



**HOLLINS  
COMMUNICATION  
RESEARCH INSTITUTE**

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# ABOUT HOLLINS APPROACH

- Founded in 1972 by Dr. Ronald L. Webster
- Focuses on the analysis and treatment of stuttering
- Hollins Precisions Fluency Shaping
- 19 day therapy program held at Hollins Communications Research Institute (HCRI)
- Following completion participants are given a 6 month follow-up program to transfer the skills they learned
- Program is held 17 times per year.
- Hollins Fluency System-new 12 day intensive treatment program



# GENERAL INFORMATION ABOUT HCRI

- Cost of program is \$4500.00 + lodging and travel expenses
- Typically sessions are booked 6-8 months prior to start date
- Program is facilitated by Psychologists and Speech-Language Pathologists trained specifically in stuttering treatment
- FluencyNet allows patients to monitor and measure their speech on their personal computer after completion of the program



# CASE STUDY: PRECISION FLUENCY SHAPING

- 5 Adult Males (30-45 years of age)
- 3 Who Stuttered
  - Reported stuttering since childhood
  - Clean bill of health
  - Not enrolled in any other treatment programs in the past 4 years
- 2 Controls
  - Received no treatment
  - Staff members of Haskins Laboratories
  - No history of speech or hearing problems
  - Not told purpose of experiment
  - No clinical background in study of stuttering



# CASE STUDY: PRECISION FLUENCY SHAPING CONT.

- Severity was evaluated by clinical judgments
- Formally evaluated with Stuttering Severity Index (SSI)
- The males who stuttered varied in the amount of stuttered utterances.
- Acoustic and kinematic data recorded at Haskins Laboratories.
- Inspiratory and expiratory data was collected
- The movement of the vocal folds was monitored
- The subjects produced /pit/, /pet/, /fit/, /fet/ in the sentence “He see \_\_\_\_ again.”



# CASE STUDY:

## PRECISION FLUENCY SHAPING CONT.

- Results following Precision Fluency Shaping therapy
  - Increased total duration of utterances
  - Change in respiration
    - Inspiratory volume increased
    - Overall client's voices were typically more breathy following treatment
  - Increased airflow following treatment
  - "... changes in speaking rate are not essential to increased fluency after treatment, there are too few studies..." (Story, R., & Alfonso, P., 1996)



# HOLLINS INSTITUTE FOLLOW UP: REPORTED OUTCOMES

- 200 Participants were studied one year post therapy (HCRI, 2006)
  - 15% retained their improved fluency
  - 10% went back to their pre-therapy level
  - 75% retained fluency in the “normal” range
  - 72% did not have avoidance and struggle behaviors return



# PATIENT REPORT

- 93% reported increased confidence in their speech
- 89% stated their fluency improved from pre-therapy levels
- According to post-treatment questionnaires, 95% found therapy worthwhile
- 98% declared they would refer others to HCRI





# HOLLINS FLUENCY SYSTEM: DESCRIPTION OF TREATMENT

- **Session 1:** *Pretreatment Evaluation / Orientation-* Videotaped speech samples collected (reading and conversation), Perceptions of Stuttering Inventory (PSI) administered, and stretched syllable target strategy introduced
- **Session 2:** *Transfer-* Stretched syllable target practiced in different environments within the confines of the Institute. Full breath target breathing patterns introduced.
- **Session 3:** *Gentle Onset / Class I & II Sounds-* Clients are taught to manipulate the vocal folds and compensate for primary muscle movement distortion associated with stuttering
- **Session 4:** *Gentle Onset Target / Class III & IV-* Taught to use reduced air pressure for production of unvoiced fricatives and plosives. For plosives, they are also taught to use reduced articulatory pressure.



# HOLLINS FLUENCY SYSTEM: DESCRIPTION OF TREATMENT CONT.

- **Session 5:** *Fading*- Decrease the number of practices of an old response and increase practices of new responses. Clients begin to reduce exaggerations
- **Session 6:** *Exaggeration / Speech Making*- Practice each target with additional exaggeration so the skills can be maintained in stressful situations. Clients are asked to prepare a series of speeches
- **Session 7:** *Fade ½ Sec. Transfer and Computer 3-4 Syllable word*- Fading to shorter syllable durations. Clients use computer based activities to reinforce work at shorter responses.
- **Session 8:** *Speech Making*- Clients give speeches using the new shorter syllable durations obtained in session 7. They use techniques that were learned to deal with stressful situations and have a review. Introduction of outside transfer.



# HOLLINS FLUENCY SYSTEM: DESCRIPTION OF TREATMENT CONT.

- **Session 9**: *Self Generated Chains*- Instructed on how to include their target behaviors in novel phrases and sentences. Telephone transfer in a structured hierarchy.
- **Session 10**: *Transfer into Daily Living Situations*- Participate in activities that involve managing targets under stress and conversational interruptions.
- **Session 11**: *Individualized Transfer Activities*- Participate in several transfer activities (e.g. mock interview). Practice outside the Institute
- **Session 12**: *Post Treatment Follow Up Instructions*- Staff presents a 6 month follow-up program to assist clients in transferring their skills to the home environment. Clients also receive training on FluencyNet.



# SUMMARY: PROS & CONS

Pros	Cons
Short length/intensity allows people to see quick results	Not everyone is successful with program
High success rates in past participants	May not be a quick fix for all types of stuttering
Addresses all aspects of stuttering including internal and external factors	Interactive technology may be difficult for people who are not as knowledgeable with computers
Lasting results in many cases	Need to have a personal computer to follow post treatment FluencyNet program
Provide 6 month follow up program/stay in contact with participants	Program may not be affordable to all people



## REFERENCES

- Story, R., & Alfonso, P. (1996). Pre- and post treatment comparison of the kinematics of the fluent speech of persons who stutter. *Journal of Speech & Hearing Research*, 39(5), 991. Retrieved December 2, 2007, from Communication & Mass Media Complete database.
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