Similarities and Differences of Stuttering Modification & Fluency Shaping Therapies*

STUTTERING MODIFICATION THERAPY

Therapy Goals

- Considerable attention given to reduction of speech fears and avoidance behaviors.

- Development of spontaneous fluency, controlled fluency, or acceptable stuttering.

- Maintenance of fluency by maintaining reduction of fears and avoidance behaviors. Use of various techniques to modify stuttering.

Clinical Procedures

- Therapy structure is characterized by a teaching/counseling interaction.

- Data collection in terms of global impression of client's stuttering problem.

Pros and Cons

Client – PRO	*Client* – CON
• Does not require speaking in abnormal pattern.	• Needs to confront and perform fear-producing tasks.

Clinician – PRO	*Clinician* – CON
• Therapy tends to be more spontaneous and enjoyable.	• Therapy is nonstructured, and more difficult decisions need to be made.
	• Less data collected for measuring progress.

FLUENCY SHAPING THERAPY

Therapy Goals

- Little attention given to reduction of speech fears and avoidance behaviors.

- Development of spontaneous or controlled fluency. Client taught stutter-free speech in clinical and outside situations.

- Maintenance of fluency by modifying the manner of speaking and, if necessary, the reinstatement of fluency by recycling through original program. Management of contingencies for stuttering and fluency.

Clinical Procedures

- Therapy structure is characterized by conditioning and programming principles.

- Data collection in terms of objective data regarding client's speech.

Pros and Cons

Client – PRO	*Client* – CON
• Less need to confront and perform fear-producing tasks.	• May require speaking in abnormal pattern for a period of time.

Clinician – PRO	*Clinician* – CON
• More structured programs available, thus less planning needed.	• Therapy can be boring.
• More data kept kept for measuring progress.	• More charting of data needed.

* Adapted from: Guitar, B. and Peters, T.J. (2013). *Stuttering: an Integration of Contemporary Therapies*. Memphis, TN: The Stuttering Foundation.

FLUENCY SHAPING

FEELINGS AND ATTITUDES

- The fluency shaping approach would be effective with those whose stuttering is not maintained by strong negative emotions.

- The PWS (person who stutters) is likely to be talkative during the initial interview and will describe his stuttering as having begun with easy repetitions.

- In time, his stuttering may have grown more severe, but never so severe that it kept him from talking.

- His parents and friends have accepted him.

- His stuttering annoys him and may interfere a little with his life, but is not a great handicap to him.

SPEECH BEHAVIORS

- The severity and frequency of the client's stuttering may vary.

- He may be what appears to be good candidate for fluency shaping, however, he will not go to great lengths to disguise his stuttering.

- His will be easily observable when he has it.

TRIAL THERAPY

- This PWS will be comfortable with prolonged speech during fluency shaping trial therapy and he will find that even conversational fluency comes easily.

STUTTERING MODIFICATION

FEELINGS AND ATTITUDES

Stuttering modification therapy would be appropriate for a person who stutters (PWS) who fits the following description:

- His pattern of development of stuttering would suggest that he suffers a fair amount of penalty for stuttering. He would indicate that life is pretty miserable when he stutters.

- More than likely, parents, friends, teachers, and others are not overly accepting of his stuttering.

- The clinician's impression of his present situation would be that he is very uncomfortable with his stuttering and he feels it is holding him back from things he would like to do.

SPEECH BEHAVIORS

- The stuttering modification approach is neither indicated nor contraindicated by the severity of the stuttering.

- This approach works as well with mild as with severe stuttering disorders.

- The important thing to consider is how much the PWS avoids or hides his stuttering. If he spends considerable energy disguising his stuttering, he is more likely to profit from stuttering modification therapy.

TRIAL THERAPY

- Stuttering modification therapy may be indicated if the PWS's severity or struggle behaviors become milder during stuttering modification trial therapy procedures.

- Stuttering modification therapy would be even more strongly indicated if PWS has difficulty producing fluent speech in the fluency shaping trial therapy.

- If, however, fluency is produced, but the PWS finds slow prolonged speech uncomfortable, stuttering modification therapy may also be indicated.

COMBINED THERAPY

FEELINGS AND ATTITUDES

- In general, individuals are good candidates for a combined approach will be those who have some fear of stuttering, but not the morbidity of some severe individuals who stutter who have taken their rejections and penalties deeply to heard.

- Their Erickson Scale and Avoidance Scores will usually be in the moderate range.

SPEECH BEHAVIORS

- The severity and frequency of stuttering may vary considerably in the candidate for the combined approach, but this client's speech is likely to contain evidence of avoidance (e.g., circumlocutions, postponements, and starters).

- Compare reading and talking so you can note differences in the client's speech for evidence of attempts to hide stuttering. For example, circumlocutions are not possible when reading.

TRIAL THERAPY

- A combined approach may be indicated when the PWS responds somewhat favorably to both stuttering modification and fluency shaping trial therapies.

- That approach, which results in the most positive response, may be the best starting place in the treatment program. This would increase the probability of initial success.

- As the need to work on the other aspects of the problem becomes apparent, the need would be met later in the program by implementation of the other approach.

- A PWS may be a good candidate for a combined approach when he exhibits needs that can most effectively be met by both approaches.

- Client may have negative emotions about stuttering and avoid words and situations, but these components of this problem are not overwhelming. He exhibits a generally positive response to both trial therapies.

CHANGING APPROACHES

CHANGING FROM A STUTTERING MODIFICATION APPROACH

- The most common problem with clients in the stuttering modification therapy program is their resistance in confronting their speech fears. This is usually manifested by the PWS either quitting therapy or by only token involvement in the therapy process.

- It is important to explain to the PWS that this new approach will whittle away at his speech fears in little steps. In the long run, he will get to the same place, but will take a different route.

- At this point, therapy will change the focus to a slow prolonged speech program and work up through a hierarchy.

CHANGING FROM A FLUENCY SHAPING APPROACH

The most frequent problems with fluency shaping programs are that they fail in the later stages of generalization or in the maintenance of fluency. The problems seem to be of two types.

- The first is that the PWS still has considerable fear of certain speaking situations, despite the fact that they have already been approached through a graded hierarchy of successively more fearful situations. When he approaches these situations, his fear becomes too great and he is unable to maintain fluency.

- The second problem is that the PWS does not have any coping techniques to deal with anticipated or actual stuttering in everyday speaking situations. He can be either fluent or he will stutter. He has no way to deal with his moments of stuttering.