

Developed by Richard E. Shine

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Development & Classification

* Developed in 1980 and revised in 1998 for Children between the ages of 3 to 9 years old (preschool and third grade)

* Classified as a fluency shaping approach

* Operant conditioning and programmed instruction principles are used



Two Premises of this Approach:

*The first is based on the importance of early intervention

*The second is based on the modification of physiological speech patterns necessary to attain fluency



Materials

- * Kit includes:
- * Program manual which includes data sheets
- *Audiotape + recorder
- * Small toy box
- * Picture stimuli





7 Steps to Fluency Training

- * 1st Picture selection for monosyllabic words
- * 2nd Determining fluent speaking mode: whispered or prolonged
- * 3rd Establishing the easy speaking voice
- * 4th Environmental program
- * 5th Picture identification, story book, picture matching and surprise box
- * 6th Transfer
- * 7th Maintenance



Picture selection for monosyllabic words

- Clinician can select from 69 monosyllabic pictured words along with 41 polysyllabic words.
- ★Picture selection occurs before fluency training begins. The polysyllabic words are chosen and used later in the program.



Selecting Pictures

- The child is presented with 69 monosyllabic pictured words one at a time.
- **★**Create two piles: one for fluently spoken readily identifiable words and another for non-fluent not readily identifiable words.



Step Determining fluent speaking mode

- * The goal is to train the child to speak fluently, which involves the child to speak in a whisper. The child provides models of counting along with sentences to train the child. The child must speak fluently for 2 minutes, using 4 to 6 word sentences to pass onto the next step.
- ★ In a few cases where the child is not able to whisper fluently, Shine suggests using prolonged speech.



Establishing an easy speaking voice

- ★ The child is taught to use a more normalsounding voice than is used with whispered or prolonged speech.
- *This is called an easy speaking voice and consists of primarily loose articulatory contacts, slower rate, and easy onsets of phonation.
- * Intonation, loudness, and vocal quality are essentially normal.



Environmental Program

- * This stage is run concurrently with Picture Identification, Story Book, Picture Matching and Surprise Box.
- * A parent, or someone having regular contact with the child, is taught to work with the child in the home environment.
- ★ The clinician trains the parent to count and record stuttered words on the Weekly Stuttering Record Card during at least one (2-3) time period of 10-15 minutes per day.
- * This enables the child to receive training that parallels their therapy with the clinician at a different site so that transfer can begin.



Picture Identification, Story Book, Picture Matching, and Surprise Box

- * After the child has learned the Easy Speaking Voice, fluency training in the Picture Identification, Story Book, Picture Matching, and Surprise Box is begun.
- * Session time is equally divided among the four programs so that they are run concurrently.
- *In the initial stages of each program the significant other acts as the observer. In the initial stages, the significant other assumes the role of the clinician and conducts the sessions under supervision.



Transfer

- * The transfer program is provided for those children who have completed Picture Identification, Story Book, Picture Matching, and Surprise Box, and who may need further training to transfer fluency to additional speaking environments.
- ★ The clinician and parent work together to help the child transfer their fluency to all of their natural speaking environments.



Maintenance

*For at least one year the child should be reevaluated at periodic intervals to ascertain that he/she has stabilized use of the new speaking voice in his/her immediate environment.



Maintenance con't

- ★It is recommended that the child be reevaluated on the following schedule after completing fluency training:
- 1)Once a week for the first month
- 2) Twice during the second month
- 3)Once a month for two months
- 4) At the end of six months
- 5)At the end of one year



Strengths

*Comprehensive formal assessment is completed before training begins

*Parental involvement is necessary to promote success



Weaknesses

- * There is no theoretical basis
- * Clinician is required to purchase therapy kit
- * Style of presentation is not specified
- * Success rate of this approach is unknown



Recommendations

* We felt that this approach was not a good approach to recommend

*There are many weakness, especially since we found no theoretical rationale, or success rates.



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