decrease interjection use
  - Clinician pseudo-stuttered
  - Clinician shared past experiences as a person who stutters to establish client-clinician relationship
December Data

- Client found ways to not let stuttering interfere with school work...
- Supervisor recognized less physical tension and eye blinks
- Clinician was alarmed at the increased DFI %, but noticed a dramatic decrease use of interjections (13% to 5%)
- Clinician recognized the client’s willingness to talk about stuttering

DFI & Speech Sample

It’s fun but the thing I’m so worried about tomorrow is that hum like hum since we had a science project to do and stuff umm that tomorrow LLL like we s,s,sh are it .../... LLL like I’m trying to get myself sick hmm I like have a partner ... nd and since we are working on a topics and stuff .../... ok umm so there like like we got assigned to to umm umm that one hard one ok umm so we can do w,w, as to go r,r, research uh research like about umm like my... (circumlocution) the one umm that I’m working on and then umm that courses said to go umm the umm that we have to compete like like against like another one... umm so so like in the sixth grade halfway umm there are

Treatment

- Increase sessions from 45 minutes to 1 hour
- More direct approach to Tx:
  - SM
- Primary Resources
  - Van Riper (1973) *The Treatment of Stuttering*
  - Van Riper (1977) *Action Therapy videos*
Motivation
- education
- her goals...
- A “C” in speech for fall
- Clinician explored “good” and “bad” of Tx in fall 2012...
- Clinician proposed treatment plans to client…
- Speech therapy contact & expectations...
- Typical session: choral reading, reading, games, conversational speech in activities with varying levels of stress using “speech tools”
- Client identified when the clinician stuttered

Identification
- Client analyzed moments of fluent & disfluent speech from HW journal
- Client analyzed clinician’s stuttering on data sheet
- Analyzed a color-coded DFI
- Analyzed the client’s Baseline & Dec. color-coded DFIs
- The client read examples of her stuttering from each DFI
- The client said that some of the things she has said on the DFI “make no sense”

Identification
- Clinician asked the client if she was aware of secondary behaviors (tension, eye blinks, lack of eye contact)
- Clinician shared personal experience of stuttering in class and how he felt after it
- After, the client said she feels tension in her mouth and jaw and blinks her eyes when stuttering
Desensitization

- Was not directly addressed because of her age and maturity level
- Indirectly happened during every session as she became more comfortable with her stuttering

Identification

- Clinician-client relationship & trust
- Example of an Identification Session and client success in the class

Identification went well, it's all good, well umm well umm. Mrs. Keefe told us to go umm to people umm that talk that much, umm like and that's what I did. (I stop her and pointed out the interjection) maybe and like (not interjection) (she laughed at this) ... and umm and like I went to talk to the persons and like we told them the card... and like I practiced with that person and whenever like it was my time to read the umm, the umm talking went so well (she is happy about how her speech went / I point out that after she said "and" she went back and said the word "like")... I know, (I told her that all people use interjections, but she was using them as an avoidance behavior)

Modification

- Explained the importance of changing stutter
- Defined “cancelation”
- Example of teaching cancelation

Modification went well, my speech and my speech has gotten better (counseling about confidence / she thinks her speech has gotten better) because of the speech that happened to me counseling... no well I was kind of nervous but happy (she has positive emotions related to speech)
Modification

- Client used cancelation on stutter
- Defined “pullout”
- Clinician modeled pullout while stuttering
- Client used pullout on stutters
- Clinician and client monitored each other's use of cancelation and pullout

Outcomes

Qualitative Data:

- **Supervisor**: less tension and eye blinks, increased us of speech tools, client enjoys Tx, teacher report..
- **Clinician**: less interjections, talks openly about stuttering, less negative emotions
- **Client**: stuttering does not interfere with academics & social life, she is on the honor roll & talks to friends school, she thinks her speech is getting better

Quantitative Disfluency Data

- Total DFI %
- Interjection %
- Part-word %
- Whole-word %

Speech Samples

% Of Words Produced Using Speech Tools During Speech Samples

- Baseline
- December
- February
- April
Conclusion

- Consequences
  - Clinician feels confident implementing SM
  - SM methods improved client's self-concept
- Anticipations
  - Including interjections in DFI
  - Fluctuations in Quantitative data
- Ns
  - Would intensive SM Tx with adolescents in a clinical setting be more effective than in a school?
  - How do clients who stutter support the work of Van Riper, McCarthey, John, Tellis, Gabel, R. (all people who stutter)
- Future action
  - Clinician will continue using SM Tx until June, Supervisor will continue to address emotions related to stuttering and use elements of SM next year in Tx
  - Research the Tx method of SLPs who stutter to see if they support SM over other Tx approaches
  - Research what factors contribute to the design of therapy among SLPs who stutter
  - Conduct studies of intensive SM Tx in clinical settings

Conclusion

- Significance
  - Van Riper may be considered outdated by some, but his work may be the best examples of SM available
  - SLPs who stutter have personal experience that can be utilized in stuttering Tx
- Overarching Qs
  - Are SLPs who stutter more effective when it comes to fluency disorders than SLPs who do not stutter?
  - How effective is stuttering treatment in the schools?
- Id lessons learned
  - Clients and clinicians get out of therapy what they invest into it.
  - Tx needs to be consistent

References