



Stuttering Modification Therapy

The Van Riper Approach



Stuttering Modification

- The main goal of stuttering modification is not to speak more fluently but to stutter easily.
- Two key elements:
 - Modification of stuttering moments to reduce severity.
 - Elimination of avoidance and covert behaviors to reduce the fear of stuttering.



Stuttering Modification

“Uses a progression of having the client:

1. Learn to correct a stutter immediately after it occurs by saying it again in an easier fashion
2. Learn to change a stutter into an easier production of the sound while it's still going on
3. Learn to start a word the client expects to stutter on in an easy, slow, relaxed fashion that makes the stutter very mild”

(Van Riper, 1973)



Style of Presentation

- Intensive Program
- Individual therapy: 1 hr a week, 3 times a week
- Group therapy: 1 hr a week, 3 times a week
- Daily self therapy



Four Phases

- Identification Phase
- Desensitization Phase
- Modification Phase
- Stabilization Phase



Identification Phase

- To improve the understanding of each individual's stuttering and to have client understand the basic concepts of speech production.
- Therapy strategies used to identify behaviors are oral reading, discussion, modeling stuttered behaviors, and self observation.



Desensitization Phase

- To desensitize the patients to the expectation and experience of stuttering
- Therapy strategies are to confront the disorder and desensitize the individual to stutter behaviors and listener reactions such as direct confrontation and pseudo stuttering.



Modification Phase

- Client learns to use Van Riper's modification techniques:

Cancellations- after stuttering, there is a pause and the word is said a second time using an "easy" stutter.

Pull-outs- when a person begins to stutter, they are to say the rest of the word with ease.

Preparatory set techniques- when the person anticipates a word to be difficult, they are encouraged to work through all sounds of the word slowly and calmly.



Stabilization Phase

- Individual becomes a confident communicator and possesses the skills to act as their own clinician.
- Generalization and maintenance are addressed during the stabilization phase.



Success

- Motivation determines eventual success of therapy
- Success occurs when the person who stutters changes into a person who is in control and speaks fluently with occasional moments of mild stuttering. It must be discovered and nurtured and cannot be assumed.



Generalization & Maintenance

- Generalization
 - The client is able to use strategies learned in therapy in more natural contexts.
 - The client is encouraged to face situations that were feared and avoided prior therapy.
 - Dismissal occurs when the client becomes more confident and feels that stuttering moments in every day situations are manageable.
- Maintenance
 - The strategies learned during therapy are maintained by the client during the stabilization phase and after dismissal.
 - If stuttering behaviors reoccur and become problematic, it is encouraged to go over the phases of therapy with a pseudo stutter.



Strengths vs. Weaknesses

- Strengths

- Focuses on the person as an individual
- Encourages an internal locus of control
- Gained awareness that disfluencies are common

- Weaknesses

- Strong commitment is essential for success
- Willingness to discuss stuttering experiences
- Inappropriate for individuals in the beginning stages of stuttering



References

Dodge, D. (n.d.). Study guide for Charles Van Riper's: *The treatment of stuttering*. Retrieved December 3, 2007 from <http://members.aol.com/dmdodge/dw/vriper.htm>

Guitar, B. (2006). *Stuttering: An integrated approach to its nature and treatment* (3rd ed.). Baltimore, MD. Williams & Wilkins.

Jorgenson, M. (2001). *Therapy and its importance*. Retrieved December 3, 2007 from <http://www.d.umn.edu/~cspiller/stutteringpage/therapy.htm>

Van Riper, C. (1973). *The treatment of stuttering*. Englewood Cliffs, NJ: Prentice-Hall