

**Sir Alexander Ewing-Ithaca College Speech and Hearing Clinic
Ithaca College, Ithaca, New York 14850**

Treatment Plan (Sample)

NAME:	Fred Funk	DATE OF PLAN:	22/2/05
ADDRESS:	230 Unknown Rd Ithaca, NY 14850	DATE OF BIRTH:	3/18/75
PHONE:	(home) 234-4567 (work) 234-8765	AGE:	25
PARENTS:		DIAGNOSIS:	Stuttering
SUPERVISOR:	Douglas E. Cross, Ph.D.,CCC-SLP	CLINICIAN:	Jane Doe

STATEMENT OF THE PROBLEM

Fred is an eighteen year-old male freshman at Ithaca College. He was referred by his family physician, Dr. Smith, M.D. for evaluation and treatment of his stuttering problem. Fred has attended the stuttering therapy program at Ithaca College for two consecutive semesters, beginning fall, 2004. Please refer to Fred's original evaluation report dated 4/12/02 for additional information.

PRE-THERAPY ANALYSIS

Segmental Analysis

The following segmental speech analysis of fluency and speaking rate is based on a video taped sample of spontaneous monologue on the topic of career goals, recorded on 9/26/95. Disfluencies were observed on 4.8% of the 520 words attempted during the sample. Proportion of disfluencies by type were word repetitions (20%), sound repetitions (28%), consonant prolongations (8%), vowel prolongations (12%) and silent laryngeal prolongations (32%). Duration of disfluencies ranged from .5 to 15 seconds with the most typical being approximately 2.5 seconds. Inclusive speaking rate was 90 wpm and exclusive speaking rate (during fluent utterances) was 130 wpm. The client indicated this sample was not an accurate representation of his typical stuttering during spontaneous speech. He indicated that he usually stutters more frequently, especially when under stress. He considered the type and duration of stuttering, however, to be representative of his problem.

The following segmental speech analysis of fluency and speaking rate is based on a video taped sample of oral reading ("Rain in the Heart"), recorded on 9/26/95. Disfluencies were observed on 6% of the 200 words attempted during the sample. Proportion of disfluencies by type were word repetitions (15%), sound repetitions (30%), consonant prolongations (5%), vowel prolongations (18%) and silent laryngeal prolongations (32%). Duration of disfluencies ranged from .5 to 6 seconds with the most typical being approximately 1.5 seconds. Inclusive speaking rate was 110 wpm and exclusive speaking rate (during fluent utterances) was 180 wpm. The client indicated this sample was a fairly accurate representation of his speech during most oral reading tasks.

Speech Fluidity Analysis

Communication pace: The client exhibited a rapid overall communication pace. Pace was rated as a 4.5 on a 1-5 scale with 5 being extremely rapid. This rapid pace was also exhibited during moments of stuttering, which were characterized by rapid, abrupt attempts to force through the stuttering moment.

Onset/offset transitions and continuity: The client typically exhibited rapid and abrupt onset and offset of utterances. Onset of speech following pauses was often characterized by a short, rapid inhalation of air, closing of the vocal folds, and an abrupt initiation of sound. Transitions between words both within and between utterances were abrupt, partly due to the tendency of initiating speech from closed vocal fold positions after brief inhalations. This results in the perception of “choppy” abrupt speech. It was also noticed that the client tends to initiate speech from atypically high lung volume.

Pause location and duration: As noted above the client tends inhibit fluid forward speech by using brief pauses at atypical linguistic boundaries. This includes both within and between utterances. Pauses are typically brief contributing to production of choppy rather than fluid forward speech.

Recovery from Stuttering: The client continues to exhibit certain adjustment behaviors that inhibit natural fluid speech and effective recovery from stuttering. Specifically, Fred continues to rapidly and forcefully push through stuttering moments. This results in abrupt and often ineffective transitions into the following speech segments. While Fred has reduced the use of starters, such as “um” and “you know” to avoid stuttering he continues to rely on these strategies in what he perceives as more stressful speaking situations. Speech behaviors include the use of excessive force and abruptness at the beginning of utterances.

Use of Fluid Speech Adjustment Strategies

Fred has increased use of more natural speech onset and offset transitions and reduced overall communication pace he has worked on in therapy. He appears able to attend to and produce more fluid speech in structured speaking situations with the clinician but has difficulty in more demanding communication situations. It should also be noted that Fred has begun to be aware of an use more appropriate lung volumes and easier breathing transitions during structured activities.

Communication Attitudes and Perceptions

Fred appears motivated to work on developing more effective talking strategies. He completes approximately 60% of between session assignments, an increase from approximately 5-10% exhibited when he initiated treatment last semester. Fred continues to express the belief that others perceive him as "stupid" or "unintelligent" when he stutters, a factor that inhibits his willingness to enter into conversations with strangers. Fred also continues to believe that being a person who stutters prevents him from becoming a successful attorney.

