Introduction

Easy Does It for Fluency—Intermediate is an integrated approach to fluency therapy that will enable you to develop an individualized, systematic therapy program for students with stuttering disorders, ages 6 - 11. This program provides guidelines for organizing therapy, but it is not meant to be a "cookbook." As written, it will allow you flexibility when planning therapy so you can tailor it to fit each student's needs. (Materials are provided, but feel free to supplement with similar activities of your choosing.) An attempt has been made to anticipate problems which might arise, and to offer suggestions for how to deal with them. We have also included suggestions for ways to gain support from family members and school personnel.

Rationale

Easy Does It for Fluency—Intermediate integrates concepts from fluency shaping and stuttering modification. It is based on the premise that all therapy techniques modify a student's speech production in one way or another. *Easy Does It for Fluency—Intermediate* will enable you to focus on forward flowing speech or word-initiation techniques or both, depending on the needs of each student.

This program addresses three components usually theorized as potential causes of stuttering:
- motor
- linguistic
- psychosocial

The motor component focuses on rate control and continuous phonation. In addition, a relaxed approach to word initiation is used in the techniques of bouncing, sliding, easy onsets, and light contacts.

The linguistic component includes activities that are designed in hierarchies that control for length and complexity of responses. The activities have been selected to emphasize language skills related to vocabulary; associations; verbal problem solving; and conversational, narrative, and expository discourse related to the pragmatic functions of informing, controlling, expressing feelings, ritualizing, and imagining.

The psychosocial component works on developing positive attitudes and reducing emotional reactions. Activities are designed to desensitize the student to potential fluency disrupters. Throughout the program, the student is encouraged to take responsibility for the changes to be made, and to become his own advocate.

Easy Does It for Fluency—Intermediate is a direct approach to therapy. A student in the 6-11 age range is usually aware of the stuttering and is able to confront it directly. A student needs to identify what he does when stuttering and determine what needs to be changed. The student needs to take an active role in all parts of the therapy program. Such a student is still in the concrete operation stage of development (Piaget: *The Language and Thought of the Child*[1]), therefore, the approaches used in this program provide the student with concrete approaches to attitudes and techniques. The student is encouraged throughout to verbalize goals and target behaviors as well as self-instruct, self-monitor, and self-reinforce.

[1] Piaget, Jean). *The Language and Thought of the Child.* Cleveland, OH: The World Publishing Company 1955.

Basic Principles

Easy Does It for Fluency—Intermediate uses modeling as its basic principle. Throughout the program, you need to model techniques, attitudes, and behaviors conducive to fluency development. Since a student at this stage is old enough and aware enough to confront stuttering directly, verbal and concrete reinforcement may be used to enhance learning. While concrete reinforcement is usually not necessary, it has been found to be helpful with some students during the establishment step.

Step 1: Getting Ready
    The student is prepared for the therapeutic process.

Step 2: Analyzing
    The student learns to distinguish between fluent speech with easy disfluencies and stuttering. Terminology used throughout the program is learned.

Step 3: Modifying Speech Production
    The student learns to modify speech production by using forward flowing speaking, word-initiation techniques, or both in structured activities.

Step 4: Desensitizing
    The student learns to use modified speech patterns in the presence of fluency disrupters.

Step 5: Transferring
    The student learns to use modified speech patterns in real-life situations in the home, school, and community.

Step 6: Maintaining
    The student is encouraged to use the new speaking patterns while gradually decreasing the need for direct therapy.

Easy Does It for Fluency—Intermediate progresses in order from Step 1 through Step 6 with some overlap. For example, work on transferring begins subtly in Step 3, Modifying. Work on desensitizing (Step 4) continues in Step 5, but within the more natural framework of the activities rather than in the contrived manner used in Step 4.

No time frames have been provided as each student will progress at an individual pace. Early steps will be completed more quickly than later steps. Alert the student to this fact when you begin the program.

When beginning this program, daily therapy is ideal. If daily therapy is not possible, therapy should be scheduled for at least two half-hour sessions per week. Individual sessions should be scheduled for Steps 1-4 (Objective 1) if at all possible. Once the student has achieved success with a peer or small group, group sessions might be valuable once a week. Some individual therapy should continue at least once a week throughout the entire program. Many activities late in the program can be adapted for full class collaborative sessions.

Assessing Progress

It's important to remember that this is a flexible program; therefore, criteria for completion of each step are not provided. Work should be presented in such a way that the student achieves a high degree of fluency in each task. If the student has difficulty, adjust work to an easier level to assure success. If the student easily completes an activity, introduce a slightly more complex task. Periodic fluency sampling of spontaneous speech and graphing of the percentage of disfluent behaviors have been found to be effective methods of judging progress.

In general, a student is ready for dismissal when:
1. spontaneous speech has fewer than two part-word repetitions per 100 words, fewer than one prolongation per 100 words, and no struggle behaviors
2. the student demonstrates use of and tolerance for easy disfluencies
3. you, the student, and outside support providers feel that the student's speech is within a normal range for his age, or is sufficiently fluent that the student feels comfortable speaking in any situation

Attitudes/Advocacy

Easy Does It for Fluency—Intermediate recognizes the need for developing positive attitudes not only in the student but also in the family and school. In addition, it recognizes the need for students to become their own advocates and for family members and school support persons to advocate for them, too. The Home and School Letters, pages 146 - 165, will guide the family and school personnel in developing positive attitudes regarding stuttering and in taking a proactive approach to situations in which the student who stutters is involved. To set the tone, share Home Letter A and School Letter A, pages 146 - 147, at the outset of the therapy program.

Similarly throughout the program, educate the student about the process of therapy and encourage him to participate in all aspects of the process. By teaching the student about stuttering, many of the negative feelings toward stuttering will be eliminated. By giving the student an active role in the therapeutic process, the student will gain a sense of self-control.

Support Providers

Easy Does It for Fluency—Intermediate recognizes the need for outside support for students who are working on fluency development. Clinical experience has shown that students who have interested adults at home and at school make the most progress. Suggestions for educating home and school support providers about the nature of the therapy, securing their input and participation, and encouraging them in their roles as reinforcers are included.

Have the student identify potential home and school support providers. Schedule conferences with these people to explain the need for their involvement. Ask for regular input and feedback.

We hope you find this program as helpful in planning your therapy as we have. Use it as a guide to plan an individualized therapy program for each child. Feel free to add your own creative touches!

Barbara and Karin