



Stuttering Intervention Program (SIP) by R. Pindzola

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SIP Program Overview

- Evaluating the Child
 - Recognizing the incipient stutterer
 - Microanalysis of behaviors
- Involving the Parents
 - Information gathering
 - Counseling and information sharing
 - Involving in fluency management
- Enhancing Fluency (treatment)
 - Strategies for improved fluency
 - Hierachial practice
 - Building in generalization
- Public School Committees
 - Writing an IEP for the child
 - Information for the teacher

SIP Program...

- Intended for use with children age 3 through 3rd grade
- Based off of the Demands and Capacities Model
 - When a child's demands are greater than capacities, then they experience disfluencies.
 - The SIP aims at increasing the child's capacities to meet their demands and decrease disfluencies.
- Designed to be a complete package for fluency shaping management in young children
 - Focuses on increasing fluent speech rather than reducing fears and avoidance behaviors
- "Founded on the principles of event consequence, physiological maneuvers, and linguistic manipulation."
- Uses a length complexity hierarchy for children with other delays in language development

Part One: The Evaluation

- Goals
 - Determine fluency disordered vs. normal
 - I.D. symptoms associated with disfluency
 - Determine severity of stuttering
- Behaviors Assessed
 - Type of disfluency
 - Size of speech unit affected
 - Frequency of disfluency
 - Audible effort
 - Rhythm, Tempo, and Speed
 - Insertion of the schwa vowel
 - Other audible learned behaviors

Part Two: The Parents

- Goals
 - Provide info about fluency development
 - I.D. factors which disrupt/enhance fluency
 - Train parents to model a fluent way for talking
 - Provide guidelines for managing stuttering
 - Generalize child's fluency across environments
- In Summarization...
 - There are four sessions, each dedicated to working on the goals listed above.

Part Three: Treatment

- Goals
 - Decrease overall disfluency
 - I.D. fluency enhancers
 - Evaluate child's ability to model fluent speech
 - Provide more difficult speaking situations in which the child can maintain fluent speech
 - Establish fluency outside of therapy room
- Style of presentation
 - Two sessions per step at 40 minutes
 - Intense treatment
 - Needs 90% accuracy with less than one error per min.
- Measure of success
 - Number of errors of each target per minutes are determined to measure success.

Part Three Continued

- Fluency Enhancement.
 - This included the 3 S's: SOFT, SMOOTH, and SLOW speech
- Slow, Stretched Speech
 - Child is visual shown what regular vs. slow, stretched speech would look like using an uninflated balloon
- Soft Speaking Voice
 - Child should reduce his/her overall loudness level
 - Pictorial/Gestural reminders are used
- Smooth Talking
 - Words within a breath group are blended together
 - Pictorial/Tactile cues, such as a boat sailing on waves, are used to facilitate smooth speech rather than choppy

Part Four: The Schools

- Goals
 - Provide info regarding fluency development
 - Develop observational and listening skills
 - Train teachers to model a fluent way of talking
 - Provide guidelines for classroom management
- Information Packet for Teachers
 - Danger signs of stuttering
 - Common avoidance techniques used by children
 - Common misconceptions about stuttering
 - Information they can provide the SLP with
 - Ways to assist in the intervention program
 - Classroom management

Success of Program

Child #	% Disfluencies in Clinic		% Disfluencies in Home	
	Pre-	Post-	Pre-	Post-
1	12%	3%	15%	0%
2	16%	7%	23%	5%
3	11%	4%	6%	2%

This table shows a reduction of disfluencies in each child's speech from the beginning of the program to the end. As you can see, each child decreased his or her disfluencies in the clinic and home settings

Strengths and Weaknesses of SIP

- Strengths
 - Involves Parents, Teachers and Child
 - Allows for generalization
 - Provides info packet for child's teachers
 - Protocol is norm referenced
- Weaknesses
 - Schedules may be difficult to coincide
 - Very demanding of the child (high expectations)
 - Time consuming
 - Effects of treatment only given on 3 children
 - All treatments had improving results

Recommendations

- We believe that the SIP used good techniques, but that the program may be too intense of a treatment for such young children
- Rather than having parents come to all treatment sessions, some of the information could be provided via handouts and pamphlets to accommodate for scheduling conflicts

Reference

- Pindzola, R. (1987). *Stuttering Intervention Program*. Tulsa, OK: Modern Education Corp.