

# The Stocker Probe Technique

Beatrice Stocker, 1976

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# What Is It?

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- A fluency shaping (i.e., establishment and operant shaping of fluency under controlled stimulus) and stuttering modification (i.e., reduction in the severity of stuttered moments and negative emotions) therapy.
- This technique is used to elicit spontaneous speech samples by answering a series of questions.
- It is a diagnostic measure and therapeutic approach used with young children.
- Developed in 1976 by Beatrice Stocker.

# Why Is It Used?

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- To evoke a large speech sample during initial assessment and subsequent therapy.
- It elicits a child's disfluent and fluent speech in a short amount of time.
- It evaluates the child's fluency across varying cognitive levels.
- Easy to administer and score in order to record child progress.

(Silverman, 2004; Stocker, 1976)

# How Is It Used?

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- A "probe" is a total of ten questions or requests which are presented using two different objects that are common to the child.
- Questions or requests are presented randomly and represent five increasing levels of cognitive demand for novelty.
- The same five questions are used for each object.
- At least five probes need to be administered, providing fifty possible responses.

(Stocker, 1976)

# Level 1 Question

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- "Is it hard or soft?"
- Low-level verbal task; The answer is inherent in the question.
- This level produces a short repetition response of minimal words.

(Stocker, 1976)

# Level 2 Question

- "What is it?"
- The name of the object is not given in the question.
- It produces a short response requiring the name of a present common object.

(Stocker, 1976)

## Level 3 Question

- “Where would you keep one?”
  - Referents are not present in the given situation and are not named in the question.
  - It produces a response usually consisting of a prepositional phrase.

(Stocker, 1976)

## Level 4 Request

- “Tell me everything you know about it.”
  - The syntactic form of the response is not constrained by the nature of the question.
  - Produces a series of attributes not named in the request.

(Stocker, 1976)

# Level 5 Request

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- "Make up a story about the object."
  - Highest level
  - Most creative task
  - Elicits the longest response
  - Open-ended
  - Produces variable responses in both form and content.

(Stocker, 1976)

# Rationale

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- The PROBES emphasize the LEVELS OF DEMAND placed on the child.
  - They are presented in such a way as to decrease verbal demand and thus decrease the child's disfluency.
  - The more novel the message, the greater demand on the speaker.
  - There is a strong correlation between demand for novelty and the effect on fluency. As levels ascend, there is higher demand placed on the child, likely increasing disfluency.

(Stocker, 1976)



# Bloodstein's Support & Clinical Research

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- Bloodstein has noted that, "there are many conditions under which stuttering appears to be reduced, essentially because the listener already knows what the stutter is going to say."
- Clinical research indicates that as the levels of cognitive demand increase, stuttering increases, and recovering does not occur until a lower level of demand is present.

(Stocker, 1976)

# Integrating Results Into Therapy

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- According to Bloodstein's definition of non-fluency: if any non-fluency is present in a response the item is marked (-), a complete fluent answer is marked as (+). The amount and type of non-fluency is not recorded.
- Therapy begins at a level of demand in which the child showed no disfluency.
  - If disfluencies are present in level one, therapy would start with parallel play.
  - If disfluencies are present in level two, therapy would start at level one.

(Stocker, 1976)

# Therapy Sequence

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- Two pools of questions are provided for baseline and therapy; these are kept separate. Pools include questions at each of the five different levels of demand.
- Questions are asked and disfluencies are timed, then noted in the appropriate place on the data sheet.
- The goal of therapy is to achieve a total of three 60-second periods of fluent speech. At this point, therapy progresses to the next higher level. Baseline needs to be re-established at each level.
- For older or mature children, Stocker recommends 2-3 sessions per week for 50 minutes. Children between the ages of 3-5, should not exceed 25 minutes sessions and meet at least twice a week.

(Stocker, 1976)

# Generalization and Maintenance

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- Parents are counseled to lower demands on the child's speech at home until the child reaches a higher level of fluency in therapy.
- Family support is provided through modeling, support, and feedback.
- On-going weekly probes can be used to monitor progress.
- Re-evaluation should take place after therapy has been underway for at least 25 weeks.

*(Guitar, 1998; Stocker, 1976)*

# Advantages

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- Stocker states that it provides positive changes in language
- A high level of success due to the lower levels of cognitive demand on speech
- Enriched vocabulary
- Enhances creativity
- There are no specific materials needed for therapy

# Disadvantages

- They are rewarded for being fluent
- Encourages constant fluency
- Does not teach the child that disfluency is normal
- No techniques are used to teach the child about different varieties of speech (i.e., sticking, bouncing, long sounds)

# Personal Recommendations

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- Using this technique alone is not recommended. Stocker provided a rationale for validity and reliability of her approach, although success rate of the program was not found.
- Integrating this method with other speech modification techniques may increase success in therapy.
- This technique may be useful to obtain more of a broad language sample due to the various levels of questions.

# References

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Guitar, B. (1998). *Stuttering: an integrated approach to its nature and treatment*. Baltimore, MD: Williams & Wilkins.

Silverman, F. H. (2004). *Stuttering and other fluency disorders*. Long Grove, IL: Waveland Press.

Stocker, B. (1976). *The stocker probe technique: for diagnosis and treatment of stuttering in young children*. Tulsa, OK: Modern Education Corporation.