Stuttering Intervention Program (SIP)

An Overview by:

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The Stuttering Intervention Program (SIP)

- Fluency shaping approach
- Focus of therapy is to reduce the disfluent speech by enhancing fluency
- Intensive and time consuming
- Every opportunity to talk is an opportunity to practice (SIP 24/7)
- When an error is made the child is immediately stopped and the error is pointed out to them

The Stuttering Intervention Program (SIP) Cont.

♦ Reinforcement is given when the child is fluent

♦ Child, parent, therapist, and teacher involvement is needed

♦ Teaches child to manipulate: respiration, phonation and articulation

♦ "Focuses on the "three S's" :
   – soft, slow and smooth speech

SIP Theory:

♦ Based on Demands and Capacities Model

♦ An individual stutters because the demand overrides their capacity

♦ Time pressure is a significant demand on a child

♦ SIP decreases time pressure by stopping the child's speech, allowing them to regroup and try again

SIP Theory Cont.

- Prevents the child from feeling a loss of control

- Linguistic capacity is addressed with this program by starting with shorter utterances and progressing to a more difficult level when the child is ready

- Motoric capacity is addressed by the three S's, therefore demands are decreased through these techniques.

Strengths

- Focuses on the child's needs
- Includes involvement of parents and teachers
- Allows generalization to several environments
- Provides a treatment information packet for teachers

Weaknesses

- Results reported for only 3 children
- Intensive and time consuming
- High expectations for the child at all times
- Involvement of multiple individuals can be difficult to coordinate and maintain

Effectiveness

♦ Data was collected from both the therapist and the parents.

– Results include:

- Decrease in accessory behaviors associated with stuttering (Facial grimacing/articulatory posturing, audible effort and head and body movements)

- Decrease in amount of stuttering overall

- Observations done at home and in clinical setting

- Parents indicated a significant decline in stuttering behaviors

- Home modeling and practice increase generalization and maintenance

Success

- Success can be measured in several different ways, specifically decided upon by the clinician.

- 90% correct targets per minute
- Percentage of words correct per word stimuli
- Percentage of correct target usage
- Allotted time of practice (minutes or sessions)

Recommendations:

- We would recommend the techniques used in this program, however the program itself is too intensive and may be overwhelming for the child.

- In addition, several people have to be involved for this program to be successful and this level of commitment may be unrealistic