THERAPY OBJECTIVES

By the end of the fall, 2004 semester Fred had progressed to Objective #4c (speech onset/offset transitions) of the SAST program. He has demonstrated the ability to perceive and vary overall movement pace in structured situations with the clinician. He began work on varying onset/offset transitions in short utterances when the semester ended.

Treatment this semester will begin with a review and discussion of his progress in the program thus far. This will be followed by review and practice of Objective #4b before proceeding on to Objective #4c".

I. Education and Orientation

Objective 1: The client will understand speech and language processes as they relate to "fluid speech" and development of the stuttering response. Specifically the client will demonstrate understanding of the following as they relate to effective talking and communication.

- 1a. What is talking and how it relates to the concepts of fluent speech units versus "fluid speech movement.
- 1b. The type of difficulties associated with production of fluid speech (e.g. rhythm, disfluencies, etc.)
- 1c. Factors that facilitate and disrupt fluid speech
- 1d. The components of the stuttering response and how they develop into an integrated communication process
- 1e. Factors that perpetuate stuttering as well as effective and ineffective adjustment strategies

Objective 2: The client will demonstrate understanding of the rationale and objectives of the treatment program as presented below and outlined in the SAST (Cross, 2005) text.

II. Analysis

Objective 3: The client and clinician will develop and record a "Personalized Fluency Profile". This profile outlines specific behaviors and response patterns associated with their individual stuttering problem. The profile will include analysis of the following.

- 3a. Characteristics of their fluid and stuttered speech
- 3b. Attitudes, perceptions, and beliefs associated with their stuttering problem that either facilitate or inhibit effective communication
- 3c. Behavioral and psychological adjustment strategies used to help communicate and/or cope with their stuttering problem

III. Speech Adjustments

Objective 4: The client will develop the ability to produce natural sounding fluid speech in a hierarchy of clinically controlled speaking conditions. These conditions progress from isolated word utterances with single on/off transitions to connected speech with

multiple on/off transitions. To accomplish this goal, the client will accomplish the following.

- 4a. Develop understanding of the characteristics and goals of natural sounding fluid speech. This includes the difference between "fluid talking" and "fluent speech" as well as the parameters that facilitate fluid speech movement.
- 4b. Develop the ability to identify and vary perceptual and movement pace in nonspeech and speech movement activities.
- 4c. Develop the ability to volitionally start and stop speech using gradual speech movement abruptness and transitions. This incorporates appropriate lung volumes and breathing transitions, open vocal folds, and effective movement pace.
- 4d. Develop the ability to identify and modify "conversational pace" while maintaining fluid speech. This includes 1) using natural and linguistically appropriate pause locations and
2) volitionally increasing and decreasing inter-speaker pause durations

Objective 5: The client will develop the ability to integrate fluid talking with effective adjustment of stuttered speech. Specifically, the client will accomplish the following:

- 5a. Understand the rationale and objectives for effectively adjusting stuttering episodes. This includes learning to enter stuttering episodes naturally and adjusting disrupted behavior slowly and gently back to forward, fluid speech. Emphasis is placed on decreasing attempts to postpone, avoid, hide, or rapidly end a stuttering episode. Specifically, the client will demonstrate the ability to do the following.
- 5b. Volitionally enter and tolerate time pressure associated with attempts avoid, hide, or rapidly end the stuttering episode.
- 5c. Volitionally attend to and decrease the pace of stuttered speech movement and the degree of force/pushing that accompanies stuttering episodes.
- 5d. Volitionally make slow, easy transitions back to continuous fluid speech at reduced communication pace.

IV. Behavioral Integration

Objective 6: The client will demonstrate the ability to proactively attend to, produce, and vary communication pace, fluid speech, and stuttering adjustments in a hierarchy of speaking situations that differ in emotional, social, and cognitive communication demand. Specifically, the client will accomplish the following:

- 6a. Develop and record in consultation with the clinician a hierarchy (from least to most difficult) speaking situations that vary in emotional, social, and cognitive demand.
- 6b. Demonstrate the ability to volitionally attend to and produce fluid speech and appropriate stuttering adjustments at each level of communication demand.

V. Perceptual Adjustments

During the course of working on Objectives 1-6 the client will also accomplish the following:

Objective 7: Identify attitudes, perceptions, and thoughts that inhibit a positive approach to talking and self-perception as a person who stutters.

Objective 8: Eliminate all forms of stuttering postponement and avoidance adjustment strategies

Objective 9: Volitionally seek out speaking situations to work on communication pace, fluid speech and stuttering adjustments.

Objective 10: Increase the self-perception of "feeling in charge" of talking in situations that vary in communication demand.

Objective 11: Increase and self-reinforce perceptions of accomplishment and the feeling of being in charge of talking.

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