

# Charles Van Riper's “Stuttering Modification Therapy”

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# Stuttering Modification

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



# Stuttering Modification Therapy: “MIDVAS”

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- Motivation
- Identification
- Desensitization
- Variation
- Approximation
- Stabilization



# Motivation

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- Motivation is the most important underlying factor throughout the therapy process.
- It is the drive to begin to take control of speech.
- The client becomes an active participant in the treatment process.



# Identification

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- Client increases awareness of individual stuttering behaviors.
- This stage is especially challenging as feared behaviors once repressed are now open for discussion.
- Prior to changing a behavior, it is important to know as much as possible about that behavior.



# Desensitization

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- ❑ Reduction of stress associated with stuttering.
- ❑ Empowers the individual to develop new strategies to cope with stuttering.
- ❑ Negative practice (stuttering on purpose)
- ❑ Direct confrontation
- ❑ Associating an old behavior with a more positive internal outcome.



# Variation

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- Provides the individual alternative stuttering methods to increase speaking control.
  - Example: Individual stutters using a novel behavior such as a whole word repetition in substitution for a tense prolongation.
- Increases individual's control in a variety of settings.

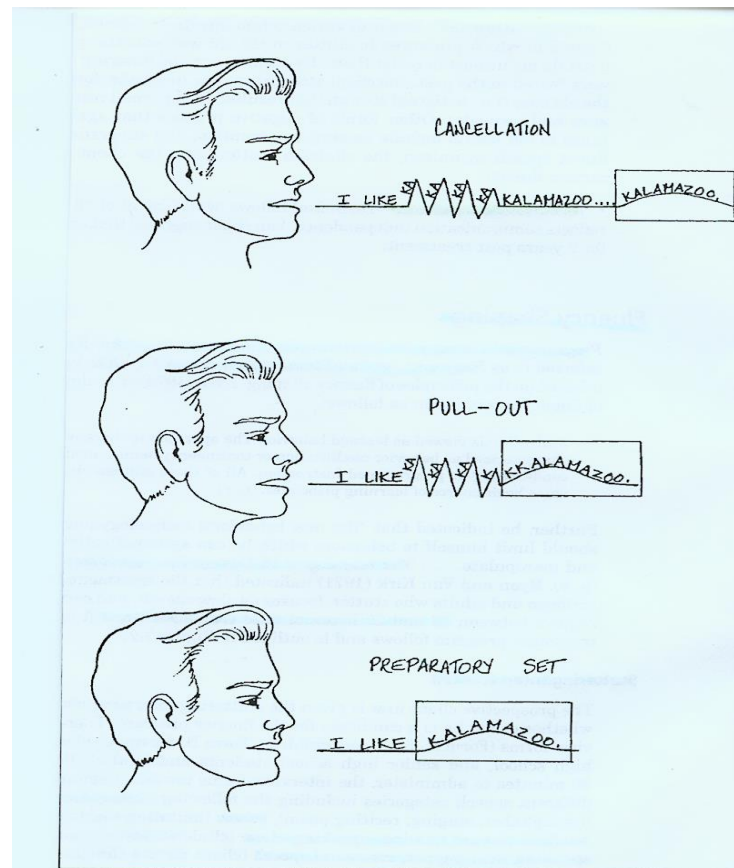
# Approximation

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- Alteration of stuttering behaviors in the direction of “normal” fluency.
  - Cancellation: Once stuttering occurs, the individual stops, pauses, and modifies the form of stuttering.
  - Pull-out: Alteration of stuttering behavior as it is occurring.
  - Preparatory set: Anticipation of stuttering behavior and modification before it occurs.



# Approximation Techniques (con.)



**Figure 7.1.** Stuttering Modification Techniques. *Note.* From *Stuttering: An Integrated Approach to its Nature and Treatment* (p. 196), by T. J. Peters and B. Guitar, 1991, Baltimore, MD: Williams & Wilkins. Copyright 1991 by Williams & Wilkins. Reprinted with permission.



# Stabilization

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- ❑ Individual becomes a confident communicator.
- ❑ Individual possesses the skills to act as own clinician.
- ❑ Transition from individual therapy to group therapy.



# Strengths of Program

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- Focuses on the whole person
- Encourages an internal locus of control
- Easy clinical application due to flexible structure
- Acknowledgement that all speech contains “normal” disfluencies.



# Weaknesses of Program

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- ❑ Inappropriate for individuals in the initial stages of stuttering.
- ❑ Strong commitment is essential for success
- ❑ Willingness to discuss painful experiences related to stuttering



# Words of Wisdom...

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- “Out of the therapist’s faith can come the stutterer’s hope.” –Van Riper, 1973
- “Faith is said to move mountains, but it is the therapist’s dedicated care and concern, if not love, that moves stutterers.” –Van Riper, 1973

# References

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- Shapiro, D.A. (1999). *Stuttering Intervention: A Collaborative Journey to Fluency Freedom*. Austin, TX: Pro-Ed.
  
- Van Riper, C. (1973). *The Treatment of Stuttering*. Englewood Cliffs, NJ: Prentice-Hall.